



OVERVIEW AND SCRUTINY COMMITTEE

**THURSDAY 3 SEPTEMBER 2009
7.30 PM**

COMMITTEE AGENDA

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

MEMBERSHIP (Quorum 4)

Chairman: Councillor Stanley Sheinwald

Councillors:

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

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

Christopher Noyce

**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. Mrs Camilla Bath
3. Ashok Kulkarni
4. Manji Kara
5. Narinder Singh Mudhar
6. Don Billson
7. G Chowdhury**

**1. Krishna James
2. Phillip O'Dell
3. Ms Nana Asante
4. Asad Omar
5. Graham Henson**

1. Paul Scott

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

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HARROW COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 3 SEPTEMBER 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 - 8)

That the minutes of the meeting held on 28 July 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. **Change to the Reserve Membership of the Call-in Sub Committee:**
At the request of the Leader of the Labour Group, agree that Councillor Asad Omar replace Councillor Keeki Thammaiah as a reserve Member of the Call-in Sub Committee.
9. **Harrow PCT Influenza Pandemic Plan:** (Pages 9 - 22)
Report of the Director of Public Health for Harrow
10. **Waste Management Strategy:** (Pages 23 - 54)
Report of the Divisional Director of Environmental Services
11. **Adults Services Complaints Annual Report 2008-09:** (Pages 55 - 82)
Report of the Corporate Director of Adults and Housing
12. **Children's Services Complaints Annual Report 2008-09:** (Pages 83 - 108)
Report of the Corporate Director of Adults and Housing
13. **Report from Lead Members:** (Pages 109 - 118)
14. **Scrutiny work programme update, including timetabling:** (Pages 119 - 122)
Report of the Divisional Director for Partnership Development and Performance
15. **Any Other Business:**
Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - NIL

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REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 28 JULY 2009

Chairman: * Councillor Stanley Sheinwald

Councillors: * Mrs Margaret Davine * Christopher Noyce
 * B E Gate * Anthony Seymour
 * Mitzi Green * Mrs Rekha Shah
 * Jerry Miles * Dinesh Solanki
 * Mrs Vina Mithani * Yogesh Teli
 * Janet Mote * Mark Versallion

Voting (Voluntary Aided) (Parent Governors)
 Co-opted: † Mrs J Rammelt † Mr R Chauhan
 Reverend P Reece † Mrs D Speel

* Denotes Member present
 Denote category of Reserve Members
 † Denotes apologies received

PART I - RECOMMENDATIONS - NIL

PART II - MINUTES

572. **Welcome:**
 The Chairman welcomed guests from the North West London Hospital NHS Trust and NHS Harrow to the meeting. He also welcomed the Councillors from Brent Council who were present at the meeting to listen to the discussion on agenda item 9, Brent, Harrow and North West London Acute Services Review.

The Chairman also welcomed the Corporate Director of Community and Environment to his first meeting of the Overview and Scrutiny Committee.

The agenda was reordered during the meeting by the Chairman.

573. **Attendance by Reserve Members:**
RESOLVED: To note that there were no Reserve Members in attendance at this meeting.

574. **Declarations of Interest:**
RESOLVED: To note that the following personal interests were declared and that all Members would remain in the room and take part in the discussion and any decision on the items:

<u>Agenda Item</u>	<u>Member</u>	<u>Nature of Interest</u>
9. Brent, Harrow & North West London Acute Services Review – Progress Report and Future Options	Councillor Vina Mithani	Worked for a Health Protection Agency.
	Councillor Mark Versallion	Non-Executive Director of North West London Hospitals NHS Trust.
	Councillor Brian Gate	Married to a health professional and daughter worked at a General Practice.
10. Healthcare for London Consultation on Acute Stroke and Makor Trauma Services – Responses from Harrow Overview and	Councillor Rekha Shah	Employed by Brent Council in the Community Mental Health Team.
	Councillor Janet Mote	Her daughter was a paediatric nurse at Northwick Park Hospital.

Scrutiny)
 Committee and)
 pan-London)
 Joint Overview)
 and Scrutiny)
 Committee)

575. **Minutes:**
 In accordance with the Local Government (Access to Information) Act 1985, the minutes of the meeting held on 7 July 2009 were admitted late to the agenda to allow the Committee to approve the content.
- RESOLVED:** That the minutes of the meeting held on 11 June 2009 and the special meeting held on 7 July 2009 be taken as read and signed as correct records.
576. **Public Questions:**
- RESOLVED:** To note that no public questions were put at the meeting under the provisions of Overview and Scrutiny Procedure Rule 8.
577. **Petitions:**
- RESOLVED:** To note that no petitions were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 9.
578. **Deputations:**
- RESOLVED:** To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.
579. **References from Council/Cabinet:**
- RESOLVED:** To note that there were no references from Council or Cabinet.
580. **Brent, Harrow and North West London Acute Services Review - Progress Report and Future Options:**
 In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Chief Executive of North West London Hospitals NHS Trust and the Chief Executives on the Brent, Harrow and North West London Acute Services Review, which was admitted late to the agenda to allow the Committee to consider the proposals prior to further clinical and public consultation.
- Members received a presentation from Fiona Wise, Chief Executive of North West London Hospitals NHS Trust, which highlighted key information contained within the report. She informed the Committee that the purpose of the presentation was to provide an update on the progress to date and to explain the rationale behind the preferred future configuration of hospital services.
- Fiona Wise outlined the four potential configurations that had been developed by a Clinical Reference Group set up by the Trust. She explained that Scenario 2 had been identified as the preferred option on the basis that it had received significant clinical support and would create safe and sustainable services. Under this scenario, Northwick Park Hospital (NPH) would be developed as a major acute site and would provide hospital services for both the local and wider community. Central Middlesex Hospital (CMH) would be developed as a local hospital for Brent residents, with an expanded elective centre serving the wider population.
- It was explained that Scenario 2 would ensure better utilisation of resources by placing clinical teams in the most appropriate location, thus minimising duplication of services. Fiona Wise informed Members that, whilst Scenario 2 was the most affordable option and supported North West London Hospital's Cost Improvement Programme (CIP), financial considerations had not been the main focus of the Clinical Reference Group when deciding upon the preferred model. Instead, it was felt that service configurations based upon Scenario 2 would ensure increased flexibility and the ability to efficiently respond to fluctuations in demand. In regards to the two Paediatric Assessment Units (PAU) detailed in the report, Fiona Wise informed the Committee that exact details of how the units would operate would be made available prior to full consultation.

In response to a question from a Member, Fiona Wise stated that a mapping exercise had been carried out by an independent company in order to consider the impact transfer arrangements between CMH and NPH would have on patients. The resulting data had indicated that, with 83% of paediatric care currently being provided on an ambulatory basis and only 12.8% of patients requiring admission to CMH, there would be little impact on the vast majority of paediatric patients. Members queried whether the potential new configuration would impact upon patients' ability to access services at NPH, given the additional demands the hospital would face. Fiona Wise stated that the hospital took pride in achieving its access targets and that these would remain in place, regardless of the final configuration. Members were also informed that, though the figure fluctuated, approximately 98% of patients attending NPH Accident and Emergency were seen within 4 hours but that the recent outbreak of Swine Flu would have an impact on this figure.

A Member questioned the rationale behind developing NPH into a major acute site, given that CMH had only recently been rebuilt and that NPH appeared 'tired'. Fiona Wise explained that, as an elective treatment centre, CMH's role would be to provide community orientated services. Mark Easton, Chief Executive of NHS Brent, added that, as CMH was a Private Finance Initiative (PFI) facility, there was a strong incentive to utilise the site as the NHS was locked in a 25 year contract. However, in order to provide an effective and high quality in-patient paediatric service, a critical mass of patients was required and this was best achieved by centralising such services in one location. Unlike CMH which was landlocked, NPH's capacity could be increased if required and its location made it a good choice for a major acute site. In addition, whilst the buildings were older than those at CMH, a number of upgrades had occurred in recent years and the underlying facilities and healthcare services were of a high quality. There was a long-term plan to upgrade the buildings.

Following a question from the another Member, Fiona Wise informed Members that from a financial perspective, Scenario 2 carried the least risk and the greatest possible gains when compared with the other scenarios that had been explored. When asked to clarify how the financial forecasts had been calculated, Fiona Wise explained that multiple 'sensitivities' had been applied to each scenario, including likely bed savings and leakages to other hospitals, and, from this, figures had been derived. However, it was accepted that some variables were not captured in the process and that the financial forecasts were likely to change by the time consultation began. In response to a further question from the same Member, Mark Easton informed the Committee that further clinical engagement with General Practitioners' was due to take place shortly, and it was expected that some may raise concerns over Brent residents having to travel further in order to access services.

A Member noted that whilst both NPH and CMH would have Paediatric Assessment Units (PAUs), only NPH would provide inpatient paediatric services. The Member queried whether patients would progressively stop utilising the PAU at CMH on the basis that they may ultimately be transferred to NPH. In response, Fiona Wise stated that few patients currently received in-patient care at CMH. However, specially trained paediatric staff would be on duty at CMH, even though no in-patient facilities were available. In addition, Chelsea and Westminster and Great Ormonds Street Hospitals would continue to handle the most serious cases. The Member suggested that, despite this, the public's perception of the services offered by CMH was still likely to suffer. In response, Fiona Wise stated that a planned pre-consultation survey would help gauge whether this was likely to be an issue.

Following additional questions from Members, Fiona Wise stated that the relevant PCTs would be responsible for deciding upon the final course of action and that it was expected that the decision would be implemented before May 2010. Consultation was due to commence in October 2009 and a decision was expected in early 2010, although this was subject to change. With regards to funding, Fiona Wise explained that the Trust would fund the reconfiguration in line with capital allocations. Mark Easton added that NHS London required a pre-consultation business case to be made and consultation would only take place if the proposed scenario was considered financially viable.

A Member questioned whether any consideration had been given to transport connections and, more specifically, how patients and those visiting friends and relatives would access the hospital. The Member added that car parking at hospital sites was a contentious issue as it was often expensive. Mark Easton informed the Committee that Transport for London (TFL) would be involved in the reconfiguration of services. In regards to car parking pricing, Fiona Wise stated that the length of stay for the majority of inpatients at NPH was expected to be short with follow-up care being provided at CMH and, in many cases, through GPs. As such, individuals were only expected to

make use of the car parking facilities on a short term basis, the pricing of which was regularly compared with other hospitals to ensure reasonableness.

A Member commented that NPH was more accessible than CMH and that the buildings were 'fresher' and cleaner. She also spoke highly of the filter desks provided at Accident and Emergency Service at NPH. Fiona Wise thanked the Member for the positive comments.

RESOLVED: That (1) the report be noted;

(2) the outcomes following consultation be submitted to the Committee.

581. **Healthcare for London Consultation on Acute Stroke and Major Trauma Services – Responses from Harrow Overview and Scrutiny Committee and pan-London Joint Overview and Scrutiny Committee:**

The Committee received a report of the Divisional Director of Partnership Development and Performance, which set out the progress of the Healthcare for London consultation on acute stroke care and major trauma services.

An officer informed Members that, following a meeting of the London Joint Committee of Primary Care Trusts on 20 July 2009, the future configuration of acute stroke services and major trauma networks in London had been decided. The new major trauma centres would be located at the Royal London Hospital (Whitechapel), St George's Hospital (Tooting), King's College Hospital (Denmark Hill) and St Mary's Hospital (Paddington). The new hyper-acute stroke centres would be located at Northwick Park Hospital (Harrow), Charing Cross Hospital (Hammersmith), University College Hospital (Euston), St George's Hospital (Tooting), King's College Hospital (Denmark Hill), The Royal London Hospital (Whitechapel), The Princess Royal University Hospital (Orpington) and Queen's Hospital (Romford). In addition to the hyper-acute stroke centres, 24 local hospitals would also provide TIA services for people who had experienced a transient ischaemic attack. People attending a TIA service would be rapidly assessed and treated, to reduce their chance of having a full stroke in future.

Fiona Wise informed Members that the TIA units would be put into operation as soon as possible and that the Trust was in the process of recruiting staff. In total, 58 beds would be made available at NPH specifically for the enhanced stroke services. The Committee were assured that NPH had sufficient resources, including equipment, to manage the new demands and that a bid for a stroke unit to be located at the hospital would not have been made if this had been a concern.

A Member congratulated NPH on becoming a hyper-acute stroke centre and thanked the Chairman for his hard work in bringing this issue to the attention of the Overview and Scrutiny Committee. The Member also thanked the Members of the Committee and officers that had been involved in the process. The Chairman stated that the success demonstrated how cross-party collaboration and partnership working could benefit the residents of Harrow, and how the Overview and Scrutiny Committee could successfully champion local causes.

A Member queried whether the staffing concerns that had been raised during consultation period had been addressed and how the transfer of patients from the hyper-acute stroke unit to the normal stroke unit would be managed in regards to bed capacity. In response, Fiona Wise stated that a recruitment drive was underway. In regards to bed capacity, she stated that, whilst the flow of patients would have to be carefully monitored, there was a growing desire to rehabilitate patients within the community, with an emphasis on a primary care model of delivery. In order to achieve this, partnership working with primary care providers and other hospitals would be necessary.

In relation to the major trauma centres, a Member noted that St. Mary's Hospital would be the last unit to become fully operational and asked whether this was likely to cause problems. In addition, with more patients expected to survive due to the new facilities, the Member queried whether consideration had been given to increased demand for trauma aftercare. Fiona Wise informed Members that the Joint Committee of Primary Care Trusts had considered the issue, but had decided that the benefit of having four major trauma centres in London outweighed the problems associated with having St. Mary's running slightly behind schedule. It was also thought possible that certain elements of the trauma service at St. Mary's would be available sooner than indicated, although this was speculative. In the meantime, the Royal London Hospital would provide additional support. In regards to aftercare, Fiona Wise stated that the Trauma Board would be conducting research on trauma pathways and it was expected that

there would be an increased focus on rehabilitation. Similar work had been done on stroke pathways.

RESOLVED: That (1) the progress of the Healthcare for London consultation on acute stroke care and major trauma services be noted;

(2) the response to the consultation from the Joint Overview and Scrutiny Committee, of which Harrow Council was a member, be noted;

(3) the response to the consultation from the Overview and Scutiny Committee be noted.

582. **Place Survey:**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Divisional Director of Partnership Development and Performance which was admitted late to the agenda to allow the Committee to contribute to the development of the Council's new approach to community involvement.

An officer introduced the report and informed Members that the Place Survey had been conducted between September and December 2008 across England and Wales and had sought the views of 3250 Harrow residents on a list of issues prescribed by central government. Whilst an initial report detailing the survey's findings had been presented to the Overview and Scrutiny Committee on 21 April 2009, no comparative data had been available at the time in order to put the results into context. However, London-wide averages were now available and the new data indicated that, for two particular questions concerning the promotion of resident interests and acting on the concerns of the local people, Harrow Council had scored below the outer-London average. In response to the results, the Corporate Strategy Board had commissioned work to further develop the Council's approach to community involvement and the Board would be producing an improvement plan and toolkit which would aim to address the identified issues.

A Member commented that though most residents were happy with their own area, there remained a perception that, on a general level, the Council did not operate effectively. He asked the officer to explain how the issue of perception was being addressed. In response, the officer stated that such perceptions were common throughout the country and highlighted a general skepticism of government, both local and central. A Member suggested that people were dissatisfied due to a lack of consultation between decision-makers and the wider public. The officer stated that whilst the Council had focused heavily on informing and communicating with residents, it needed to move towards true empowerment if it were to change community opinion. It was acknowledged that whilst community engagement was expensive, the social cost of not empowering communities was higher.

A Member asked why, despite the survey ending in December 2008, the results had not been available until April 2009. He added that unless data was available and acted upon immediately, its value became questionable. The officer informed the Committee that a methodological issue had resulted in an unusual delay, but that this was not expected to occur in the future. In addition, an unofficial Place Survey being run by the Council later in the year would aim to provide data within 3 weeks of concluding.

A Member stated that she was aware that a reward grant was available if the Council achieved certain targets in relation to community cohesion and queried whether this had been achieved. The officer stated that, currently, the target was not being met, although this was due to a large number of individuals answering "Don't know" in response to questions concerning whether people in their area got along. If the "Don't know" responses were removed from the calculation, Harrow would have exceeded the required target. The final result, which would be used to assess whether the Community Cohesion measure qualified for a reward grant, would be available in early 2010.

The officer stated that, due to the general nature of the two questions that had produced disappointing results, it was not possible to identify whether there were any specific issues residents were referring to. However, the two questions had only recently been introduced into the survey and it was expected that they would be refined over time in order to capture more data.

A number of Members were of the view that the Council often failed to communicate and celebrate its success and, as a result, community opinion did not reflect the progress that had been made. The officer stated that the Council had undertaken a

number of initiatives to help improve its image, including clear branding of vehicles, community cohesion campaigns and the introduction of a Council run magazine, Harrow People. A Member was concerned that, despite investing significant money in the Council's Communications Service, residents' perception of the Council remained largely negative. Moreover, Harrow People was not received by all residents. Another Member stated that the impression given by the media was also a factor. Therefore the value for money provided by the Council's Communication Service could not be scrutinised in its entirety as it was related to various other issues. It was suggested that directorates needed to work closely with the Communication department to ensure that success was made known.

RESOLVED: That (1) the Head of Communications be invited to attend a future meeting of the Overview and Scrutiny Committee to report on work being undertaken to address the negative perceptions of the Council, as highlighted in the Place Survey;

(2) the work undertaken to date on developing community involvement be noted;

(3) further reports be submitted to the Committee as the work develops.

583. **Councillor Call for Action (CCfA):**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Divisional Director of Partnership Development and Performance which was admitted late to the agenda to allow the Committee to be made aware of the responsibilities that fall to the Overview and Scrutiny Committee under the Councillor Call for Action (CCfA) process.

The officer informed Members that the flow diagram outlining the CCfA mechanism, as detailed in the report, contained a number of minor errors. These were as follows:

- Working from the top, an arrow should link the second left hand box with the forth left hand box;
- The wording in the seventh right hand box should read: "Scrutiny Lead Members recommend now to consider CCfA";
- The word "suggest" in the ninth left hand box should be underlined.

The officer explained that the CCfA mechanism would allow councillors to bring important issues to the attention of the Council. CCfA could be invoked when traditional routes had not been able to offer reconciliation and, in such instances, CCfA provided a way for councillors to escalate important issues that have been raised by members of the public to the Overview and Scrutiny Committee for consideration. The officer recommended that the process be reviewed after a year or 5 CCfAs, whichever occurred first. A Member stated that the CCfA mechanism was only intended to be a last resort and, as such, it was highly unlikely that 5 CCfAs would occur within a year. It was suggested that this number be reduced to 3.

In response to questions from Members, the officer explained that whilst Councils were required to implement a CCfA mechanism under the Local Government and Public Involvement in Health Act 2007, the process would vary for different authorities. In order to decide whether a CCfA be considered, lead members would consult with the scrutiny team, the officers previously involved in the case and consider other evidence that had been collated. In cases where the lead members for scrutiny were minded to reject the CCfA, the Overview and Scrutiny Committee would have to agree. The officer stated that in the event that no CCfAs were received within a year, the Council would look at the experiences of other authorities to gauge which elements of the mechanism needed reviewing.

RESOLVED: That the proposed Councillor Call for Action mechanism be noted, subject to the aforementioned modifications.

584. **Community Lettings:**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Corporate Director of Community and Environment which was admitted late to the agenda to allow the Committee to be made aware of the current issues around community lettings of schools and other Council buildings.

An officer informed Members that under the current lettings system, voluntary organisations applied to use a room in a school or Council-owned building and the Council subsequently liaised with the school or centre to make the necessary arrangements and enter into a hire agreement. Though Cabinet had approved to move to a grants based system in October 2004, with groups applying for a grant towards the

cost of hiring a premises and then dealing directly with the premises provider, this had not been implemented as the new system was deemed too complex. The officer informed the Committee that there were a number of issues of moving towards a grant based system, namely the costs of hiring premises and a lack of transparency meaning that few voluntary organisations were aware of the system. The officer explained that the Council continued to subsidise lettings by 50% despite an already strained budget and the fact that most other local authorities had long since abandoned the practice. However, if the Council were to move to a grants based system, many voluntary organisations would be unable to afford to rent premises without a subsidy being applied. Schools themselves were subject to strict financial controls that prevented them from subsidising community activities through the schools' budget.

A Member queried why a number of schools were missing from Appendix 1 of the report, which detailed institutes that had facilities available for hire. The officer explained that, under the current system schools could opt in to the Council-managed part of the process, although not all chose to do so. Organisations could approach non-listed schools directly, although this might be more expensive as no Council subsidy would be applied. Another Member stated that it was disappointing that some schools did not fully engage with the community lettings scheme and asked whether these institutes could be encouraged to do so. In response, the officer stated that whilst schools were autonomous, they were subject to the Extended Schools Agenda which put a duty on them to promote the Community Engagement Agenda. However, it was accepted that some schools did not have appropriate facilities that could be used. A Member asked whether schools could be encouraged to rent their facilities. The officer stated that the Achievement and Inclusion Service worked closely with schools in the run-up to Ofsted inspections and this could be used as an opportunity to encourage and promote community lettings.

A Member noted that the report had been provided for information purposes and asked the officer to clarify how the Overview and Scrutiny Committee could be of assistance in resolving the matter. In response, the officer stated that the lettings system had been allowed to stagnate and it was hoped that the Committee could provide comments and suggest a way forward. The Corporate Director for Community and Environment stated that an action plan needed to be drawn up. He added that it was important that any new system simplified the application process, brought community lettings in line with the Council's wider booking system and linked the process into a wider strategy, such as the extended schools agenda. The Corporate Director for Community and Environment informed the Committee that he would discuss the matter with the Portfolio Holder for Community and Cultural Services.

Members agreed that an action plan was required and that it would need to be subject to a timescale to prevent further delays. No progress had been made in regards to this matter for sometime and this was disappointing. It was also felt that the action plan should acknowledge the need to encourage schools to engage in community lettings by applying external pressure. Members added that the Council, governors and headteachers would all need to be involved, including the Council's Education Consultative Forum.

RESOLVED: That (1) it be noted that the Corporate Director for Community and Environment would formulate an action plan with a view to improving the Council's community lettings system;

(2) the Overview and Scrutiny Committee receive a progress update at its meeting on 12 October 2009.

585. **Report from the Scrutiny Challenge Panel on the Grants Programme 2010/11:**
The Chairman of the Challenge Panel introduced the report, which set out the observations and recommendations of a scrutiny challenge panel on the proposed grants programme for 2010/11, as presented to the Grants Advisory Panel on 2 July 2009. The Chairman informed the Committee that the Grants Advisory Panel had deferred consideration of the item to its next meeting. The Chairman therefore moved that the recommendation to forward the report to Cabinet for consideration and formal response be replaced. It was duly seconded and carried.

A Member stated that he was disappointed that the Grants Advisory Panel had decided to defer consideration of the report until its next meeting given the significant work that had been undertaken by the challenge panel. It was noted that elements of the report were touched on by the Grants Advisory Panel and that perhaps only outstanding issues might need to be considered by the Panel at its next meeting.

RESOLVED: That (1) the observations of the Scrutiny Challenge Panel be noted;

(2) the recommendations of the Scrutiny Challenge Panel be endorsed, in the expectation that the Grants Advisory Panel would be considering the report at its meeting on 8 September 2009.

586. **Scrutiny Work Programme Update:**

An officer introduced the report, which outlined the position of the scrutiny reviews currently underway. She informed Members that due to staffing difficulties within the scrutiny team, the focus of the work programme would need amending. It was explained that, whilst no items would be missed, there was a need to reschedule some of the reviews due to a lack of resources during September 2009. Following further discussions on the remaining projects, it was

RESOLVED: That (1) the Acute Services Review be prioritised in order to respond to NHS consultation due to commence in September 2009;

(2) the Transitions project be carried over to the next municipal year, unless resources are found earlier;

(3) the performance of the Kier contract project be undertaken in October 2009;

(4) the HRA project be undertaken in October 2009 and if resources are available.

587. **Report from the Chairman of Performance and Finance Scrutiny Sub-Committee to Overview & Scrutiny:**

In accordance with the Local Government (Access to Information) Act 1985, the Committee received a report of the Chairman of the Performance and Finance Scrutiny Sub-Committee, which was admitted late to the agenda to enable the Overview and Scrutiny Committee to note the items that were considered by the Performance and Finance Sub-Committee at its last meeting.

The Chairman of the Performance and Finance Scrutiny Sub-Committee introduced a report, which set out the items that had been considered by the Sub-Committee at its meeting on 20 July 2009.

Members considered the recommendations and it was

RESOLVED: That the issues set out in the report of the Performance and Finance Sub-Committee meeting held on 20 July 2009 be noted.

(See also minute 588)

588. **Minutes of the Performance and Finance Scrutiny Sub-Committee Meeting held on 20 July 2009:**

In accordance with the Local Government Act (Access to Information) Act 1985, the minutes of the Sub-Committee meeting held on 20 July 2009 were admitted late to the agenda so that actions arising from the minutes could be agreed and taken, as appropriate. The minutes had not been available at the time the agenda was printed and circulated as they were being consulted on.

RESOLVED: That the actions arising from the minutes of the Performance and Finance Scrutiny Sub-Committee meeting held on 20 July 2009 be noted and, insofar as was necessary, agreed.

589. **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 10.15 pm.

(Note: The meeting, having commenced at 7.04 pm, closed at 10.12 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman



HARROW PCT INFLUENZA PANDEMIC PLAN

WITH REFERENCE TO
THE PLANS OF ALL OTHER NHS TRUSTS AND
OF PARTNER ORGANISATIONS IN HARROW

DOCUMENT CONTROL SUMMARY

Title	Influenza Pandemic Plan
Lead Director	Director of Public Health
Purpose of document	To provide a framework for influenza pandemic preparedness and response in Harrow
Status	DRAFT
Version No.	6
Date	4 th August 2009
Author(s)	Brian Jones, Emergency Planning Manager
Circulated through	Intranet / Internet
Date of approval by PCT Board	
Date of ratification by PCT Board	
Review Date	Ongoing

VERSION CONTROL SUMMARY

Version	Date	Status	Comment/Changes
1	2006	DRAFT	Update
2	2007	DRAFT	Update
3	2007	DRAFT	Update
4	Nov 08	DRAFT	Update and restructuring of plan to include updated guidance on key areas.
5	Dec 08	DRAFT	Update to business continuity and critical services
5.1	Feb 09	DRAFT	Update
6	Aug 09	DRAFT	Revision of plan
6.1	Aug 09	DRAFT	Revision of plan

Please note that guidance is still awaited from government in a number of key planning areas and this plan is subject to further revisions. Directors should ensure that any subsequent drafts are made available to their staff when published.

