

# Overview and Scrutiny Committee

## AGENDA

**DATE:** Thursday 6 April 2017

**TIME:** 7.30 pm

**VENUE:** Committee Rooms 1 & 2, Harrow Civic Centre,  
Station Road, Harrow, HA1 2XY

### MEMBERSHIP (Quorum 4)

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**Chair:** Councillor Jerry Miles

**Councillors:**

Ghazanfar Ali  
Mrs Chika Amadi  
Jeff Anderson  
Jo Dooley

Richard Almond  
Ameet Jogia  
Chris Mote  
Paul Osborn (VC)

**Representatives of Voluntary Aided Sector:** Reverend P Reece (1 vacancy)

**Representatives of Parent Governors:** 2 Vacancies

(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.)

**Representative of Harrow Youth Parliament**

**Reserve Members:**

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- |                           |                            |
|---------------------------|----------------------------|
| 1. Ms Pamela Fitzpatrick  | 1. Susan Hall              |
| 2. Kairul Kareema Marikar | 2. Barry Macleod-Cullinane |
| 3. Ajay Maru              | 3. Lynda Seymour           |
| 4. Aneka Shah-Levy        | 4. Stephen Wright          |
| 5. Antonio Weiss          |                            |

**Contact:** Frankie Belloli, Senior Democratic Services Officer  
Tel: 020 8424 1263 E-mail: frankie.belloli@harrow.gov.uk

## **Useful Information**

### **Meeting details:**

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:  
<http://www.harrow.gov.uk/site/scripts/location.php>.

### **Filming / recording of meetings**

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

### **Meeting access / special requirements.**

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

**Agenda publication date: Wednesday, 29 March 2017**

# 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 disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Committee;
- (b) all other Members present.

## 3. MINUTES (Pages 5 - 12)

That the minutes of the meeting held on 14 February 2017 be taken as read and signed as a correct record.

## 4. PUBLIC QUESTIONS \*

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

Questions will be asked in the order notice of them was received and there be a time limit of 15 minutes.

**[The deadline for receipt of public questions is 3.00 pm on Monday, 3 April 2017 Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

**No person may submit more than one question].**

## 5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

## 6. RECOMMENDATION FROM SCRUTINY SUB-COMMITTEE

Access to Primary Care in Harrow (Pages 13 - 38)

Recommendation from the Health and Social Care Scrutiny Sub-Committee meeting on 14 March 2017.

**7. SCRUTINY ANNUAL REPORT 2016-17** (Pages 39 - 74)

Report of the Divisional Director, Strategic Commissioning

**8. PEER REVIEW** (Pages 75 - 86)

Report of the Chief Executive

**9. ANY OTHER BUSINESS**

Which cannot otherwise be dealt with.

**AGENDA - PART II - NIL**

**\* DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

Deadline for questions	3.00 pm on Monday 3 April 2017
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# OVERVIEW AND SCRUTINY COMMITTEE MINUTES

## 14 FEBRUARY 2017

<b>Chair:</b>	* Councillor Jerry Miles	
<b>Councillors:</b>	* Ghazanfar Ali * Richard Almond † Mrs Chika Amadi † Jeff Anderson	* Jo Dooley * Ameet Jogia * Chris Mote * Paul Osborn
<b>Voting Co-opted:</b>	(Voluntary Aided) † Mrs J Rammelt Reverend P Reece	(Parent Governors)
<b>Non-voting Co-opted:</b>	Harrow Youth Parliament Representative	
<b>In attendance: (Councillors)</b>	Kiran Ramchandani  Barry Macleod- Cullinane	Portfolio Holder for Performance, Corporate Resources and Customer Service

- \* Denotes Member present
- † Denotes apologies received

### 199. Attendance by Reserve Members

**RESOLVED:** To note that there were no Reserve Members in attendance.

## **200. Declarations of Interest**

Councillor Paul Osborn declared the possibility of a non-pecuniary interest in Agenda Item 8a (Digitilisation and Access to Services Online) in that he had been a Cabinet Member and might not be able to participate in the review of any decisions he had taken if these arose in the discussion of the item. He would remain in the room whilst the matter was considered and voted upon.

All councillors present declared a non-pecuniary interest in Agenda Item 8a (Digitilisation and Access to Services Online) with respect to their own "My Harrow" online accounts. They would remain in the room whilst the matter was considered and voted upon.

## **201. Minutes**

**RESOLVED:** That

- (1) the minutes of the meeting of the Committee held on 8 November 2016 be taken as read and signed as a correct record, subject to amendment of the final sentence of the resolution at Minute 183 such that it concludes "... the criticisms **by** the Corporate Director, People."
- (2) the minutes of the special meetings of the Committee held on 1 February 2017 be taken as read and signed as correct records.

## **202. Public Questions and Petitions**

**RESOLVED:** To note that no public questions or petitions were received at this meeting.

## **203. References from Council/Cabinet**

**RESOLVED:** To note that there were no references from the Cabinet or Council for consideration at this meeting.

## **RECOMMENDED ITEMS**

### **204. Corporate Plan 2017**

The Committee considered a report dealing with the Corporate Plan refresh for 2017. The Plan was scheduled to be discussed by Cabinet at its meeting on 16 February 2017.

The Portfolio Holder for Performance, Corporate Resources and Customer Services, briefly introduced the report, outlining the Leader's additional priorities related to equalities and enforcement, and stating that performance was holding up well in spite of a number of challenges, particularly with respect to budget pressures.

Members raised a number of questions and received responses as follows:

*Was Cabinet satisfied with the level of performance and the quality of performance data? For example, recycling rates appeared to have fallen to 38% against a 2020 target of 50% and a previous 2015-16 performance at 43%, and there was no data for Quarter 2 of 2016-17, nor any commentary on these matters.*

Cabinet was satisfied with both the overall performance set out in the plan and with the data. The latter was underpinned with a more detailed corporate performance report which was monitored on a quarterly basis by Cabinet. In the case of recycling, performance had been impacted by a national change in the classification of wooden materials which had affected all local authorities. Environment staff would be consulted on the framing of future targets in view of such developments.

*How could it reasonably be claimed that there had been “improvements” in the garden waste service when the implementation had been flawed?*

The Corporate Plan did refer to the problems associated with the implementation (Page 11 of the Plan), but these had been resolved.

*Did Cabinet agree that a staff training rate of 14% for equalities training was unacceptable?*

The Portfolio Holder for Performance, Corporate Resources and Customer Services considered the performance unacceptable, but she was aware of certain mitigating factors such as the requirement for face-to-face training for some staff without ready access to computers, and the fact that some staff had only recently passed the two-year threshold for their accreditation and needed to complete the course again. Nevertheless, it was accepted that there had to be considerable improvement and there was a current drive to increase course completions.

*What was the basis for the Leader’s statement in the plan that there was a 10-year life expectancy gap between the poorest and most affluent parts of the Borough? Figures in the plan suggested that this figure should be 6 years for men and 5.6 years for women (Page 13 of the Plan).*

It was understood that the statement was based on information from the Joint Strategic Needs Assessment (JSNA) and national indicators of multiple deprivation. It reflected some significant differences within the Borough, such as between Pinner and Wealdstone, and was intended to demonstrate the extent of the gap in respect of the areas with highest and lowest rates rather than the averages cited in the body of the plan itself.

*What was the basis for the £15m figure given for the anticipated income from commercial activities and did this figure refer to the period to 2019 or to 2020 since information in the plan was ambiguous on this point.*

Information on this was available in the report to Cabinet on the Council's 2017-18 budget, but income was expected from a range of areas such as legal services, HR services, procurement, Project Phoenix, school improvement services, Wiseworks, etc.

*How reliable was the expected income from Project Infinity, particularly given that it represented the largest element of the proposed contributions from commercial activities? Beyond the "My Community" e-purse, were the other projects and products within the scheme little more than vague concepts with speculative assumptions about income?*

There was a table of information in the report to the Cabinet on the Council's 2017-18 budget which set out information on the various commercialisation projects. The £15m figure was intended to relate to the period to the end of March 2020. The MCep product in the My Community e-purse project was being re-platformed and marketed by the Council and IBM; the other elements were in the development stage and it was therefore inevitably the case that the financial projections would be targets and estimates and were therefore speculative. Any future changes would be made through an annual budget refresh process. Assumptions had to be made about such matters as the composition of care packages and product take-up. All the projects had been reviewed and the targets revised accordingly; a more detailed briefing could be provided to Members if this was required.

*An income figure of £640,000 had been associated with a "Community Wrap" project, but there had been no other information for Members on this scheme – could this be explained?*

It was agreed that the Corporate Director, Resources and Commercialisation would arrange for the Director Adult Social Services to offer to brief Members with more detail on these projects.

*How did the Council propose to accommodate the needs of the increased number of children and very elderly people in the Borough arising from the new housing units included in regeneration plans? Had the Council not taken account of the considerable additional cost which could arise?*

With respect to school populations, these had been projected and factored into expansion plans. There were modeling tools for adult social care needs and it was understood similar tools were used for assessment of children's special needs. The Council was taking account of demographic growth pressures in their budget plans.

*Did the Council consider that the additional housing would bring considerable benefits to local people?*

The Council was clear and committed in its objective to address the local housing crisis by providing significant numbers of new affordable homes in the



Borough; this was part of a plan considered to be both ambitious and achievable.

*How was the Council proposing to assist those people in the private rented sector faced with homelessness following eviction?*

The Help to Let scheme had proved successful and the Council was acquiring properties to expand the stock of homes for social rent, with some 50 properties already transferred. Further information could be provided.

*What were the governance arrangements for the letting of these new properties? Were the directors of the private company involved officers of the Council, and if so, how did their remuneration operate?*

The Council had established a company limited by share with the Council as sole owner (Concilium Business Services Ltd.), although the Corporate Director, Resources and Commercial would check this. Its Directors were four officers of the Council, but they acted in the interests of the company in that role with the Council as owner. A Shareholder's Agreement was in place which set the parameters for the company's activities and an annual agreed plan formed the basis for its work; ultimately, it was in the control of the Council as sole shareholder. The Directors were remunerated and expected to carry out their company duties in addition to their substantive Council roles with additional hours being worked; the company's accounts would set out these figures.

*How had the requirements of legislation about registering people with significant control or influence been addressed in the case of Concilium Business Services Ltd.?*

Officers would report back to Members on this matter.

*Had the Council established any threshold or policy which might limit any losses being incurred by its local authority company? What was the target date for the letting of 500 homes by Concilium Business Services Ltd.?*

The company reported to the Council on a quarterly basis and while there was no target or threshold in terms of financial position, the Council was ultimately in control and could take any appropriate action in response to performance, including cessation of trading if that were deemed necessary. A new business plan for the company's activities in the following year was currently in preparation and Cabinet would receive a report on this.

*Should the work of Concilium Business Services Ltd. be included in the Corporate Plan given uncertainties over its place in the private residential lettings market?*

The reference in the Corporate Plan reflected the original plan for the company, when the intention was to source properties to let from the private market from Council's properties temporary accommodation and from those developed through regeneration. Cabinet would be able to review the project and the company's activities in the light of the new business plan.

*How could the Council deal with cases of drivers parking on footways causing damage to grass verges?*

This would be raised with the appropriate Portfolio Holder. The Council had secured new resources for enforcement in this area.

The Chair thanked the Portfolio Holder and officers for their attendance.

**Resolved to RECOMMEND:** (to Cabinet)

That the comments from the Committee on the Corporate Plan be referred to Cabinet.

## **RESOLVED ITEMS**

### **205. Street Trading Charges**

The Chair confirmed that this item had been withdrawn since officers were still working on the implementation of the revised policy; a report would be brought to the Committee at its next meeting on 6 April 2017.

A Member asked how the delay in this report related to the proposals for street trading charges in the reports on the 2017-18 budget being made to the Cabinet and the full Council over the following week or so. The Portfolio Holder for Performance, Corporate Resources and Customer Services agreed to confirm the position and advise Members of the Committee.

### **206. Digitalisation and access to services online**

In accordance with the Local Government (Access to Information) Act 1985, the Committee agreed to consider a report on Digitalisation and Access to Online Services notwithstanding the fact that the report had not been circulated with the main agenda since the latest Quarter 3 data had not been available at the time and the report title had also been inadvertently omitted from the scrutiny forward work programme. The Committee agreed to accept the item on grounds of urgency in order to respond to feedback from residents and the VCS in relation to the difficulties experienced in contacting the Council.

The Portfolio Holder for Performance, Corporate Resources and Customer Services introduced the report, setting it in the context of the Administration's objective of making online the "channel of choice" for residents. The Head of Customer Services and Business Support outlined the key challenges and the

extent of progress in the shift to online transactions, communications and information.

A Member referred to residents only being able to report a missed refuse bin collection for their own premises via the webform, meaning that other residents nearby would not benefit from a more comprehensive reporting for the street generally. The Director of Customer Services and Business Transformation would consider whether this could be addressed in the webform design.

The Member also asked about whether someone with Power of Attorney for a Borough resident would be permitted to use online transactions and communications on behalf of the resident. The Director of Customer Services and Business Transformation advised that there was provision for “mediated access” in the current MyHarrow account arrangements.

In response to a Member’s query, the Head of Customer Services and Business Support agreed to supply information on website use to Members of the Committee.

A Member explained the frustrations which some residents in Pinner South ward had encountered in that there had been no prompt confirmation emails to those who had applied early for the new “brown bin” garden waste service. This had led to concerns as to whether applications had been received and had generated unnecessary phone calls and emails. The Member asked whether these circumstances were connected to mistakes made in the implementation of the scheme. The officers confirmed that there had been inadequate integration of information and systems at the outset so that early applicants had to be contacted by phone and email to complete data required, including bank details for payment of the charge involved. Understandably, this had been the cause of concern and frustration for some residents, but nevertheless, there was never any risk to their application and arrangements had been made with each applicant for the secure transfer of bank details. It was the case that relevant staff were learning lessons from each new scheme and were improving the integration of data and systems at each stage.

A Member asked about the Council’s approach to those who did not have access to the internet or were not confident or patient enough in using the MyHarrow account for Council services. An officer underlined that the Council were keen for residents to telephone or visit the Civic Centre if they were not able to, or otherwise did not wish to, use online methods. There had never been any intention to close off the more traditional forms of contact. Residents visiting the Civic Centre were supported by staff in using the computer terminals in the reception area so that confidence and capability in online communications were increased.