Section	Title	Page number
1.	Introduction	
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Appendix 6	Action cards <ul style="list-style-type: none"> 1. Loggist's 2. Emergency Operations Team 3. PCT Executive Directors 4. Community Pharmacists 5. General Practice 6. Community Nursing Staff 7. Intermediate Care 8. Allied Health Professionals 	

1. Introduction

This plan provides detailed arrangements for NHS Harrow's response to an influenza pandemic. It covers the actions to be taken by the PCT and primary care services. The plan is supported by a number of appendices and where relevant will highlight where the plan links to other PCT plans and policies. It is a supplement to the PCT major incident, corporate business continuity plan and individual departmental business continuity plans.

The impact of a pandemic and the likely spread of the disease can be unpredictable therefore this plan has been developed to provide a framework in which to respond whilst ensuring flexibility when required.

1.1 Aims

The aims of this plan are to:

- reduce the impact of influenza in the local population
- maintain core health services (including supporting independent primary care contractors)
- implement national requirements as detailed within the Civil Contingencies Act 2004 in respect of managing an emergency situation

1.2 Objectives

The objectives are to:

- reduce the spread of influenza
- limit morbidity and mortality from influenza
- provide treatment and care for people with flu and its complications
- make provision for large numbers of patients
- reduce impact on core health and social services
- ensure essential services are maintained
- reduce the impact on daily life and business and minimise economic loss

An influenza pandemic will present unique, national and local challenges to the delivery of health & social care producing case numbers far in excess of the capacity and capability of both systems to cope in conventional ways. Most influenza sufferers will need initial assessment and the majority of their subsequent care and support outside health care settings, thus creating particular pressures on primary and social care.

2. Planning

2.1 SHA Coordination of planning

The response to a pandemic will be coordinated across the Strategic Health Authority by the SHA incident team, led by the Flu Resilience Director supporting the Regional Director of Public Health.

2.2 Multi agency cooperation

For the purposes of external multi agency pandemic planning within the Harrow locality, there is a strategic level influenza pandemic committee chaired by the Chief Executive of NHS Harrow or nominated deputy. The purpose of this group as defined by the national guidance (**Source: Pandemic influenza: A national framework for responding to an influenza pandemic**) is to coordinate local planning including within the PCT, its neighbouring health organisations and multi agency partners. The group is attended by senior representatives including directors of the Local Authority, Chief Executive and or the Flu Resilience Director for the Acute trust, Borough Police Commander, Voluntary Sector. Members are required to send deputies with the appropriate level of authorisation if they are unable to attend. Whilst in the planning phase the group has been meeting quarterly, in the response phase of the pandemic it will meet as often as deemed necessary to support the localised response.

2.3 NHS Harrow preparedness

The PCT has established an internal influenza response group Chaired by the Joint Director of Public Health / Executive Lead for Emergency Planning which has responsibility for coordinating the overall response of the organisation to the disease including situation reporting. The group is attended by a core group of senior managers all of who have been assigned key areas of responsibility to manage and coordinate. The group meets at least twice per week to consider any revised national guidance, numbers of patients presenting, implications upon primary and secondary care services and to assign any additional tasks. For the purposes of governance, the Chair is this group reports directly to the PCT executive team and is aligned to the emergency planning group.

In the event that the response of NHS Harrow is deemed to require exceptional or extraordinary resources beyond those that can be managed as part of normal planning processes, the Joint Director of Public Health and Chief Executive in consultation with colleagues from the SHA will decide whether a major incident should be declared at which time the internal influenza response group will cease to exist and the major incident plan and its supporting mechanisms will be invoked to manage the situation.

There are a number of different mechanisms and plans used to support any extraordinary pressures upon primary and secondary care. Planning is already underway for "Winter Planning", a process for managing increased bed activity during the winter months when traditionally illnesses such as seasonal flu causes more admissions. In the most severe of circumstances as highlighted in the paragraph above, the major incident plan can be initiated to support the local health system.

2.4 Clinical Management

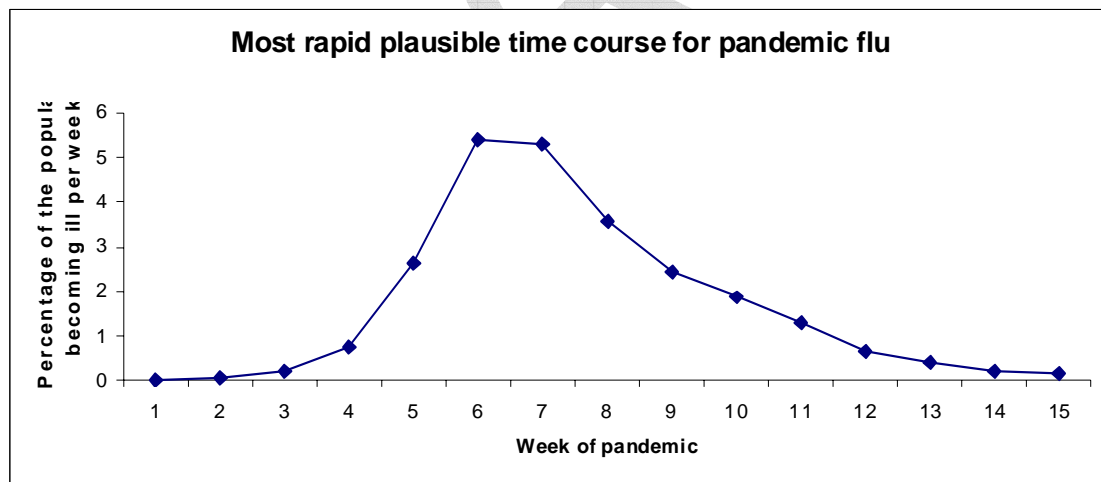
NHS Harrow in association with colleagues from NHS Ealing and Harrow Community Services have established processes for the surveillance of symptomatic patients and this service has the ability to operate out of hours. Whilst we have moved nationally from the containment to treatment phase, the surveillance process which includes the

swabbing of individual patients can still be re-established should it be deemed necessary.

2.5 Planning Assumptions

A wave of pandemic influenza in the UK would be expected to cause disease in at least 30% of the population with a significant number of those predicted to seek medical advice from primary care services. Government plans are based on this estimate on a single wave which would occur over approximately 3 months. Often pandemic flu comes in more than one wave with a number of months between each of the waves. The Department of Health have asked Trusts to develop response plans for a revised 30% attack rate in a single wave with an anticipated complication rate of 15% and 2% of those patients requiring hospital admission.

Data modelling has shown that when flu occurs it arrives as a wave over about 3 months. There may be some weeks or even months of warning if the disease is first identified in other countries. The trajectory of the existing disease has suggested that we may have already reached the highest point of infection rates and the following figure shows how cases might have occurred over time once the pandemic became established in the UK. In the first few weeks there were few cases but by week 6, cases had peaked. This figure presents a rapidly developing pandemic with the highest peak that is likely. Pandemic influenza can also follow a slower course, rising more slowly and peaking with about 3% of the population becoming ill per week but still affecting approximately the same overall proportion of the population over a longer time.



3. Management of the response

3.1 Command and Control

In the initial stages as indicated above, the internal influenza pandemic response group will take responsibility for responding to the situation. As the disease emerges and pressure intensifies upon primary and secondary care, the Chief Executive of NHS Harrow in consultation with partners will decide whether or not to declare a major incident and establish the Emergency Operations Centre at the trust HQ as outlined

within the **major incident plan**. A number of specific action cards exist to support the management of the operations centre as detailed in appendix 6.

The role and function of this centre is to monitor the PCT's health response and make strategic and operational decisions relating to escalation on a day to day basis. As all plans have been made on modelling assumptions the actual situation as it evolves will depend on the severity of the pandemic, case fatality rate (CFR) and numbers of staff affected. This will affect operational decisions on a daily basis

The IPC will remain in place as a local coordination and advisory committee.

3.2 Daily reporting timetable

The process by which the PCT manages its response to pandemic influenza will be dependent upon numerous external factors for which it is unlikely to have any control over. The reporting timetable below is based upon the present reporting arrangements to NHS London but will only be implemented should the PCT Flu Director deem it to be necessary.

08.30	GP's to advise the PCT of any staff shortages
09.00	Internal Influenza Response Group to meet in CR3 with teleconferencing available for remote workers. Standing agenda to include: - Staffing levels - Business continuity & critical staffing levels - Surge capacity
09.45	Teleconference with LA representatives to confirm impact upon Social Care
10.00	All PCT staff to contact their managers with their availability to work
12.00	Noon briefing issued by NHS London
12.30	Noon briefing disseminated to PCT officers
13.00	Situation Report advising of flucon status to be submitted to NHS London
16.00	Internal Influenza Pandemic Group reconvenes to consider and review any actions arising from the noon briefing

3.3 Situation Reporting

Using a template, each PCT in London is required by the SHA to submit daily status reports alerting to any service pressures within primary and secondary care. The responsibility for collating and completing this report within NHS Harrow is that of the information team.

3.4 Managing the workforce

To work within the context of the PCT business continuity plan: current modelling suggests that up to 50% of staff could be affected by flu and or by caring responsibilities during the course of a pandemic with 15% absent at the peak.

- Routine work will be gradually reduced and finally postponed as demand rises and all staff will be required to work together to maintain essential services
- Each service has been asked to identify and agree minimum staffing levels
- Locality working and redeployment to areas of need has been agreed with staff partnership forum.

The HR department will be the workforce hub: The mechanism for reporting sickness absence to them will be via their service managers:

- Staff members phone in sick to their base by 10.00am
- The information is passed by colleagues onto service leads
- Service lead collates data and identifies gaps in essential service delivery that are impossible to cover in the locality
- Requests for additional staffing for the following made to the second meeting of the Internal Influenza Response Group by 16.00
- The skills register, which also identifies staff's caring responsibilities will be used to identify staff who could be re deployed
- Working staff will be contacted by their manager with a request to be re deployed to the area of need
- All clinically trained staff not currently working in clinical areas including senior managers maybe re-deployed to support the front line of clinical services if within their competencies.

The Internal Influenza Response Group will assist service leads to ensure that safe staffing levels are maintained

- It is important to re-emphasise that staff rotas allow for sufficient breaks and days off to maintain the health of those working through this time
- Immuno compromised or pregnant members of staff must not work in a "flu" area
- Staff must report sick if ill with flu and not come into work. They must phone their own GP for a treatment course of antivirals unless a priority list is in operation in which case arrangements to issue antivirals to priority groups will be established at the time. Current guidance states that they are not to be used for prophylaxis. They attenuate the infection if started within 48 hours ideally within 12 hours shortening the duration of flu by 24hours
- Occupational Health will monitor the health and well being of staff, assessing the fitness of staff to return to work following influenza infection if it includes phased or graduated returns and their suitability to work in frontline areas
- Once a member of staff returns to work fit to work, following flu, they can be readily deployed to work with flu patients
- All study leave will be cancelled
- Annual leave will be negotiated with staff depending on the staffing crisis

In support of identifying the impact upon the workforce, the HR department is completing monthly returns to the SHA to confirm the level of sickness and absence.

Please see appendix 1 for a copy of the full HR workforce plan.

3.5 Local Flu Line

The PCT has established and has the ability to re-establish a “local flu line” in support of General Practice. The telecommunication systems within the PCT enable the organisation to scale up its response should it be deemed necessary.

Please see appendix 2 for a full copy of the local flu line plan.

3.6 Anti-virals

It is vital that the anti viral drugs are used efficiently for the treatment of cases at high risk of complications and to prevent infection. The early use within 48 hours of anti viral drugs to treat influenza may shorten the period of illness by a day, ameliorate symptoms and reduce the need for hospitalisation by 50%.

The DH has requested that PCT’s establish “Limited Access” and “Public Collection Points” for anti viral distribution centres using a prescribed checklist of contents that are required at the different types of sites.

Limited Access sites will be used by PCT’s for local centralised storage. Additionally a proportion of the stock will be held for the OOH (Out of Hours Service) that may visit symptomatic patients in their own homes that have no physical way of collecting them. For security purposes, the address of the limited Access site will remain confidential.

Public Collection Points have already been identified and established throughout the PCT area and include a multitude of pharmacies. This model has been chosen to offer the most appropriate and suitable level of advice as possible. In the event that the numbers of patients attending the pharmacies become overwhelming, a plan exists to open two large scale anti-viral centres which can accommodate a much greater level of footfall.

Please refer to appendix 3 for the anti-viral plan.

3.7 Vulnerable People

Using national guidance, the PCT has been working with partners to develop appropriate protocols to manage and support vulnerable people. National guidance states that the six identified groups in society that are considered vulnerable are:

- disabled people and those with long term health conditions
- people belonging to some ethnic minority groups
- excluded older people
- younger people with complex needs
- people with low levels of literacy
- disadvantaged people who move frequently

In the event that the pandemic becomes more widespread, partner agencies across Health and Social Care supported by colleagues from the voluntary sector will initiate plans to streamline support to those most in need.

3.8 Infection Control

Specific infection control guidance is available for hospitals, primary care and some other settings but generally limiting the transmission of pandemic influenza requires the application of tried, tested and proportionate basic infection control measures such as:

- staff and public education
- local risk assessments to inform decisions on control and protective measures as required by the Control of Substances Hazardous to Health Regulations 2002
- documenting proportionate procedures, operational protocols and checklists
- the consistent application of basic hygiene and infection control measures
- timely recognition of symptomatic patients
- segregating (isolating) any symptomatic patient and limiting external contact
- using voluntary quarantining measures if necessary
- clustering patients who become symptomatic in specific wards/areas
- ensuring that staff are well informed about and adhere to procedures for the prevention and transmission of influenza
- providing personal protective equipment if occupational risk assessments have indicated that to be necessary and ensuring that staff are trained in its correct wear, limitations and use
- implementing enhanced cleaning routines to minimise the risk from contact with hard surfaces.

Throughout the pandemic coordination process, these principles will be implemented to limit the spread of disease.

3.9 Managing surge demand

Initially it would be planned that the local health community would utilise and invoke the normal procedures associated with bed pressures to cope with increased numbers of inpatients.

When the situation deteriorates beyond a position which can typically be managed by escalation procedures, advice will be from the SHA regarding the most appropriate time to reduce or stop elective surgeries.

A number of strategies will be used to manage the expected increase in surge demand including but not limited to:

- Accelerated discharge of patients into community facilities
- Reduction / stop of all elective surgeries
- Increasing of bed capacity by the local PCT within its own facilities
- Initiatives with private hospital providers to increase capacity by utilising their establishments

However, all of these actions are dependent upon there being an available workforce that could support such actions.

3.10 Supporting patients in the community

As with our response to manage surge demand in this situation, we will utilise a number of strategies including but not limited to:

- Engaging with patients in the community to educate about “self help”
- Working with partner agencies to reduce any duplication of visits by health and social care teams
- Reducing the regularity of visits by district nursing staff where it is clinically safe to do so
- Increasing appropriate levels which we use to determine and prioritise patients

3.11 Supporting “end of life care”

As indicated in the section above, when services are stretched to their maximum, the benchmark by which we determine and prioritise patients in the community will need to be raised. In these exceptional situations we will extend our working arrangements with colleagues from partner agencies and the voluntary sector to ensure that support and dignity is available to those in receipt of end of life care.

3.12 Business Continuity

The PCT has a Business Continuity Policy which is aligned to the BS25999 standard which is reviewed annually. In support of the service areas, the policy includes a standard template which can be used by the service areas to develop their own individual BCM plans based upon a pre-determined set of risks including loss of workforce, fuel disruption and the threat of a pandemic. In some circumstances, localised risks will also be included in service plans.

The PCT has identified all of its services and in recognition of the extreme circumstances that a pandemic will present, these services have been placed into three categories; non essential, essential and critical.

3.13 Communications

Whilst the majority of communications will be coordinated nationally and regionally, the PCT has developed a strategy to manage communications throughout the pandemic which includes advising people self care and reiterating national messages.

A copy of the full strategy is attached as appendix 4

4. Testing of plans

Plans of all organisations will be regularly tested to ensure they are effective and coordinated. The testing will be undertaken by the IPC.

5. Standing down

The decision to stand down the Influenza Pandemic Committee and the Internal Influenza Response Group or the Major Incident Team will be taken either at national or

regional level. It will be important to maintain planning and vigilance until well after the visible signs of the pandemic have ended. It is not clear whether the pandemic will occur in more than one wave, but the planning scenario is to expect at least two waves. Although the PCT may stand down its activity, the Influenza Pandemic Committee Chaired by the Chief Executive may continue to operate a planning and preparedness function.

Additionally, continuous surveillance will be essential to both detect any re-emergence and to ensure that the pandemic has finished locally.

6. Recovery

Recovery from a severe pandemic will take months if not years. It will be necessary for organisations to continue to meet regularly to ensure that public services are maintained and returned to normal as soon as possible.

Specific service needs in the aftermath of a pandemic could include bereavement counselling services and care of vulnerable people in line with standing Emergency Plans for any major incident.

As we move through wave one and in anticipation for wave 2 the PCT is actively pursuing processes to coordinate the recovery of services which is aligned to business continuity processes and includes but not limited to identifying all targets which could be affected in the next few months, what additional support may be required and the impact on staff in the longer term.

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Meeting:	Overview and Scrutiny Committee
Date:	3 September 2009
Subject:	Waste Management Strategy
Responsible Officer:	John Edwards, Divisional Director of Environmental Services
Portfolio Holder:	Councillor Susan Hall, Portfolio Holder for Environment and Community Safety
Exempt:	No
Enclosures:	Appendix A: List of respondents. Comments received and the Council's proposed response. Appendix B: Proposed draft for adoption - Waste Management Strategy.
Background Papers:	Draft Waste Management Strategy (Public Consultation 2 February 2009 – 15 May 2009)

Section 1 – Summary and Recommendations

The draft Waste Management Strategy was considered by Cabinet at its meeting on 15 January 2009; and the draft strategy has been subject to public consultation from 2 February to May 15 2009. This report sets out the results of the consultation and provides the final proposed strategy that will be recommended for adoption by the Cabinet at the meeting on 17 September 2009.

Recommendations:

1. The committee is requested to note the report and comment on the proposed Waste Management Strategy.

Reason (For recommendation):

Public consultation on the draft Strategy has concluded and the key issues raised in consultation have been considered and, where necessary, the Strategy has been amended.

Section 2 – Report

A. Background

1. The draft was prepared last year and was presented to the Cabinet at its meeting on 15 January 2009 for approval for release for consultation. The public consultation took place between 2 February and 15 May 2009.
2. This report sets out details of the consultation and the responses received. It then goes on to detail the Council's consideration of the responses and the proposed changes to the document in light of the comments received.
3. As part of its Local Area Agreement (LAA) the council has agreed a target to increase its recycling and composting rate to 50% by 2011/12.
4. The proposed Waste Management Strategy will help the council deliver its corporate priorities: -
 - Cleaner and safer streets
 - Improve support for vulnerable people
 - Build stronger communities

B. Consultation overview

5. The public consultation for the Waste Management Strategy commenced on the 2 February 2009 with an original closing date of 29 March. This was subsequently extended to 15 May 2009 to allow additional time for responses.
6. Copies of the document were available for inspection for the duration of the consultation period at libraries and on the council's website.
7. Representations could be made via the council website address for the online consultation portal or by post.
8. Letters of notification were sent to statutory consultation bodies, organisations, planning consultants, developers, local groups and individuals in early March 2009, giving details of the consultation period, the arrangements for inspection of the document and an advisory note giving information on the Council's online consultation portal.
9. The draft Strategy was presented to Greener Harrow (a sub group of the Sustainable Development and Enterprise Management Group, one of five management groups within the Harrow Strategic Partnership) on the 22 January 2009.
10. A total of 36 responses were received.

C. Key Messages from the Consultation

11. Appendix A sets out the key issues raised and the proposed response.
12. Consideration was given also to comments on waste management issues made in response to the consultation for the climate change strategy that took place over a similar period.

D. Revised Strategy and Implementation Plan

13. The revised strategy is set out in Appendix B.

Section 3

14. Financial Implications

The financial implications of waste management are a significant part of the development of the Council's Medium Term Financial Strategy. The Council has costs associated with waste collection and with waste disposal, including a levy and payments made to the West London Waste Authority.

15. There remains uncertainty about the funding for the proposal in the plan to increase the number of flats able to access a regular recycling scheme.

16. Performance Issues

Achievement of Corporate Priorities	
1. Deliver cleaner and safer streets	Priority 1: The waste strategy will increase the amount of waste being recycled
2. Improve support for vulnerable people	Priority 2:
3. Building stronger communities	Priority 3: Extension of recycling to flats will improve access to recycling services
Performance Check Key Questions	
What is the current performance of this area of work against national indicators?	

Targets for the relevant National Indicators are set out in the revised Waste Management Strategy.

What impact will the document have on national indicators and key lines of enquiry? How much will the current performance be improved or mitigate effects?

NI 191	Residual household waste per household The strategy envisages a gradual reduction in the amount of residual waste per household sent to landfill
NI 192	Household waste recycled and composted LAA Indicator The strategy is designed to deliver the 50% recycling target in 2010/11
What is the potential impact on the CAA position?	

17. Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Section 4 - Statutory Officer Clearance

Name: Sheela Thakrar/Steve Tingle	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer Myfanwy Barrett
Date: 19/08/2009		
Name: Jessica Farmer	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer Hugh Peart
Date: 19/08/2009		

Section 5 - Contact Details and Background Papers

Contact: Andrew Baker. Head of Climate Change,
Tel: 020 8424 1779

Background Papers: Draft Waste Management Strategy (Public Consultation 2 February 2009 – 15 May 2009)

Appendix A – Key issues raised during the consultation

The council would like to thank all the respondents for taking the time and trouble to contribute to the consultation

Table 1: List of Respondents

Reference	Name of Respondent
Res 1	The Pinner Association
Res 2	
Res 3	
Res 4	Harrow U3A Sustainability Group
Res 5	Sheridan Place Ltd
Res 6	London Fire Brigade
Res 7	
Res 8	
Res 9	
Res 10	Roxborough Road Residents Association
Res 11	
Res 12	
Res 13	Abbeyfield Care Home
Res 14	The Greenhill Residents Association
Res 15	Rama Court Residents Association
Res 16	
Res 17	Friends of Bentley Priory
Res 18	Harrow Association of Disabled People
Res 19	
Res 20	
Res 21	Harrow Baptist Church
Res 22	Harrow in Leaf
Res 23	CPEA

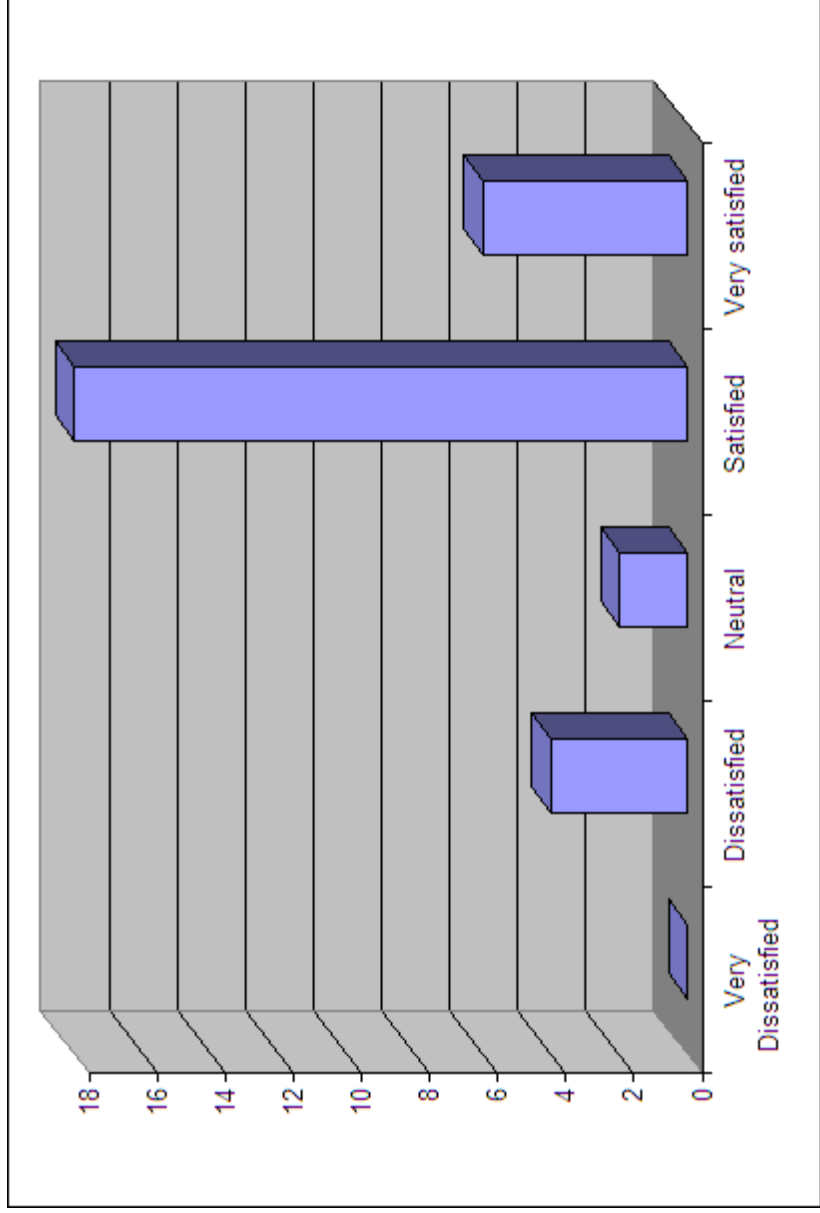
Res 24	
Res 25	Friends of Bentley Priory Nature Reserve
Res 26	
Res 27	Wealdstone Village TRA
Res 28	Weald Village TRA
Res 29	Clonard Way Association
Res 30	Cumberland Hotel
Res 31	
Res 32	Hatch End Association
Res 33	Labour Group
Res 34	Natural England
Res 35	HA21 – Waste Group
Res 36	Greener Harrow

Appendix A – Key issues raised during the consultation

Table 2: Detailed Comments and the Council’s Proposed Response

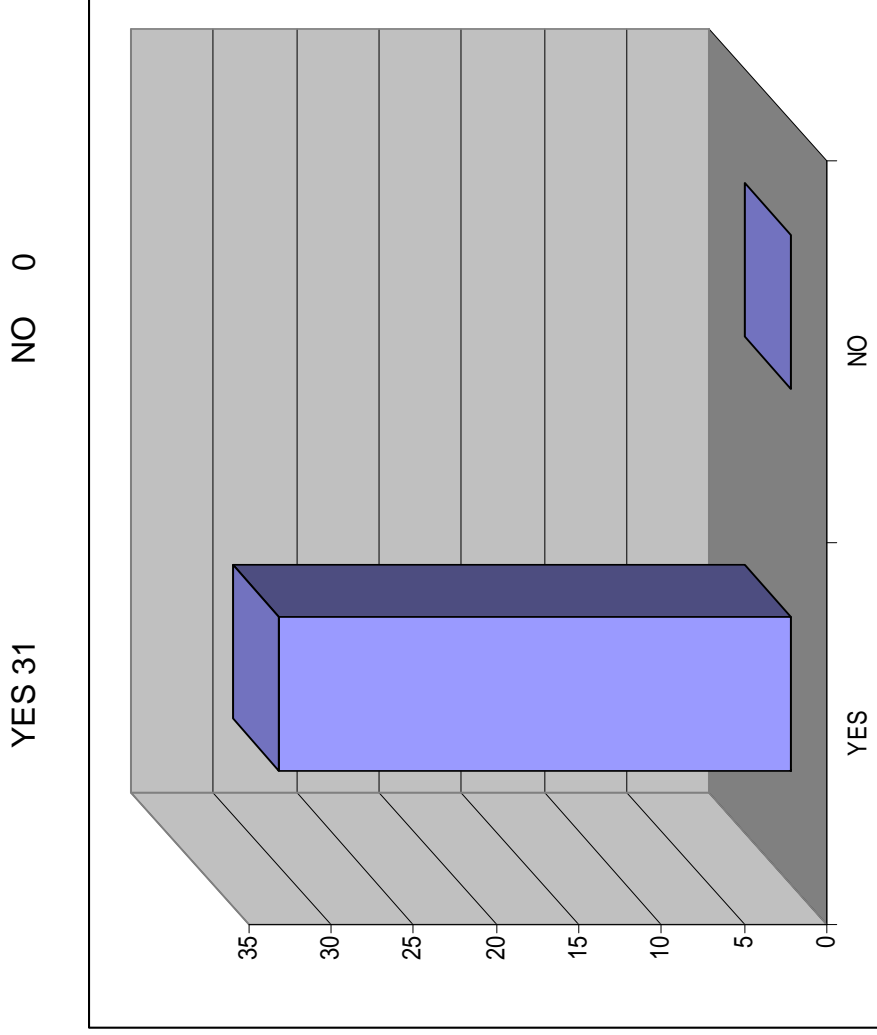
Question 1: Para/chapter 4 sets out Harrow’s current practices and performance. On balance how satisfied are you with the service?

Very Dissatisfied 0
 Dissatisfied 4
 Neutral 2
 Satisfied 18
 Very satisfied 6



Appendix A – Key issues raised during the consultation

Question 2: Para/chapter 5 sets out Harrow's proposals to improve and develop the service. Do you broadly agree with these proposals?



Appendix A – Key issues raised during the consultation

	Comment	Response
Pinner Association	<p>Re Paragraph 4 – “Current Practices and Performance” Recycling and Composting: Harrow Council should ensure that all recycled waste collected from whatever source (domestic, trade, street litter, etc) should either be sent directly to the contractors for recycling processing or, if that has reached capacity, be stored until it can be sent for processing. It should not under any circumstances be disposed of with the residual waste and go to landfill or other such disposal. Much effort will have been expended by residents, traders, and others, to sort and clean these materials and for these to then be put to landfill is a waste of all that effort and a reason for the compliance with recycling to diminish.</p> <p>Can we have some assurance in the strategy that the blue bin contents do in fact go for recycling?</p>	<p>The persistent rumours that the waste we collect for recycling is not recycled are NOT true.</p> <p>All the waste that we collect in the blue bin is sent to a large recycling facility where it is processed into the different waste streams. We get information back from the company every month which tells us how much of each type of material has been recycled.</p> <p>A small proportion of the material we collect (less than 3%) is not the correct type (e.g. polystyrene, plastic bags etc.). This is not recyclable under the Blue Bin scheme and is rejected at the facility and sent to landfill.</p> <p>Last year we collected and recycled 18, 750 tonnes of waste in the Blue Bin. In addition, 420 tonnes were rejected at the facility.</p> <p>Similarly, all the waste we collect in the Brown Bin is sent for composting. Sometimes people put the wrong type of waste in the bin. If we spot this we don't empty the bin. Last year we composted 19,300 tonnes of garden and food waste in this way. The company processing the waste rejected about 63 tonnes because it was contaminated.</p>
Pinner Association	<p>Paragraph 5 – “Improving our Performance” Target – Reduce 3 and Reuse 2: Greatly improve the communication with Harrow residents on all aspects of waste and recycling, giving the reasons behind decisions and not threatening or “bullying” residents by the introduction of seemingly arbitrary prohibitions and compulsion.</p>	Noted
Pinner Association	<p>Paragraph 5 – “Improving our Performance” Target – Recycle 5: The Wealdstone Waste and Recycling Centre is not easily accessible for many people in the west of the borough, who invariably use the South Ruislip West Waste site for reasons of convenience and proximity. Full access to the South Ruislip site should continue to be ensured for all Harrow residents.</p>	<p>The current agreement within WLWA is that residents of the six boroughs are entitled to free access to any civic amenity site in the area. This comment refers to arrangements in Hillingdon where free access is restricted on one of their sites to people who present a “Hillingdon First” card. If this policy were to be extended to all their sites then there would be a potential problem with the existing policy. We have received no notification from Hillingdon of any proposals to change the current policy.</p>

Appendix A – Key issues raised during the consultation

Pinner Association	<p>Paragraph 5 – “Improving our Performance” Target Recycle 10: Before any compulsion for the disposal of food waste is considered the system for the identification of suitable biodegradable waste bags used to wrap messy waste must be sorted out (newspaper is not adequate, nor do all residents buy or receive sufficient newspaper for this use – c.f. “Reduce” targets above). It would not be acceptable to make it compulsory to use only those bags sold at a high cost to residents by Harrow Council via inconvenient sources for many residents (“Put your food waste in our approved biodegradable bags. These are on sale at libraries and the Civic Centre at £4.50 for a roll of 50”). It must be possible to agree to the use of the bags sold in supermarkets, etc. at a much lower cost, or if compulsion is introduced then a regular, adequate, supply of biodegradable bags must be provided delivered to the residents property (through the letterbox and not just dropped in the garden!) free of charge. Not all residents are physically able to either keep their brown bin out of a sunlit position nor are able to wash it out regularly, and therefore the potential maggot problems must also be addressed.</p>	<p>The council believes that collecting food waste weekly, in the Brown Bin means that it is not necessary to use compulsion for its collection.</p> <p>The current system for providing biodegradable bags is in place to ensure that only bags that meet the council’s specification are used. Unfortunately they are a large number of bags on the market which have claims to being compostable, biodegradable, degradable etc. The Borough currently has very low levels of contamination in the Brown Bin and this reflects the current policy on which bags can be used. A change to this policy would mean that collectors would no longer be able to readily distinguish which bags are suitable. This could lead to increased contamination and lower levels of composting.</p> <p>The current price represents a fair price for the bags, which are used in relatively low numbers.</p> <p>Provision of bags to all residents would be unnecessary and very expensive.</p> <p>Wrapping in newspaper is only necessary for meat, bones and cooked food. Provided it is well wrapped and the lid of the bin is securely closed, there should be no problems with maggots.</p>
Pinner Association	<p>Please can we have some emphasis and publicity on recycling of harmful substances e.g. batteries, garden chemicals, paints, oil-based substances. The public needs to be more aware not to put these in the green bin and to have an easy method of putting them out for recycling (without necessarily having to go to the Council dump).</p> <p>It would also be helpful if there could be publicity to the public on how to recycle things like furniture, mobile phones, print cartridges to avoid these going into landfill.</p>	<p>The responsibility for arranging for the collection of batteries resides with retailers, distributors and manufacturers. The council does not currently propose to provide separate battery recycling at the kerbside.</p> <p>The hazardous waste collection service does provide a service for garden chemicals etc. we will look to improve publicity about this service on our website.</p> <p>Similarly, we intend to improve the website to provide information to people on how to recycle furniture, mobile phones, print cartridges etc.</p>
Pinner Association	<p>It would be helpful to have more in the strategy about the economics of it all.</p>	<p>The council will keep the economics of the service under review to ensure that we deliver value for money. Inevitably as legislation changes and as landfill tax rises the economics of the whole system changes. However future changes are likely to concentrate on marginal issues rather than the type of fundamental changes that have been introduced</p>

Appendix A – Key issues raised during the consultation

		over the last five years.
Pinner Association	It would be good if there could be a food recycling facility for flats. If the waste has to go into landfill this will produce harmful methane emissions.	The council has no plans to introduce food recycling for flats because of logistical difficulties. We will be working with WLWA to develop a joint waste strategy which will ensure that waste from flats, containing food, is not sent to landfill before treatment
Pinner Association	The targets for commercial waste seem a bit un-ambitious when recycling at least of paper, cardboard, food, from companies, outlets ought to be fairly easy.	It is the responsibility of waste producers to make arrangements for the collection of commercial waste. This can be either from a local council or a private company. The council already provides a commercial recycling service at a considerable discount to its service for waste to land-fill. It is likely that commercial recycling will develop as alternative facilities become available (such as anaerobic digestion for food waste). At present it is not envisaged that the council will make recycling from commercial outlets compulsory where it provides a service. This position will be kept under review.
arrow U3A Sustainability Group	We feel that regular (6 monthly) publicity leaflets about the use of the various wheelie bins and the availability of compost bins would keep people informed and aware of their responsibilities, especially in rented accommodation where information can easily be lost. If there is persistent misuse of the bin system after regular leafletting the council should consider visiting the property to educate the inhabitants about the system. Fining people could be a last resort option.	The strategy sets out that the council intends to provide education and publicity material. Rented accommodation - particularly short-term lets - do represent a problem in terms of getting the message across.
Harrow U3A Sustainability Group	We want Harrow to actively support re-use systems e.g. Free-cycle and would suggest regular features in Harrow People listing places where goods, furniture, electrical appliances and computer products can be taken for re-use or for re-cycling.	The Strategy proposes to promote Free-cycle. Space in Harrow People is limited. It will be used as and when considered to be appropriate. It is intended that most information will be available via the council's website.
Harrow U3A Sustainability Group	We would like to see special collections for difficult items such as batteries, paint tins, cooking and engine oil so that everyone including the elderly, disabled and those without a car can dispose of these items appropriately and they can be recycled where possible. This could be a contracted out service every 3months and households could be leafleted	See above comments. There are no immediate plans for this type of regular collection service.

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	the week before to remind them to put their rubbish out.	
Harrow U3A Sustainability Group	The problem of food waste from flats is a difficult one but we feel that bins could be placed near entrances to flats for waste food collection. These would need to be emptied very regularly (twice weekly) and cleaned out after collection.	The council has no plans to introduce food recycling for flats because of logistical difficulties. We will be working with WLWA to develop a joint waste strategy which will ensure that waste from flats, containing food, is not sent to landfill before treatment
Harrow U3A Sustainability Group	We would also like to see a percentage increase in commercial and business recycling which seems particularly low at 20% and feel sure the council could put pressure, maybe financial, on businesses to increase this by 5% yearly.	It is the responsibility of waste producers to make arrangements for the collection of commercial waste. This can be either from a local council or a private company. The council already provides a commercial recycling service at a considerable discount to its service for waste to land-fill. It is likely that commercial recycling will develop as alternative facilities become available (such as anaerobic digestion for food waste). At present it is not envisaged that the council will make recycling from commercial outlets compulsory where it provides a service. This position will be kept under review.
Harrow U3A Sustainability Group	It isn't clear in the report if the 2007 Packaging Regulations Directive can be applied to small businesses and retail outlets but it sounds as if it would be a good idea if more firms could be persuaded to sign up to this perhaps with a small financial incentive.	The Packaging Regulations Directive is administered by the Environment Agency. Small firms are exempt from the regulations.
Harrow U3A Sustainability Group	We approve the council proposals to improve street cleaning barrows. We feel that to encourage street litter recycling the council should provide triple litter bins in town centres and near fast food outlets. These should be clearly labelled for bottles and cans, food waste, other rubbish etc and emptied morning and evening.	Noted. The council has provided street recycling bins in a number of locations in recent years. Unfortunately these are not used properly and recycling materials are heavily contaminated. We will continue to review options for recovering recyclable materials from street litter.
Sheridan Place Ltd	We are pleased to note that the target policy for flats is to have a full set of recycling facilities by April 2010 but would like to know how this is to be achieved. Can you now say which types of bin will be used for the various categories of recycling waste for flats, in particular for garden waste which is not catered for at all at present? We would also like to	The council aims to provide all suitable flats with (a) large Blue Bin(s) as soon as possible. The April 2010 deadline set out in the draft strategy is now unlikely to be met because the council has not been successful in bidding for funding from the London Waste and Recycling Board. We will visit Sheridan Place with a view to rationalising the existing

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	<p>know if the present policy of one 1210 bin for plastics, glass and paper plus another type of bin for food and garden waste, in addition to the grey bins will be in use by April 2010. If so, can steps now be taken to reduce our present 3 recycling bins (for glass, plastics and paper) to one bin for these three categories thus providing us with the space to accommodate a food and garden waste bin when such becomes available.</p>	provision
London Fire Brigade	<p>As LFB have our own waste collection contract and achieve just slightly under 50% recycled rate, the draft waste management strategy from Harrow do not affect us a great deal. However we may be interested in your future food waste collections as from April 2010 as our current recycle contractor is not able to recycle food waste.</p>	Noted
	<p>I am unhappy about any type of enforcement. I do not believe councils take a fair and sensible approach to enforcement.</p>	<p>The council's current enforcement policy is based on persuasion and education.</p>
	<p>N.B. surely methane gas is given off whether in landfill or when composting. On a large scale this could be harnessed.</p>	<p>Land-filling of biodegradable material has to be substantially reduced to comply with the Landfill Directive.</p> <p>Methane from landfill sites is collected and used and this will continue to be the case. However collection rates are not 100% and some methane escapes into the atmosphere. Methane is a very active greenhouse gas and this is the reason why the Landfill Directive was introduced (to reduce the production of methane from land-fill sites.</p> <p>Methane is produced by the anaerobic decomposition of biodegradable waste. Composting is largely carried out aerobically and does not therefore give off methane</p>
Roxborough Road Residents Association	<p>Residents would like the return of kerbside collections of small electrical items and textiles/clothing that has worn out re-introduced. This was available when the green box scheme was used. This will reduce the amount of waste going to landfill.</p>	<p>The Blue Bin scheme is not appropriate for the collection of textiles or WEEE (Waste electrical and electronic equipment).</p> <p>Since the change in service the WEEE directive has been implemented and manufacturers, distributors and retailers of electrical goods are responsible for collecting this type of waste.</p> <p>The council advises residents to take textiles etc to charity shops or to use one of the charity bag collection schemes that operate in the borough.</p>

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<p>Roxborough Road Residents Association</p>	<p>Biodegradable food bags should be widely available to all, preferably by delivery to each property at regular intervals. This would help housebound residents and encourage wider use of the brown bins.</p>	<p>The council believes that collecting food waste weekly, in the Brown Bin means that it is not necessary to use compulsion for its collection.</p> <p>The current system for providing biodegradable bags is in place to ensure that only bags that meet the council's specification are used. Unfortunately they are a large number of bags on the market which have claims to being compostable, biodegradable, degradable etc. The Borough currently has very low levels of contamination in the Brown Bin and this reflects the current policy on which bags can be used. A change to this policy would mean that collectors would no longer be able to readily distinguish which bags are suitable. This could lead to increased contamination and lower levels of composting.</p> <p>The current price represents a fair price for the bags, which are used in relatively low numbers.</p> <p>Provision of bags to all residents would be unnecessary and very expensive.</p> <p>Wrapping in newspaper is only necessary for meat, bones and cooked food. Provided it is well wrapped and the lid of the bin is securely closed, there should be no problems with maggots.</p>
<p>Roxborough Road Residents Association</p>	<p>Why not have designated collection bags for disposable nappies only (bags labelled as such) and charge a nominal price per bag - i.e. 25p each as in Watford in 2006. Bags could be delivered or purchased at libraries or replaced at collection times with the same number of new bags as collected.</p> <p>I strongly agree with recycling. I feel more could be done to persuade stores and manufacturers to use less packaging. I am not convinced, however, that my opinion on the service provided by the council will have any relevance, as in the past when our recycling or refuse was overlooked I could not get calls returned or any satisfaction on the given situation - leaving my family at risk festering rubbish and a real feeling that we just do not matter where our local authority is concerned</p>	<p>The current arrangements for collecting disposable nappies (in the residual waste bin) appear to work satisfactorily. Collecting nappies via a bag system would introduce problems about adequate containment, which could lead to nappies ending up as street litter.</p> <p>There are no plans to introduce a separate collection service for nappies.</p> <p>Noted</p>

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	Can you please advise on correct use of compost bin as my results have so far been unsatisfactory and I no longer use it.	The Strategy envisages the promotion of best practice for home composters.
	System working well at present. No tinkering for tinkering's sake. Further wheelie bins NOT required.	Noted
Harrow Association of Disabled People	Very happy to see Harrow becoming "greener". Please ensure that the way you handle it takes into account the needs of disabled people - people with learning disabilities or mental health needs, and some older people may find the systems confusing. Some people may find moving bins difficult and others can't read or take in information. Scare tactics like threats of fines to people who can't deal with the system cause real distress. People with visual or physical disabilities may find various parts of the scheme difficult - if someone seems not to be complying, please take the time to find out why. Are you going to collect residents' email addresses? Where changes are significant, remember to use proper communication - simple English, pictorial etc.. Use voluntary organisations to hold information so that if people approach them they know what is happening.	The council provides assisted collections for people who cannot move the bins because of disability or frailty. There are no plans to change this. Although recycling of certain materials is compulsory, the council has not issued any fines etc over the three years that this policy has been operating. The emphasis has been on education and persuasion rather than enforcement and fines. This will continue to be the case. However the council reserves the right to carry out enforcement where residents flout the rules.
	Increase collection of blue recycling bin to weekly and/or double the number of blue bins available to households and businesses.	In practice the current collection frequencies are adequate for the vast majority of households in the Borough. Additional bins are available to all residents subject to a one-off charge and about 5% of homes have additional bins. There are no plans to change this policy.
	In my area we have a serious problem with the accumulation of rubbish, anything from beds and furniture to bags of kitchen waste. Most appears to be in private alleyways - which I understand is not the council's responsibility. However I am sure that something could be done to stop this deplorable habit, which has got worse over recent years. It sickens me to see so much of it when I am out walking.	Fly-tipping is a criminal offence. However it lies largely outside the scope of this Strategy.
Harrow Baptist Church	Harrow Baptist Church has made serious attempts to have a recycling bin provided - but so far without success. We are dissatisfied in Para. 4 above, because no free collection for recycling/composting is currently available from churches. We say "Yes" in Para 5, provided such	Places of religious worship are entitled to free collections of recyclable, organic and residual waste up to a limit of 660 litre per week. However there are some constraints relating to logistical capacity. Harrow Baptist Church as a town centre church is not as easy to service as a church

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	collections from churches will be provided shortly. We applaud the efforts proposed, but are concerned that extensions of collections for recycling/composting from churches do not yet feature in any Target. We suggest "Recycle 6" should be expanded to include free collections from not-for-profit organisations such as churches.	located in a residential area. (N.b. We have visited the Church and provided them with a Blue Bin service.) The council charges for collection only from registered charities and places of religious worship in accordance with the controlled waste regulations 1992. Providing free collections would mean that the cost fall on to the council tax payer.
Harrow in Leaf	<ol style="list-style-type: none"> 1. Provide recycling site in Rayners Lane/Alexandra Avenue (street-side bottle, paper and can banks), many flats so no recycling facilities 2. Compostable waste should be returned free to allotment sites and residents, as there will be less of an issue about contamination.. 3. Non-biodegradable waste should be reduced at source - local authorities, through their purchasing power and their links with national political parties, can influence manufacturers to reduce packaging 	<ol style="list-style-type: none"> 1. Our priority remains the provision of recycling facilities to all flats. 2. We envisage selling compost back to residents at some point in the future when the company accepting our Brown Bin waste has the compost it produces accredited and is able to supply the compost in bags. Supplying it free would require a growth in the budget to cover the additional costs. 3. We believe that this is largely an area for national policy to determine
PEA	I suggest that you have free compost available for collection say once or twice a year as a reward for recycling.	See above comments.
	I would like to see smaller bins routinely offered to smaller households to reduce the visual impact of bins standing in front gardens.	Smaller bins are already available on request.
Friends of Bentley Priory Nature Reserve	<p>3.3 - includes municipal parks, but not open spaces, like Bentley Priory Nature Reserve. Isn't waste from these included in "Municipal Waste"?</p> <p>It's good that a lot of mentions are made of Harrow Agenda 21 (perhaps the full name of the charity should be used - Harrow Agenda 21 Environmental Forum), but in 4.5.2 it talks about having close links with HA21 and its schools education officer. HA21 has not had a schools education officer for many years, so please take this out. You could replace it instead with HA21's Education Action Group, with which the council does have close links. Moreover, in 2.1.1 and 2.6.2, more could be made of the particular link with HA21's Waste and Recycling Action Group which, after all, is the closest and most relevant.</p> <p>The Draft Climate Change Strategy says we will "promote the use of</p>	<p>If waste from these areas enters the council waste stream it is classified as municipal waste. However this is very limited.</p> <p>Noted.</p> <p>Noted.</p>

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	using re-useable bags when shopping, and encourage local business to cut down on the amount of carrier bags they use" (7.2j). Surely something about this should be covered in the Waste Management Strategy too, shouldn't it?	
	We need clearer guidelines as to what can be recycled and what cannot. For example, some supermarket packaging states whether it is recyclable or not, but a lot still doesn't. How are we to decide? Should we assume that all plastic (bottles, trays, etc) can go in the blue bin, and all plastic film cannot? Even though in some cases film will be labelled as recyclable and plastic trays will be labelled as not. This is before we get into different types of plastic (PET1, 2, 3 etc). It is confusing.	The council's guidelines on what to recycle in the Blue Bin are intended to be as simple, for residents, as possible. We collect ALL plastic bottles and rigid containers but do not collect plastic bags, film etc.. Sorting is carried out at the Materials Recycling Facility into the different grades. Inevitably some incorrect materials do get collected and pass through the facility as rejects. Last year this represented less than 3% of the total.
Wealdstone village TRA	When I moved to Harrow some of my furniture was too large so I had to give it away. But no charity would take self assemble furniture. In the end I gave some away and throw the rest away. Perhaps an alternative can be provided.	The alternative identified in the Strategy is the use of Free-cycle.
Wealdstone village TRA	For flats with gardens a shared brown bin could be provided rather than they use the green/blue/municipal bin.	Garden waste from flats with communal areas are usually maintained by grounds maintenance contractors, who are responsible for the disposal of the waste. Where the residents/tenants maintain the communal areas themselves the council could provide Brown Bins. For the collection of the garden waste.
Wealdstone village TRA	For mother with children. i have a chimney in the garden. Can nappies be burnt and the ash put in the green bin? I do realise this is a health and safety issue unless a van goes round to those mothers area/road and burns them for you.	Disposable nappies must NOT be burnt for disposal. They contain plastic film, chemicals and the contents provided by the child. Combustion could lead to the release of toxic gases and by-products as burning would be unlikely to reach the necessary temperatures. Disposal of used disposable nappies in the residual waste bin, from babies and children, does not constitute a health hazard and no special collection arrangements are needed.
Wealdstone village TRA	Some residents are still not using their bins properly. What with putting the wrong items in the wrong bins. They could easily crush some items to make more room. Persistent offenders should be fined and at the most	The council's current enforcement policy is based on persuasion and education.

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	evicted. Could the half-yearly estate inspections note these offenders? Some householders have their bins permanently on the pavement outside their premises.	
Hatch End Association	Chapter 4. waste minimisation. "Excessive consumption" of what products (food, clothing, household goods, packaging?) which if these is local government trying to influence and how?	The strategy quotes the areas where the council believes that it can influence people's behaviour – home composting and reusable nappies.
Hatch End Association	Chapter 5. Target 2. Use of real nappies. How does the comparison fare with disposable v. real? i.e. use of cotton & daily washing machine use. Need more information re incentives.	A comparison of the carbon footprint of reusable v. disposable nappies is complicated and depends on a range of factors such as the heat source for hot water and whether or not reusable nappies are tumble dried. In terms of waste management, it is clear that reusable nappies lead to a significant reduction in the amount of waste being produced.
Hatch End Association	Chapter 5. Target 1. we support system of "Freecycle" website.	Noted
Labour Group	Chapter 5. Target 4. Recycling of municipal waste from 35% now to 70% by 2012 sounds ambitious and it is not precisely clear whether the figure for recycling and composting includes or excludes kerbside vehicles.	This refers to the recycling of household and commercial waste at the civic amenity site. It excludes our kerbside operations. The 70% target represents Best Practice levels for this type of site.
Labour Group	The overall target of 50% we believe is not challenging enough. We believe Harrow can become the best performing Council in London and within the top quartile in England and Wales.	Achieving 50% would represent a significant achievement. Going beyond these levels whilst relying only on collections systems may not be realistic. Harrow and the other boroughs will look to WLLWA to recycle materials from the residual waste stream as part of the joint waste strategy. See separate paper on the Vision for the joint waste strategy.
Labour Group	We believe there should be much better communication with users clearly encouraging them and provide best practice. There should be at least a quarterly newsletter to users.	The strategy sets out that the council intends to provide education and publicity material. There are no plans to provide a regular newsletter to residents
Labour Group	We believe more emphasis should be placed on re-using materials with better communication and the promotion of recycling shops etc.	We will try to incorporate this sort of advice on our website.

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Labour Group	Schools should be offered a free recycling service in order to encourage them to recycle therefore passing on the recycling message to future users.	The council charges for collection only from registered charities and places of religious worship in accordance with the controlled waste regulations 1992. Providing free collections would mean that the cost fall on to the council tax payer.
Labour Group	The voluntary sector should also receive free recycling services to encourage best practice throughout our community.	The council charges for collection only from registered charities and places of religious worship in accordance with the controlled waste regulations 1992. Providing free collections would mean that the cost fall on to the council tax payer.
Labour Group	We are also concerned with the possibility of contamination within the Blue Bin scheme and therefore we believe the council should consider using a "Dirty MRF".	Contamination of the Blue Bin mainly arises from people putting the wrong materials into the bin. The sorting process in the Material Recycling Facility (MRF) that we use isolates these materials as rejects. Currently less than 3% of collected Blue bin waste is rejected. A "Dirty MRF" would not be appropriate for processing Blue bin waste.
Labour Group	We believe greater capacity should be found to provide more recycling at flats and businesses.	The capacity of the service is constantly reviewed to ensure that it delivers Value for Money. Additional capacity would need to be funded by the council.
about Group	The document does not cover the costs of the service to users. This should be addressed by considering the delivery of the residual service. Any savings proposed could be reinvested back into the recycling service.	The council already considers the costs of the service and the savings that would be generated by additional recycling services. As landfill tax continues to increase, the financial viability of recycling schemes continue to improve and allow the introduction of new services.

London Borough of Harrow

Waste Management **Collection** Strategy

2010-2016

1. Introduction

Harrow has made good progress in recent years and we recycled and composted 39% of our household waste in 2007/8. However we still need to make further progress if we are to avoid high landfill costs and increase the environmental performance of our waste management service.