The Member also referred to occasions when a resident would receive an acknowledgement email indicating a timescale within which a matter would be addressed, but then not having any contact details to chase up when this timescale was not met. He suggested that residents should be provided with a generic email address and relevant telephone contact numbers. The officer reported that the Council was trying to improve the connections to back-office

systems so that residents would receive automated emails on the status of their service issue, eg. why a refuse bin had not been collected. The challenge with respect to telephone contact details and generic email addresses was that these tended to be used a great deal if readily available on webpages and in acknowledgement emails. For example, a generic email would often be used subsequently to report something without giving sufficient information; the approach was to encourage residents to use webforms which ensured that the key required information was obtained. Members were advised that this model was similar to the approach of John Lewis on its webpages where such contact details were only made available if an online alternative was not in place.

**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 7.33 pm, closed at 8.59 pm).

(Signed) COUNCILLOR JERRY MILES  
Chair

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 14 MARCH 2017

<b>Chair:</b>	Councillor Vina Mithani (Vice Chair in the Chair)	
<b>Councillors:</b>	Niraj Dattani * Margaret Davine	* Ajay Maru (2) * Chris Mote
<b>Advisers:</b>	† Julian Maw Dr N Merali	- Healthwatch Harrow - Harrow Local Medical Committee

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

### RECOMMENDED ITEMS

**98. Access to primary care in Harrow -findings of members' visits to WICs and Healthwatch survey of GP surgeries**

The Sub-Committee received a report of the Divisional Director, Strategic Commissioning, which set out health scrutiny Members' findings and recommendations from their work on access to primary care within the borough over the last 18 months.

Healthwatch Harrow had shared its research findings on GP accessibility, and this had been important in informing the observations and recommendations set out in the report.

Why did 29% of GP practices not use a text reminder service? Was this due to the costs involved and were these smaller practices?

The representative from Healthwatch Harrow advised that it was likely that the 29% consisted of smaller GP practices for whom cost may be an issue. She added there was evidence to show that sending text reminders of forthcoming GP appointments resulted in fewer DNAs (did not attend).

A Member stated that there was evidence to suggest that children whose parents who did not speak English could be disadvantaged in situations where a translator was not available or when those parents tried to access the NHS 111 non-emergency service. Often these parents could not easily communicate with medical staff or give consent for their child's medical records to be shared with relevant clinical staff which meant that their children were at risk of experiencing delays in receiving treatment.

The representative from Healthwatch Harrow advised that there had been significant cuts in ESOL (English as a Second Language) provision in the borough. She concurred that the Council and Health providers had a duty of care to all residents. She also pointed out that translation services could sometimes compromise patient confidentiality.

The representative from Healthwatch Harrow advised that Healthwatch Harrow would be publishing a further report about GP accessibility in July 2017, which would be shared with the sub-committee.

**Resolved to RECOMMEND:** (to the Overview and Scrutiny Committee)

That:

1. it consider and endorse the report from health scrutiny members;
2. it forward the Review's report and recommendations to the relevant agencies, as identified in the recommendations, for consideration and response;
3. it agree that the Health & Social Care Scrutiny Sub-Committee revisit primary care access and the implementation of the report's recommendations in its work programme for 2017/18.

### **Background Documents:**

Appendix 1 - Access to Primary Care in Harrow: Report from Health Scrutiny Members

Appendix 2 - Access to Primary Care in Harrow: Report from Health Scrutiny Members

**REPORT  
FOR:**

**HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	14 March 2017
<b>Subject:</b>	Access to Primary Care in Harrow – Report from Health Scrutiny Members
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Kairul Kareema Marikar Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Access to Primary Care in Harrow – Report from Health Scrutiny Members

## **Section 1 – Summary and Recommendations**

This report presents health scrutiny members' findings and recommendations from their work on access to primary care within the borough over the last 18 months. The intelligence pulled together in this report comes from a variety of sources and focuses on walk in centres and GP surgeries.

### **Recommendations:**

The Sub-Committee is asked to recommend to the Overview and Scrutiny Committee that it:

1. Consider and endorse the report from health scrutiny members;
2. Forward the review's report and recommendations on to the relevant agencies, as identified in the recommendations, for consideration and response;
3. Agree that the Health & Social Care Scrutiny Sub-Committee revisit primary care access and the implementation of this report's recommendation in its work programme for 2017/18.

## **Section 2 – Report**

### **Background**

Over the last 18 months health scrutiny members have conducted visits and pulled together some local intelligence around residents' access to primary care. This is an issue identified locally as needing attention and reflected in the numbers attending the Urgent Care Centre (UCC) at Northwick Park Hospital which was aimed at relieving pressures on A&E. It is also especially important given the stretched capacity at Northwick Park Hospital and with the hospital being asked to take on more capacity as a consequence of the Shaping a Healthier Future (SaHF) programme.

Members' visits focused on the boroughs' walk in centres (late 2016/early 2017) and the intelligence used from other sources included the Council's community engagement evidence for the Independent Healthcare Commission (summer 2015) as well as Healthwatch Harrow's recent and ongoing research on accessibility of GP surgeries. Members have also drawn on the intelligence from their discussions with local people and healthcare providers through their sub-committee work, their role on the NW London Joint Overview and Scrutiny Committee examining the implementation of the SaHF programme regionally, CQC inspection reports of local services, their roles as scrutiny leads, as well as residents' concerns brought to members' attention in their roles as local councillors and health champions.

The nature of health scrutiny members' enquiries is not a comprehensive scrutiny review but rather a snapshot look using intelligence pulled together over the last 18 months to build up a picture of local trends or recurring issues identified through various sources. The main focus of the recent scrutiny visits was Walk In Centres and the Healthwatch Harrow research focussed on GP surgeries, and therefore most of the report's observations relate to GP access (surgeries and walk in centres).

The aim of the work is to provide strategic support and a residents' perspective to the local CCG and NHS who strategically plan local services around access to primary care, as well as identifying what councillors as community leaders can do to encourage residents to make best and most appropriate use of the healthcare resources available to them in Harrow.

### **Members' observations**

Observations from health scrutiny members' review of access to primary care in Harrow are summarised under the following themes:

- Accessing care appropriately
- Educating people
- One size does not fit all
- Changing community habits
- Relieving or shifting the pressures on local healthcare sectors?
- Workforce considerations
- Continuity of care
- Redirection and signposting
- Developing local services



## Report recommendations

Health scrutiny members' recommendations in their report are as follows:

- **RECOMMENDATION 1 (TO ALL COUNCILLORS AND HARROW CCG):** That Harrow CCG and councillors work together to ensure that councillors use their role as community leaders to help promote the CCG's campaign on Harrow Health Help Now campaign. The effectiveness of this campaign should be reviewed by the Health and Social Care Scrutiny Sub-Committee in its 2017/18 work programme.
- **RECOMMENDATION 2 (TO HARROW CCG):** That Harrow CCG ensures that data sharing protocols are put in place so that WICS can access the GP records of Harrow patients (with patients' permission).
- **RECOMMENDATION 3 (TO THE CHAIR OF HARROW HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE):** That the Chair of the Harrow Health and Social Care Scrutiny Sub-Committee, on behalf of the sub-committee, writes to Transport for London urging them to consider providing greater access by public transport to Alexandra Avenue Health and Social Care Centre, and also writes to the local MP and our GLA member to ask them to also lobby TfL in this regard.
- **RECOMMENDATION 4 (TO HARROW CCG):** That Harrow CCG explores opening up the first floor of Belmont Health Centre for clinical services so that the whole building is used rather than services increasingly being congested on to the ground floor.
- **RECOMMENDATION 5 (TO HARROW CCG):** That Harrow CCG ensures that there is better sharing of good practice around primary care and WICs across the borough, whilst recognising that one size does not fit all and all surgeries operate differently to meet the needs of different communities.
- **RECOMMENDATION 6 (TO HARROW CCG):** That Harrow CCG encourages all GP surgeries in Harrow to advertise and signpost patients to alternative primary care services on their websites and in their out of hours telephone messages, in a consistent manner. All GP surgery websites should provide the link to the CCG Harrow Health Help Now website.
- **RECOMMENDATION 7 (TO HEALTHWATCH HARROW):** That Healthwatch Harrow presents its final report on GP accessibility to the Health and Social Care Scrutiny Sub-Committee in July 2017 so that the findings may be considered in full.

### **Financial Implications**

The costs of delivering the health scrutiny work programme are met from within existing resources.

### **Performance Issues**

There is no specific performance issues associated with this report.

### **Environmental Impact**

There is no specific environmental impact associated with this report.

### **Risk Management Implications**

There are none specific to this report.

### **Equalities Implications**

Local healthcare services help meet the needs of some of the most vulnerable members of the community, and therefore equalities implications are at the crux of examining access to primary care in the borough. The intelligence used to inform members' conclusions has been drawn from a range of sources that give insight to residents' views. The findings and recommendations from members' enquiries, as contained in this report, should help to influence how local primary care services are strategically planned to best meet the needs of all residents, including those who are particularly vulnerable.

### **Council Priorities**

- Protect the most vulnerable and support families

## **Section 3 - Statutory Officer Clearance**

Statutory clearances not required.

<b>Ward Councillors notified:</b>	N/A
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## **Section 4 - Contact Details and Background Papers**

### **Contact:**

Nahreen Matlib, Senior Policy Officer, 020 8420 9204

### **Background Papers:**

- Access to Primary Care in Harrow – Report from Health Scrutiny Members

**March 2017**

# **Health and Social Care Scrutiny Sub-Committee**

## **Access to Primary Care in Harrow** Report from Health Scrutiny Members

### **Health scrutiny members**

*Health and Social Care Scrutiny Sub-Committee Members:*

Councillor Michael Borio (Chair)

Councillor Vina Mithani

Councillor Chris Mote

Councillor Niraj Dattani

Councillor Margaret Davine

Committee Advisor – Julian Maw (Healthwatch Harrow)

Committee Advisor – Dr Nizar Merali (GP)

*Other Scrutiny Lead Members:*

Councillor Kareema Marikar

Councillor Chika Amadi

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For further information on our work, contact the Policy Team on 020 8416 8774.

## ACKNOWLEDGEMENTS

The contributions of a number of organisations and individuals have made our enquiries into access to primary care within the borough, and subsequently this report, possible.

We extend our sincere thanks to the staff at Harrow's three walk in centres (at Alexandra Avenue Health and Social Care Centre, the Pinn Medical Centre and Belmont Health Centre) and Northwick Park Hospital A&E for giving us such valuable insight into their services and sharing with us their experiences of providing healthcare to the residents of Harrow. Thanks also are passed on to colleagues at Harrow CCG for their cooperation in facilitating our enquiries, especially Adam Macintosh who was our main point of contact for our visits to the walk in centres.

We are grateful to colleagues at Healthwatch Harrow for sharing the findings of the research they have undertaken on GP accessibility to date and that has been so important to informing our observations and recommendations. This continues the positive working relationship the council's health scrutiny function has with our local Healthwatch, which we hope we can further progress in the year ahead in our mutual roles of championing health and social care issues for local people.

Finally we extend our appreciation to Nahreen Matlib, Senior Policy Officer, for her support and steer in our health scrutiny work – in organising our visits, pulling together the evidence that has enabled us to formulate our conclusions, and drafting our final report.

We hope our report is helpful and will influence the way forward for those who are planning healthcare services for Harrow residents.

## BACKGROUND

The Scrutiny Leadership Group dedicated extra support to health scrutiny members (channelled through the Health and Social Care Scrutiny Sub-Committee) to fulfil the council's health scrutiny responsibilities. The Chair and other members of the sub-committee agreed to conduct a programme of visits in 2016/17 to the three walk in centres and pull together some local intelligence around residents' access to primary care. This is an issue identified locally as needing attention and reflected in the numbers attending the Urgent Care Centre (UCC) at Northwick Park Hospital which was aimed at relieving pressures on A&E. It is also especially important given the stretched capacity at Northwick Park Hospital and with the hospital being asked to take on more capacity as a consequence of the Shaping a Healthier Future (SaHF) programme.

Our visits focused on the boroughs' walk in centres (late 2016/early 2017) and the intelligence used from other sources including the Council's community engagement evidence for the Independent Healthcare Commission (summer 2015) as well as Healthwatch Harrow's recent and ongoing research on accessibility of GP surgeries. The latter in particular demonstrates how as a locally elected body we are drawing on the health protocol agreed in 2015/16 and better triangulating intelligence gathered by the Health and Social Care Scrutiny Sub-Committee, Health and Wellbeing Board and Healthwatch Harrow. We have also drawn on the intelligence from our discussions with local people and healthcare providers through our sub-committee work, our role on the NW London Joint Overview and Scrutiny Committee examining the implementation of the SaHF programme regionally, CQC inspection reports of local services, our roles as scrutiny leads, as well as residents' concerns brought to our attention in our roles as local councillors and health champions.

The nature of our enquiries is not a comprehensive scrutiny review but rather a snapshot look using intelligence pulled together over the last 18 months to build up a picture of local trends or recurring issues identified through various sources. The main focus of our recent scrutiny visits was Walk In Centres and the Healthwatch Harrow research focussed on GP surgeries, and therefore most of our observations relate to GP access (surgeries and walk in centres).

The aim of our work is to provide strategic support and a residents' perspective to the local CCG and NHS who strategically plan local services around access to primary care, as well as identifying what we councillors as community leaders can do to encourage residents to make best and most appropriate use of the healthcare resources available to them in Harrow.