2006/7 was a year of significant change for the waste management service in Harrow, with the change in collection frequency for the Brown and residual waste bins, the introduction of compulsory recycling, and the introduction of the Blue Bin to replace the green box for our recycling service.

This strategy covers the period 2008 - 2016. It identifies how we will meet the aims of the new national waste strategy through an integrated set of policies.

2. Why change is needed.

As a society, we are consuming natural resources at an unsustainable rate. European and national legislation is driving change to consume less; reuse and recycle more; and, recover value from the remaining waste stream rather than to simply landfill it. At the same time, the cost of sending waste is rising substantially due to tighter regulation, rising Landfill Tax, and higher environmental performance targets. Reducing the carbon footprint of waste management practices is a central element of European and national waste management strategy.

Waste Strategy 2007

WS2007 was published, by the government, in June 2007 setting out the new national policy, with the following main targets:

Target	2010	2015	2020
% Recycling	40	45	50
% Recovery (includes recycling)	53	67	75
Kg of waste per household not reused, recycled or composted			225 (Reduced from 450kg in 2000)

London Mayor's Strategy

Waste authorities in London must act in accordance with the Mayor's Municipal Waste Management Strategy, which adopts the targets set out in the previous national strategy (WS2000) :

Target	2005	2010	2015
% Recycling	25	30	33
% Recovery (includes recycling)	40	45	67

The Mayor's Municipal Waste Strategy is due to be reviewed to bring it into line with WS2007.

Joint Municipal Waste Management Strategy

The West London Waste Authority and the six constituent boroughs produced a joint Municipal Waste Management Strategy in 2005. This set a number of targets for the recycling of municipal waste – starting with 40% in 2010. The joint Strategy is currently being reviewed and this draft strategy will feed in to the revision of that document.

Joint Waste DPD

Harrow is working in partnership with the London Boroughs of Brent, Ealing, Hillingdon, Hounslow and Richmond to collectively develop a joint waste DPD that meets the boroughs' waste apportionment targets set by the London Plan. This is expected to be completed by 2010.

3. Predictions for Growth

Harrow's population of 214,600 is predicted to rise to 223,000 by 2025.

The no. of households is 85,000 with plans to provide 4000 new households by 2016. It is anticipated that most of this growth will be flats as opposed to more traditional housing.

The draft strategy assumes that the rise in population is balanced by a reduction in waste per person – resulting in the total amount of household waste remaining constant from 2009/10 onwards.

Over the same period the amount of household waste produced per head of population in Harrow is expected to reduce. More importantly the amount of waste not being reused, recycled or composted is predicted to show a significant downward trend and Harrow should meet the 2020 national target of 225 kg/head by 2012.

Waste arisings trends

Harrow is a Waste Collection Authority and therefore responsible for the collection of the municipal waste in its area (EPA 1990). Municipal waste includes household waste and garden waste (for disposal, composting and recycling), street litter, litter from municipal parks, and commercial waste from shops and offices, which the council has been requested to collect.

Figure 3 below shows the actual tonnage of Municipal Waste handled by Harrow since 1993 together with a prediction for future Municipal Waste arisings until 2016. It assumes that the rise in population is balanced by a reduction in waste per person – resulting in the total amount of household waste remaining constant from 2009/10 onwards.

Similar effects are also predicted for trade waste, non-household waste and trade waste at the CA Site. The council will continue its policy of including LATS costs in the disposal charges for commercial waste collections.

Figure 4 below shows the household waste produced per head of population in Harrow since 1993. Since 2005/6, the amount of waste per head has been decreasing steadily. More importantly the amount of waste not being reused, recycled or composted is showing a significant downward trend and Harrow should meet the 2020 national target of 225 kg/head by 2012.

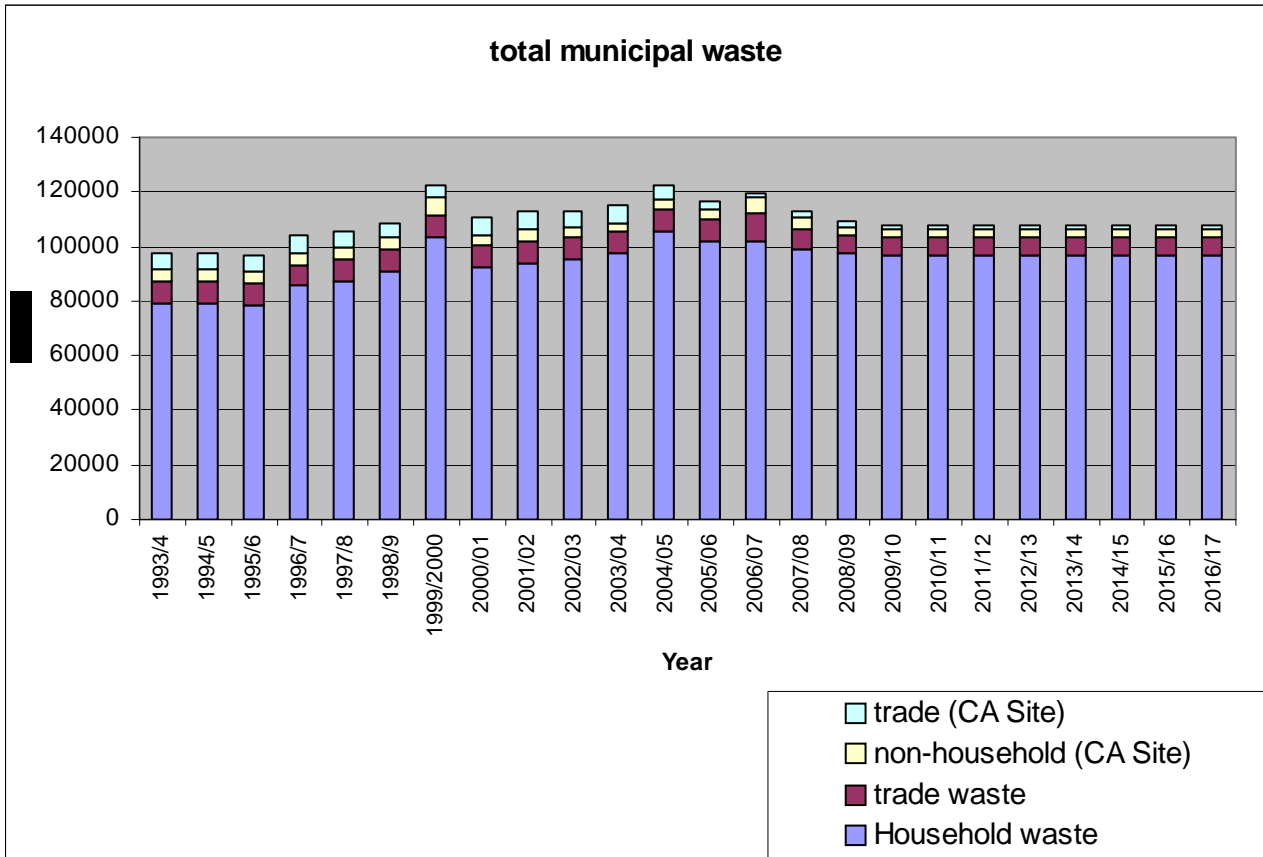


Figure 3

	Household waste	trade waste	non-household (CA Site)	trade (CA Site)	total
1993/4	79430	8000	4400	6000	97830
1994/5	79068	8000	4400	6000	97468
1995/6	78199	8000	4400	6000	96599
1996/7	85419	8000	4400	6000	103819
1997/8	87382	8000	3961	6119	105462
1998/9	90876	8000	4449	5332	108657
1999/2000	103619	8000	6667	4323	122609
2000/01	92462	8000	3951	6310	110723
2001/02	93964	8000	4370	6659	112993
2002/03	95140	8000	3726	6189	113055
2003/04	97346	8000	3413	6386	115145
2004/05	105368	8000	4198	4509	122075
2005/06	102147	8000	3156	3000	116303
2006/07	102077	10010	5571	2149	119807
2007/08	98607	7800	4539	1847	112793
2008/09	97450	6760	3000	1950	109160
2009/10	96400	6760	3000	1950	108110
2010/11	96400	6760	3000	1950	108110
2011/12	96400	6760	3000	1950	108110
2012/13	96400	6760	3000	1950	108110
2013/14	96400	6760	3000	1950	108110
2014/15	96400	6760	3000	1950	108110
2015/16	96400	6760	3000	1950	108110
2016/17	96400	6760	3000	1950	108110

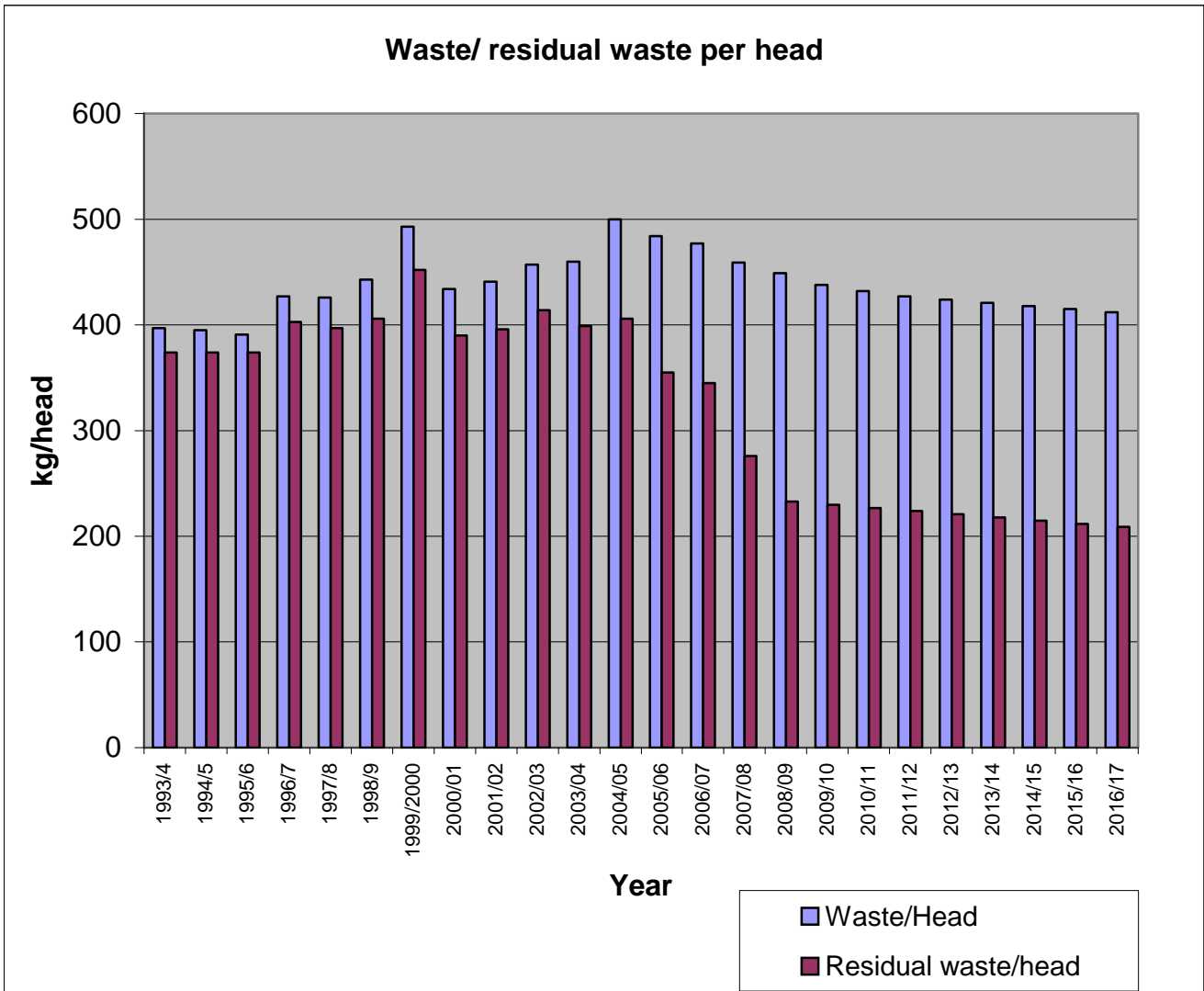


Figure 4

	Waste/Head	Residual waste/head
1993/4	397	374
1994/5	395	374
1995/6	391	374
1996/7	427	403
1997/8	426	397
1998/9	443	406
1999/2000	493	452
2000/01	434	390
2001/02	441	396
2002/03	457	414
2003/04	460	399
2004/05	500	406
2005/06	484	355
2006/07	477	345
2007/08	459	276
2008/09	449	233
2009/10	438	230
2010/11	432	227
2011/12	427	224
2013/14	421	218
2014/15	418	215
2015/16	415	212
2016/17	412	209

4 Current Practices and Performance

4.1 Service Aims (Revised September 2009):

- To achieve a recycling target of 50% by 2010/11
- To reduce the amount of biodegradable waste going to landfill. (Thereby reducing liabilities in relation to the Landfill Allowance Trading Scheme - LATS)
- To improve public satisfaction in the service being delivered
- To deliver an easy to understand, high quality and reliable service to residents
- To deliver a cost-effective, VFM, service in partnership with the workforce.
- To ensure the Health and Safety of the workforce
- To work in partnership with the West London Waste Authority.

4.2 REDUCING waste

Waste Minimisation is the most environmentally desirable method of dealing with waste. Although waste growth is one of the most pressing problems we have to deal with, it is not easy to tackle the underlying problems. The increasing amount of waste that we generate is a product of our consumer society and a lifestyle that is driven by national and international forces. It will be a significant challenge to break the link between economic growth and waste production.

Waste production is partly about product specification and design, product labelling and marketing, mass marketing etc. Local Authorities are largely powerless to influence these. However it is also partly about excessive consumption, which Local Government can have an influence on through awareness raising and education.

Through the last Recycling Plan, Harrow has already implemented a number of initiatives to reduce the amount of waste sent for disposal from both householders and the commercial sector. They are as follows:

- Promotion of waste reduction at source through subsidised home-compost bin since 1994/1995. Since 2005 home composters have been provided to residents free of charge. Over 15,000 have been sold or distributed since this scheme began. This represents 20% of homes with gardens.
- Disposable nappies make up 4% of the rubbish that we collect in Harrow and cost £260,000 to dispose of every year. Harrow have therefore been promoting 'Real (washable) Nappies' since 2000 and provided an incentive scheme since April 2005.

4.3 REUSING items

In a consumer society, perfectly usable items are thrown away before the end of their useful life because a colour scheme has changed or a slightly "better" model has been brought out. However, reusing these items through new owners would be the second most preferred option for dealing with waste according to the waste hierarchy.

At present Harrow encourages people to reuse waste items if they have not reached the end of their life cycle yet by using charity shops etc to pass the items on to new users.

4.4 RECYCLING and COMPOSTING

Recycling is the processing of waste products to provide the raw material to make new and useful items. It reduces the demand for raw materials, lessening the impact of extraction and transportation created at the point where the raw material is extracted. Although some materials for recycling need to be transported around the UK or globally, the impact of this may be less than that of transporting raw materials from (often) more remote locations in the world. Recycling also uses less energy than producing goods from virgin material and results in fewer emissions. Burning fossil fuels for energy produces carbon dioxide, a greenhouse gas that contributes to global warming.

Composting is the processing of waste biodegradable materials – usually food waste and garden waste – to produce compost or soil improvers. An important benefit of composting is that biodegradable waste is diverted from landfill where it produces methane gas, a significant greenhouse gas.

4.4.1 Kerbside Recycling

Harrow provides a comprehensive collection service for three waste streams – organic waste, recyclable waste and residual waste. Harrow's public realm services section is responsible for providing Harrow's waste management services.

The kerbside recycling services provided in Harrow, are briefly as follows:

Houses and Maisonettes –

1. The weekly collection of Food and Garden waste (including meat, fish and bones) from 70,000 residential properties using Brown 240 litre wheeled bins
2. The fortnightly collection of mixed recyclables from 70,000 residential properties - Blue 240 litre wheeled bins
3. The fortnightly collection of residual waste from 70,000 residential properties - Green (or grey) 240 litre bins

Containers are collected from the front curtilage of each property.

Recycling of paper, glass, cans and plastic bottles is compulsory (in the Blue Bin), and the recycling of garden waste is compulsory (in the Brown Bin).

An analysis of the contents of the residual waste bin was undertaken in the Autumn of 2008. This shows that approx. 6000 tonnes of food waste and 3000 tonnes of recyclable waste is still being put in the green residual waste bin. If all of this were to be put in the correct bin, Harrow's recycling and composting rate would increase by 9%

Flats

1. 1280 litre blue euro bin for the mixed recycling scheme
2. 1100 litre grey euro bin for the collection of residual waste

Recycling containers for flats are located at central points on each premise so that they can be easily accessed by all residents.

Recycling of paper, glass, cans and plastic bottles is compulsory (in the Blue Bin) where these are provided.

No provision is made for the collection of garden or food waste from flats.

Access to kerbside services

Currently 90% of household properties in Harrow have access to a recycling collection. This figure includes 100% coverage for houses and 36% coverage for flats. The figure for flats is lower because it is harder and takes longer to install the schemes.

Places of Religious worship

The council's current policy is to provide a 660litre bin free of charge to places of religious worship. Amounts in excess of this are charge for collection but not disposal costs. Blue Bin and Brown Bin are provided where requested subject to suitable logistical capacity being available.

4.4.2 Bring Banks

Harrow currently provides 18 recycling sites across the borough that can be found in council car parks, supermarket car parks, in community shopping areas and on street corners. The sites currently provide facilities for paper; glass; and cans and plastic bottles. Some sites also provide facilities for recycling textiles.

4.4.3 Waste Reuse and Recycling Centre

Harrow currently provides one Waste Reuse and Recycling Centre, the civic amenity site in Forward Drive, Wealdstone, where residents of the borough can dispose of household waste. The site also provides facilities to recycle car batteries and small domestic batteries and Waste Electrical and Electronic Equipment (WEEE).

Traders may use the site to dispose of commercial waste subject to the payment of a tonnage-based gate fee.

The site also acts as the collection/bulking point for the materials collected by our dry recycling schemes. Approx. 35% of the waste delivered to the site is recycled or composted.

The site is provided under section 1 of the Refuse Disposal Amenity Act.

4.4.4 Business Waste Recycling

Since April 2008 Harrow has offered a business waste recycling scheme for its trade customers. The collection charge is kept at a minimum as an incentive for them to sort their waste for recycling. Companies may also be able to reduce the number or size of their general waste containers through recycling – generating additional savings. The containers collect mixed recyclables (as per the Blue Bin scheme for households). Bin sizes range from 240 to 1280 litre wheeled bins. Bins are collected on a weekly basis.

4.4.5 Street Waste Recycling

The street cleaning service covers the collection of street waste.

- 1) All shopping centres and their hinterland are cleaned daily;
- 2) Main roads and high-footfall areas are cleaned weekly; and
- 3) The rest of the Borough's roads are cleaned on a three-weekly cycle.

This ensures that the highest sources of litter receive the highest frequency of cleaning. This is reviewed regularly to ensure the correct streets are being targeted.

Harrow collects approx. 4000 tonnes of street litter each year. To encourage the separating of street cleansing waste for recycling litter-bin style recycling bins have been provided in Harrow Town centre. In addition to providing our main shopping areas/train stations with specific recycling bins, we are also planning a significant change in the way in which our street cleansing is carried out. Our operatives will be supplied with barrows, which have specific compartments for different materials. The barrow itself is split into two compartments, one for mixed recycle (plastic bottles/drink cans/glass bottles/paper and card) and the other compartment is designated for residual waste.

4.5 Waste Awareness

4.5.1 Promotion and Participation

Leading up to the change in frequency, three Recycling Officers were employed to lead on promotion and participation. The public's attitudes to waste and acceptance of the new collection arrangements has been a significant factor in the success of the council's recycling scheme. Provision of separate staff is no longer required. Promotion and education for council services is now handled centrally by the council's PR department. As a major front-line service, refuse collection and recycling is a major element in their workload.

Promotion and education will continue to be an important part of providing these services.

The council's work will support and supplement the work of the Recycle for London Campaign.

4.5.2 Education

The council has worked closely with schools to provide them with extensive recycling facilities and compost bins. Each school has also been provided with a curriculum-based book that can be used by teachers to promote recycling and other environmental initiatives as part of the national curriculum. This work will continue.

The service also has close links with HA21 and its schools education officer

4.6 Residual waste treatment and disposal

The responsibility to make arrangements for the treatment and disposal of residual waste collected by Harrow resides with the West London Waste Authority. The WLWA joint waste strategy has been agreed by WLWA and the six constituent authorities

4.7 Current Performance

4.7.1 Government targets

In part 2 of this document, European and national targets to increase recovery and recycling were set out. This section looks at the council's current performance against those targets.

The table below shows European, national and local targets and what has been achieved by the London Borough of Harrow:

	Landfill Directive – Target for reduction of biodegradable waste to landfill from 1995 levels	National Waste Strategy targets Recycling and composting	National Waste Strategy targets Recovery (incl. Recycling and composting)	LBH Statutory recycling and composting targets	LBH achieved recycling rate
2003/04				16%	13.8%
2004/05					18.8%
2005/06		25%	40%	25.2% (Stretched from 24% under LPSA)	26.7%
2007/8					39%
2010/11	75%	40%	53%	50% (LAA target)	
2013/14	50%				
2015/16		45%	67%		
2020/21	35%	50%	75%		

The national recycling/composting target of 40% in 2010/11 was achieved by Harrow in 2008/09.

4.7.2 Previous Recycling Plan Objectives

The council's previous Waste Recycling Plan was adopted in 1999. At that point, 20,000 households had a Blue Bag scheme for recycling paper and 22,000 households had a Green Box for recycling paper, glass bottles and jars and cans. The council's recycling rate was just under 9%.

Events and legislation have moved on significantly since then and the council's aims and objectives have evolved accordingly.

4.7.3 Fundamental Service Review (2007)

The council undertook a fundamental review of its Public Realm Services (including waste management) in 2007. The proposed actions in this strategy reflect the findings of that review.

5 Improving our Performance

The objectives that we propose for the future of waste management in Harrow are described in this part of the strategy with a rationale for their implementation. They have been split into the following sections in order of priority in accordance with the waste hierarchy.

- Reduction
- Reuse
- Recycling
- Recovery

5.1 Reduction

Harrow will do all that is practicable to ensure that the growth in municipal waste is kept at a minimum and not above the general trend of growth seen by London and nationally. Harrow will aim to reduce the amount of MSW produced through the following policies.

1. Home Composting Campaign

The best environment way to treat compostable waste is to compost it at home, as it then does not have to be transported and composted elsewhere with the resultant environmental impacts that this causes. Harrow will therefore continue to encourage residents to use their brown bin collection scheme wisely by home composting all that they can first.

Harrow will continue to provide free compost bins to residents as an incentive to home compost with the aim of reaching a total of 20,000 composters in the Borough by 2012.

2. REAL Nappies

Every child that uses reusable (or real) nappies saves a tonne of nappies going to landfill. This will save the Council the disposal cost for disposing of the same amount of disposable nappies.

The council will continue to support the use of reusable nappies

3. Communication and Information

Harrow will make sure that good communication and readily accessible information for all of its residents is the cornerstone of this strategy. The profile of waste reduction now needs to be raised if we are to meet our reduction targets. Practical reduction tips will be made widely available so that everyone can make small changes that will make a big difference.

Target	Policies	Target	Timescale
Reduce 1	Home Composting Campaign	Increase number of home composters provided to 20,000	2012
Reduce 2	REAL Nappies	The council will continue to support the use of reusable nappies	ongoing
Reduce 3	Communication and Information	Practical reduction actions to be made widely available	ongoing

5.2 Reuse

In the current throwaway society, perfectly usable items are being thrown away just because a room's colour scheme has changed or because a slightly better model has been brought out. However, an item may still be usable and could have a number of owners throughout its life cycle. Harrow will aim to encourage people to pass on items to new owners until they reach the end of their life cycle.

1. Promote Freecycle for waste exchange

We will promote web-based reuse schemes such as Freecycle through the council's website.

2. Communication and Information

Harrow will continue the promotion of reuse and subsequent options to our residents, to raise awareness that reuse is the preferred option and is easily accessible for them to use. Harrow will continue to promote local charities and groups that provide a reuse service in the borough and return items for use back into the local community.

3. Bulky Waste Reuse

Harrow provides a chargeable service for bulky waste collection but currently does not have arrangements for this waste to be reused. We will investigate with the voluntary sector, social services (and possibly in partnership with the other WLWA boroughs) whether a scheme can be established. The aim being to provide a source of good quality furniture and refurbished electrical goods, which is accessible to people on low incomes (and similar circumstances).

Target	Policies	Target	Timescale
Reuse 1	Waste Exchange	Promote Freecycle on the council's website	April 2010
Reuse 2	Communication and Information	Practical reuse actions to be made widely available	April 2010
Reuse 3	Bulky Waste Reuse	Investigate options for the reuse of good quality furniture and refurbished electrical goods	April 2010

5.3 Recycling and Composting

Harrow achieved the National recycling target for 2010 of 40% in 2008/9 making it one of the top London Boroughs for recycling. For both financial and environmental reasons, as well as maintaining Harrow's excellent reputation it is important that Harrow continues to improve on its waste management performance. The following policies are proposed: -

1. Flats Recycling

5000 flats (i.e. 36% of the total) are provided with a separate recycling service. Harrow aims to reach 100% of all eligible premises by April 2011. Recycling from flats is a priority both in terms of achieving 100% access and improving our recycling percentage. Each block of flats will be provided with communal, 1280 litre, Blue Bins for the collection of paper/cardboard; plastic bottles/ cans and mixed glass. Funding of £450,000 will be required to provide new bins where necessary.

Where recycling is not possible we will look to process this waste in a "dirty" MRF to recover some of the waste for recycling.

2. Schools Recycling

All schools in the borough are provided with mixed recycling bins together with bins for disposal to landfill. The provision of recycling bins is compulsory. Materials covered by the scheme are paper, card, cans, plastic bottles and glass bottles. The exact mix of waste/recycling bins is agreed with each school.

The school is responsible for setting up and monitoring the internal collection system to ensure the success of the scheme and to make sure that the bins are used to their full potential.

The council will not empty contaminated bins. The school is responsible for sorting contaminated bins properly.

3. Street litter recycling

The government published 'Recycling on the Go' in 2007, which is designed to encourage behavioural change by the general public by providing them with constant opportunities to recycle while there are away from home. For local authorities there are two options in delivering this aim: the provision of recycling "litter" bins and the harvesting of recyclable materials from street cleaning litter.

Harrow currently provides recycling "litter" bins in its main shopping areas but these do suffer from contamination by the public. Greater publicity and improved signage may help to improve this position.

The harvesting of street cleaning waste – particularly in shopping areas – is currently being pursued in the Town Centre with the provision of two bin barrows for the cleaning crews. This allows the separation of the waste into non-recyclable and mixed recyclable waste streams.