# CONTEXT

## **Strategic context**

The NW London Sustainability and Transformation Plan (STP)<sup>1</sup>, published in October 2016, notes that:

*“Concerns remain around the NHS’s proposals developed through the Shaping a Healthier Future programme i.e. to reconfigure acute care in NW London. All STP partners will review the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical quality and safety concerns and expected demand pressures.” (page 2)*

One of the priorities within the STP is to “ensure people access the right care in the right place at the right time” and it is clear that effective primary care is the backbone to acute services running efficiently. To this end, the STP key deliverables for 2016/17 include:

- Increased accessibility to primary care through enhanced hours and via a variety of channels (e.g. digital, phone, face to face)
- Enhanced primary care with focus on more proactive and co-ordinated care to patients

The STP talks of delivering more services through local services hubs by 2020/21 which will enable more services to be delivered in community settings and support the delivery of primary care at scale. It also recognises that the current primary care estate is poor. Although there has been a growth in the demand for primary care of 16% between 2007 and 2014, there has been limited investment in estate “meaning that in addition to the quality issues there is insufficient capacity to meet demand, driving increased pressure on UCC and A&E departments”.<sup>2</sup>

One of the challenges to the STP in NW London is workforce – a high turnover of GPs is anticipated given that NW London has a higher proportion of GPs over 55 compared to London and the rest of England (28% of GPs and almost 40% of nurses are aged 55+).<sup>3</sup>

### ***Primary care in the context of out of hospital transformation***

The development of a complete and comprehensive model of out of hospital care, in line with the Strategic Commissioning Framework, is critical to the delivery of the STP. The

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<sup>1</sup> NHS England has published the Five Year Forward View (FYFV), setting out a vision for the future of the NHS. Local areas have been asked to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the FYFV ‘Triple Aims’ of improving people’s health and well being, improving the quality of care that people receive and addressing the financial gap. This is a new approach across health and social care to ensure that health and care services are planned over the next five years and focus on the needs of people living in the STP area, rather than individual organisations.

<sup>2</sup> STP, page 35

<sup>3</sup> STP, page 39

STP envisages integrated out of hospital care – ‘local services’ – which will deliver personalised, localised, specialised and integrated care to the whole population in a system that proactively manages care, provides care close to people’s homes and avoids unnecessary hospital admissions wherever possible. Boosting the capacity and capability of GP leaders will strengthen the delivery of primary care. As a recent headline in the British Medical Journal put it: “if General Practice fails, the whole NHS fails”.

CCGs have agreed to support primary care providers in delivering a clear set of standards over the next five years around proactive care, accessible care and co-ordinated care. Within this are standards on routine opening hours (the provision of pre-bookable appointments at all practices, 8am-6.30pm Monday to Friday, 8am-12pm on Saturdays in a network) and extended opening hours so that patients can access a primary care professional 7 days a week, 12 hours per day for unscheduled or pre-bookable appointments. It is envisaged that NWL accessible care will be 100% complete by Quarter 1 of 2018.

## **The local picture**

Harrow has one of the highest proportion of those aged 65 and over compared to the other boroughs in NW London. More than 50% of Harrow’s population is from black and minority ethnic (BAME) groups. Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease<sup>4</sup>. With regard to primary care, in Harrow there are 34 GP practices, 3 walk in centres and the UCC at Northwick Park Hospital.

The Care Quality Commission (CQC) inspection report for London North West Healthcare Trust<sup>5</sup> which operates Northwick Park Hospital rated the trust as requiring improvement. Within this, acute services in urgent and emergency care were also rated as requiring improvement, although it is noted that the UCC is subject to a separate inspection. The report includes details of both Harrow Healthwatch and Harrow CCG raising issues with the capacity in A&E, something we as councillors have repeatedly raised through our Health and Social Care Scrutiny Sub-Committee as well as in our participation on the NW London Joint Health Overview and Scrutiny Committee (JHOSC). CQC recognises that “there were complex pressures due to local demographics with some local people not using GP practices as their point of contact” (p8). Northwick Park Hospital’s A&E struggle to meet the four hour target to see and treat people is well documented and we remain concerned that this busy emergency department will be further strained under the pressures of the acute reconfiguration as envisaged under the Shaping a Healthier Future programme. People turning up to A&E inappropriately only exacerbate the problems and therefore local campaigns around accessing care appropriately are important.

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<sup>4</sup> STP, page 16

<sup>5</sup> [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAE4700.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAE4700.pdf)  
Inspection in October 2015, report published in June 2016



## **Harrow Health Help Now – CCG campaign**

Harrow CCG has recently launched a campaign to help better signpost people to the most appropriate care – Harrow Health Help Now<sup>6</sup>. Harrow Health Help Now is a free website which helps people find the most appropriate local health services for common symptoms – “whatever the time, wherever you are, Harrow Health Help Now can help find the right service for you”. The website provides information through sections on symptoms, services and advice. This is supported by a smartphone app that people can download. As of 9 February 2017, over 5,000 Harrow residents had already downloaded the new app in its first week of release. Posters with the strapline of ‘Not all conditions need hospital attention’ have been posted around the borough.

**Not all conditions  
need hospital  
attention**

NHS  
Harrow  
Clinical Commissioning Group

Get the advice  
you need

HEALTH  
help NOW.

Symptoms Services Advice

NHS

Download free app or visit  
[harrow.healthhelpnow.nhs.uk](http://harrow.healthhelpnow.nhs.uk)

Get it on  
Google play

Download on the  
App Store

### **RECOMMENDATION 1 (TO ALL COUNCILLORS AND HARROW CCG)**

That Harrow CCG and councillors work together to ensure that councillors use their role as community leaders to help promote the CCG’s campaign on Harrow Health Help Now campaign. The effectiveness of this campaign should be reviewed by the Health and Social Care Scrutiny Sub-Committee in its 2017/18 work programme.

<sup>6</sup> <http://harrow.healthhelpnow.nhs.uk/health-help>

### ***Plans for local services***

In Harrow, the STP proposes that services are added to existing hubs at the Pinn Medical Centre and Alexandra Avenue Health and Social Care Centre, whilst also a business case is being developed for another hub in the north east of the borough.

When the STP was presented to us at the Health and Social Care Scrutiny Sub-Committee in February 2017, the CCG told us that it had received commitment from the 34 GP practices in borough and significant capital investment in 2016 to implement changes to service delivery at the Pinn Medical Centre and the Alexandra Avenue clinic. Any further development of the hub at Belmont is under review and a number of other sites are being considered for the location of the third hub in the east of the Borough. The CCG wants to ensure that each hub has the appropriate skill mix and staff numbers. Whereas the Pinn and the Alexandra Avenue centres are well established, the one at Belmont has been under-used for some time. It has been suggested that it may be more appropriate for the Belmont site to be included in the Council's Regeneration Programme and re-developed for housing. The CCG is looking for a site that is fit for purpose. The freehold of the Belmont site is held by the Council and the leasehold is held by NHS Estates. The CCG has bid for funding for the third hub and is in discussions with the Council regarding a possible new site for it.

At this same meeting, the CCG also told us that it recognised that although the purpose of the walk-in centres had been to reduce pressures on A&E at Northwick Park Hospital, this had not proved to be the case. It is anticipated that there would be service provision from 8.00am to 8.00pm, 7 days a week by 2020.

# WHAT THE INTELLIGENCE IS TELLING US

## Evidence to the Independent Healthcare Commission – community engagement

In the summer of 2015, Harrow Council submitted to the Independent Healthcare Commission for NW London<sup>7</sup> its evidence that had been gathered as a result of specially-commissioned community engagement on the implementation of Harrow's out of hospital strategy to examine how effectively residents are being diverted from hospital care<sup>8</sup>. The local out of hospital strategy was designed to alleviate potential capacity issues at Northwick Park Hospital by minimising the need for residents to attend. Access to GP services is a key component of this strategy.

The evidence summarised residents' feedback under the themes of:

- There is insufficient joint planning and delivery of care in the community
- Planning may not be sufficiently aspirational:

*"in the context of the poor performance of out of hospital services, it seems that residents may actually be making informed conscious decisions about how to access health care – sooner wait 4 hours in A&E than 4 days to see a GP" (page 1)*

- Understanding our community:

*"the successful delivery of change to health provision must recognise the rich and varied composition of our population: what works for one group of residents may not work for all. Harrow is not alone in having an increasingly transient, ageing, multi-cultural community who may have differing expectations, requirements and different communication needs" (page 2)*

- Performance of General Practice – there are examples of excellent practice amongst Harrow's GP surgeries however service delivery is inconsistent and dependent on where you live:

*"Even if service were consistent and consistently good across the borough, they would still need to be sensitive to the specific needs of the more vulnerable residents for whom a standard service isn't enough – one size cannot fit all. Whilst there is clearly failings in general practice from a patient/resident perspective are the changes in service anticipated in SaHF and the out of hospital strategy placing too much burden on GPs themselves: Are we expecting too much of GPs?" (page 2)*

Harrow Council's report concluded that the out of hospital strategy did not adequately support the delivery of the SaHF plans despite reassurances given. Also it concluded that

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<sup>7</sup> An independent Commission established by 5 NW London boroughs (Brent, Hammersmith & Fulham, Ealing, Harrow, Hounslow), two years into the implementation of the Shaping a Healthier Future programme, to examine whether or not SaHF was, is, or can be, fit for purpose.

<sup>8</sup> *Shaping a Healthier Future, Report to the Independent Healthcare Commission – Evidence from Harrow Council's Community Engagement, June 2015*

the GP system is insufficiently equipped (numerically, financially and professionally) to deliver what is expected.

Furthermore the report alluded to residents' views on where services are best located – somewhere they can receive care most speedily and where the services required can be delivered in one place:

*“The logic of this is that our residents would prefer to wait four hours in A&E rather than four days to see a GP. Clearly this begs the question as to whether the right investment in GP services will reduce the delays being experienced by residents, but it also poses an interesting challenge to service planners: are we investing in the right services, in the right place? Are we effectively just moving the deckchairs around the ship struggling to stay afloat?” (pages 11/12)*

The crux of planning health services, it is argued, is services must reflect the changing nature of our population. In particular, the capacity to divert residents from A&E emergency services to services in the community may be dependent on the NHS' understanding of the community and its ability to engage with it. Issues raised by residents included:

- Do people understand NHS processes?
- Is the complex network of GPs, clinics and hospitals and the appropriate means for accessing these clear to people not familiar with 'the system'?
- Is information about the system provided in a format which is easy to access and understand?

These questions are particularly pertinent when considering populations new to this country.

We would suggest that this is where the NHS' interface with the council and councillors as community leaders is key, to best understand what residents need and want from public services. Documents such as the Joint Strategic Needs Assessment (JSNA) must be used to provide the intelligence for all those bodies that plan local health and social care services.

The aspect of the implementation of the out of hospital strategy which elicited the most comment from residents was General Practice. There were many examples of excellent practice provided however it was apparent that there was no overall consistency in the delivery of General Practice. Although the core contracted opening hours for GPs are from 8.30am to 6.30pm there were significant variations on this standard between surgeries, as there also was on access to appointments.

Harrow Council's research also found considerable sympathy for GPs, “who as a result of NHS policy and other influences, find themselves increasingly in situations which stretch their resources to the limit”.

## Visits to walk in centres and A&E in the borough

As part of our health scrutiny work over the last 18 months, we have visited the A&E and Urgent Care Centre (UCC) at Northwick Park Hospital and also more recently the borough's three walk in centres (WICs) at Alexandra Avenue Health and Social Care Centre, the Pinn Medical Centre and Belmont Health Centre<sup>9</sup>.



The WICs offer people the opportunity to see a GP within a target time of one hour at one of the borough's three WIC sites. The new three-year CCG contract with these three sites which started in November 2016 allows for 60,000 additional GP appointments within Harrow per year over the three sites. Although the CCG contract with each WIC is the same (with a specification of operating with one GP from 8am-8pm every day, up to 60 appointments per day), in practice they all operate differently. For example, at the Pinn there are two GPs available at all times at the WIC, taken from a compliment of 12 GPs at the surgery. Alexandra Avenue is already projecting to exceed its cap of 20,000 appointments per year as it provides extra capacity at peak times to reflect demand. Belmont sticks to the specification and on weekdays, the WIC can reach 60 appointments. If all appointment slots are booked up (10 minute slots), patients have to be turned away as there is only one GP in this WIC.

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<sup>9</sup> Visit to Northwick Park Hospital A&E and UCC, 14 July 2015, attended by Councillors R Shah, M Borio, S Suresh, K Suresh, J Dooley, plus Julian Maw, Dr Nizar Merali

Visit to Alexandra Avenue Walk in Centre, 15 September 2016, attended by Councillors M Borio, K Marikar, plus Dr Nizar Merali

Visit to the Pinn Walk in Centre, 30 November 2016, attended by Councillors K Marikar, C Mote, V Mithani

Visit to Belmont Walk in Centre, 6 February 2017, attended by Councillors M Borio, C Mote, plus Dr Nizar Merali

WICs are open 8am-8pm so offer greater accessibility to a GP than many surgeries. At Alexandra Avenue WIC, a patient survey conducted in 2016 asked “where would you have gone had the WIC not been available?”. Responses were: 60% NPH A&E, 22% own GP, 7% rung 111 and 12% other. This compares to two years previously when only 40% said A&E. An interesting question is raised here – why would people not use their GP as an alternative if the WIC did not exist, why would they go to the hospital? We would suggest the answer lies in more often they cannot get a GP appointment when they want it whereas at the WIC they can see a GP at a time that suits them (the target waiting time is of one hour) and, as the community engagement piece also showed, some would prefer to wait four hours at hospital to see a doctor rather than a few days to see their GP.

“Patients will come when they can” – within general practice there seems to be a mismatch between surgery opening hours and when most people can get appointments that suit their needs. However juxtaposed to this is the work/life balance of GPs and asking them to cover extended hours at evenings and weekends, and the impact this would have on recruiting GPs, as well as the debate as to whether offering additional appointments merely increases demand rather than redirects people to a different route into primary care or even self care.

Evidence suggests that opening up WICs has seen demand go up overall for accessing primary care rather than necessarily reducing the pressures on Northwick Park Hospital’s UCC. The question remains whether WICs with time will slow down the use of the UCC. WIC tariffs are cheaper than UCCs. When we visited the WICs, we were told that it is estimated the cost to the NHS of someone using the WIC is £25 per patient, in contrast to £55 using the UCC. And so, how can the CCG, council and wider community work together to change the habits of patients to use WIC rather than UCC, or should we expect that people will prefer a hospital setting and invest resources accordingly?

The CCG needs to cap the service as they cannot commit to the extra resource. The message from the CCG is that if the WIC has reached its capacity, patients should be redirected to 111 (NHS telephone service). In practical terms however, patients would then tend to end up at the UCC on the advice of the 111 service as many patients come to the WICs having been redirected by 111 to do so.

WICs are able to redirect to each other as they have access to each other’s booking systems and so can see if one WIC has free appointments. This is important as different areas experience different footfalls at different times of day.

WICs should be integrated into the local GP community and seen as an additional resource rather than an alternative. The provision of additional GP appointments through the WIC model raises people’s expectations around accessibility to primary care. For example, since Belmont WIC opened in November 2016, the top three complaints that people have been presenting with at the WIC are 1) coughs 2) ear, nose, throat complaints 3) vomiting bug – most of these cases can be advised upon by community pharmacist rather than needing to take up GP attention.

WICs should be for emergency situations and not just because the patient cannot get an appointment at their own surgery. The CCG does capture data of who uses WICs and whether this over represents certain GP surgeries. This is then fed back to those surgeries.

In Harrow, WICs cannot access patients' records even if the patient gives them permission to do so. There is a need for better data sharing across GPs/WICs and also across the NHS and Council e.g. in placing alerts on patient files around CLA or child protection issues etc. Currently the data sharing protocol allows all Harrow GPs to see if one of their patients has been to a WIC, but not the other way around. However, across the border in Brent, the sharing is mutual – “so if Brent has cracked it, why can't Harrow?” – Brent and Harrow both use the same EMISWeb system.

**RECOMMENDATION 2 (TO HARROW CCG):**

**That Harrow CCG ensures that data sharing protocols are put in place so that WICS can access the GP records of Harrow patients (with patients' permission).**

The out of hospital strategy and STP heavily involves service expansion at WICs – an incremental development of out of hospital and community services. All three WICs run other services at the same time as WIC services, and the Pinn in particular benefits from enhanced diagnostics and outpatient services.

Our visit to the WIC at Alexandra Avenue made us acutely aware for the need for greater public transport access to the WIC, especially as it serves many vulnerable people, for whom the long walk from Rayners Lane Station, or a number of bus changes, is not practical. Especially if this WIC is to be invested in to provide more services as part of the STP plans for Harrow, we believe it needs to be more accessible by public transport. One option could be to re-route the H9/H10 bus routes so that they stop outside Alexandra Avenue Health and Social Care Centre.

**RECOMMENDATION 3 (TO THE CHAIR OF HARROW HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE):**

**That the Chair of the Harrow Health and Social Care Scrutiny Sub-Committee, on behalf of the sub-committee, writes to Transport for London urging them to consider providing greater access by public transport to Alexandra Avenue Health and Social Care Centre, and also writes to the local MP and our GLA member to ask them to also lobby TfL in this regard.**

When we visited Belmont Health Centre we could see just how busy and congested it is. There is a struggle to find rooms at Belmont as it is only the ground floor that is used and



this is shared with three other surgeries. Therefore for the WIC, one GP uses one room. The entire first floor of Belmont Health Centre is unused for clinical purposes as there is no disabled access to it, and therefore it cannot be used by the WIC.

**RECOMMENDATION 4 (TO HARROW CCG):**

**That Harrow CCG explores opening up the first floor of Belmont Health Centre for clinical services so that the whole building is used rather than services increasingly being congested on to the ground floor.**

The Pinn Medical Centre was rated 'outstanding' following its inspection by CQC in July 2016 – the only GP practice in Harrow to receive an 'outstanding'<sup>10</sup>. We would like to see the good practice from this practice applied across the borough at other settings wherever appropriate. The Pinn recognises that it benefits from a very active patient group which helps drive some of its work, especially in patient education and engagement. Maybe it is the nature of the area that it serves; local residents have the time and desire to be active and engage in the practice for example in leading weekly seminars on clinical matters and also providing a chaperoning service to get patients into the practice who otherwise would have to wait for a home visit. Perhaps as a consequence of this high level of engagement and being better informed about healthcare services, patients can tend to have high expectations and be demanding of GPs at the Pinn.

**RECOMMENDATION 5 (TO HARROW CCG):**

**That Harrow CCG ensures that there is better sharing of good practice around primary care and WICs across the borough, whilst recognising that one size does not fit all and all surgeries operate differently to meet the needs of different communities.**

**Healthwatch Harrow – Interim Report on GP Accessibility in Harrow**



Between November 2016 and March 2017 Healthwatch Harrow is researching GP accessibility in the borough. Intelligence from their interim report produced in January and covering key themes and trends from research during November to January is included here. We recognise that the piece of work is yet to conclude and this provides a snapshot of local people's experiences and concerns. The Health and Social Care Scrutiny Sub-Committee hopes to receive the final report later in the Spring.

<sup>10</sup> [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF3058.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF3058.pdf)



Healthwatch Harrow's piece of research is in response to its intelligence gathered from its CRISPI database (Concerns, Request for Information, Signposting and Intelligence) where concerns were raised around GP accessibility<sup>11</sup>. The aim of this research is to gain an understanding of patients and service users experience of GP services within the borough. For most people visiting their doctor is their most frequently used element of the health care system and acts as a gateway to other health and social care services. Healthwatch Harrow has gathered information through an online questionnaire and surveys, desk-based (telephone and web-based) research, a telephone mystery shopping exercise and a number of focus groups with seldom heard communities.

Key headlines from the online survey on GP accessibility that is currently running (72 responses received between December and January) include:

- 52% booked their appointment with a GP by telephone, (17% had to redial due to high demand / surgery phone engaged), 22% online and 26% in person. In terms of how people would prefer to book an appointment, 40% said by telephone, 27% online, 16% in person, 9% by email and 8% by SMS.
- 36% indicated that they rarely or never were able to have an appointment on their chosen day. 36% indicated they were either always or often able to have an appointment on their chosen day.
- 78% found their surgery's opening hours as very satisfied/satisfied with 9% indicating that they were either dissatisfied/very dissatisfied with their surgery's opening hours. However 36% of respondents also stated that they could rarely or never get an appointment on their preferred day and time.
- The table below gives the responses to the question: If you are not able to get a preferred GP appointment: what was your next choice of action?

	%
Take the appointment that was offered	34%
Decided to contact the surgery another time	9%
Went to an Urgent Care Centre	3%
Had a consultation over the phone	4%
Made an appointment for another day	27%
Saw a pharmacist	3%
Went to A&E	4%
Went to a Walk-in Centre	13%
Nil Answer	3%

<sup>11</sup> For the purposes of the Healthwatch research, GP access means: Knowing how to register with a GP; Finding a GP to register with; Being able to book an appointment to see a GP (telephone, online, at the surgery); Being able to see a GP when you need to, without long waiting times; Being able to see a GP at a convenient time for you; Being able to physically access a GP surgery; Being able to communicate with and be understood by GP Staff; Knowing how and where to access out-of-hours GP services; Knowing how to make a complaint about your GP surgery

In Healthwatch Harrow's desktop research reviewing the websites for all of the 34 GP surgeries in Harrow, it found that all had out of hours visibility by listing their opening and closing times. 26 provided information on NHS 111, 12 on the UCC, 17 on 999 but only one on the walk in centres. Therefore it is evident that most of the GP websites did not have information on accessing other triage services such as the UCC, walk in clinics and 999 information.

In the mystery shopping (telephone research) exercise reviewing out of hours messages (for 33 of the 34 surgeries), 29 covered opening hours, 25 closing hours, 30 NHS 111 service, 5 covered the UCC, 14 gave information on 999 and 6 covered the walk in centres. This would suggest that GP surgery out of hours telephone messages are perhaps better equipped to redirect patients than their websites are.

**RECOMMENDATION 6 (TO HARROW CCG):**

**That Harrow CCG encourages all GP surgeries in Harrow to advertise and signpost patients to alternative primary care services on their websites and in their out of hours telephone messages, in a consistent manner. All GP surgery websites should provide the link to the CCG Harrow Health Help Now website.**

Healthwatch's interim report concludes:

*"The primary findings indicate that not all GP Practices are in adherence to the Harrow's CCG Accessible Information standard protocol and the use of locum doctors by some GP practices could potentially affect continuity of patient care. A recent report from the British Medical Journal (3 February 2017) found that seeing the same GP each time they visit the doctor reduced avoidable hospital admissions amongst older patients. However the Government's focus on increasing access to GPs, such as through longer surgery opening hours, could unintentionally be affecting the continuity of care patients experience, the study suggests. The researchers found that older patients who saw the same GP most of the time were admitted to hospital 12% less for conditions that could actually be treated in GP surgeries."*

Healthwatch Harrow's research is ongoing and Healthwatch will conduct a number of focus groups with local people and seldom heard groups over February and March, as well as continue to gather intelligence through their online survey.

**RECOMMENDATION 7 (TO HEALTHWATCH HARROW):**

**That Healthwatch Harrow presents its final report on GP accessibility to the Health and Social Care Scrutiny Sub-Committee in July 2017 so that the findings may be considered in full.**

## OUR OBSERVATIONS

Our observations from this review of access to primary care in Harrow can be summarised under the following themes:

- **Accessing care appropriately** – accessing the right care in the right place at the right time is the central plank to patients achieving the best outcomes for their health and the best deployment of resources for the NHS. It must not be assumed that residents know the ‘health system’ in its entirety and of all the different options open to them. The default behaviour may be to go to their GP or hospital. We should not assume that people know that walk in centres, urgent care centres, community pharmacists, 111, Harrow Health Health Now exist and what they can offer residents.
- **Educating people** about what is appropriate healthcare for their needs is so important. There are many cases where for example a community pharmacist would have been able to advise rather than someone needing to see a GP – coughs, colds, sore throats etc. Health messaging around treating all symptoms seriously and immediately has fostered a new sense of urgency in people that means more and more they are approaching GPs sooner rather than later, rather than giving symptoms time to get better. There is also the issue of people coming to GPs to get on prescription what is available over the counter (e.g. Calpol, paracetamol, simple linctus syrup) because it is cheaper if they are exempt from NHS prescription charges. This costs the NHS much more than it would cost the individual.
- **One size does not fit all** – Harrow benefits from a diverse community and everyone involved in planning local healthcare services needs to understand these communities and demographics so as to best inform strategies around how best to divert residents from A&E to more appropriate settings in the community.
- **Changing community habits** around accessing primary care or changing expectations around accessibility is not an easy challenge to tackle and will not happen overnight. Residents understandably have high expectations and demands where their health and that of their loved ones are concerned. More often than not, people want speedy resolution and care provided in a single place. Partnership working across the NHS, council and third sector will help ensure that consistent messages are heard about accessing primary care and proliferate into the changing attitudes and health and wellbeing behaviours of the communities concerned.
- **Relieving or shifting the pressures on local healthcare sectors?** The CCG recognises that the provision of WICs has not relieved the pressure on the UCC. Whilst the provision of WICs may relieve some pressure on the acute sector as less people go to A&E unnecessarily, it may also just increase demand on primary care and shift this pressure to primary care. Does the provision of WICs encourage

people to see a GP when primary care is not appropriate? If more appointments are made available in 'the system', does this just serve to increase demand that in the long run is not sustainable? WICs should be for urgent primary care access. If all GP surgeries were to open 8am-8pm, would this just increase demand and be unsustainable?

- **Workforce considerations** - Aligned with extending GP surgery hours is an increased difficulty in recruiting GPs to work unsocial hours – a problem made even more acute by the fact that NW London has a primary care workforce where there are higher numbers of GPs and nurses over 55 years.
- **Continuity of care** – especially for older patients, Healthwatch Harrow has highlighted the benefits of residents seeing the same GP who better understand their multifaceted healthcare needs and often long term conditions. This is also related to all GPs in the borough being able to see patient records (with patients' permission) – at the moment GPs at WICs are unable to access patient records so can not see the full medical background to the person they are seeing.
- **Redirection and signposting** – a holistic approach needs to be taken to redirecting residents from one primary care provider to another so as to make use of capacity in the system e.g. GPs, WICs, UCC, 111 telephone service, community pharmacists, online resources to promote self care etc. GP surgery websites and telephone out of hours messages need to be attuned to all these alternatives and be able to signpost accordingly as often it will be GP surgeries that residents approach in the first instance for their health needs.
- **Developing local services** – increasingly primary care will be delivered through hubs. The existing sites at the Pinn and Alexandra Avenue (and another in the NE of the borough) will be invested in to ensure that they are fit to deliver these services.

## RECOMMENDATIONS

Our recommendations, as contained within the body of this report, are as follows:

**RECOMMENDATION 1 (TO ALL COUNCILLORS AND HARROW CCG):** That Harrow CCG and councillors work together to ensure that councillors use their role as community leaders to help promote the CCG's campaign on Harrow Health Help Now campaign. The effectiveness of this campaign should be reviewed by the Health and Social Care Scrutiny Sub-Committee in its 2017/18 work programme.

**RECOMMENDATION 2 (TO HARROW CCG):** That Harrow CCG ensures that data sharing protocols are put in place so that WICS can access the GP records of Harrow patients (with patients' permission).

**RECOMMENDATION 3 (TO THE CHAIR OF HARROW HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE):** That the Chair of the Harrow Health and Social Care Scrutiny Sub-Committee, on behalf of the sub-committee, writes to Transport for London urging them to consider providing greater access by public transport to Alexandra Avenue Health and Social Care Centre, and also writes to the local MP and our GLA member to ask them to also lobby TfL in this regard.

**RECOMMENDATION 4 (TO HARROW CCG):** That Harrow CCG explores opening up the first floor of Belmont Health Centre for clinical services so that the whole building is used rather than services increasingly being congested on to the ground floor.

**RECOMMENDATION 5 (TO HARROW CCG):** That Harrow CCG ensures that there is better sharing of good practice around primary care and WICs across the borough, whilst recognising that one size does not fit all and all surgeries operate differently to meet the needs of different communities.

**RECOMMENDATION 6 (TO HARROW CCG):** That Harrow CCG encourages all GP surgeries in Harrow to advertise and signpost patients to alternative primary care services on their websites and in their out of hours telephone messages, in a consistent manner. All GP surgery websites should provide the link to the CCG Harrow Health Help Now website.

**RECOMMENDATION 7 (TO HEALTHWATCH HARROW):** That Healthwatch Harrow presents its final report on GP accessibility to the Health and Social Care Scrutiny Sub-Committee in July 2017 so that the findings may be considered in full.

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**REPORT FOR: OVERVIEW AND  
SCRUTINY COMMITTEE**

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**Date of Meeting:** 6 April 2017

**Subject:** Scrutiny Annual Report 2016-17

**Responsible Officer:** Alex Dewsnap, Divisional Director,  
Strategic Commissioning

**Scrutiny Lead  
Member area:** All

**Exempt:** No

**Wards affected:** All

**Enclosures:** Scrutiny Annual Report 2016-17

## **Section 1 – Summary and Recommendations**

This report accompanies the scrutiny annual report 2016-17.