Approx. 4000 tonnes of street litter is collected each year. We will aim to recycle 25% of street cleaning waste by 2012.

4. Waste Reuse and Recycling Centre – increased recycling

Harrow's Waste Reuse and Recycling Centre is well used by our residents. Since April 2008 we have installed improved signage and information boards at the site.

We plan to increase the recycling rate at the site to over 70% by 2015. As part of this we plan to introduce three additional staff by April 2010 to provide greater assistance and supervision to site-users.

5. Waste Reuse and Recycling Centre – Replacement/refurbishment

The site is now 20 years old and is handling approx. 40,000 tonnes a year including the waste collected by the Blue Bin scheme. This is double its design capacity. Much of the basic fabric of the site also needs a major refurbishment. The council will investigate the options available to it to refurbish or replace the facility.

6. Commercial Recycling Collections

Currently the amount of commercial waste that is collected for recycling is minimal and is not recorded separately. We collect approx 10,000 tonnes of commercial waste. WS2007 sets a target of 20% of commercial waste to be recycled by 2010. It should be possible to integrate the flats and trade recycling collections to ensure maximum use of resources. However there may still be a requirement for another collection vehicle.

7. Internal recycling

As part of the climate change strategy, the council has set a target to recycle 50% of its own waste from April 2010.

8. Shows/events recycling

Harrow will provide a stock of wheeled bins that can be used at all of the Council events / shows as well as community events. This will include the full range of Blue, Brown and Grey bins that are used in the borough. They will be clearly labelled to encourage people to segregate their waste.

Event organisers will be asked to provide supervision for the bins to ensure that contamination is prevented and thus ensure that the waste can be recycled or composted (as appropriate). Organisers will also be required to ensure that stallholders bin needs are identified and provided for. Stallholders should be required to segregate their material and to recycle as part of their applications.

After the event, the council will ensure that the segregated waste is collected and recycled as appropriate.

This will cost £10,000 a year.

9. Food waste collections from Schools, restaurants and other food outlets

Lack of ABPR-compliant capacity has meant that the provision of food waste collections from schools, restaurants and other food outlets has not been pursued by the council to date. Within the WLWA and nationally there is a growing recognition that food waste can be a useful source of renewable energy if processed via an Anaerobic Digestion (AD) plant. Harrow would support the development of such a plant in West London and would look to reorganise its schools and trade waste service to cater for the separate collection of food waste to feed such a plant.

10. Education and Enforcement

Improving participation and performance of the existing schemes would lead to a significant increase in our recycling performance. We will continue to provide education and advice to people to ensure that the amount of recyclable and compostable waste in the residual waste bin is minimised.

Where this approach proves ineffective the council will consider options such as making the recycling of food waste (in the Brown bin) compulsory; and, more formal methods of enforcement

Target	Policy	Target	Timescale
Recycle 1	Flats Recycling	100% of properties to have a full set of recycling facilities available	by April 2011
Recycle 2	Schools Recycling	100% of schools to have the full set of suitable recycling facilities available.	by September 2008
Recycle 3	Street litter recycling	Achieve 25% recycling rate for street litter	By 2012.
Recycle 4	Waste Reuse and Recycling Centre	Increase recycling rate at the civic amenity site to 70% of municipal waste	by 2012
Recycle 5	Waste Reuse and Recycling Centre	Investigate options for the provision of a new site or the upgrading of the existing site	By April 2011
Recycle 6	Commercial Recycling Collections	Offer recycling facilities to all our customers and aim to recycle 20% of commercial waste	April 2010
Recycle 7	Internal recycling	Ensure all council offices are provided with recycling facilities to recycle 50% of its own waste (Part of climate change strategy)	April 2010
Recycle 8	Shows/event recycling	Provide recycling bins at Under One Sky and other shows/events	April 2010
Recycle 9	Food waste collections	In collaboration with WLWA to explore the possibilities for the development of an AD plant in West London and to provide separate collections of food waste for schools and trade customers	April 2010
Recycle 10	Education and Enforcement	Improving participation and performance of the existing schemes; and consider enforcement measures such as compulsory recycling of food etc.	2011

5.4 Recovery

WLWA is the statutory joint waste disposal authority for the West London area. The strategy was agreed by WLWA and the six constituent authorities in 2006. As the WDA, WLWA is responsible for the treatment of waste that has not been reused or recycled by the boroughs

Further information on the WLWA joint strategy and the procurement process they are using should be obtained directly from WLWA.

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Meeting:	Overview and Scrutiny Committee
Date:	3 September 2009
Subject:	Adults Services Complaints Annual Report 2008-09
Key Decision: (Executive-side only)	No
Responsible Officer:	Paul Najsarek, Corporate Director of Adults and Housing
Portfolio Holder:	Barry Macleod-Cullinane, Portfolio Holder for Adults and Housing
Exempt:	No
Enclosures:	None

SECTION 1 – SUMMARY AND RECOMMENDATIONS

This report sets out the statutory Adults Services complaints Annual report (social care only) 2008-09.

RECOMMENDATIONS: None. For Information purposes only.

SECTION 2 - REPORT

ANNUAL REPORT for Adults Social Care Services Complaints for period 2008-09

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1. Context

This report provides information about complaints made during the twelve months between 1 April 2007 and 31 March 2009 under the complaints and representations procedures established under the Health and Social Care (Community Health and Standards) Act 2003 and through the Local Authority Social Services Complaints (England) Regulations, 2006 and the Council's corporate complaints procedure relating to Adults Community Care Services.

All timescales contained within this report are in working days.

Text in quotation marks indicate direct quotations from the 2006 Regulations or Guidance unless otherwise specified.

1.1 What is a Complaint?

"An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult's social services provision which requires a response".

1.2 Who can make a Complaint?

“A person is eligible to make a complaint where the local authority has a power or a duty to provide, or to secure the provision of, a service for him, and his need or possible need for such a service has (by whatever means) come to the attention of the local authority. This also applies to a person acting on behalf of someone else.”

“Where a complaint is received from a representative acting on behalf of a service user, (i.e. his advocate) the authority has the discretion to decide whether or not the person is suitable to act as a representative, in the individual’s best interests.”

2. Stage of the Complaints Procedure and statistics

The complaints procedure has three stages.

Stage 1. This is the most important stage of the complaints procedure. The Department’s teams and external contractors providing services on our behalf are expected to resolve as many complaints as possible at this initial point.

The complaints regulations requires complaints at stage 1 to be responded to within 20 working days with the aim to respond within 10 days if the complaint is not complex.

Stage 2. This stage is implemented where the complainant is dissatisfied with the findings of Stage 1. Stage 2 is an investigation usually conducted by an independent external Investigating Officer for all statutory complaints and an internal senior manager for corporate complaints. A senior manager adjudicates on the findings.

Under the Regulations, the aim is for Stage 2 complaints falling within the social services statutory complaints procedures to be dealt within 25 days, although this can be extended to 65 days if complex.

Stage 3. The third stage of the complaints process is the Review Panel under the statutory procedure. Under the corporate complaints process, the Chief Executive reviews the complaint.

Where complainants wish to proceed with complaints about statutory social services functions, the Council is required to establish a complaints Review Panel. The panel makes recommendations to the Director who then makes a decision on the complaint and any action to be taken. Complaints Review Panels are made up of two independent panellists and one Councillor. There are various timescales relating to stage 3 complaints. These include:

- setting up the Panel within 30 working days;
- producing the Panel’s report within a further 5 working days; and
- producing the local authority’s response within 15 working days.

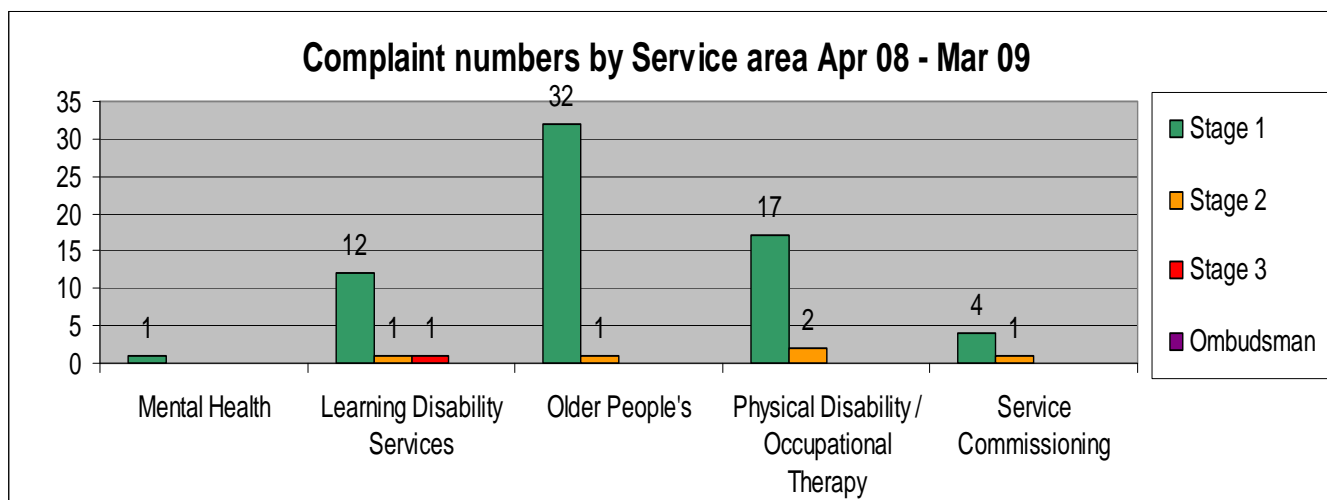
A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council’s own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under our procedure first.

3. Summary of Activity

Breakdown of complaints made:

Between 1 April 2007 and 31 March 2009 we received and closed 66 Stage 1 complaints. 5 complaints progressed to Stage 2. 1 proceeded to Stage 3.

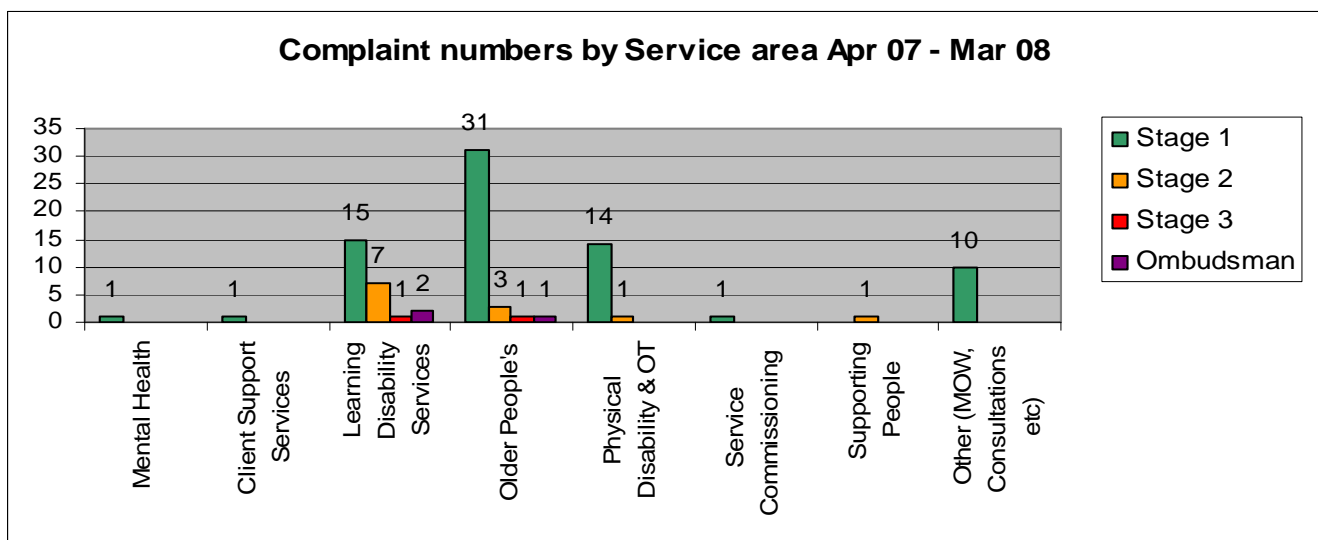
The Ombudsman reviewed no complaints that had been through the complaints procedure first during this period. This is the fourth year in a row where the Ombudsman has not issued any reports against Harrow social services which is a significant achievement.



Analysis: It has been a good year, especially compared to the year before with few escalated complaints. Timescale achievement and the percentage of escalated complaints upheld has also considerably improved.

Numbers of Stage 1's are slightly low. This may be explained by the Complaints Service becoming more involved in resolving concerns before they escalate into complaints. The Complaints Service identified 49 potential stage 1's that were addressed without a Stage 1 needed. 20 complainants came back to the Complaints Service following their stage 1 response where their outstanding queries were resolved without the need for a Stage 2.

3.1 Comparison with the year before



Analysis: The improvement in the last year has been considerable and impressive. The worrying numbers of escalated complaints highlighted in the last report has decreased from 17 last year to only 6 this year. Moreover, the number of escalated complaints that were upheld has reduced. This has been achieved through some key appointments/changes, some excellent work at Service level and prompt action being taken by senior management when concerns are highlighted.

3.2 Numbers of complaints over time

	Stage 1	Stage 2	Stage 3
2008-09	66	5	1
2007-08 (letter-vetting and mediations)	73	10	2
2006-07 (letter-vetting and mediations)	118	10	2
2005-06 (pre-letter vetting; post-mediation)	76	5	0
2004-05 (pre-mediation)	81	12	1
2003-04 (pre-mediation)	90	13	1

Analysis: The introduction of **mediation** in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate – of 61 social care complaints where mediation has been used since it was introduced in 2005, mediation has resolved the complaint in 47 or 77% of those complaints.

The introduction of **letter-vetting** in September 2006 by the Complaints Service has ensured that all complainants are informed in their written response of the right to go to the next stage if they are unhappy. Before this measure was introduced this right was not explained in probably 80% of responses which would have made our escalation rates look artificially good. Now we have a complete and true record of escalation rates. This transparency may have contributed to the improvement around the number of Stage 2 complaints not being upheld discussed later in the report.

Key message: Virtually no other London borough Complaints Services offer mediation and letter-vetting. Not only has the escalation rate from Stage 1 to Stage 2 dropped from 15% between 2003-05 to 9% between 2005-09 but Members can now also be assured all complainants know their rights if they are unhappy with their complaint response.

3.3 Key improvements

- The agreement for an assistant to the Divisional Director of Community Care with a lead role in operationally contributing to complaints management to reduce the number of escalated complaints.” Outcome: Achieved. The introduction of a Head of Community Care has already started to make a profound difference.
- Addressing Learning Disability complaint repeat themes of promised actions not carried out, repeat delays and attitude of staff. Outcome: Achieved, bar delays (see Focus for the future below). Overall, an undoubted and impressive turnaround by Learning Disability in a short space of time evidenced by the dramatic reduction in escalated complaints (from 46% to 8%).

- Senior management set a new performance target of 75% for Stage 1 timescale achievement. Outcome: Achieved. 4 of 5 areas have achieved the target (from 2 of 5 last year).
- A possible need for more specialist knowledge and skills to meet Asperger/Autism service provision have been highlighted to senior management. Outcome: Ongoing. Provision is being reviewed.
- 07-08: 9 out of 10 investigated Stage 2 complaints were upheld or partially upheld at Stage 2 indicates some significant improvement is needed in investigation at Stage 1. Outcome: Achieved. Only 40% this year fully or partially upheld.
- Systematically monitoring and reporting on agreed actions arising from complaints to ensure they are being carried out. Outcome: Achieved. Learning monitoring reports to senior management have been trialled during 2008-09.
- Agreeing helpful performance targets. Outcome: Achieved. 75% time target and 10% escalation rate achieved.
- To reduce the escalation rates from Stage 1 to Stage 2 to below 10% overall. Outcome: Achieved. Only 7.5% of complaints escalated from Stage 1 to 2 compared to 13.5% the year before.
- Increasing access to complaints for hard to reach communities/service users. Outcome: Not fully achieved. Despite a raising awareness campaign and producing a dedicated equalities complaints plan, complaints from BME communities have only increased from 21.5% to 24.5% so progress has not been as much as hoped for. This remains a focus for the future.
- To increase the percentage of advocacy use for Adults complaints to 33% of service users in 3 years. Outcome: Not achieved. The numbers using advocates has reduced. This is covered in paragraph 13.
- Putting in place processes to allow easy transition to the new complaints regulations due in 2009 Outcome: Achieved. The new complaints regulations were being applied from 1 April despite the regulations only being published 2 months before.
- Producing contracted services complaint monitoring reports. Outcome: Achieved. The first report is in paragraph 8.
- To build effective and constructive relationships with LINKs. Outcome: Achieved but with more work to be done. The Complaints Manager sits on the statutory liaison group and the Director gave a speech to LINKs members in April 2009.
- Mediation. The Council offers a unique mediation service that no other London Council does for complainants. 75% of Councils did not use mediation once last year.

4. Focus for the near future:

- Increasing access to complaints for seldom heard communities/service users.
- To increase the percentage of advocacy use for Adults complaints [reconsider what is an achievable target]
- Improving Learning Disability timescale management.
- Embed the new timescale standards.
- Maintain improved escalation rates.
- Maintain improved percentage of escalated complaints upheld.
- To reduce the response times for Stage 2 independent complaint investigations.
- To start complainant satisfaction surveys (A 2008 National Audit Report identified that only 25% of Councils conduct satisfaction surveys of complainants).
- Completing the portfolio of complaints training.

- Monitoring adaptations timescales.
- Produce a new format of complaints leaflets with more information and space to write complaints.
- Introduce a feedback form following mediation which staff and service users can fill in.
- Implementing a 'Support for staff who are the subject of complaint' strategy.
- Implementing the identified improvements to complaints monitoring and reporting of contracted services (see point 8).
- Identify a consistent way of reporting on Ombudsman cases.
- Addressing concerns about delays of processing Blue badges and how the badges are assessed.
- To maintain a healthy level of Stage 1 complaints (e.g. over 70).
- For the new 'learning group' to contribute meaningfully to organisational learning and co-ordinated risk management. To foster a non-blame, learning culture and monitor agreed learning actions are carried out.

5. Stage 1 Complaints

Complaints	Older Peoples	Physical Disabilities	Learning Disability (HLDT)	Mental Health	Contracted Services	Finance	Other: HART, Consultations, MOW, Supporting People etc	Total
2008-09	32	17	12	1	4	0	0	66
2007-08	31	14	15	1	1	0	10	73
2006-07	38	29	20	13	9	3	6	118

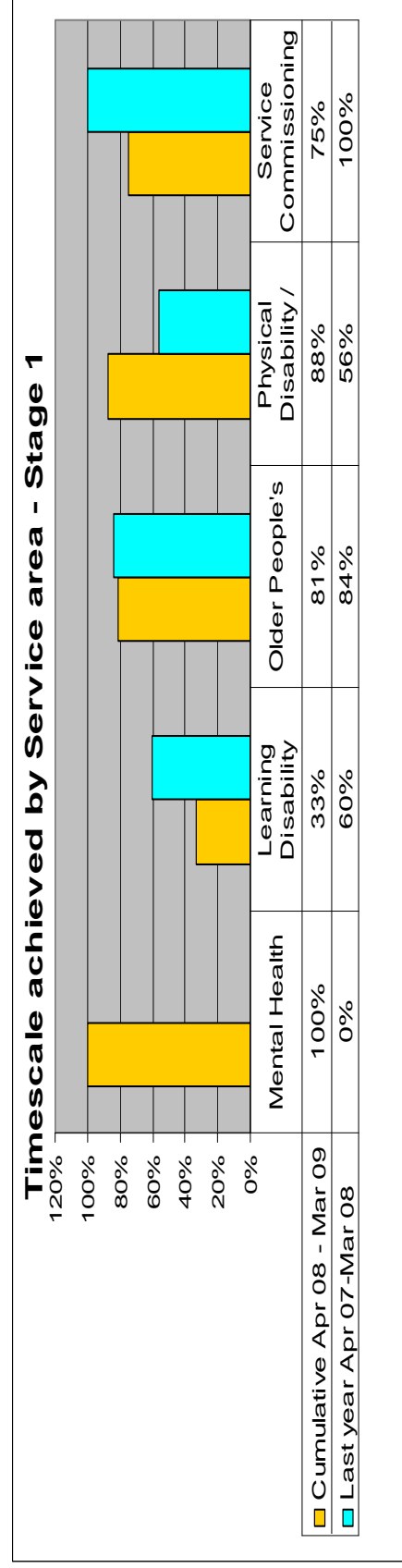
Analysis: Stage 1 complaints numbers have stayed stable compared to the previous year for the three areas most likely to receive complaints. The only significant difference is complaints that related to 'Other' which have reduced. 2006-07 numbers were higher following FACS reassessments.

The signing of the Section 75 agreement with CNWL Central & North-West London Foundation Trust has meant mental health complaints are usually dealt with by mental health services which accounts from the reduction from 13 to 1.

2

Key message: Council's that capture high levels of complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Council's that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CSCI 2007]

5.1 Stage 1 response times



Analysis: There was excellent work by 4 of the 5 areas to achieve the new 75% internal performance target (compared to 2 of the 5 areas achieving 75% last year). This is only the second annual report to report on timescale adherence but it already demonstrates how valuable recording and reporting on timescales is.

Key action: Learning Disability management have identified some administrative changes to help improve their timescale management.

5.2 Nature of complaint

Type of Complaint	Learning Disabilities (HLDI)		Older Peoples		Physical Disabilities (PDSS)		Service Commissioning		Mental Health	
	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08
Allocation / Reallocation of Keyworker										
Breach of Confidentiality			2		1					
Chg To Indic Serv - Withdrawal / Reduction	1	8	1	3	1	6				
Comms - Failure to Keep Informed/Consult			1	2	1	1	1	1		
Complaint Reg Freedom of Info Act										
Delay / Failure in Taking Action / Replying	3	1	5	5	5	2	1	1		
Discrimination By a Serv				2						
Failure To Follow Policy or Proc			1				1			
Level of Service (E.g. Opening Times)	4	2	2	4	3					
Loss or Damage to property				1	1					
Policy / Legal / Financial Decision			4	4		2				
Quality of facilities / Health Safety					1					
Quality of Serv Delivery (Standards)	1	1	5	1	2	1				1
Refusal To Provide A Service		1	8	5	2	2				
Staff Conduct - Attitude / Behaviour	3	2	3	4	1		1	1	1	
TOTAL	12	15	32	31	17	14	4	1	1	1

Tip: A helpful way of analysing this data is to look for high numbers of one type of complaint relative to the overall number of complaints for that service area. Another way of analysing the data is to examine a particular category because you are looking to see the impact of a change or because it is a service priority. For example narrowing criteria is likely to produce more complaints about withdrawal and reduction of service. A third way is to focus on categories that may be more serious like discrimination.

Analysis: The most noticeable trend was only 3 complaints related to withdrawal or reduction in service (compared to 17 last year).

Delay or failure to take action was the most common complaint across services (14 complaints). This reflected a pattern identified by the Council's mystery shopper exercise.

Complaints about staff attitude have remained similar to the previous year, though any complaints of this nature are disappointing if justified.

There were 3 complaints were about breaches of confidentiality where there were none the year before. Staff have been provided with training on confidentiality during the year. Hopefully, the numbers will reduce next year as a result.

Both Learning Disabilities and Physical Disabilities have seen increases in customer service type complaints. For example, delays and level of service complaints. So it will be interesting to review levels next year.

Older Peoples have seen an increase in complaints about the quality of service. Older Peoples continue to receive the majority of complaints that relate to refusal to provide a service (8 out of 10 this year). They were also the only service to get complaints about policy/financial or legal decisions.

Key action: The Complaints Manager highlighted to senior management capacity issues in Older People's that was creating pressure on the quality of service delivered. Impressively, within a month, an additional deputy manager was brought in.

5.1 Complaints upheld

	<u>Qtr 1</u> Apr – Jun 08	<u>Qtr 2</u> Jly – Sept 08	<u>Qtr 3</u> Oct – Dec 08	<u>Qtr 4</u> Jan – Mar 09	<u>Total</u>	<u>Percentage</u>
Upheld	8	5	9	6	28	42%
Partially upheld	2	7	3	2	14	22%
Not upheld	7	4	6	3 (4 awaiting outcome)	24	36%
Total	17	16	18	15	66	100%

Analysis: This is the first report to report on Stage 1 upheld complaints. All services make mistakes. The most crucial point is that managers and staff are open and transparent about mistakes and take remedial action. All managers received mandatory training in May 2009 which re-emphasised this point.

Key action: The report next year will record upheld complaints against service areas.

6. Equalities Information – Service Users

6.1 Stage 1

Gender of Service User

	08-09	07-08
MALE	28	28
FEMALE	37	41
UNKNOWN	1	4

Analysis: It is interesting to note both years have seen more complaints relating to female service users. However, this does not indicate a concern.

Ethnic Origin of Service User

	08-09	07-08
White/British	39	47
Black British	1	1
Asian British	12	13
White Other	1	4
Unknown	13	8

Analysis: The level of complaints relating to service users from Black and Asian backgrounds remains low. Only a disappointing 24.5% of complaints were from ethnic minority service users. This is a slight increase on last year where the figure was 21.5%. However, a partial explanation may be that half of complaints relate to Older People's Services where there are more White/British service users.

Key message: To improve accessibility, the Complaints Service set a target to try and increase complaints from BME communities by 100% by April 2011.

Key action: 1) A diversity plan has been added to the raising awareness complaints plan. 2) The Complaints Service to obtain diversity demographics data for individual service areas to help identify what would be proportionate levels of complaints.

Stage 1 Complaint made by

	08-09	07-08
Service User	26	23
Relative/Partner (often informal carer)	29	31
Advocate –(instigated by either carer or service user)	9	18
Solicitors	1	1
Friend, Councillor, other	1	0

Analysis: In the 06-07 annual report it was highlighted only 13 out of 118 complainants (11%) utilised an advocate which was disappointing given the expertise of an advocate is one of the most effective tools of empowering a Service User to resolve a complaint quickly and fairly. An advocacy leaflet is now sent to all complainants which saw the 2007-08 figure increase to 24% so it is disappointing this figure has dropped back to 13%.

Key action: The Complaints Service will try to discuss advocacy with every complainant.

6.2 Stage 2 complaints

Gender of Service User

	08-09	07-08
MALE	1	7
FEMALE	4	3
UNKNOWN	0	2

Ethnic Origin of Service User

	08-09	07-08
White/British	5	4
Black British	0	0
Asian British	0	4
White Other	0	1
Unknown	0	3

Stage 2 Complaints made by

	08-09	07-08
Service User	1	5
Relative/Partner (often informal carer)	2	5
Advocate –(instigated by either carer or service user)	1	2
Solicitors	1	0
Friend, Councillor, other	0	0

Analysis: The Stage 2 equalities data does not highlight any unique concerns relating to escalated complaints, not already covered by Stage 1 data.