### **Recommendations:**

Councillors are recommended to:

- I. consider and agree the scrutiny annual report for 2016-17
- II. submit the annual report to full Council for endorsement

## **Section 2 – Report**

The Council's constitution requires the Overview and Scrutiny Committee to report annually on its activities to full Council. The report in the appendix is the draft final report.

This report outlines the activities of the Overview and Scrutiny Committee, its sub-committees and the scrutiny lead councillors during the 2016-17 Municipal Year.

### **Financial Implications**

There are no financial implications associated with this report.

### **Performance Issues**

There are no performance issues associated with this report.

### **Environmental Impact**

There is no environmental impact associated with this report.

### **Risk Management Implications**

There are no risk management implications associated with this report.

### **Equalities implications**

An Equalities Impact Assessment has not been undertaken for this report as it summarises the activities of scrutiny and does not propose any changes to service delivery.

### **Corporate Priorities**

All



## Section 3 - Statutory Officer Clearance

Not required for this report

## **Section 4 - Contact Details and Background Papers**

**Contact:** Rachel Gapp, Head of Policy, 0208 416 8774  
[rachel.gapp@harrow.gov.uk](mailto:rachel.gapp@harrow.gov.uk)

**Background Papers:** None

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# Scrutiny Annual Report 2016 – 2017



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## Introduction

This report summarises the work of scrutiny in 2016/17. It covers the work of the Overview and Scrutiny committee, its two sub-committees (performance and finance and health), call-in committees, the programme of scrutiny reviews and the work of the scrutiny leads.

Through Scrutiny's overview of the budget and Medium Term Financial Strategy we have been aware of the increase in numbers of families presenting as homeless in the borough. The main reason for homelessness in Harrow is the loss of private rented accommodation and the unaffordability of accommodation for many people. This puts significant pressure on the Council to find affordable accommodation for families, as well as on the Council's budgets in the current financial climate. With the Government also debating the issue of housing and homelessness this year with the introduction of the Homelessness Reduction Bill it felt appropriate that scrutiny should also take a more in-depth look at the issue in Harrow. Homelessness has therefore been a major focus of our work this year, with a report coming to committee, questions being asked at budget monitoring and of the Leader and Chief Executive at our 6-monthly Question and Answer sessions and a scrutiny review taking place. We will continue to monitor the impact of the measures the council is taking and the Homelessness reduction bill during the course of next year.

Supporting the vulnerable is a corporate priority for the Council. This year we have focussed our scrutiny on the concerns residents have expressed at not being able to access primary healthcare at GP surgeries or Walk-in-Centres. We hope our insight and recommendations will help the local CCG in their efforts to enable more people to be seen out of hospital and therefore reduce the pressures experienced by A&E at Northwick Park.

We also continue our focus on the Council's regeneration programme. We have conducted a review into the social and community infrastructure needed to support the amount of new homes being built in the borough and are following this up with an in-depth review into the financing of the Council's regeneration programme which will continue into next year.

Finally, the Council undertook a Peer Review and had an Ofsted inspection this year. Scrutiny was involved in both and interviewed by the peer review team and Ofsted inspectors. The final report of the Peer Review team made some recommendations for how we could further improve the effectiveness of scrutiny in Harrow which we will be following up during the course of next year with the support of the Centre for Public Sector Scrutiny and we are hopeful for a good report from Ofsted.

As in previous years, the Scrutiny Leadership Group, comprising the chairs and vice-chairs of the committees and scrutiny leads, continues to provide strategic direction to the scrutiny function and is helping to ensure we maintain an effective focus for our work. We are extremely grateful to all of the councillors who have contributed to the Leadership Group this year.



Thank you also to all the Members, members of the public who have work this year, and if you have any you think scrutiny should look into,



officers, partners and contributed to our scrutiny suggestions for issues that please do let us know.

Cllr Jerry Miles  
Chair of Overview & Scrutiny

Cllr Paul Osborn  
Vice Chair of Overview & Scrutiny

# Report from the Overview and Scrutiny Committee

## Our Committee

The committee has so far met 7 times this year. The papers and details of the outcomes from all of these meetings can be found [here](#).

Our remit continues to be the consideration of the Council's and our partners' strategic direction and major projects and policy decisions and we are grateful for the support we have received in doing this from portfolio holders, council officers and representatives from partner agencies. A full list of the portfolio holders who have supported our Committee's discussions is given at the end of this section of the annual report.

## Our Meetings

During the course of the year we have, met twice with the Leader of the Council and the Chief Executive for a question and answer session to consider the budget proposals and strategic direction of the Council (in July and February). We are grateful for the information which they shared with us. This year we received no major petitions for review.

The specific items which have been considered at ordinary meetings of our Committee include:

- Corporate Plan
- Homelessness Pressures
- Welfare Reform Scrutiny Review Report
- Social and Community Infrastructure Scrutiny Review Report
- Scrutiny Work Programme 2016-17
- Community Involvement in Parks Scrutiny Review Report
- Implementation of New Youth Offending Case Management System
- Youth Justice Plan
- Adults Services Complaints Annual Report (Social Care only) 2015-16
- Children and Families Services Complaints Annual Report 2015-16
- Local Assurance Test Review
- Homelessness Scrutiny Challenge Panel
- Scrutiny Review of Health Visiting in Harrow
- Together with Families Programme
- Prevent Strategy
- Digitisation and accessing services online
- Child Sexual Exploitation
- Peer Review
- Health Visiting Scrutiny Review Report

## ***Review Programme***

We have conducted a programme of more detailed scrutiny investigations, undertaken mainly via in-depth reviews or challenge panels. The content of the review programme is identified through the performance and Finance Sub-Committee's deliberations or via our scrutiny leads and is discussed at the Scrutiny Leadership Group and then agreed by the Overview and Scrutiny committee.

This year we will have completed four reviews:

- a) Community Involvement in Parks
- b) Homelessness
- c) Delivery of Harrow Out of Hospital Strategy
- d) Children's Health Visiting

Additionally, we have also started work on a major review into the financing of the regeneration programme which will continue into next year.

We have been helped in our work by members of the public, the voluntary and community sector, the CCG, other Councils and organisations, Members and officers and in particular the staff of the Policy Team. We would like to thank all of them for their time, evidence, research and constructive way in which they have engaged with the scrutiny of the Council.

### **a) Review of Community Involvement in Parks**

#### General Context:

Open spaces which include parks play a vital role in our lives. Good quality green spaces and parks are an essential component of the urban fabric of Harrow and make a profound contribution to the quality of life of local communities. They are vital pieces of local infrastructure. The quality of parks and open spaces services has a proven effect on public perception of local authority performance.

Harrow has large green areas but this is unevenly distributed with less access from the deprived areas of Harrow in the south and east of the borough. As a result people living in these areas have less access to environments that support physical activity such as well maintained parks, open spaces or safe areas for play, and are more likely to have transport environments less amenable to active travel. This is likely to influence the amount of physical activity that households living in these areas undertake

Harrow is one of the most ethnically diverse boroughs in the country and 43% are from Asian/Asian British ethnic background. South Asian populations are at higher risk of type 2 diabetes at lower BMI.<sup>1</sup> There is some evidence that levels of physical activity are lower among South Asian groups than the general population which may contribute to increased risk of diabetes and coronary heart disease.

#### Aims of the Review:

- To examine the current levels of community involvement in Harrow's parks and benchmark against parks in neighbouring boroughs.
- To develop an understanding of what residents want from their local parks.
- To explore innovative practices in the delivery of park services by other councils and other initiatives demonstrating community involvement and volunteering in parks.
- To identify ways in which Harrow Council can best deliver 21<sup>st</sup> century parks for residents.
- To inform the development of Harrow's parks and open spaces strategy 2016-19.



- To develop the park users' forum so it is inclusive and representative of all park users across Harrow.
- To inform the progress of Project Phoenix and the commercialisation strategy for parks.

Recommendations arising from the Scrutiny Review Challenge Panel on Parks and the Cabinets' Response

Summary: The Cabinet agreed with all of the recommendations put forward by the Challenge Panel and provided updates on work (both planned and currently in-progress) which aims to deliver upon them.

<b>Recommendation Number</b>	<b>Recommendations made to Cabinet in O+S Scrutiny Review (June 2016)</b>	<b>Cabinet Response to Recommendations</b>
1.	We note the success of the Park User Groups and the energy and commitment they contribute to improving our Parks. We recommend that Council should continue to work with Park User Groups and the Parks Forum to ensure our parks are safe and secure environments in which all users feel safe and welcome, to promote the use of parks and open spaces by all sections of Harrow's diverse communities and to explore how sections of our community that do not use Parks can be encourage to do so.	A number of Park User Groups have established volunteering embedded into their ethos, which has enabled community events and activities to draw more users into our parks and involve differing members of the community to a shared use of parks. The Council is also working with those groups who have not completed a 5-year plan to create a joint vision for the park following the criteria of the green Flag Parks scheme. The Council will explore options to extend the usage of parks across the community and have started a programme to improve facilities and sports pitches
2.	That the Council works in partnership with Park User Groups in identifying projects, including capital, to improve parks and park facilities and works with those groups to apply to funding sources. The Council will continue to manage projects but, where appropriate Park User Groups can be involved in project delivery.	Parks with developed 5-year plans have benefitted from shared Council/community objectives, more effective deployment of resources, targeted capital expenditure, greater leverage for grant applications. As above the Council is working with those groups who have not completed a 5-year plan to create a joint vision for the park and to direct development and potential investment. Greater Stanmore Country Park and to a lesser extent Bentley Priory and Harrow Weald Common have Management Boards to

		oversee and procure services within pre-defined budgets. These models can be extended as circumstances allow including other Open Spaces.
2.	That the Council should investigate potential funding routes, such as grants, that could be available to properly constituted Park User Groups that would not be available to local authorities.	There have been successful Marathon Trust and Lottery bids previously, benefitting parks. The Council will continue to seek outside funding and support groups to make suitable applications. Development of Park Management Plans are considered an essential step to assisting with a competitive bid.
3.	That the Council should explore the use of existing buildings in Parks to maximise use/income, this should include an assessment of how existing buildings could be used to develop facilities that would include the provision of refreshments and toilets including community cafes run by Park User Groups as well as commercial lets.	A survey of park buildings assessing structure, condition, current and potential usage is underway to identify suitable assets for investment to sustain the property and increase usage and income. Currently the Council is tendering for facilities to provide refreshments for 3 parks.
4.	Those Commercial opportunities to develop sporting facilities should be explored as possible but that such schemes should offer access at affordable prices to residents.	The Council will continue to investigate commercial opportunities through the Project Phoenix Board. The Council is also working to upgrade the sports booking system to enable greater social media penetration to assist retaining and attracting sports club members.
5.	We note the success of the existing Park User Groups and recommend that the Council should continue to work in partnership with Parks User Groups through the Parks Forums and that the Council should actively encourage the creation of further Park User Groups where they do not exist. We note the existence of properly constituted groups promotes good governance and allows such groups to	The operational framework for Park User Groups is designed to set the parameters that will govern both the creation and operation of these groups, including setting the remit for these groups to undertake activities in parks. It is important that the framework ensures there is clear and unambiguous allocation of roles and responsibilities between the Council and groups.

	<p>apply for grants as appropriate.</p>	<p>The Council has worked on the successes and lessons learnt from older Park User Groups and are encouraging formation of new groups. Over the past year an additional six User Groups have formed which brings us to 21 operational User Groups. We have written a volunteers toolkit to help new groups through the start-up stage and ensure correct governance. Constituted groups have access to training such as 1st Aid, power tools and safe catering as well being able to apply to the Community fund for financial assistance.</p> <p>The Borough Parks Forum was founded in 2015 being led by Members and Officers. In May 2016 the Forum held elections and is now constituted and run directly by volunteers. We will continue to support the Borough wide parks Forum and encourage and nurture new Park User groups.</p>
<p>6.</p>	<p>That the Council should encourage schools to utilise Parks for School activities including a “Daily Mile” to promote health and to combat child obesity. This will also have the benefit of improving concentration and performance by pupils in schools.</p>	<p>The Council is establishing and actively promoting a schools daily walk programme across all Infant and Primary Schools. The Council is expanding the Community Champion scheme to include Young Champions. It is envisaged that the scheme will promote greater use and understanding of our parks.</p>

6.	We note the success and popularity of the “Green Gyms” and these should be expanded as appropriate and as funding is available with a specific focus on parks in the most deprived wards, especially near family homes without gardens.	The key objective is to promote health amongst those with potential cardiovascular, diabetes, mobility or obesity issues and also to promote social cohesion between differing groups of people who share a common desire to increase their fitness levels. The council has will explore opportunities to expand Green Gyms focusing on need and ensuring a range of activities to include cardio-vascular, core body mobility, upper & lower body strength. Where Park User Groups exist the location will be made in consultation with the group
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## **b) Homelessness Review**

### Context:

Harrow has a small social housing stock with a very low turnover of properties. There is a high demand for housing with increasing levels of homelessness. The number of families in B&B has risen dramatically over the last 5 years.

We rely heavily on the private rented sector. Private rents have risen but incomes have not kept pace. While most of the cost of homelessness to the council originates from Housing Needs there is also spend on emergency and temporary accommodation, deposits and rent in advance in Children’s Services.

There are approximately 4880 council homes and 4070 registered provider homes in Harrow (as at 1 April 2015), one of the smallest social housing stocks in London.

Half of our 10,000 homes have been sold since the Right to Buy (RTB) was introduced in 1979; home ownership has declined and the private rented sector has increased in size over the same period.

Many ex RTB homes are let out as private rented accommodation at market rents, which has an impact on Housing Benefit (HB) and on estates. Currently 46% of Harrow leaseholders are non-resident.

### Aims of Review - To Identify:

- What the problem is
- Who is presenting as homeless
- The breakdown of housing need
- What we are doing about it

- Which factors are being taking into account for planning purposes
- How effective our policies are in preventing homelessness

Recommendations Arising from the Scrutiny Review Challenge Panel on Homelessness and the Cabinets' Response

Summary: The Cabinet agreed with all of the recommendations put forward by the Challenge Panel and provided updates on work (both planned and currently in-progress) which aims to deliver upon them.

<b>Recommendation Number</b>	<b>Recommendations arising from the Scrutiny Review Challenge Panel on Homelessness</b>	<b>Cabinet Response to Recommendations</b>
1	To request that officers provide clarity on what plans there are to build more quality housing; high density, high rise (similar to the Harrow on the Hill development)	<p>Over the course of the next 5-10 years, the Borough will receive significant levels of investment in housing– a substantial proportion of the £1.75bn of investment in the Harrow and Wealdstone area will be directed towards housing. Officers consider that high quality design is central to Building a Better Harrow. Developing a reputation for design quality in Harrow will raise ambition and attract talent, improving the quality of architecture across the Borough, and the quality of life for Harrow residents and workers.</p> <p>The Council is promoting and managing design quality in a number of ways; in 2015, the Council's first Head of Design and Regeneration was appointed; a long-standing agreement with the GLA provides an Urban Design Officer with design expertise to secure high quality development and; a Harrow Design Review Panel is being established to provide independent external advice on applications. These measures enable the council to insist upon high quality and challenge substandard development. These measures have already yielded tangible results – the planning permissions at College Road and Gayton Road car park are examples of high quality, high density schemes.</p> <p>High quality, high density mixed use and housing schemes are being developed by the Harrow Regeneration Unit at the existing Civic Centre site (Poets Corner), Leisure Centre (Byron Quarter) and</p>

<p>2</p>	<p>To request that clarity be provided as to the financing of the Council's housing portfolio expansion and to investigate whether this Council could borrow General Fund housing revenue to act as a funding stream</p>	<p>The council currently has two streams of new development.</p> <p>The first is within the Housing Revenue Account (HRA), and is largely comprised of infill development of small sites of spare land and disused or underused garage sites. This stream is constrained by the availability of development funding within the HRA, which has significantly reduced as a result of the requirement to reduce social rents by 1% per annum for a 4-year period.</p> <p>A December 2015 Cabinet report highlighted the significant increases in tender prices over recent years, and that the cost of building the approved programme would be higher than the original approved budget. We are currently reviewing the programme to assess how many new homes can be provided within the approved HRA budget, and the options for completing the programme. General fund borrowing could be an option for completing an extended infill programme as well as extending the property purchase initiative.</p> <p>The second stream is within the General Fund and is part of the Council's overall regeneration activity. This will entail building new housing for rent and sale and is likely to be funded from a combination of new General Fund borrowing (probably from the Public</p>
<p>3</p>	<p>To request that the Leader of the Council raises with London Councils, concerns around the Homelessness Reduction Bill and the impact this will have locally if implemented</p>	<p>Key issues and concerns regarding the Homelessness Reduction Bill will be raised with the Leader at the next monthly meeting. A range of possible financial impacts will be modelled in partnership with other councils, but it may take 6 months before sufficient clarity about the detail and impact of the Bill enables reasonable forecasting.</p> <p><b>Action:</b> The Leader will lobby London Councils. Report back on modelling of the likely impact on homelessness in Harrow, demand for the housing needs service and the financial impact of the proposed new statutory duties once completed.</p>

4	<p>To request that officers be instructed to investigate options around utilisation of green belt land and allotments; and rationalise where you could develop housing in green belt areas and swap land elsewhere</p>	<p>Officers investigate all options to increase the supply of housing – there are planning restrictions on the use of green belt land and allotment land which combined with other lengthy statutory legal processes mean that these will always be long term options.</p> <p>The government is due to publish a Housing White Paper this year which will focus on increasing housing supply – at this time we do not know if this will allow for some opportunities to be taken forward which are currently restricted.</p> <p><b>Action:</b> Review all council land assets for potential to increase housing supply. Report back on Housing White Paper when published.</p>
5	<p>To request that officers advise as to the work being undertaken with families on low incomes, whether there is close working between departments working with families at risk of homelessness, and how effective is this</p>	<p>For 2016/17 the council has secured funding to support households on low wages to increase their skills and wages. The performance for this financial year from the DCLG's Transformation Challenge Award Skills Escalator is as follows:</p> <ul style="list-style-type: none"> <li>• 35 residents provided with independent Information Advice and Guidance</li> <li>• 17 residents entering training</li> <li>• 12 residents increasing their earnings.</li> </ul> <p>Please note this is based on Q1 performance and there has been a change in staff with the broker role vacant from July-October.</p> <p>Harrow's Together with Families programme has referred 45 people, of which 12 have entered employment, 7 are now volunteering and 3 are in training.</p> <p>The council's Xcite employment programme is closely working with Housing. The Xcite programme has been featured in Homing In, the quarterly magazine for council tenants and leaseholders. Housing officers refer their clients to Xcite. Housing rent statements sent to council tenants have also advertised Xcite. Information about Xcite is included on key housing leaflets and web pages. Xcite has attended a range of housing events, including the summer housing fair for council tenants and leaseholders and recent residents meetings at the civic</p>

		<p>centre and in the community.</p> <p>The Revenue and Benefits Service provides Xcite with list of Housing Benefit claimants affected by the Benefit Cap. As of September 2016 there were 175 households affected by the benefit cap in Harrow (as per the Economic Dashboard). Unemployed residents that secure employment are not subject to the Benefit Cap. In this financial year Xcite has supported 159 people into work, of which 117 were claiming Housing Benefit and/or Council Tax Support. 5 of these cases were direct referrals from Housing.</p> <p>The Xcite project has seconded a worker to Central and North West London (CNWL) NHS Foundation Trust to support residents with complex mental health problems into work and a target of supporting 12 residents into work has been achieved.</p> <p>Economic Development has worked with Home Group and Jobcentre Plus to secure money from the DWP Community Fund to provide ESOL training and support residents into employment and self-employment. The “In the Mix” project has only recently begun and it has engaged 91 residents, supported 5 into work, 2 into pre-apprenticeship training, 52 into ESOL provision and 14 into business start-up training.</p> <p>In practice every council department is contributing towards the creation of job opportunities through procurement processes and application of social value criteria in the tender processes.</p> <p><b>Action:</b> The West London Alliance (WLA) has secured new ESF funds for the Skills Escalator. Contract to be signed with lead borough. Programme to be launched to relevant council services. Promotion to community and voluntary sector and Registered Providers (RPs). Continue to embed joint working with Housing Needs. Xcite to attend</p>
6	To request that officers provide data on the correlations between up-skilling the workforce, incomes, households on	In September 2016 the Housing Benefit caseload was 16,000 households (as per the Economic Dashboard). There are circa 91,000 households (DCLG Household Estimates) in Harrow so approximately 18% claim housing benefit.



	benefits and housing supply	There are between 23-25% of Harrow residents in low paid jobs (ONS Annual Survey of Hours and Earnings 2011 – 2013).
7	To request that Cabinet and officers ensure that the maximum amount of affordable housing under planning policy is achieved	<p>The Planning and Housing teams work closely together to ensure that the maximum viable proportion of affordable housing is negotiated under planning policy. Financial viability assessments are required for all relevant planning applications and are independently scrutinised to ensure the maximum amount is provided – however this is much less than the policy target of 40% due to financial viability. Clawback mechanisms are considered in legal agreements so that any uplift in financial viability during the life of the development can be captured.</p> <p><b>Action:</b> Current robust approach to continue. Appropriate clawback mechanisms to be included in all legal agreements where possible.</p>
8	To request that the Leader of the Council enters discussions with the Mayor of London on housing supply issues, highlighting that average wages in Harrow are low so we need to ensure access to a supply of genuinely affordable housing (please refer to final bullet point above).	<p>Officers meet regularly with colleagues in the GLA and brief them on Harrow's specific requirements for affordable housing. Housing supply issues are discussed in Housing Zone Board meetings.</p> <p><b>Action:</b> Discussions to continue with the GLA highlighting Harrow's specific circumstances to maximise funding opportunities for increasing the supply of affordable housing.</p>
9	To request that consideration be given to the resourcing of the housing needs and housing regeneration teams in the event that these teams require extra resources in order to maintain and build on progress to date, particularly on homelessness prevention	<p>As a result of the CSB Challenge Panel on Homelessness Demand CSB agreed extra staffing provision for Housing Needs and recruitment is underway.</p> <p>The Housing Regeneration team has increased its resources to ensure delivery of current development programmes. However it has proved difficult to recruit suitably skilled and experienced staff on the grades agreed through the job evaluation process.</p> <p><b>Action:</b> Resource levels in both teams to be kept under review and increased where proved necessary. Continue current recruitment process.</p>

10	To request that clarity be provided as to the impact of the additional resources in the housing needs team approved by the Corporate Strategic Board. (Please refer to final bullet point above).	Once all the additional staff are recruited, separate monitoring for these posts will be carried out in order to demonstrate the impact on performance (homelessness prevented or relieved) and the savings generated, as a result of the additional resources agreed by CSB. This will be reported using a dashboard.
11	To request that Cabinet make representations to the Government concerning the impact on the Council's finances of the changes to the treatment of the Temporary Accommodation Management Fee (Please note that this recommendation was added by the Overview and Scrutiny Committee on 8 November).	<p>Officers have responded to consultation regarding the government's proposal to change the subsidy given for temporary accommodation and accommodation used for homelessness prevention. The West London Housing Partnership has been actively involved in the consultation.</p> <p>Action: The Leader will lobby London Councils for the details of the new formula to be released as soon as possible and/or once the details of the new scheme are confirmed and the likely impact on Harrow has been modelled.</p>

### **c) Health - Out of Hospital Strategy: Walk-in Centres**

#### Context/Rationale:

The Scrutiny Leadership Group dedicated extra support to health scrutiny members (channelled through the Health and Social Care Scrutiny Sub-Committee) to fulfil the council's health scrutiny responsibilities. The Chair and other members of the sub-committee agreed to conduct a programme of visits in 2016/17 to the three walk in centres and pull together some local intelligence around residents' access to primary care. This is an issue identified locally as needing attention and reflected in numbers attending the Urgent Care Centre at Northwick Park Hospital to relieve pressures on A&E. It is also especially important given the stretched capacity at NPH and with NPH being asked to take on more capacity as a consequence of the Shaping a Healthier Future programme. Scrutiny's visits focused on the boroughs' walk in centres and the intelligence used from other sources included the Council's community engagement evidence for the Independent Healthcare Commission as well as Healthwatch Harrow's research on accessibility of GP surgeries.

#### Aims of Review:

To examine the continued roll-out of 'Shaping a Healthier Future' and its impact on the performance of Northwick Park Hospital and the delivery of Harrow Out of Hospital Strategy, and access to GPs remain important issues for Harrow residents following the Independent Healthcare Commission report.

## **d) Children's Health Visiting Service**

### Context:

The responsibility for Health Visiting transferred to local authorities on 1 October 2015.

- Performance on most of the five mandated checks has been low. While they managed to achieve 90% for the new birth checks in Q1, only 22% of children received a 12 month check, and only 14% received a 2 year check. Other LAs (our statistical neighbours) achieve much higher rates, closer to 60% - even up to 80%.
- We need to retender this service for 1 January 2018 so need a new service specification. There is a recommendation going to Cabinet on 17 November that we combine this with the School Nursing Service to create a 0-19 service. It would be very useful to have members' input on the new spec.

### Aims of the Review:

- To understand the current service performance and how it compares to other London Boroughs
- To make recommendations for a service specification for new 0-19 service

### Scope:

The suggestion is that it includes:

- Understanding the service on the ground through work-shadowing, meeting parents and meeting London North West service managers.
- Understanding how other boroughs' HV service works.
- Understanding how it fits with LBH Early Years' Service
- Understanding the current budget
- Examination of the expenditure involved in provision of the service
- Meeting national representative of e.g. PHE or Institute of Health Visiting to understand the national picture.

Report providing recommendations to cabinet has not been completed at the time of writing this report and is due to be considered by O&S at their April meeting.

## **e) Regeneration Finance Review**

### Aims of Review:

- To assess whether the Council's proposals for the financing of its regeneration programme are realistic, affordable, robust and deliverable
- Ensure that financial risks are properly considered and that proposed mitigations are appropriate and balanced

- Appraise the projected financial benefits of the Council's regeneration programme.

Report providing recommendations to cabinet has not been completed at the time of writing this report and is due to be considered by O&S at their April meeting.

<b>MEETING STATISTICS</b> Committee meetings	7
Attendance by Portfolio Holders	<p>Cllr Sue Anderson – Community, Culture &amp; Resident Engagement Portfolio Holder</p> <p>Cllr Simon Brown – Adults &amp; Older People Portfolio Holder</p> <p>Cllr Christine Robson – Children, Schools and Young People Portfolio Holder</p> <p>Cllr Glen Hearnden – Housing &amp; Employment Portfolio Holder</p> <p>Cllr Christine Robson – Children, Schools and Young People Portfolio Holder</p> <p>Cllr Kiran Ramchandani – Performance, Corporate Resources &amp; Customer Service Portfolio Holder</p>



Cllr Jerry Miles  
Chair of Overview & Scrutiny



Cllr Paul Osborn  
Vice Chair of Overview & Scrutiny

# Report from Performance and Finance Scrutiny Sub-Committee

## Our Sub-Committee

The Performance and Finance Scrutiny Sub-Committee looks in detail at how the Council's services are performing in-year. We monitor service and financial performance by analysing data and then requesting briefings or details of action plans where necessary. The Sub-Committee can make recommendations for improvement and make referrals to the Overview and Scrutiny committee if further work is needed.

This work includes, for example, regular review of the Cabinet's Revenue and Capital Monitoring report and quarterly Corporate Scorecard. In addition, we can decide to review and monitor the performance of the Council's partners. The papers and details of the outcomes from all our committee meetings can be found [here](#).

## Our meetings

Our regular Chair and Vice-Chair's briefings on corporate performance and co-ordination of items with the Overview and Scrutiny Committee together drive the work programme of the Sub-Committee. Our main areas of interest in 2016-17 have been:

- Revenue and Capital Monitoring – we have been briefed on a quarterly basis by the Director of Finance and Assurance on the revenue and capital position of the authority and have been able to seek assurance with regard to the Council's likely outturn position and to question the Director on any particular areas of concern.
- Draft Revenue Budget 2017-18 and Medium-Term Financial Statement 2017/18 – 2019/20
- Corporate Equalities Objectives - Annual Progress Report 2015/16
- Community Grants Scheme 2015/16
- Social and Community Infrastructure - Update on Implementation of Scrutiny Review Recommendations

Committee meetings have been reduced by 25% this year, which impacts on the ability to monitor performance and finance quarterly.