7. Stage 2 complaints

There were 5 Stage 2 complaints (compared to 12 in 2007-08 and 10 in 2006-07)

Key message: Some of the best indicators as to how well services are managing complaints are the percentage of complaints that escalate from Stage 1 to Stage 2, whether Stage 2 complaints are upheld or not and what learning is identified from complaints.

7.1 Percentage of complaints escalating to Stage 2

Service	Mental Health			Learning Disabilities			Older Peoples			Physical Disabilities			Commissioning		
	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07
Number	0	0	2	1	7	3	1	3	5	2	1	0	1	1	0
% escalating to Stage 2	0%	0%	15%	8%	46%	15%	3%	9%	13%	11%	6%	0%	33%	N/A	0

Key message: As a rough indicator, for services that get regular complaints having under 10% escalating from Stage 1 to 2 is good. Over 15% indicates work needs to be done.

Analysis: Escalation rates dropped from a disappointing 13.5% last year to an encouraging 7.5% this year.

The improvement made by Learning Disability is incredible. The statistics speak for themselves. The Complaints Manager highlighted last year's figure of 46% as unacceptable. To turn this around in a year to 8% is an outstanding achievement.

A figure of 3% for Older People's stage 2's is also fantastic. The only slight note of caution is the Stage 2's are creeping up for Physical Disabilities (11% this year compared to 0% two years ago) which we would not want to see continue next year.

Mental Health and Commissioning get too few stage 1 complaints to be able to use percentage escalating as a useful performance indicator.

7.2 Stage 2 Outcomes

Service	Mental Health			Learning Disabilities			Older Peoples			Physical Disabilities			Commissioning		
	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07
Number	0	0	2	1	7	3	1	3	5	2	1	0	1	1	0
Upheld	-	-	2	-	3	1	-	2	2	-	1	-	1	-	-
Partially upheld	-	-	-	-	2	1	1	1	-	-	-	-	-	-	-
Not upheld	-	-	-	1	-	1	-	-	3	1	-	-	-	1	-
Withdrawn	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
Awaiting outcome	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
% fully upheld	N/A	N/A	100%	0%	60%	33%	0%	66%	40%	0%	100%		100%	0%	
% fully or partially upheld	N/A	N/A	100%	0%	100%	66%	100%	100%	40%	0%	100%	N/A	0%	0%	N/A

Analysis: This year saw easily the lowest percentage of fully upheld or partially complaints compared to the two preceding years. Last year 60% of complaints were fully upheld at Stage 2 (50% in 2006-07). This year only 20% were. Crucially the Council chose to escalate the one upheld Commissioning complaint straight to Stage 2 because it was clear that there had been numerous errors by the contractor so it was not due to weak Stage 1 responses. Last year 90% of complaints were fully or partially upheld (70% in 2006-07), this year only 40% were.

The transparency about fault by Older People's in their Stage 2 should be recognised. Without this willingness to accept fault, it is highly likely the complaint would have escalated to the Ombudsman.

Key message: If Adults can achieve similar figures next year (even with a couple upheld) then it is irrefutable evidence of embedded improved practice as opposed to a short-term improvement.

7.3 Stage 2 Response Times

Service	Older Peoples	Physical Disability	Mental Health	Learning Disability	Contracted Services	Supporting People	TOTAL
Within 25 days (simple complaints)							0
Within 65 days (complex)	1			1			1
Over timescale		2			1		3
Withdrawn							

Analysis: National Audit Office report: extract “In 2006-07, Stage 2 investigations took an average of 63 working days for all local authorities”

All of the investigations were complex cases (i.e. 65 day target to complete). Of the three that did not meet the timescale, one was due to the postponement by the complainant. The other two were due primarily to the time it took for the Council to formulate a response following independent investigation. This delay was one of the reasons the Complaints Manager recommended the need for a Head of Community Care.

The National Audit Office statistics show that Stage 2 investigations are often lengthy so Harrow’s figures are not unique but also indicates more work needs to be done.

Key message: The time the Council takes to consider and respond to the independent investigations has improved beyond recognition with the introduction of a Head of Community Care.

Key actions: 1) To reduce the response times for Stage 2 independent complaint investigations the Complaints Service will carry out a Lean Kaizen analysis; 2) Independent investigators have been asked to provide updates as a minimum of every two weeks; 3) The Complaints Service is exploring the benefits and work involved in reporting on end-to-end timescales for complaints to be resolved.

7.4 Nature of complaint

Type of Complaint	Learning Disabilities (HLDT)		Older Peoples		Physical Disabilities (PDSS)		Service Commissioning		Mental Health	
	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08
Allocation / Reallocation of Keyworker					1					
Breach of Confidentiality										
Chg To Indic Serv - Withdrawal / Reduction		1		1	1					
Comms - Failure to Keep Informed/Consult										
Complaint Reg Freedom of Info Act										
Delay / Failure in Taking Action / Replying		2				1				
Discrimination By a Serv										
Failure To Follow Policy or Proc										
Level of Service (E.g. Opening Times)	1	1								
Loss or Damage to property										
Policy / Legal / Financial Decision										
Quality of facilities / Health Safety										
Quality of Serv Delivery (Standards)		2	1	1			1			
Refusal To Provide A Service		1		1						
Staff Conduct - Attitude / Behaviour										
TOTAL	1		1		2			1		

Analysis: From the small number of Stage 2 complaints, there are no apparent trends. The Council chose to independently investigate a complaint about Care UK straight away at Stage 2 given the level of failures involved in the complaint.

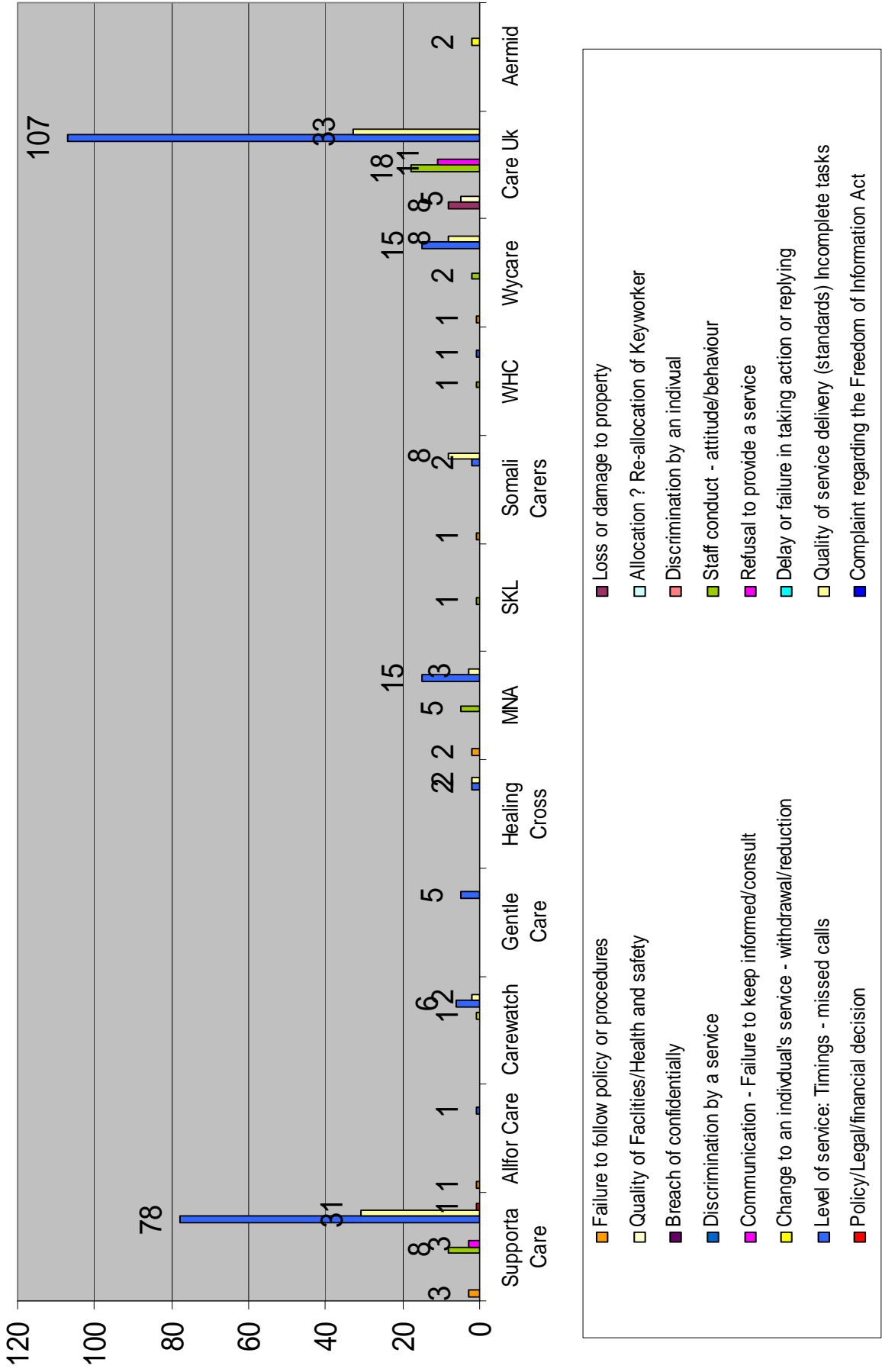
8 Commissioned Services

8.1 Domiciliary Care service failure and complaints nature of complaint and outcome

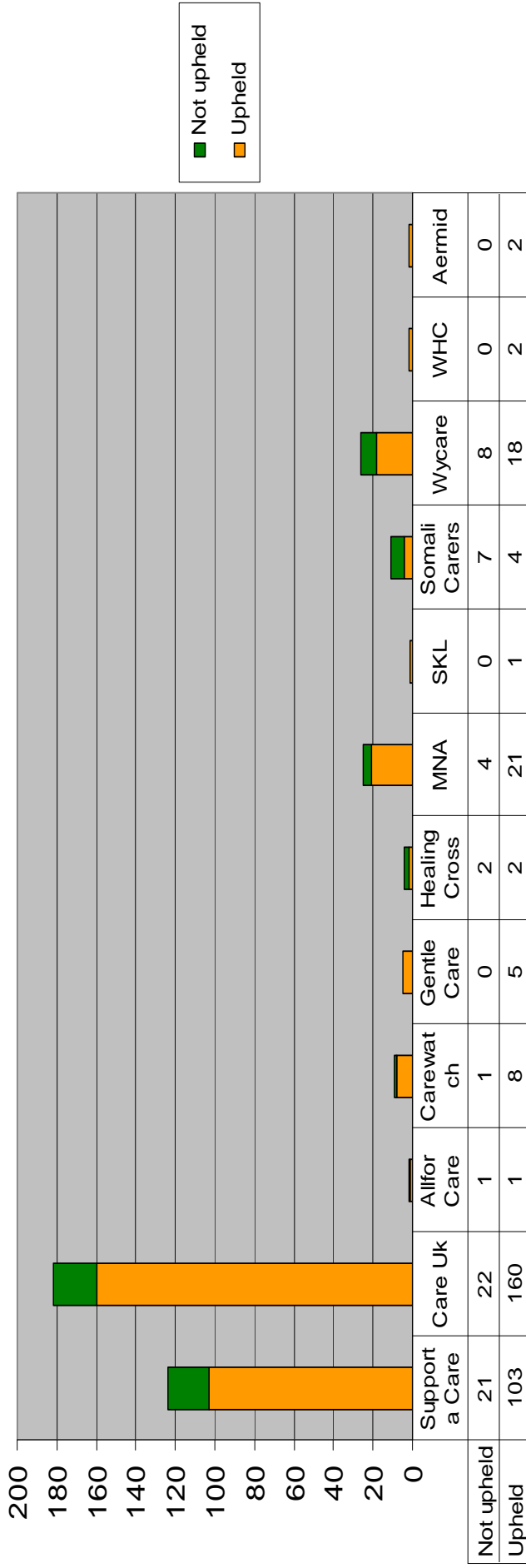
	Supporta Care	Upheld (U)	Not Upheld (NU)	Care UK	U	NU	Allfor Care	U	NU	Carewatch	U	NU	Gentle Care	U	NU	Healing Cross	U	N
Failure to follow policy or procedures	3	3					1	0	1									
Loss or damage to property				8	5	3												
Quality of Facilities/Health and safety				5	2	3												
Allocation ? Re-allocation of Keyworker																		
Breach of confidentiality																		
Discrimination by an individual																		
Discrimination by a service																		
Staff conduct - attitude/behaviour	8	0	8	18	16	2												
Communication - Failure to keep informed/consult	3	1	2	11	8	3												
Refusal to provide a service																		
Change to an individual's service - withdrawal/reduction										1	0	1						
Delay or failure in taking action or replying																		
Level of service (eg opening times) Timings - missed calls	78	73	5	107	103	4	1	1	0	6	6	0	5	5	0	2	0	2
Quality of service delivery (standards) Incomplete tasks - continuity	31	26	5	33	26	7				2	2	0				2	2	0
Policy/Legal/financial decision	1	0	1															
Freedom of Information Act																		
Totals	124	103	21	182	160	22	2	1	1	9	8	1	5	5	0	4	2	2

	MNA	Upheld (U)	Not upheld (NU)	SKL	U	NU	Somali Carers	U	NU	WHC	U	NU	Wycare	U	NU	Aermid	U	NU
Failure to follow policy or procedures	2	2	0				1	0	1				1	1	0			
Loss or damage to property																		
Quality of Facilities/Health and safety																		
Allocation ? Re-allocation of Keyworker																		
Breach of confidentiality																		
Discrimination by an individual																		
Discrimination by a service																		
Staff conduct - attitude/behaviour	5	2	3	1	1	0		1	1	1	0		2	1	1			
Communication - Failure to keep informed/consult																		
Refusal to provide a service																		
Change to an individual's service - withdrawal/reduction																2	2	0
Delay or failure in taking action or replying																		
Level of service (eg opening times) Timings - missed calls	15	15	0				2	2	0	1	1	0	15	12	3			
Quality of service delivery (standards) Incomplete tasks - continuity	3	2	1				8	2	6				8	4	4			
Policy/Legal/financial decision																		
Complaint regarding the Freedom of Information Act																		
Totals	25	21	4	1	1	0	11	4	7	2	2	0	26	18	8	2	2	0

Type of complaints Apr 08 - Mar 09



Number of complaints upheld Apr 2008 - Mar 09



Key message: This is the first annual report to provide statistics on domiciliary care complaints.

Analysis

Quarter 1: 103 Quarter 2: 97 Quarter 3: 237 Quarter 4: 66

The sharp rise in quarter 3 complaints/service failures was largely due to the knock-on effect of trying to deliver services during exceptional adverse weather conditions.

Missed calls accounted for the majority of complaints/service failures (over 60%), with quality of service (incomplete tasks or poor continuity) the second most common complaint at c.15%.

There was significant service user dissatisfaction with Care UK. For the year, Care UK received more complaints about staff attitude than all the other service providers put together. Care UK had 8 upheld complaints about poor communication (failure to keep service users

informed) compared to only 1 upheld for all other providers. Care UK was also the only provider to have complaints relating to loss/damage to property and health and safety issues. Equally, it is important to put the volume of complaints context. There were only 182 complaints or service failures arising from 164,000 Care UK service user visits in 08-09.

If there is a positive in this it is Care UK will clearly uphold complaints/service failures that are justified given 160 of 182 complaints/service failures were upheld which is a critical cultural requirement if Care UK is to improve and learn from its mistakes.

The situation improved significantly in the last quarter with the level of complaints about Care UK dropping significantly following a default notice (improvement notice) being served on them by the Council.

Since the default was issued to Care UK in November 2008 there has been a marked increase in performance including:

- Care UK have agreed an improvement plan that introduces penalties for Care UK if they do not meet the improvement targets, including becoming a 2 star service by September 2009.
- From a high point in August 2008 of 111 missed calls in 1 month to only 4 missed calls in total for the 3 months of March, April and May 2009.
- The volume of provision that Care UK deliver has increased as new staff have been recruited and new work has been taken on in a measured way;
- % of calls delivered within 15 minutes is running at 79%;
- Only 0.07 % of visits delivered result in a service failure or complaint for May 09. There were clear improvements in the levels of service failures/ complaints in Quarter 4 of 08-09;
- The national Homecare survey identifies satisfaction levels at 81.3% for Care UK;
- The independent Age Concern Harrow survey shows 94% satisfaction with Care UK;
- There has also been an improvement in the CQC rating of the service from poor to adequate.

Somali Carers was the only provider to uphold fewer complaints/service failures than it rejected (4 upheld, 7 not upheld). So overall, it would appear providers are open about accepting fault. However, it is interesting that Supporta Care rejected all 8 complaints about staff attitude/behaviour which is a trend worth monitoring in future reports. This is crucial because being open about fault is the first step to learning from complaints.

There is no previous year report to compare to. However, anecdotally there were more complaints this year compared to last, particularly immediately following the change of provider for the large block contracts. However, this has stabilised and the final quarter's figures are encouraging.

Future reports

This is the first year a report has been produced on domiciliary care which has highlighted a number of ways that monitoring and reporting can improve. In particular Contracts & Brokerage and the Complaints Service will explore:

- Reporting on the volume of services delivered against each service provider to help inform if complaint volumes are disproportionate;
- Distinguishing between service failure and complaints;
- Reporting on timescales to respond to complaints;
- Learning from complaints is not evidenced to the Council currently. Monitoring arrangements need to review how this is done;
- Reports on residential care complaints need to be considered;
- Standardising monitoring of Spot and Cost and Volume contracts.

8 Stage 3 complaints

There was 1 review panel held this year [compared to 2 last year].

8.1 Stage 3 complaints by Service Area, Timescales and Outcome.

Service Unit	Setting up Panel (30 day timescale)	Panel report produced (5 day timescale)	Council Response (15 day timescale)	Outcome
1 Learning Disability	Y	Y	Y	No further points of complaint upheld

Analysis: The one Stage 3 related to level of service. Lawyers were challenging the Council's Asperger Syndrome arrangements. The independent Panel concluded the Council was meeting minimum statutory requirements but made a number of recommendations to achieve best practice. There have been similar previous complaints about Asperger Syndrome assessment and provision. A multi-agency group has been set up to explore services for autism with the first meeting in May.

9. Ombudsman complaints and enquiries

Key message: The most crucial test of success is whether the Ombudsman issues reports of maladministration against the Council. The Ombudsman has not carried out a full investigation and issued a report in the last 4 years relating to Harrow Social Services (Adults or Children's).

Analysis: During the year, no complaints were considered by the Local Government Ombudsman that had gone through the Council's complaints procedure first. The Council chose not to investigate one complaint because the complaint was about a decision that was based on national guidance. The Ombudsman confirmed this position and chose not to formally investigate this complaint.

3 complaints escalated to the Ombudsman in 07-08 having been through the Council's complaints procedure so it demonstrates good progress that no complainants chose to proceed to the Ombudsman this year.

Key message: Adult social care's strong record for handling complaints is evidenced by the following: Of 120 complainants who approached the Ombudsman about Harrow Council services in 2008-09, only 3 related to Adult social care (i.e. two premature complaints and the one mentioned above). Only 3 out of 120 is a remarkable statistic.

10. Percentage escalation

The following table indicates the percentage of complaints that have escalated from Stage 1 to Stage 2 and from Stage 1 to Stage 3. By measuring these figures as a percentage we can gauge customer satisfaction with our responses to their complaints. By measuring the level of Ombudsman adverse rulings we can gauge how well the Council identifies fault and adequately addresses it.

Year	Average % escalation rate Stage 1- Stage 2	Average % escalation rate Stage 1- Stage 3	Ombudsman published adverse ruling
2008-09	7.5%	1.5%	0%
2007-08	13.5%	2.7%	0%
2006-07	8.5%	1.7%	0%
2005-06	6.5%	0%	0%
2004-05	15%	1.2%	0%
2003-04	14.5%	1.1%	1.2% (1)

Analysis: Unlike most London Councils, Harrow complainants are always explained the right to go to the next stage if they are unhappy so 7.5% going from Stage 1 to Stage 2 is a very healthy position.

11. Compensation Payments

The Council provides compensation if after a complaint has been investigated or as part of an Ombudsman's investigation, it is concluded that:

- the Ombudsman would find that there has been maladministration by the Council causing injustice to the complainant; and
- he would recommend that compensation should therefore be paid to the complainant.

Payments related to the following service areas.

Service	Stage	Amount
Learning Disability	1	£100
Older Peoples	2	£4, 332.86
	Total	£4, 432.86

Analysis

Learning Disability case: £100 was paid in compensation for unacceptable delays in responding to an access to records request (please see trend in 5.2 about delays and the identified action in 3.3 to improve response times in Learning Disabilities).

Older Peoples: Reimbursement of the cost of an incorrect placement in a Nursing home rather than a cheaper residential care home that would have met the service user's needs. Early acknowledgement and willingness to

reimburse these costs resolved this case, which otherwise would most likely have ended up at the Ombudsman.

For comparison; £11,200 was paid in compensation in 2007-08.

12. Mediation

Key message: The new complaint regulations makes mediation critical. Harrow Council, with mediators in the Complaints Service, is therefore one of the best positioned London Council to meet the requirement of the new regulations because most other London Councils do not have mediators.

Analysis: There were only 4 mediations (2 of the 4 were successful) in 08-09 for Adults social care (compared to 9 for Children's Services). In comparison 10 of 13 Adults mediations successfully resolved the complaint.

Harrow Council continues to deliver pioneering work in this field. Given mediation has resolved 77% of the 61 complaints where it was used in the last 4 years, it is crucial we continue to utilise mediation as much as possible.

The complaint escalation rate has almost halved since the introduction of mediation in 2005 from 15% to 9% of complaints escalating to Stage 2 since mediation has been used. This is doubly impressive given few responses prior to the introduction of letter-vetting in 2006 informed complainants of their right to a Stage 2 so escalation rates should have increased if anything.

13. Advocacy

Harrow has a number of local advocacy services covering the spectrum of services. Concerted efforts are being made to build closer working ties with non-professional and local community groups.

Analysis: In the 06-07 annual report it was highlighted only 13 out of 118 complainants (11%) utilised an advocate which was disappointing given the expertise of an advocate is one of the most effective tools of empowering a Service User to resolve a complaint quickly and fairly. In 2007-08 the figure increased to 24% (an advocacy leaflet is now sent to all complainants). It is disappointing this figure has dropped back to 13%.

Action point: 1) The Complaints Manager is helping produce a joint Council-NHS advocacy policy and vision. 2) Exploring requiring all commissioned advocacy services to provide a quality mark. 3) The Complaints Service is encouraging services to have regular meetings with the relevant advocacy services that relate to them.

14. Complaints dealt with by the local authority and NHS Bodies

There were 3 joint investigations. Three Stage 1 complaints relating to Older Peoples and the Hospital Trust. None of this highlighted partnership concerns.

15. Learning Lessons/Practice Improvements

The Corporate Director approved in June 2009 a cross-directorate 'Learning Group' to oversee learning from complaints. This should make a significant difference moving forward.

- The idea of a reciprocal Occupational Therapy (OT) re-assessment arrangement is being taken to the London Councils OT Group so the Council can access cheap and quick independent OT re-assessments.
- Training on confidentiality for all social care staff following 3 breaches of confidentiality complaints.
- The Complaints Manager highlighted to senior management capacity issues in Older People's that was creating pressure on the quality of service delivered. Within a month, an additional deputy manager was brought in.
- The Council and Harrow PCT & CNWL looked at proposals to develop a specialist Aspergers assessment service.
- The 'no response' procedure was amended and reissued.
- Blue badge appeal template letter adjusted on HOST (social care) to provide correct appeal information.
- Direct Payment leaflet adjusted/updated.
- Training for staff on assessing Aspergers clients agreed.
- Review of the current discharge planning procedure for those who are self-funders.
- Joint discharge planning training for Health and Social Care Staff.
- Increasing the involvement of service users & families in reviews with the outcomes formally recorded on care plans (to be addressed through staff training).
- Information given to service users & relatives regarding the 12 week disregard updated.
- Review of how carers' details can be input into the system.
- Processes amended in Physical Disabilities to ensure all letters are responded to.
- Training for health & social care staff on discharge procedures.
- Following loss of important documents in the post, the procedure for sending important documents was changed.

16. Update on new 2009 regulations

The new regulations came into effect from 1 April 2009. The key changes are:

- It is a joint procedure with the NHS (combined responses are expected)
- The previous 3 stage procedure is replaced by a requirement for a single organisational sign-off
- A report is required for every complaint
- No review panels
- No fixed timescales. Timescales are to be negotiated with complainants
- A duty to discuss and agree an individual Complaint Plan for every complaint
- A duty to risk assess each complaint
- If complaints can be resolved by the end of the next working day there is no need to record them

The Complaints Service has produced a provisional model procedure to reflect the new requirements which is on the website.

Key message: The Complaints Manager has worked to 7 different sets of statutory complaints procedures in social care and in the NHS and these are the most radical. The reduction in the number of stages before complaints go to the Ombudsman means adverse rulings and negative publicity are more likely. The Ombudsman has been given an extra £23 million to manage the anticipated increase in complaints from the new regulations.

Harrow is relatively well-placed being the only London Council to have internal mediators. However, it is likely more complaints will escalate to the Ombudsman under the new arrangements.

17. Ombudsman's role change

From 1 April 2009, the Ombudsman's official policy has changed so he will only accept complaints that have been through all the stages of the local authority's complaints procedure. However, the Ombudsman retains the power to make exceptions and has set out a number of examples of exceptions including:

- Complaints about more than one body
- Complaints where referral to the Council would disadvantage an already disadvantaged complainant
- Where there has been unreasonable delay by the Council
- Complaints about homelessness (where the complainant is currently, or will imminently be, homeless).
- Complaints made by children
- Complaints about education (apart from transport).

It is unlikely that significantly more complaints will be investigated straight away by the Ombudsman but the exceptions are quite wide so the Ombudsman has left himself a great deal of latitude to do so.

Stuart Dalton

Financial Implications

There are no specific budget issues associated with this report. All compensation payments are agreed by Service Managers and are funded within existing budgets.

Performance Issues

The handling of complaints is a key component of the Care Quality Commission's new outcomes framework for adult social care. To be judged as 'performing well' the service must be able to demonstrate the following characteristics:

- the complaints system is accessible to service users and carers
- advocacy support is provided to assist people with complaints
- complaints are dealt with promptly and lead to satisfactory outcomes
- service users and carers are confident that making a complaint will not prejudice the support they receive
- the service acts upon and learns from complaints

SECTION 3 - STATUTORY OFFICER CLEARANCE

Name: Donna Edwards	<input type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 17 June 2009		
Name: Sharon Clarke	<input type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 5 August 2009		

SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS

Contact: STUART DALTON, SERVICE MANAGER, ADULTS & CHILDREN'S COMPLAINTS (020 8424 1578)

Background Papers: NONE

IF APPROPRIATE, does the report include the following considerations?