<b>MEETING STATISTICS</b>	3
Committee meetings	
Attendance by Portfolio Holders	<p>Cllr Varsha Parmar – Health, Equality and Wellbeing Portfolio Holder</p> <p>Cllr Adam Swersky – Finance and Commercialisation Portfolio Holder</p> <p>Cllr Sue Anderson – Community, Culture &amp; Resident Engagement Portfolio Holder</p>



Cllr Phillip O'Dell  
Chair of Performance and Finance



Cllr Barry Macleod-Cullinane  
Vice-Chair of Performance and Scrutiny

# **Report from the Health and Social Care Lead Members and the Health and Social Care Scrutiny Sub-Committee**

## **Our Sub-Committee**

The Health and Social Care Sub-Committee considers health, social care and wellbeing issues key to Harrow residents on a local, London-wide and national level. The aim of our work is to provide strategic support and a residents' perspective to the local CCG and NHS who strategically plan local services around access to primary care, as well as identifying what we councillors as community leaders can do to encourage residents to make best and most appropriate use of the healthcare resources available to them in Harrow.

## The local picture:

Harrow has one of the highest proportion of those aged 65 and over compared to the other boroughs in NW London. More than 50% of Harrow's population is from black and minority ethnic (BAME) groups. Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease. With regard to primary care, in Harrow there are 34 GP practices, 3 walk in centres and the UCC at Northwick Park Hospital.

## Our Work this Year:

Much of the scrutiny activity undertaken in 2016-17 was focused on the performance of the hospitals and health services that serve the residents of Harrow and our on-going participation in the Joint Health Overview and Scrutiny Committee that scrutinises the implementation of 'Shaping A Healthier Future' (SaHF), the NHS Programme which is implementing significant re-configuration of acute healthcare in North West London.

The Chair and other members of the Health and Social Scrutiny Sub-Committee agreed to conduct a programme of visits in 2016/17 to the three Harrow walk in centres and pull together some local intelligence around residents' access to primary care from sources including the Council's community engagement evidence for the Independent Healthcare Commission (summer 2015) as well as Healthwatch Harrow's recent and on-going research on accessibility of GP surgeries.

The latter in particular demonstrates how as a locally elected body we are drawing on the health protocol agreed in 2015/16 and better triangulating intelligence gathered by the Health and Social Care Sub, Health and Wellbeing Board and Healthwatch Harrow. We were also able to draw on the intelligence from our discussions with local people and healthcare providers through our sub-committee work, our role on the NW London Joint Overview and Scrutiny Committee examining the implementation of the Shaping a Healthier Future (SAHF) programme regionally, Care Quality Commission (CQC) inspection reports of local services, our roles as scrutiny leads, as well as residents' concerns brought to our attention in our roles as local councillors and health champions.

The issue of residential access to primary care is an issue that has been identified locally as needing attention and is reflected in the numbers attending the Urgent Care Centre (UCC) at Northwick Park Hospital which was aimed at relieving pressures on A&E. It is

also especially important given the stretched capacity at Northwick Park Hospital (NPH) and with NPH being asked to take on more capacity as a consequence of the SaHF programme.

The nature of our enquiries was not intended to be a comprehensive scrutiny review but rather a snapshot look using intelligence pulled together over the last 18 months to build up a picture of local trends or recurring issues identified through various sources. The main focus of our 2016/17 scrutiny visits were Walk In Centres and the Healthwatch Harrow research focussed on GP surgeries, and therefore most of our observations relate to GP access (surgeries and walk in centres).

The aim of our work has been to provide strategic support and a residents' perspective to the local CCG and NHS who strategically plan local services around access to primary care, as well as identifying what we councillors as community leaders can do to encourage residents to make best and most appropriate use of the healthcare resources available to them in Harrow.

### Our meetings

Our main areas of interest in 2016-17 have been:

- Royal National Orthopaedic Hospital Draft Quality Accounts
- Healthwatch Harrow Annual Report and Operational Plan 2016-17
- CCG update on walk-in centres procurement and plans for 2016/17
- Annual Report Of the Director of Public Health 2016
- CQC Inspection Report For LNWHT and Action Plan & Update
- North West London (NWL) Sustainability & Transformation Plan (STP)
- Harrow Diabetes Strategy
- Age UK – Befriending Service
- Access to Primary Care in Harrow – Findings of Members' Visits to WICs and Healthwatch Survey of GP Surgeries
- Shaping a Healthier Future – Update from NW London Joint Health Overview and Scrutiny Committee

<b>MEETING STATISTICS</b>	
Committee meetings	3
Attendance by Portfolio Holders	N/A





Cllr Michael Borio

Chair of Health and Social Care



Cllr Mrs. Vina Mithani

Vice-Chair of Health and Social

## **Report from the Children and Families Lead Members**

In 2016/17 we addressed a range of important issues that affect children and young people in Harrow. We have had meetings with the Corporate Director of Children's Services and Officers. The issues we have raised and discussed include:

### **Housing Needs**

After concerns were raised over children leaving care and Housing services a housing officer now comes to Corporate Parenting Panel when required. The housing service and Children's and Families Services will continue to work in partnership and actively manage and respond to care leavers' housing needs.

### **Education, Health and Children Looked After**

The Virtual head has been working well with the Children Looked After and although progress is being made with the Personal Education Plans they are not consistent with schools especially with schools out of borough with regard to timeliness. This has been mentioned at the Virtual school improvement board and therefore will be monitored with various strategies put into place. The health assessments have improved tremendously and now the timeliness needs to be sharpened up. Three Social workers from India have arrived and more are expected later on to help with the pressures in Children Services.

### **Youth Offending Team**

We have continued to monitor how the action plan is being implemented and the impact it is having throughout this year. IT has been a tremendous challenge for YOT because of the Councils hard and soft ware compatibility. Concern has also been raised on CLA reoffending in the recent YOT report and this will need to be addressed.

### **School Expansion Programme**

We have been monitoring the progress of the building programme and an update report on the development, progress and lessons learnt went to O&S. The report set out how the school expansion programme has equipped schools to accommodate the additional children requiring places in Harrow schools. Unfortunately the finance differences between Keepmoat and the council have yet to be resolved.

### **Care Act**

We will continue to monitor the effect on young carers next year and the reorganisation of the Early Intervention, which unfortunately has been delayed.

### **Looking Ahead**

Our focus in the forthcoming year will be to monitor the Early intervention reorganisation once it is up and running, effect if any on the merger of adults and children, review of health visiting and school nurses, the bed and breakfast impact on children's education, free school meals take up, MASH for timeliness of assessments, Young unaccompanied asylum seekers, monitoring the efforts to increase awareness and reporting of child sexual exploitation and mutilation and finally budget implications as demand increases.



Cllr Richard Almond  
Policy Lead for Children's and Families



Cllr Janet Mote  
Performance lead for Children's and Families

## Report from the Resources Lead Members

The Resources leads met with the Corporate Director on a quarterly basis and each time were given a presentation on Access Harrow performance. We also shared and discussed the directorates' performance board reports. Items also discussed included the backlog of new Housing Benefits claims, the accuracy of Housing Benefit awards that has led to changes to the HB process and documentation to reduce errors, the resolution of the Council's dispute with CAPTIA and the operation of the arms-length Council owned company recently set up to deliver housing.

The leads also regularly attended the Scrutiny Leads meeting which discussed wider scrutiny issues and set the work programme for Scrutiny in the coming year.

Overall, the Leads note the diminishing resources being made to scrutiny which may impact of the effectiveness of scrutiny to play a critical friend to the Council.



Cllr Stephen Wright

Policy Lead for Resources



Cllr Phillip O'Dell

Performance Lead for Resources

## Report from the Health Lead Members

The Health leads met with the Senior Management Team on a quarterly basis and were briefed on Healthcare issues. The leads also regularly attended the Scrutiny Leads meeting which discussed wider scrutiny issues and set the work programme for Scrutiny.

As a council we are doing a lot to raise awareness of mental health and challenge the stigma and discrimination associated with mental ill-health, both within the Council workforce and wider borough community.

To achieve this, the Council has signed up to 'Time for Change' and developed an Action Plan for 2017 with the assistance of two newly appointed Mental Health Champions (Cllr Kairul Kareema Marikar & Corporate Director of Resources – Tom Whiting) as well as officers from across different departments in the Council workforce. The Plan has been submitted to 'Time to Change' – the growing social movement run by charities Mind and Rethink Mental Illness which supports people to open up to mental health problems – who have enthusiastically supported our bid to sign their Employer Pledge. We are therefore looking forward to signing this with a public event during Mental Health Awareness week in May 2017.

As a council we want to bring people with and without experience of mental health problems together on an equal footing; creating situations where people without mental ill-health can learn about the issues which those with these difficulties often face. This is one of the most powerful ways of breaking down the stigma around mental illness.

We will provide additional training; educating staff at all levels of the Council workforce as well as those who care for young people at local schools about how to identify common mental health problems and signs of stress in both themselves and others, and the best ways to promote mental wellbeing. Furthermore, we will provide various wellbeing activities, such as Healthy Harrow Walks, Mini-Workout Sessions, and meditation & yoga classes. This will form part of our wide efforts to encourage the public to take positive steps towards being more active and healthy.

The Health Lead members are also working to raise the topic of mental health during Health and Social Care Scrutiny Committee meetings, ensuring that the issue remains a priority consideration at all levels of Council decision-making and encouraging staff to communicate openly about mental health.



Cllr Kairul Kareema Marikar  
Policy Lead for Health



Cllr Vina Mithani  
Performance lead for Health

## **Report from the Environment & Enterprise Lead Members**

We have been honoured to be the Scrutiny Leads for the Environment for this municipal year. It has been a very busy year with lots of challenges; mainly trying to protect our frontline services whilst maintaining efficiency. Most of our work has been conducted with Tom McCourt, the new Corporate Director for Community and Simon Baxter, Divisional Director of Environment and Culture, there have been regular Scrutiny Leads meetings with them throughout the year.

Despite the difficult financial position and the challenges in both maintaining consistency and addressing areas that needed attention there has been a number of improvements to the service in this area, these include:

- Improving our responsiveness to issues raised by the public and improvements to the website and reporting procedures. The difficulties residents faced getting through to Harrow Council's call centre with very long delays have been addressed
- Every road in Harrow is now swept weekly
- The very long delays and difficulties getting through on the phone have been reduced
- The expansion of the Fly tipping service to a 24 hour service.
- The introduction of the "Your Place Your Space" App will further improve reporting for the public and the Council's responsiveness. This was rolled out to Councillors and Community Champions first and is now being advertised to residents. This will enable a report of an incident to be made instantly and automatically identify the exact location, which has been a problem in the past.

There has been a Challenge Panel looking at and reporting on Community Involvement in Parks which made a number of recommendations – see above.

In the E&E Area there have been reports to committee covering areas such as:

- Digitalisation and access to services online which explored and highlighted the ongoing improvements in this area.
- Homelessness pressures

In terms of the Council's visibility in this area the new management have successfully introduced an identification and branding of the operatives and services, this has led to better public identification as the Council's vehicles are now clearly identified and staff wear high quality/identifiable uniforms allowing the public to better identify the council in action. As well as better visibility this has had the benefit of allowing the operatives to recognise they are valued and have pride in their work. This has happened at the same time as new systems of working being introduced so less staff time is spent in vehicles allowing more staff to be out on the street working.

Overall there has been improvement in this area of the council's delivery, more innovation in delivery and in responsiveness to residents and the public. We look forward these improvements being continued and our roles in scrutinising for the next municipal year.



Cllr Jeff Anderson  
Policy Lead for Environment & Enterprise



Cllr Manjibhai Kara  
Performance Lead for Environment & Enterprise

## **Report from the Community, Health and Wellbeing Leads**

Our focus this year was to continue and view the performance of Northwick Park A & E. The work load is steadily increasing but the quality of care (including care and attention from staff) is excellent. However at some times the amount of time before treatment is rising.

It must be noted that the A & E Department was the fourth busiest in Europe but it is now the second busiest. The new expansion of the hundred-bed for initial holding has helped. The Hospital is often full because it has problems with the delayed discharge of patients who no longer require hospital care. There can be up to a 3 – 4 hours delay from the point at which it is agreed you will be discharged – due to patients waiting for meds, sign off by doctor etc.

It may be that hospitals are currently short-staffed – this was mentioned by at least one hospital member of staff, and it is clear that being admitted from A & E is not as quick as it could be. However it is not clear whether or not this is because of elderly patients being discharged late, or whether it is due to overall high demand for beds on the wards.

We need to make sure our Occupational Therapy staff fully equipped and able in preparing packages for the easy and safe return home of patients. This will help free hospital beds quicker and budget restraints need to be monitored closely to make sure that this happens. This issue is particularly concerning due to the additional pressures which are being caused by local population increases. It is not clear to what extent the new walk in centre at Belmont will mitigate this.

A further piece of work this year will be to monitor cases of delayed patient discharge and hospital release, with our side doing its utmost to make sure home packages are completed quickly and efficiently. The old A & E department is now the Ambulatory Urgent Care Clinic and it is do an amazing job in connecting with A & E.

We are still waiting for the council's decision in supporting the opening of North Harrow Library by volunteers. This needs to be followed up as it is over eighteen months since its closure. The volunteers are getting very despondent in not having a firm decision made and will lose the will to take the library on.

The delay with this library is because the trustees did not want to accept the three year lease at a peppercorn rent that the landlord was prepared to offer them. An alternative longer lease is being prepared but will need to be accepted by the landlord before it can be offered to the trustees. We would like an update on where officers are on this.

### **Looking forward...**

Further study is required on hospital patient discharge delays and patient release packages.

A quick decision on North Harrow library and what support the council will give.

We will need to study the effects of budgets restraints on the Voluntary Sector.

We also need to assess the effect of the move of the STARRS team to Honeypot Lane.





Cllr Chris Mote

Policy Lead for Community Health & Wellbeing



Cllr Chika Amadi

Performance Lead for Community Health & Wellbeing

## **Report from the Call-in Sub-Committee**

There have been no meetings this year for either the call-in Sub-Committee or the Sub-Committee for Education.