1.	Consultation	YES/ <u>NO</u>
2.	Corporate Priorities	YES / <u>NO</u>



Meeting:	Overview and Scrutiny Committee
Date:	3 September 2009
Subject:	Children's Services Complaints Annual Report 2008-09
Key Decision: (Executive-side only)	No
Responsible Officer:	Paul Najsarek, Corporate Director of Adults and Housing
Portfolio Holder:	Barry Macleod-Cullinane, Portfolio Holder for Adults and Housing
Exempt:	No
Enclosures:	None

SECTION 1 – SUMMARY AND RECOMMENDATIONS

RECOMMENDATIONS: None. For Information purposes only.

SECTION 2 - REPORT

ANNUAL REPORT for Children's Services for period 2008/09

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1. Context

This report provides information about complaints made during the twelve months between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Representations Procedure (Children) Regulations 2006, and the Council's corporate complaints procedure.

All timescales contained within this report are in working days.

Text in quotation marks indicate direct quotations from the 2006 Regulations or Guidance unless otherwise specified.

1.1 What is a Complaint?

"An expression of dissatisfaction or disquiet in relation to an individual child or young person, which requires a response."

However, "The Children Act 1989 defines the representations procedure as being for 'representations (including complaints)'." Therefore both representations and complaints should be managed under the complaints procedure (unlike for Adult social services, where only complaints need be captured).

1.2 Who can make a Complaint?

The child or young person receiving or eligible to receive services from the Council or their representative e.g. parent, relative, advocate, special guardian, foster carer etc

“The local authority has the discretion to decide whether or not the representative is suitable to act in this capacity or has sufficient interest in the child’s welfare.”

2. Stage of the Complaints Procedure and statistics

The complaints procedure has three stages:

Stage 1. This is the most important stage of the complaints procedure. The Service teams and external contractors providing services on our behalf are expected to resolve as many complaints as possible at this initial point.

The Council’s complaints procedure requires complaints at stage 1 to be responded to within ten working days (with an automatic extension to a further ten days where necessary).

Stage 2. This stage is implemented where the complainant is dissatisfied with the findings of Stage 1. Stage 2 is an investigation conducted by an independent external Investigating Officer for all statutory complaints and an internal senior manager for corporate complaints. A senior manager adjudicates on the findings.

Under the Regulations, the aim is for Stage 2 complaints falling within the social services statutory complaints procedures to be dealt within 25 days, although this can be extended to 65 days if complex.

Stage 3. The third stage of the complaints process is the Review Panel under the statutory procedure. Under the corporate complaints process, the Chief Executive reviews the complaint.

Where complainants wish to proceed with complaints about statutory Children’s Services functions, the Council is required to establish a complaints Review Panel. The panel makes recommendations to the Corporate Director who then makes a decision on the complaint and any action to be taken. Complaints Review Panels are made up of three independent panellists. There are various timescales relating to stage 3 complaints. These include:

- setting up the Panel within 30 working days;
- producing the Panel’s report within a further 5 working days; and
- producing the local authority’s response within 15 working days.

A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council’s own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under our procedure first.

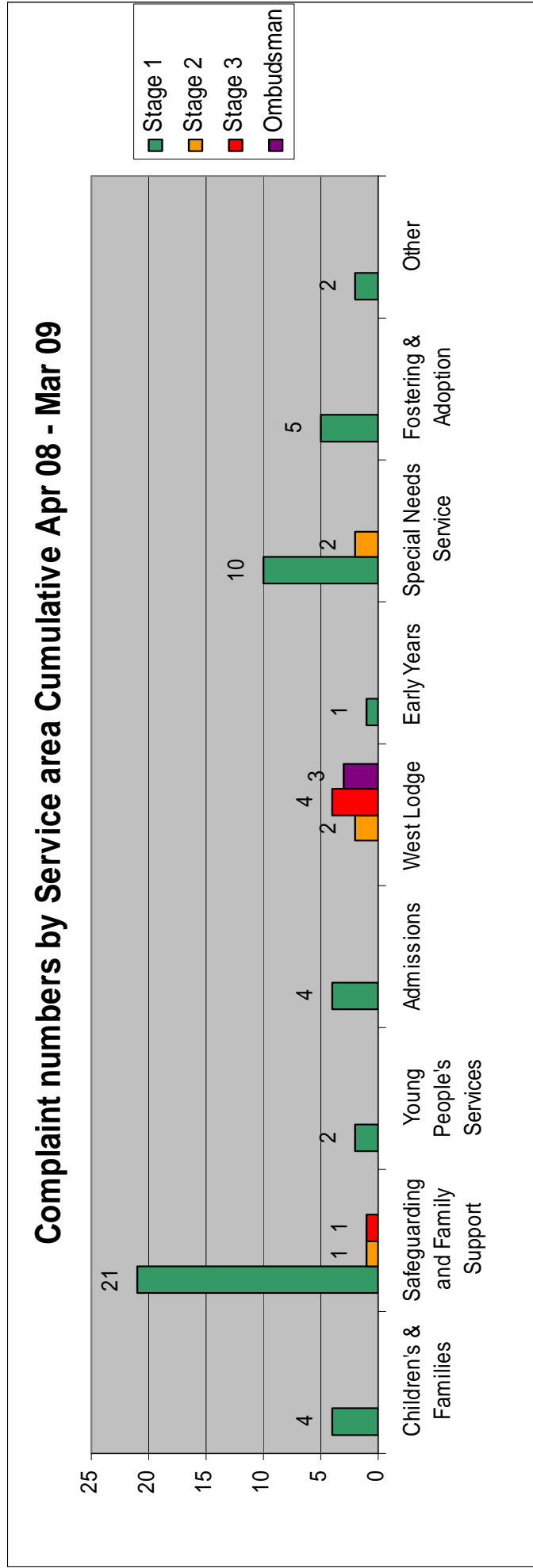
3. Summary of Activity

Total complaints made:

Between 1 April 2008 and 31 March 2009 we received and closed 49 Stage 1 complaints. There were 5 Stage 2 complaints but only 3 non-West Lodge Stage 2 complaints.

4 West Lodge complainants went to Stage 3. In addition 1 other complainant went to Stage 3. 3 West Lodge complainants went to the Ombudsman.

Key message: Bar West Lodge, this has been a very strong year for Children's Services. Only 3 Stage 2 complaints (apart from West Lodge) is the lowest level of escalations in the last 6 years.



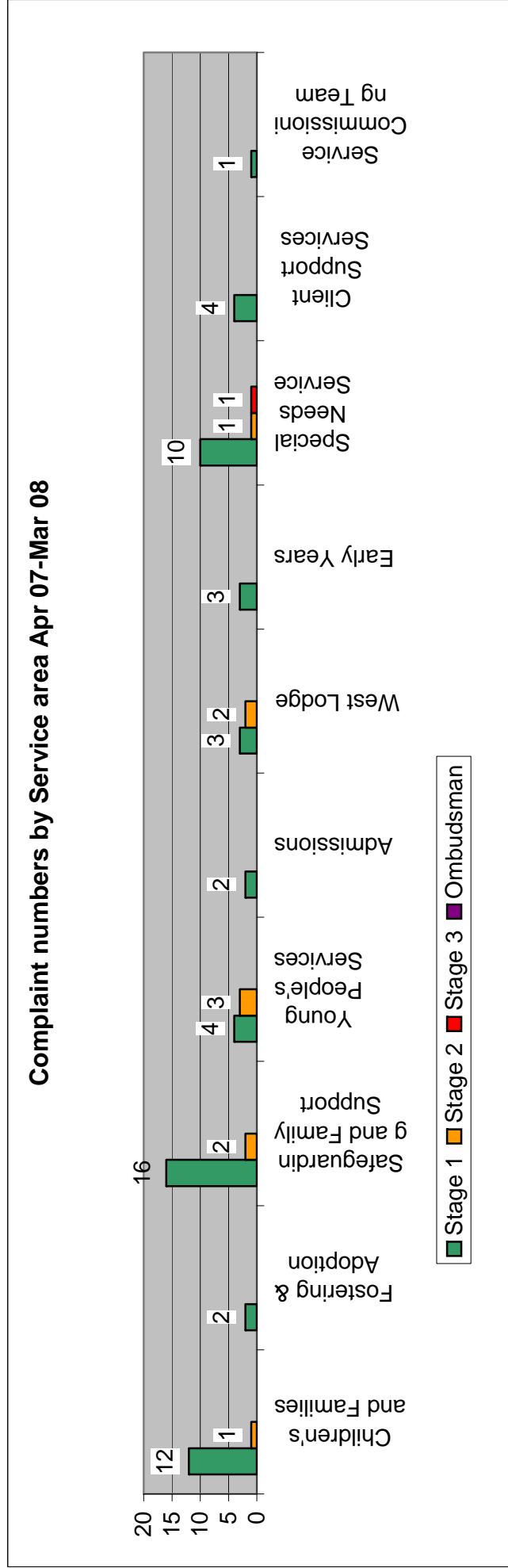
Analysis: Bar West Lodge, we have the perfect scenario. We have a healthy level of Stage 1 complaints (welcoming customer feedback) which are being well-managed and promptly resolved without the need for a Stage 2. West Lodge is the only Children's Services complaint

to escalate to the Ombudsman in the last 4 years. The Ombudsman considered issuing a public report but after deliberation decided on local settlement.

The Complaints Service are becoming more involved in resolving concerns before they escalate into complaints with 33 potential stage 1's resolved without a Stage 1 needed.

The only non-West Lodge Stage 3 related to a vexatious complainant who has been put on the vexatious complainant register after her complaint was rejected by independent investigation and independent review panel.

3.2 Comparison with the year before



Analysis: The Complaints Service recorded 62 complaints during the year, compared with 67 the year before.

The excellent progress over the last couple of years has continued with no major problem areas or serious repeat trends. Managers continue to engage positively with the Complaints team to help us help them to resolve complaints without the need for them to escalate.

3.3 Numbers of complaints over time

	Stage 1	Stage 2	Stage 3
2008-09 (totals with West Lodge in brackets)	49	3 (5)	1 (5)
2007-08 (letter-vetting and mediations)	57	9	1
2006-07 (letter-vetting and mediations)	56	4	1
2005-06 (pre-letter vetting; post-mediation)	53	11	2
2004-05 (pre-mediation)	52	7	0
2003-04 (pre-mediation)	40	8	1

Key message: Councils that capture high levels of Stage 1 complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Councils that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CSCI 2007]

Analysis: The introduction of **mediation** in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate – of 61 social care complaints where mediation has been used since it was introduced in 2005, mediation has resolved the complaint in 47 or 77% of those complaints.

3.4 Key improvements

In the last annual report the following were identified as key focus areas.

- Systematically monitoring and reporting on agreed actions arising from complaints to ensure they are being carried out: Outcome: Achieved. Learning monitoring reports introduced.
- Improving support and co-ordination of managing difficult client/parent behaviour. Outcome: Achieved. There is now a vexatious complainants procedure. Examples of individual successful interventions include putting a complainant on the vexatious register, excluding a complainant from the process with Director approval and escalating a complaint directly to the Ombudsman without further investigation.
- To increase awareness and use of advocacy both in and outside the complaints process. Outcome: Achieved. See paragraph 13.
- Reviewing training for staff on complaints management to ensure it is effective. Outcome: Achieved. Feedback forms on complaints training consistently 'good' or 'excellent'.
- To reduce the escalation rates from Stage 1 to Stage 2 to below 15% overall. Outcome: Achieved – 10%.
- Agreeing helpful performance targets. Outcome: Achieved (example above and 75% timescale target).
- Offering support and advice to the new corporate complaints lead to help drive forward corporate complaints management, standards, reporting and co-ordination. Outcome: Achieved. Regular meetings are taking place and co-ordinated strategies have started around areas like training and compensation.

4. Focus for the near future

- To exceed the 75% Stage 1 internal timescale standard.
- Maintain low escalation rates.
- Maintain the improved percentage of escalated complaints not upheld.
- To reduce the response times for Stage 2 independent complaint investigations.
- To start complainant satisfaction surveys (A 2008 National Audit Report identified that only 25% of Councils conduct satisfaction surveys of complainants).
- Complete the portfolio of complaints training so all key complaints training themes are covered. For example, Complaint Investigator training
- Produce a new format of complaints leaflets with more information and space to write complaints.
- Introduce a feedback form following mediation which staff and service users can fill in.
- Implementing a 'Support for staff who are the subject of complaint' strategy.
- Identify a consistent way of reporting on Ombudsman cases.
- To plan for how the new complaint regulations for schools will be implemented.
- To maintain a healthy level of Stage 1 complaints. E.g. If low complaint levels persist for areas that are prone to getting complaints (Young Peoples and Children's & Families), then exploring why this is.
- To increase awareness of the supports to manage difficult complainants.
- To progress and embed improved learning practice. For example, the complaint trend learning meetings proposed on page 11.

5. Stage 1 Complaints

Complaints	Admissions	West Lodge	Children & Families	Fostering Adoption & Residential	Safeguarding & Family Support	Special Needs	Young Peoples Service	Early Yrs Childcare & Parenting	Other	Service Commissioning	Total
2008-09	4	0	4	5	21	10	2	1	2	0	49
2007-08	2	3	12	2	16	10	4	3	4	1	57
2006-07	0	0	11	12	18	6	8	1	0	0	56

[Please note that the change of database has meant the 2006-07 figures have been transposed as accurately as possible from the previous different service categories.]

Analysis: Safeguarding, Family Placement & Support demonstrate the ideal: A healthy level of Stage 1 complaints with very few escalating to Stage 2 or beyond through robust, transparent and proactive complaints management.

For 2006-07 Fostering was the one area of concern, particularly around inter-country adoption (complaints doubling from the year before). The improvements identified in the last annual report have been maintained.

Special Needs is covered in more detail further in the Stage 2 section of the report.

Early Years is not an area prone to complaints and there are no indications of causes for concern.

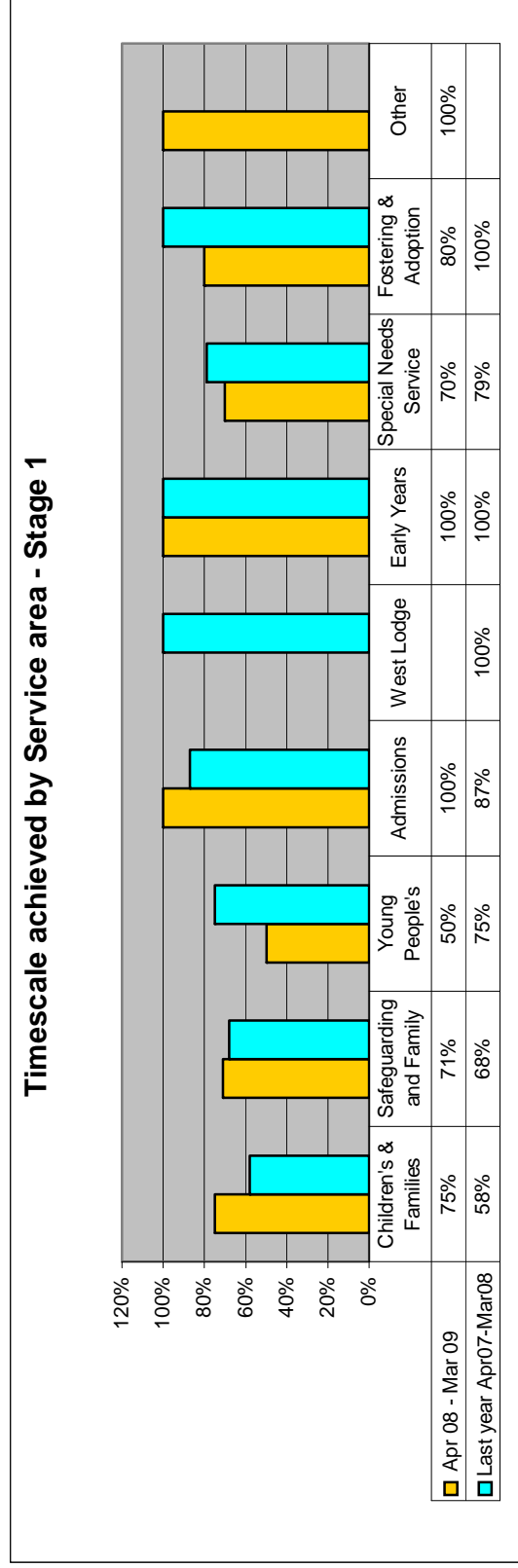
The Admissions Service continues to respond impressively to complaints. The service receives remarkably few escalated complaints given the potential for dissatisfaction of parents not getting the place they want.

Both Young People's Service and Children & Families complaints are relatively low compared to previous years.

Key message: Councils that capture high levels of Stage 1 complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Councils that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CSCI 2007]

Key action: To maintain a healthy level of Stage 1 complaints. E.g. If low complaint levels persist for areas that are prone to getting complaints (Young Peoples and Children's & Families), then exploring why this is.

5.1 Stage 1 response times



Analysis: Overall 77.5% of Children's Services Stage 1 complaints were completed within time. Achieving the 75% target in the first year is excellent. Equally, this still means 22.5% of complainants did not get a response within timescale so we can improve further. It is important to emphasise that response times are far better than they were a few years ago.

Key action: The aim for next year is to exceed the 75% internal standard Children's Services has set itself.

5.2 Nature of complaint

Tip: A helpful way of analysing this data is to look for high numbers of one type of complaint relative to the overall number of complaints for that service area. Another way of analysing the data is to examine a particular category because you are looking to see the impact of a change or because it is a service priority. For example narrowing criteria is likely to produce more complaints about withdrawal and reduction of service. A third way is to focus on categories that may be more serious like discrimination.

Type of Complaint	Admissions & West Lodge		Children & Families		Fostering Adoption & Res		Safeguarding & Fam Supp		Special Needs		Young Peoples Serv		Early Yrs Childcare & Parenting		Other / Client Support Services		Service Commissioning	
	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08
Allocation of Keyworker							1							1				
Breach of Confidentiality			1															
Chg To Indic Serv - Withdrawal / Reduction		1		1			1	1	1		1							
Comms - Failure to Keep Informed/Consult			1	1	1	1	1	1	1									
Complaint Reg Freedom of Info Act		1			1													
Delay / Failure in Taking Action / Replying	1		1	1	2		5	3	4	2					2			
Discrimination By a Serv	2								1	1								
Failure To Follow Policy or Proc							1	3			1							
Level of Service (E.g. Opening Times)			2	3	1	1	5	1						1	1			1
Loss or Damage to property																		
Policy / Legal / Financial Decision		1					1	1					1					
Quality of facilities / Health Safety											1							
Quality of Serv Delivery (Standards)	1	1		4	1				2	2			1					
Refusal To Provide A Service				1				2	2	4	1							
Staff Conduct - Attitude / Behaviour		1					6	5			1		2		1			
TOTAL	4	5	4	12	5	2	21	16	10	10	2	4	1	3	2	4	0	1

Analysis: Delay or failure has overtaken attitude of staff as the most common complaint this year. For example, 40% of Special Needs complaints are about delay or failure to take action. This was reflected in a Special Needs complaint escalating to Stage 2 purely because

the agreed actions from a mediation meeting that had resolved the complaint were not carried out in the timescale promised by management. As a result, the Complaints Manager held a learning meeting with Children with Disabilities which identified a number of improvements. There have been no repeats since.

Last year the most common complaint was staff conduct. Safeguarding & Family Support continue to receive significant numbers (6 of the 7 for all Children's Services). Given child protection interventions are rarely welcomed this is perhaps unsurprising. However, Safeguarding & Family Support management may want to consider if training around customer service could help or whether a learning session would be useful. The service is planning mentoring for social workers which will focus on how to be direct whilst still maintaining a positive relationship.

It is positive to see there were no complaints about quality of service for Children's & Families (compared to 4 last year) whilst numbers of complaints about Special Needs refusal to provide a service have halved from 4 to 2.

Key action: The Complaints Service will offer to facilitate learning meetings with services with high levels of particular complaints relative to other departments or as a high percentage of the complaints they receive.

6. Equalities Information – Service Users

6.1 Stage 1

Gender of Service User

MALE	24
FEMALE	23
UNKNOWN	2

Analysis: No concerns evident

Ethnic Origin of Service User

White/British	12
Black British	5
Asian British	10
White Other	2
Mixed Asian/British	1
Mixed Black/British	2
Mixed Other	2
Unknown	15

Analysis: 59% of complaints came from ethnic minority complainants.

Action: To obtain the ethnic breakdown of service users of the different services to help inform whether complainants are reflective of all ethnic groups.

Stage 1 Complaint made by

Service User	19
Parent / Carer / Family member	22
Advocate	4
Solicitors	2
Friend, Councillor, other	2

Analysis: The most interesting fact is the number of complaints coming from the advocacy service has dropped from 14 last year to 4 this year. One explanation might be both Your Voice Your Choice and the relevant services have got better at resolving concerns informally without the need for them to escalate into complaints.

6.2 Stage 2 complaints

Gender of Service User

Male	2
Female	3

Ethnic Origin of Service User

White/British	1
Black British	1
Asian British	1
Unknown	2

Stage 2 Complaints made by

Service User	3
Relative/Partner (often informal carer)	2
Advocate	0
Solicitors	0
Friend, Councillor, other	0

7. STAGE 2 COMPLAINTS

There were 5 Stage 2 complaints (compared to 12 in 2007-08 and 10 in 2006-07)

Tip: Some of the best indicators as to how well services are managing complaints are the percentage of complaints that escalate from Stage 1 to Stage 2, whether Stage 2 complaints are upheld or not and what learning is identified from complaints.

7.1 Percentage of complaints escalating to Stage 2

Service Year	Admissions		West Lodge		Children's & Families		Fostering & Adoption		Safeguarding & Family Support		
	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	06-07
Number	0	0	2	2	0	1	0	0	1	2	2
% escalating to Stage 2	0%	0%	100%	100%	0%	8%	0%	0%	8%	12.5%	11%

Service Year	Special Needs		Young Peoples		Early Years		Other (Client Support)		Commissioning		
	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	06-07
Number	2	1	0	3	0	0	0	0	0	0	0
% escalating to Stage 2	20%	10%	0%	75%	0%	0%	0%	0%	0%	0%	0%

Key message: As a rough indicator, for services that get regular complaints having under 10% escalating from Stage 1 to 2 is excellent. Over 15% indicates work needs to be done. Due to the often emotive nature of Children's Services complaints, escalation rates tend to be higher than in Adults.

Analysis: A target was set to reduce the escalation rates from Stage 1 to Stage 2 to below 15% overall. This was achieved with escalation rates dropping from 16% last year to 10% this year. When the exceptional West Lodge figures are removed, a figure of 6% is exceptional (only 3 statutory social care Stage 2 complaints in a year).

Safeguarding & Family Support having only 1 Stage 2 complaint is a remarkable achievement (or only 5% of complaints escalating) given both historical escalation rates and the nature of the work under-taken. A member of the Complaints Service sits with this service one morning a week. This has helped managers with complaint strategies, responses and the speed of responding.

After 3 Young People's Stage 2's last year, it is positive to see no Stage 2's this year. The only note of caution is Stage 1 levels are low.

Special Needs had a 20% escalation rate. One of these complaints escalated to Stage 2 purely because the agreed actions to resolve the complaint that were agreed at mediation were not carried out. To address the escalation rates in Children with Disabilities and issues around delay (covered in 7.2 below); the Complaints Manager held a learning meeting with relevant staff which identified a number of ways of improving practice. The positives that can be drawn from this are firstly, senior management and staff responded very quickly and positively to address the situation once it was highlighted and secondly, feedback since seems to indicate a marked improvement.

7.2 Stage 2 Outcomes

Service	Admissions			West Lodge			Children's & Families			Fostering & Adoption			Safeguarding & Family Support		
	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07
Number	0	0	0	2	2	N/A	0	1	0	0	0	1	1	2	2
Upheld	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Partially upheld	-	-	-	2	2	-	-	1	-	-	-	-	-	1	-
Not upheld	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Withdrawn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting outcome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
% fully upheld	-	-	-	0%	0%	-	-	0%	-	-	-	100%	0%	0%	0%
% fully or partially upheld	-	-	-	100%	100%	-	-	100%	-	-	-	100%	100%	50%	0%

Service Year	Special Needs			Young Peoples			Early Years			Other (Client Support)			Commissioning		
	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07	08-09	07-08	06-07
Number	2	1	1	0	3	0	0	0	0	0	0	0	0	0	0
Upheld		1		-	1	-	-	-	-	-	-	-	-	-	-
Partially upheld	1		1	-	2	-	-	-	-	-	-	-	-	-	-
Not upheld				-		-	-	-	-	-	-	-	-	-	-
Withdrawn				-		-	-	-	-	-	-	-	-	-	-
Awaiting outcome				-		-	-	-	-	-	-	-	-	-	-
% fully upheld	0%	100%	0%	-	33%	-	-	-	-	-	-	-	-	-	-
% fully or partially upheld	100%	100%	100%	-	100%	-	-	-	-	-	-	-	-	-	-

[One Special Needs Stage 2 is awaiting an outcome]

Analysis: The West Lodge complaints relate a misleading amalgamation policy which was identified at Stage 2 and the policy has since been amended.

It was highlighted last year that all complaints were at least partially upheld indicating some complaints are escalating unnecessarily to Stage 2 because mistakes/fault are either not being recognised at Stage 1 or there is a reluctance to admit fault at Stage 1 (particularly the two cases that were fully upheld). Whilst it is encouraging that no complaints were fully upheld this year, all Stage 2 complaints were partially upheld so it remains a focus area.

All Stage 2 Special Needs complaints over the last 3 years have been at least partially upheld which may indicate more work is needed on identifying legitimate points of complaint at Stage 1.

Key action: The Complaints Service to introduce Complaint Investigator training.

7.3 Stage 2 Response Times:

Service	West Lodge	Children & Families	Safeguarding & Family Support	Special Needs	TOTAL
Within 25 days (simple complaints)					
Within 65 days (complex)	2				2
Over timescale			1	1	2
Awaiting		1 (within timescale)			1

Analysis: All the Stage 2 complaints this year were complex.

99

Given timeliness is a key desire for complainants it is disappointing that two went over timescale: The Special Needs complaint was delayed due to difficulties in obtaining information from the school. For the Safeguarding case, the independent investigator had not been used by Harrow before (but had been by other Councils) and simply took too long despite repeated chasing from the Complaints Service. It is unlikely we will use her again.

Key actions: 1) To reduce the response times for Stage 2 independent complaint investigations the Complaints Service will carry out a Lean Kaizen analysis; 2) Independent investigators have been asked to provide updates as a minimum of every two weeks; 3) The Complaints Service is exploring the benefits and work involved in reporting on end-to-end timescales for complaints to be resolved. 4) Complaint recording systems were changed in June 2009 to capture and monitor each step of the Stage 2 process.

7.4 Nature of complaint

Type of Complaint	West Lodge		Children & Families		Fostering Adoption & Res		Safeguarding & Fam Supp		Special Needs		Young Peoples Serv		Early Yrs Childcare & Parenting		Other / Client Support Services		Service Commissioning	
	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08
Allegation of Keyworker																		
Breach of Confidentiality																		
Chg To Indic Serv - Withdrawal / Reduction																		
Comms - Failure to Keep Informed/Consult							1											
Complaint Reg Freedom of Info Act																		
Delay / Failure in Taking Action / Replying							1		1		2							
Discrimination By a Serv																		
Failure To Follow Policy or Proc	2	2									1							
Level of Service (E.g. Opening Times)				1														
Loss or Damage to property																		
Policy / Legal / Financial Decision																		
Quality of facilities / Health Safety																		
Quality of Serv Delivery (Standards)																		
Refusal To Provide A Service									2									
Staff Conduct - Attitude / Behaviour							1											
TOTAL	2	2	0	1			1	2	2	1		3						

Analysis: It was highlighted that 4 of the 9 complaints last year related to delay or failure to take action. So it is positive to see no Stage 2 complaints relating to delay or failure to take action. Both Special Needs complaints relate to refusal to provide a service.

8. STAGE 3 COMPLAINTS

8.1 Stage 3 complaints by Service Area, Timescales and Outcome.

Service Unit	Setting up Panel (30 day timescale)	Panel report produced (5 day timescale)	Council Response (15 day timescale)	Outcome
Safeguarding & Family Support	N (at the request of the complainant)	Y	Y	Not upheld.
West Lodge (3 complainants)	N (at the request of a complainant)	Y	Y	Partially upheld.

Analysis: Safeguarding case: The complainant had made repeated complaints against any social worker intervention and the social worker had been changed 4 times. Management asked for the Complaints Service to assist in managing a vexatious complainant. After the Stage 3 Panel rejected the complaint, the complainant was added to the vexatious complainant register for 18 Months and advised of her right to go to the Ombudsman.

West Lodge: Some additional points of complaint were upheld by the Panel but none as significant as the need to change the policy identified at Stage 2. The decision on amalgamation was made by the Schools Adjudicator rather than the Council and the Adjudicator concurred with the Council decision to amalgamate the schools (as did the High Court following judicial review).

9. Ombudsman complaints and enquiries

During the year, 2 complaints were considered by the Local Government Ombudsman (both about West Lodge).

9.1 Complaints made to the Ombudsman and Decision

Service Area	Total	Outcome of Ombudsman Consideration				
		Public report	Local settlement	No or insufficient injustice	Outside jurisdiction	Premature Complaint
West Lodge	2		2			

Analysis: Given the sensitivity of the case, the decision has been passed to the Ombudsman himself to make the final decision, which at time of drafting was not finalised. However, the Ombudsman investigator is recommending to the Ombudsman local settlement with compensation of £250 per complainant for the time and trouble to pursue the points of complaint that were legitimate.

Key message: Children’s Services social care record for robust and effective handling of complaints is evidenced by the following: Of 120 complainants who approached the Ombudsman about Harrow Council services in 2008-09, only 1 related to Children’s social care (advice was given and no further action taken). Given the often unwelcome nature of the work, this is an exceptional achievement.

10. Percentage escalation

The following table indicates the percentage of complaints that have escalated from Stage 1 to Stage 2 and from Stage 1 to Stage 3. By measuring these figures as a percentage we can gauge customer satisfaction with our responses to their complaints. By measuring the level of Ombudsman adverse rulings we can gauge how well the Council identifies fault and adequately addresses it.

Year	Average % escalation rate Stage 1- Stage 2	Average % escalation rate Stage 1- Stage 3	Ombudsman published adverse ruling
2008-09	10%	2%	0%
2007-08	16%	1.75%	0%
2006-07	7%	1.75%	0%
2005-06	21%	4%	0%
2004-05	13.5%	0%	0%
2003-04	20%	2.5%	0%

Analysis: Unlike most London Councils, Harrow complainants are always explained the right to go to the next stage if they are unhappy so 10% going from Stage 1 to Stage 2 is a healthy position.

Key message: The most crucial test of success is whether the Ombudsman issues public reports of maladministration against the Council. The Ombudsman has not issued a report in the last 4 years relating to Harrow Social Services (Adults or Children’s).

11. Compensation/Reimbursement Payments

The Council provides compensation if after a complaint has been investigated or as part of an Ombudsman’s investigation, it is concluded that:

- the Ombudsman would find that there has been maladministration by the Council causing injustice to the complainant; and
- he would recommend that compensation should therefore be paid to the complainant.

Payments related to the following service areas:

Service	Stage	Amount
West Lodge	Ombudsman	£750
	Total	£750

Analysis: The Council has offered £750 compensation on the recommendation of the Ombudsman for the time and trouble of pursuing points of complaint that were upheld.

£750 compensation compares to £ 8,650 last year and £14,686.64 in 2006-07.

12. Mediation and Alternative Dispute Resolution

Harrow Council continues to deliver pioneering work in this field. The success of internal mediation noted in the last two annual reports at resolving complaints and thus preventing complaint escalation continues.

Mediation resolved 9 out of 9 Children's Services complaints.

However, one of these (a Children with Disabilities complaint) subsequently unnecessarily proceeded to Stage 2 independent investigation when the agreed actions in the mediation agreement were not carried out in the timescale promised by the manager.

Harrow Council continues to deliver pioneering work in this field. Given mediation has resolved 77% of the 61 complaints where it was used in the last 4 years, it is crucial we continue to utilise mediation as much as possible.

Key message: The message is the more we mediate, the fewer complaints escalate.

13. Advocacy

Free advocacy is a statutory right for Children in Need and is delivered via an SLA by Kids Can Achieve. The service is called Your Voice Your Choice.

Only 4 complaints were made with the support of an advocate this year (compared to 14 last year) which may be due to growing co-operation between services and the advocacy service to attempts by the advocacy service to resolve issues without the need for them to escalate into complaints.

13.1 Statistics from Your Voice Your Choice

Breakdown of 151 interventions:

New	51
Re-referrals	16
Ongoing	84

The 151 interventions were for a total of 78 clients.

Method of referral (51 new interventions):

Drop-in	21
Out-reach	0
In writing (letter, fax, email, text)	0
Over telephone	30
Total:	51

Analysis: Drop-in's account for 42% of all referrals which demonstrates how important it is for an advocacy service to have a local office. Most Councils use national advocacy services that do not have local offices.

Source of referral (51 new interventions):

Self	11
Parent/Relative	23
Social Worker	5
Representative/friend	0
Other organisation	12
Total:	51

Services the 51 new interventions relate to (often more than one service involved):

Children in Need (CIN)	3	Health (HEA)	6
Referral & Assessment (REFASS)	3	Education Welfare (EWO)	0
Schools (SCH)	22	Other	6
Special Educational Needs (SEN)	5		
Looked After Child Team (LACT)	7		
Leaving Care Team (LCT)	4		
Children With Disabilities (CWDT)	3		
Housing (HOU)	14	Total:	73

Analysis: The above figures demonstrate how advocacy is requested when dealing with multiple areas of Children's Services. The Corporate Director is exploring extending the scope of the advocacy service to cover all Children's Services.

Outcomes of referral (51 new interventions):

Information given on the law/ rights/ procedures	A	7
Resolved through liaising with operational service – resulted in a service change	B	1
Resolved through liaising with operational service –no service change	C	6
Complaint – no initial liaison with operational service	D	0
Complaint – following efforts to resolve with operational service	E	0
Unresolved – but no complaint made	F	2
Ongoing	G	24
No Follow Up	H	10
Closure letter sent	I	5
Notice sent of completed piece of work / leaving door open for future contact	J	5
Total: (Current monitoring methods do not enable us to show both the outcome and the ongoing / closed status. From 1/4/09 this information will be broken down.)		60

The following is an anonymised example in the words of the young person of a positive outcome achieved through the advocacy work of Your Voice Your Choice:

“Emma came prepared to meetings and was always available; she did in- depth research into my case which drew from other similar previous cases. Emma’s strong knowledge of disabled rights within the community helped give me confidence. Emma was highly professional and I felt was honestly on my side. Emma stood out fantastically as an advocate as she has a natural ability to work and communicate with challenging conditions which reflected strongly in her communication skills. I felt extremely confident in her control.

From the time my case was won, it only took a week for all my promised help and equipment to be in place. I personally could not have asked for anymore”.

Key message: The above statistics demonstrate a number of positive outcomes to resolve the query or difficulty. The volumes being resolved are far higher than when young people or their carers needed to approach the Council for advocacy support.

14. Complaints dealt with by the local authority and NHS Bodies

Please note that there were no joint investigations during this financial year.

15. Learning derived from complaints

Examples of learning include:

- Schools amalgamation policy and guidance amended.
- Introduction of a formalised dispute resolution mechanism between Governing bodies and the Council.
- The wording of the Early Years charging document was amended.
- Additional checks added to the adoption procedure to identify delays.
- A practice note was issued to social care practitioners and managers reminding them that attendees at child protection meetings are given the minutes of previous meetings or reports in advance of the next meeting.
- Once the Ombudsman closes West Lodge, a learning meeting will be held.
- The Complex Needs Panel for Children with Disabilities (CWD) is reviewing its appeals procedures to make them more transparent/independent, including consulting parental views.
- Introducing a CWD consultative forum with parents.
- CWD agreeing clear criteria for entitlement/eligibility for services.
- Special measures against two unreasonably difficult/persistent complainants that saved a great deal of Council time.
- Introducing direct payments monitoring.
- Exploring increased Council monitoring of school exclusion panels.
- Updating the information leaflet for parents about Rapid Intervention Team (RIT).
- Review mechanisms for ensuring parents are aware and consent to RIT meeting. e.g. a tear off slip with signature.
- Training for schools on exclusions.
- Plus numerous individual remedial actions.

16. Update on new schools complaint Bill

The Apprenticeships, Skills, Children and Learning Bill, which is expected to receive Royal Assent in the autumn of 2009, will mean the Ombudsman will have the jurisdiction to re-investigate a complaint made against a school by a parent or a pupil.

Key message: This is likely to have significant implications for schools where before complainants had little option but to accept the findings of the school. It is likely to be a challenging transition for schools to adjust to such external scrutiny of complaints. It is likely there will be instances where complaints that have not been upheld by the school will be upheld by the Ombudsman and the Ombudsman can issue public reports and recommendations.

Key action: Harrow Council had anticipated this change by offering a Complaints SLA with schools including training and complaint support. Harrow is the only London Borough to offer a complaints mediation service to schools.

17. Ombudsman's role change

From 1 April 2009, the Ombudsman's official policy has changed so he will only accept complaints that have been through all the stages of the local authority's complaints procedure. However, the Ombudsman retains the power to make exceptions and has set out a number of examples of exceptions including:

- **Complaints made by children**
- **Complaints about education (apart from transport)**
- Complaints about more than one body
- Complaints where referral to the Council would disadvantage an already disadvantaged complainant
- Where there has been unreasonable delay by the Council
- Complaints about homelessness (where the complainant is currently, or will imminently be, homeless)

It is unlikely that significantly more complaints will be investigated straight away by the Ombudsman but the exceptions are quite wide so the Ombudsman has left himself a great deal of latitude to do so.

Stuart Dalton

Complaints Manager, Children's Services

Date: 22 June 2009

Financial Implications

There are no specific budget issues associated with this report. All compensation payments are met by the appropriate service within base budgets.

Performance Issues

No PAF or BVPI indicators. However, complaints has a significant impact on the customer satisfaction KPI.

SECTION 3 - STATUTORY OFFICER CLEARANCE

Name: Emma Stabler	<input type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 02/07/09		
Name: Sharon Clarke	<input type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 05/08/09		

SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS

Contact: STUART DALTON, ADULTS AND CHILDREN'S COMPLAINTS MANAGER (020 8424 1578)

Background Papers: NONE

IF APPROPRIATE, does the report include the following considerations?

1.	Consultation	YES/ <u>NO</u>
2.	Corporate Priorities	YES / <u>NO</u>
3.	Manifesto Pledge Reference Number	

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Meeting:	Overview and Scrutiny Committee
Date:	3 September 2009
Subject:	Report from Lead Members
Responsible Officer:	Alex Dewsnap, Divisional Director of Partnership Development and Performance
Portfolio Holder:	Councillor Paul Osborn, Portfolio Holder for Performance, Communication and Corporate Services
Exempt:	No
Enclosures:	Appendix 1: Reports from the Lead Members

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 briefings in July, 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
- agree recommendations as included therein.

Section 2 – Report

Background

This report records the outcomes of quarterly briefings of scrutiny lead policy and performance councillors and seeks the endorsement of committee of the action proposed. Individual reports have been included in this report for:

- Children and Young People
- Corporate Effectiveness
- Safer and Stronger Communities

No meetings have taken place since the last meeting of the Overview and Scrutiny committee for:

- Sustainable Development and Enterprise
- Children and Young People

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.

Community safety (s17 Crime & Disorder Act 1998)

There are no specific community safety implications in this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific community safety 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

Not appropriate for this report.

Section 4 - Contact Details and Background Papers

Contact:

Lynne Margetts, Service Manager Scrutiny 020 8420 9387

Background Papers:

None

1.	Consultation	No
2.	Corporate Priorities	No

APPENDIX ONE

REPORTS FROM THE SCRUTINY POLICY AND PERFORMANCE LEAD COUNCILLORS

CHILDREN AND YOUNG PEOPLE

The Scrutiny Lead Members for Children and Young People, Cllr Margaret Davine and Cllr Janet Mote, met on 31 July 2009 with Paul Clark, Corporate Director for Children's Services.

Issues discussed and key points arising:

Transitions Review

The issue of transition from children's services to adults was discussed. The Corporate Director for Children's Services expressed that the transitions services provided in Harrow was generally sufficient but could be improved. The disjoint between the funded management of the child and the independent, individual management of adults is essentially what causes the gap in provision. It was felt by Lead Members and the Executive Director that (if it is feasible) it is important to get things underway and do some work in this municipal year as the issue is relevant to all the 'narrowing the gap' actions in the Children and Young People's plan.

Discussions took place around how the categorisation of adults and children had some part to play in respect of the issues. In health terms, from the age of 16 onward people are considered as adult with personalised budgets where as in terms of education, children are categorised as 0-19 years old.

Another issue that was discussed was that there is no tailored economic development plan for children with disabilities. In considering this area, some consultation could take place with the skills centre as employment is a key issue.

The issue of how well officers are linked was also discussed; perhaps there is a need for a link officer? Is their sufficient funding across the board? When the review is carried out it was decided that it would be important to get the view of adults that have been through the system. It was also felt that the review should explore the positives and the negatives of the service.

Recommended Action: A scoping workshop involving key officers from children's services, adult's services, the PCT, employment and education should be organised. The scoping meeting will involve discussion to highlight the key issues in relation to transitions. It is envisaged that the workshop could be held around late September. The plan is for the workshop to set the scope for further work looking into transitions in the 2010/2011 municipal year.

Overview & Scrutiny Committee

3 November was highlighted as a special Overview and Scrutiny Children and Young people's meeting which would feature:

- Educational Attainment results
- Transitions workshop feedback.

Other relevant business will also be included on the work programme.

AOB

The issues of the Dorothy. com programme and the development of Stag Lane Nursery was also discussed in brief.

CORPORATE EFFECTIVENESS LEAD MEMBERS

Meeting attendees:

The scrutiny lead members for Corporate Effectiveness, Cllr Stanley Sheinwald and Cllr Mark Versallion met on 28th July with Carol Cutler, Director of Business Transformation and Customer Service and Alex Dewsnap, Divisional Director Partnership Development and Performance. Cllr Mitzi Green Vice Chairman Overview and Scrutiny committee observed the meeting.

Issues discussed and key points arising

Transformation Programme

Carol Cutler briefed the Lead councillors on the council's Transformation Programme. This has been developed in order for the council to be able to respond to the need to deliver real improvement in the context of an extremely challenging financial situation in terms of the credit crunch and poor public sector funding settlements. It is no longer the case that incremental change can deliver the necessary improvements and that real step change is now required. The programme is also engaging partners in consideration of different ways of working for the benefit of local people. It is also about having a different relationship with residents and working with them to understand their own responsibilities in the wider community. There are no preformed outcomes and nothing is out of scope.

There are 5 streams in the programme each sponsored and led by a corporate director but not aligned to individuals' existing service responsibilities

The **Cross Council Efficiency Review**, led by Hugh Peart and undertaken in partnership with PriceWaterhouse Cooper is gathering data to clarify the functional costs of teams and from this across the organisation. For example, by examining cross council administrative costs, the council may identify potentially significant savings for the organisation as a whole which might not be achieved on a service by service basis. This project will report at the beginning of October. Outcomes anticipated include business cases for function remodelling in a number of areas which can deliver significant levels of savings

The **Better Together** stream is being led by Paul Najsarek and is seeking an honest discussion with residents regarding what they want and what they're willing to pay for it. It is also seeking a changed relationship with residents and anticipates discussions around responsibilities.

The **Future Operating Model** stream is being led by Brendon Hills and Paul Clark. This stream is considering what the future shape of the council should be and is undertaking some Total Place modelling to determine the total public sector spend in Harrow and how this might be more efficiently used.

The **Place Shaping and Property** stream is being led by Andrew Trehern. It is identifying all of the public sector assets in the borough with the aim of identifying more effective use of these assets by the council and partners.

The **Service Efficiency** stream led by Myfanwy Barrett will continue to undertake in year investigations of performance in order to address immediate budget deficiencies.

Officers from Human Resources and Corporate Finance are supporting each of the streams and £½ m has been made available to support the programme. Whilst initial reports are expected in the autumn, it is acknowledged that this is a long-term programme of work. Carol clarified that all of the business cases will include details of the costs of implementation and whilst pump priming funds will be available, long term the proposals must be self funding.

Carol hopes to appoint another LEAN officer and is bidding to Capital Ambition for further funding to appoint further officers. She also clarified that partners such as PWC and Capita are engaged in delivering projects in as far as they can clearly identify cash savings.

Cllrs Ashton and Osborn are the political leads on the Transformation Programme

Recommended action: Further information to be provided to the Lead Councillors at their next meeting.

Comprehensive Area Assessment

Alex Dewsnap briefed the Lead Councillors. He provided a brief background on the assessment and clarified that, unlike Comprehensive Performance Assessment (CPA) Comprehensive Area Assessment (CAA) will provide an overall judgement on the provision of services across the borough and not a score of the performance of the council itself. CAA has two component parts: the organisational assessment, which comprises the use of resources and managing performance and which assesses the performance of the council. This is scored from 1 – 4. Each local partner is also assessed in this way by its respective regulator and individual organisational scores are combined. Deloitte are currently finalising their use of resources work with the council.

The second component is the area assessment. This is being led by the Audit Commission and at this point in time, initial findings are being discussed with the Comprehensive Area Assessment Lead (CAAL). This is not a council judgement, but is an assessment of how well local service providers understand need and how well these needs are met. The council is spending time developing a good relationship with the CAAL in order that she has a good understanding of the council and the borough. Significant effort is also being put into impressing upon her the changed profile and improving reputation of the borough e.g. providing information regarding the MJ awards and shortlisting.

Cllr Versallion expressed concern about the organisational assessment rating. Alex clarified that the Audit Commission expect 80% of council's use of resources ratings to go down, there is a view that the CPA had been too easy and CAA is expected to address this.

Cllr Versallion also enquired if the council has identified those indicators in the National Indicator Set that need to improve and how we are challenging the assumptions about the borough 'affluent and leafy'. Alex commented that there are two components to this:

- Challenging the corporate reputation – in this context the council must challenge its reputation in government/Audit Commission eyes and be seen as a real achiever. Highlighting our shortlisting in the MJ awards is important in this. The council is also putting itself forward on a regular basis as the reputation grows, to undertake pilots on behalf of central government
- Clarifying the demographics of the borough, making it clear that the borough experience a number of challenges

In response to a question as to whether the CAA offers the council an opportunity to challenge the low per capita grant, Alex suggested that this may not be the case. The grant is based on a ward-by-ward analysis of deprivation and CAA does not really 'speak' to this agenda. However, it might be possible to use the narrative more effectively in lobbying activities.

Alex clarified the position regarding local indicators and suggested that where there is an appetite for more information then it is important that we are able to measure those things that are important to us, not just the things that we are required to measure. A robust process of local performance management is key to being able to convince the Audit Commission of our improving processes.

Recommended action: To note the information provided.

SAFER AND STRONGER COMMUNITIES LEADS

A meeting of the Scrutiny Lead Members for Safer and Stronger Communities, was held on 28 July 2009.

Councillor Call for Action (CCfA)

Members reviewed the CCfA report that will be going to the Overview Scrutiny meeting on Tuesday 28 July 2009. The report provides information on the proposed CCfA process mechanism. The report also details the community safety referral process and the council's Corporate Complaints Policy.

Recommended action: The lead members will be taking note of the outcomes of the Overview and Scrutiny meeting and the progress for implementing the process on the ground.

The Duty to Involve, Inform and Consult

Lead members received a briefing on the duty to involve, inform and consult which set out the details of the duty which came into force in April 2009. Lead members also considered the implication on the council as a whole and more specifically the implications on scrutiny.

The Network of Empowering Authorities

Linking in with the Duty to Involve, Inform and Consult, lead members were briefed on the details of the Network of Empowering Authorities (NEA). The NEA consists of 18 councils across the country working to share good practice and learning with other councils to aid community development and empowerment.

Community engagement and empowerment in Harrow – Community Involvement Strategy

An update on the progress and work underway in the council in respect of community engagement, consultation and empowerment was also discussed at the meeting.

Recommended action: It was requested that a diagram/ matrix of the relevant people/ organisations relevant to the community engagement work within the borough should be developed in time for the next quarterly briefing. Members were also keen to view the community involvement strategy.

Hear Say Review

The outcomes of the Hear Say Review which was carried out in 2006 was also discussed in brief. Many of the recommendations put forward were also included in the review of the Voluntary Sector as Community resources.

Community Safety

Recommended action: Lead members decided a further update in relation to recent developments in community safety would be helpful at their next quarterly meeting.

Gypsy and Traveller Strategy

Recommended action: Members requested information on the progress of the Gypsy and Traveller Strategy following the outcomes of their meeting in May 2009 where they heard that it was currently in development.

Future Meeting

The lead members decided that they would hold their next quarterly meeting in November 2009, the exact date of the meeting will be set shortly.

Brendon Hills, Corporate Director for Community & Environment will be in attendance at the next quarterly lead brief.



Meeting:	Overview and Scrutiny Committee
Date:	3 September 2009
Subject:	Scrutiny Work Programme Update
Responsible Officer:	Alex Dewsnap, Divisional Director for Partnership Development and Performance
Portfolio Holder:	Councillor Paul Osborn, Portfolio Holder for Performance, Communication and Corporate Services
Exempt:	No
Enclosures:	Appendix One: Progress Matrix

Section 1 – Summary and Recommendations

This report outlines progress on the current scrutiny work programme. It also outlines the timetable for implementation of projects agreed in the 2009/10 work programme

Recommendations:

Councillors are asked to:

- Note progress on the current review programme
- Confirm the scheduling of projects for 2009/10 as discussed at 28th July meeting of the committee
- Confirm the addition of the workshop to prepare a scope for the Transitions review to take place at the end of September.

Section 2 – Report

Background

The attached matrix outlines progress on the scrutiny projects currently underway.

In addition, the report summarises the decisions made by the Overview and Scrutiny committee on 28th July with regard to projects scheduled for the remainder of the administration. The projects agreed at the Overview and Scrutiny committee in June are:

- Acute Services Review
- Kier
- Housing Revenue Account
- Transitions

The Overview and Scrutiny committee meeting on 28th July agreed to prioritise the Acute Services Review to be undertaken in order to respond to NHS consultation – which will begin in September. Given the resource challenges in the scrutiny team, the committee agreed that the Kier project should be undertaken in October and the HRA project at a similar time as resources are available. The committee agreed that, as the Transitions project will require a thorough investigation that if resources cannot be found, then this would be more appropriately be carried over to the next municipal year. However, since this committee decision, the Lead Councillors for Children and Young People have proposed that a workshop is convened towards the end of September in order to undertake some of the scoping work to support a future investigation.

Financial Implications

The financial requirements of the scrutiny work programme will be met from within existing resources.

Performance Issues

There are none specific to this report.

Risk Implications

There are no risks associated with this report.

Section 3 - Statutory Officer Clearance

Not required for this report.

Section 4 - Contact Details and Background Papers

Contact: Lynne Margetts, Service Manager Scrutiny, 020 8420 9387

Background Papers:

None

If appropriate, does the report include the following considerations?

1.	Consultation	No
2.	Corporate Priorities	No

APPENDIX ONE: REVIEW PROGRESS REPORT

Review	Methodology	Expected date for report to Overview and Scrutiny committee	Comments
Standing Review of NHS Finances	Standing review (18 months)	TBC	The draft report from the review has been prepared and will be submitted to the 24 th September meeting of the Overview and Scrutiny committee.
Standing Review of Budget	Standing review (3-years)	January 2010	<p>The second phase of the review is considering 3 strands of work:</p> <ul style="list-style-type: none"> • shared services - focusing on asset management - the group considered the place strategy and the council's approach to asset management at its meeting on 16th June • revenue income maximisation - a survey of officers strategic approach to setting fees and charges is underway; and • the capital budget - visits to other boroughs (Wandsworth, Camden, Newham, Hillingdon) have been undertaken <p>At its August meeting, the review developed a question plan for use in discussions with the Leader and Director of Finance about the second phase of the review's findings. This meeting will be scheduled for October.</p>
Sustainability	In depth review	January 2010	<p>The review's investigation is focussed around 3 themes:</p> <ul style="list-style-type: none"> • Consideration of the Climate Change Strategy • Support to the borough's business base • Community cohesion <p>The report from the Climate Change Strategy challenge panel was presented to the O&S committee in June.</p> <p>A conference to investigate the impact of the recession on the cohesiveness of the community took place on 29th July and a report from the conference has been sent to all participants. The development of a question plan for discussion with officers around community cohesion is now underway.</p> <p>A planned survey of local businesses to assess the level and kind of support that they would like to receive to sustain them through the recession may need to be deferred until later in the year.</p> <p>Responses to this survey will be used to support proposals being developed by the Economic Development team.</p>

Extended schools	Light touch review	June 09	The final report is on the agenda of the September Cabinet meeting
Healthcare for London	Joint Overview and Scrutiny Committee	TBC	Consultation has now concluded. Subsequently London PCTs have decided to implement the preferred options. This includes a hyper- acute stroke unit at Northwick Park hospital. For the moment this area of work is completed.
Acute Services Review	Working party to support Lead Members	December 09	Harrow NHS and Northwick Park hospital will be consulting in the autumn on service reconfiguration at Northwick Park and Central Middlesex Hospitals. Scrutiny councillors will wish to respond to this. A working party will be established over the summer to determine scrutiny's response
Performance of the Kier Contract	Challenge panel	December 09	To take place in October
HRA	Challenge panel		To take place in October (if resources permit) to support the council's lobbying position with regard to the HRA settlement
Transitions	Workshop		It is proposed to hold a joint officer/councillor workshop in order to identify the scope of a detailed project to be included in the work programme for 2010/11