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<sup>i</sup> [http://www.harrow.gov.uk/downloads/file/7359/jsna\\_2015-2020](http://www.harrow.gov.uk/downloads/file/7359/jsna_2015-2020)

**REPORT FOR: OVERVIEW AND  
SCRUTINY COMMITTEE**

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<b>Date of Meeting:</b>	6 April 2017
<b>Subject:</b>	Peer Review Action Plan
<b>Responsible Officer:</b>	Michael Lockwood – Chief Executive
<b>Scrutiny Lead Member area:</b>	Councillor Jerry Miles – Chair of the Overview and Scrutiny Committee Councillor Paul Osborn – Vice-Chair of the Overview and Scrutiny Committee
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	N/A

## **Section 1 – Summary and Recommendations**

This report provides Overview and Scrutiny with information on the work that has taken place to date to address some of the recommendations made in the June 2016 Peer Review. Scrutiny have been asked by Cabinet to work with the Leader and Chief Executive to develop an action plan, identifying the key priorities for further action to help the organisation respond to the Peer Review and move from 'good' to 'great'.

### **Recommendations:**

The Committee is recommended to:

- I. Review the progress made to date with addressing the peer review recommendations
- II. Work with the Leader and Chief Executive to identify the key priorities to further respond to the Peer Review
- III. Monitor progress with regular reports back to the Committee.

## Section 2 – Report

2.1 Harrow Council invited the LGA to conduct a peer review in June 2016. A Peer Review is improvement-focused and tailored to meet individual councils' needs. It is not an inspection. Peer reviews are delivered by experienced elected member and officer peers and consider the following five questions which form the core components looked at by all Corporate Peer Reviews:

1. Understanding of the local place and priority setting
2. Leadership of Place
3. Organisational leadership and governance
4. Financial planning and viability
5. Capacity to deliver

In addition to these questions, Harrow asked the peer team to explore the following issues:

- Does the council have the appropriate resources to enable delivery of its £1.75bn regeneration programme?
- Is the council doing the right things, with the right skills and capacity, on commercialisation? Is risk appropriately understood and managed?
- Is the council using data effectively?

3.2 The Peer Review found that Harrow Council is 'a good council.' That we had made great strides in recent years resulting in having a clear vision for the borough, active and engaged councillors, passionate and committed staff, and well-respected member and officer leadership. It also praised the way we have embraced new ways of working and are enthusiastically pursuing a commercial agenda. It also offered a series of suggestions for how the council could continue to improve. In particular it highlighted 9 key recommendations to help the Council move from 'good' to 'great':

- a) It is imperative that all members work to improve political relationships and that this is supported by all senior officers
- b) Build on the passion and commitment of your excellent staff
- c) Create space for informal discussions between Cabinet Members, and also between Cabinet Members and the Corporate Strategy Board, for early discussion, shared thinking and joint policy development
- d) Improve governance arrangements to provide a space for effective cross-party policy development and critical friend challenge
- e) Ensure that there is detail within the Medium Term Financial Plan on how savings will be achieved over the period of the Plan, and clarity about the way in which the regeneration and commercialisation programmes contribute to council finances
- f) Ensure that the risk assessment process is robust, effective and gives confidence to the whole organisation
- g) Ensure that regeneration initiatives are planned within the context of the whole Borough, and be clear about how regeneration of key sites will benefit all residents

- h) Build capacity and capability across the council, ensuring an agile workforce to deliver against corporate priorities
  - i) Don't take your eye off the ball – don't forget the day job!
- 3.3 The final report of the peer review team was taken to cabinet in December 2016 where it agreed to ask the Overview and Scrutiny Committee to work with Members and officers to help shape and deliver an action plan to address some of the key recommendations and monitor progress against delivery.
- 3.4 Since the peer review was undertaken in June a variety of work has taken place to follow up on some of the recommendations made by the peer review team. The table below captures the activity to date against the recommendations made in the peer review report.
- 3.5 Despite the challenging financial circumstances, progress has been made in all areas:
- 3.5.1 Formal and informal mechanisms are in place to ensure the Leader of the Opposition, Shadow Portfolio Holders and Scrutiny Leads are all briefed on major issues such as regeneration, key commercialisation projects and the budget. An all-party Major Developments Panel and cross party working framework for regeneration along with the project with the Centre for Public Scrutiny (CFPS) in the spring to review the effectiveness of the scrutiny function will all contribute to enabling greater member engagement on key policy areas and contribute towards improving political relationships.
  - 3.5.2 We have continued to build on the successful roll out of the new Corporate Values by introducing new staff awards and included an assessment of values in all staff appraisals.
  - 3.5.3 Space has been created for more informal discussions between cabinet members and Cabinet and CSB.
  - 3.5.4 The CFPS review of scrutiny and the scrutiny review of regeneration financing will support improvements to governance arrangements to provide a space for more effective cross-party policy development and critical friend challenge.
  - 3.5.5 Clarity about the way in which the regeneration and commercialisation programmes contribute to council finances is reflected in the way in which both these programmes are subject to an annual refresh as part of the three year budget process. If plans are no longer achievable, the process must see alternatives agreed to ensure a balanced budget can be set. The council does not rely on using reserves to balance its budget.
  - 3.5.6 The Risk Appetite Statement and Risk Management Strategy are being reviewed in 2017 to ensure they are robust, effective and give confidence to the whole organisation.
  - 3.5.7 The Harrow Ambition Plan 2017 places an increased emphasis on the ensuring all our residents feel the benefits of this regeneration. Social and economic impact modelling of regeneration programme benefits has been completed and extensive community engagement is taking place.

- 3.5.8 In order to build capacity and capability across the council, we have revised our corporate training programme to now include commercial awareness training, facilitation skills and a new induction programme. We are also working with workforce development groups to identify skills gaps and address with appropriate training interventions.
- 3.5.9 In terms of keeping focussed on the day job the 2017 Harrow Ambition Plan sets out a renewed focus on the things that matter most to Harrow residents, such as street lights, bins, pot holes and clean streets. Enforcement is central to this. We are already fining people for dropping litter and prosecuting those that we catch fly tipping. But we will do more to make sure that those who make Harrow dirty are not only found but made to pay for the cost of cleaning up after them. We will also deal with landlords who are not fulfilling their duties and overcrowding houses.
- 3.6 More can and needs to be done if we are to achieve our potential, however we do not have the capacity nor the resource to do everything. We can also put mechanisms and processes in place, but the challenge will be how we get the best out of them. So given what has been done to date, we would welcome scrutiny's advice on what they think the focus and priority should be going forwards.

Table 1: Action taken to date against Peer Review Recommendations

RECOMMENDATIONS	ACTION TAKEN TO DATE	LEAD
<b>PRIORITY SETTING</b>		
<b>1</b> Create space for informal discussions between Cabinet Members, and also between Cabinet Members and the Corporate Strategic Board, for early discussion, shared thinking and joint policy development	Dates have been set for 'informal cabinet discussions' on key issues rather than the more 'formal' report based Cabinet Briefing with the option of CSB joining them every 6 weeks if required. CSB has joined Cabinet once and the Cabinet has met on a fortnightly basis to discuss a range of issues, especially if they cut across multiple departments.	Leader & CX
<b>2</b> Create space for informal discussions between Group Leaders, Cabinet Members and Shadow Cabinet members on big issues	Leader of the Council has met with the Leader of the Opposition on a number of occasions, especially during the budget consultation. Further thought needs to be given to how the cabinet and shadow cabinet can come together on big issues.	Leader & CX
<b>3</b> Some politicians and senior officers need to work together to urgently overcome the trust issues between them	It has been made clear to all Corporate and Divisional Directors that they should be meeting opposition portfolio holders and scrutiny leads on regular basis	CX

<p>4 Don't lose track of the day to day delivery of local public services while delivering on the big ticket items</p>	<p>Investment into the Contact Centre was made in order to improve call wait times on public realm calls. Performance has returned to a good level.</p> <p>New clean and green campaign launched – 'Making Harrow Clean Again.' A weekly street cleaning regime is in place, we continue to roll out our successful Days of Action events and we have stepped up enforcement action on fly-tipping and landlord licensing.</p>	<p>CSB</p>
<p>5 Senior officers to consider how to communicate their attitude to the 'little big things' to members to inform how they engage and behave</p>	<p>New clean and green campaign launched – 'Making Harrow Clean Again.'</p> <p>Senior officers join the CX on his regular ward visits.</p> <p>CX and senior managers visit teams or 'go back to the floor' regularly to understand what is important to staff to do their job well.</p>	<p>CSB</p>
<p><b>LEADERSHIP OF PLACE</b></p>		
<p>6 Political and officer leadership to consider how to evolve one council principles into a 'one Harrow' approach involving partners to bring clarity to shared objectives and ambitions</p>	<p>CX to write to all partners canvassing opinion on holding a twice a year partners meeting to consider place based challenges facing the borough and how we can work together to join up our resources to tackle them.</p>	<p>Leader &amp; CX</p>
<p>7 Seek clarity about areas of agreement between the two main political groups about the strategic direction of the borough, together with consensus support for major commercial and long-term regeneration projects</p>	<p>Mechanisms are in place such as regular meetings between the Leader &amp; CX, opposition shadow PH briefings and scrutiny leads briefings. There is an all-party Major Development Panel and cross-party working framework on regeneration. Opposition briefings have taken place on project Infinity and a revised budget setting process for 18/19 has been implemented.</p>	<p>Leader, Leader of Opposition, CX</p>
<p>8 Improve communication between group leaders e.g by re-establishing regular leader's meetings to create space for discussion on key issues</p>	<p>Leader of the Council has met with the Leader of the Opposition on a number of occasions, especially during the budget consultation.</p>	<p>Leader, Leader of Opposition, Group Offices</p>
<p>9 Engage the voluntary sector to reach a shared understanding of the contribution the sector could make to the borough</p>	<p>VCS funding report and Information, Advice and Advocacy Strategy agreed at January cabinet which included a three-year commitment to fund third sector support services to be re-commissioned in the summer 2017.</p>	<p>Divisional Director Strategic Commissioning</p>

and work with the sector to increase its capacity	Joint VCS/Council steering group agreeing terms of reference for strategic review of the relationship between the council and the VCS to commence in spring 2017.	
10 Clarify what the Council wants to achieve for Harrow in the regional context, including part of the economic agenda	CLG discussion on London Devolution agenda June 2016. Leader and CX engaged in discussions in West London and London Councils. Harrow took lead role in STP process and CX is a member of the London devolution sub-group leading on criminal justice devolution with MOPAC and the Home Office.	Leader & CX
<b>FINANCIAL PLANNING &amp; VIABILITY</b>		
11 Review and refresh financial reporting arrangements and ensure effective engagement of the wider group of members	For 2017/18, the existing quarterly monitoring of the revenue and capital budget to Cabinet and Scrutiny will continue in its current format.  In addition, internally a brief monthly summary will be reported to all Members covering the revenue budget.	Director of Finance
12 Improve budget profiling skills (revenue & capital)	The 2017/18 budget has been set and loaded onto the financial ledger bearing in mind this recommendation.	Director of Finance
13 Review the budget setting challenge panel process to ensure rigour, transparency and wider engagement	A revised budget setting process for 2018/19 has been implemented which includes greater member engagement with the ruling group from the start and throughout the process. The process has been discussed with stakeholders to ensure the process is clear and the outcomes of the process are understood by all.	Director of Finance
14 Consider how to engage cllrs, partners and the community in evaluating options that may be considered unpalatable but may be needed to balance the budget	This is part of the new budget process for 2018/19 as detailed in 13 above.	Director of Finance
15 Clarify the contingency plan for what will happen if the commercialisation and regeneration plans do not deliver as hoped for	The Council has a three year budget planning process which is robust and refreshed each year to ensure planned use of the budget, savings and efficiencies are still achievable and in line with corporate priorities. Regeneration and commercialisation plans are part of the three year budget process and will be subject to refresh. If plans are no longer achievable, the process must see alternatives agreed to ensure a balanced budget can be set. The council does not rely on using reserves to balance its budget.	Director of Finance, Divisional Director of Planning



	<p>Review of financial model completed.</p> <p>Modelling to assess all current activities and the financial impact of those activities. Eliminate duplication of actions.</p> <p>Scrutiny review of regeneration financing taking place.</p>	
<b>ORGANISATIONAL LEADERSHIP &amp; GOVERNANCE</b>		
<b>16 Clarify governance roles and responsibilities to ensure clear understanding among senior officers and members of their respective roles, how they complement each other and where lines of responsibility fall</b>	Not started – any new training will require additional resources	Director of Legal & Governance
<b>17 Ensure robust challenge takes place between political and officer leadership</b>	<p>Formal mechanisms are in place as outlined above with regular PH and shadow PH meetings and scrutiny leads briefings along with scrutiny committees and reviews and cabinet question time. There are also opportunities for challenge at improvement boards, cabinet briefing, regen board, 1-1s with the Leader and portfolio holders and 1-1s between the CX and Corporate Directors.</p> <p>The CFPS review of scrutiny should help identify ways in which this might be improved.</p>	Leader & CX
<b>18 Ensure decision-making processes allow for greater member engagement and challenge and develop effective opportunities for cross party and wider engagement of non-executive Cllrs including O&amp;S</b>	Support has been secured from CPFS to review the role and improve the effectiveness of scrutiny. They will be researching how scrutiny works in other contestable councils and will facilitate a series of workshops with officers and Cllrs in May/June.	Divisional Director Strategic Commissioning
<b>19 Review member/officer protocols</b>	Not started, a review would require additional resources	Director of Legal & Governance
<b>20 Ensure the Cabinet Forward Plan is kept up to date and given proper importance by senior officers</b>	Cabinet Forward Plan is given specific time at every CSB to ensure it is up to date and accurate.	Director of Legal & Governance

<p><b>21 Consider how the political and officer leadership can best model the ‘one council’ way of working to ensure all parts of the organisation are modelling the same values and behaviours</b></p>	<p>Cross Council working on a number of major initiatives has taken place including:</p> <ul style="list-style-type: none"> <li>• New Green garden Waste Scheme 2017</li> <li>• Clean and Green Campaign – ‘Making Harrow Clean Again’</li> <li>• Voluntary Sector funding proposals</li> <li>• Building a Better Harrow</li> <li>• New Civic Centre workshop for members</li> </ul>	<p>CSB, Leader</p>
<p><b>22 Ensure clear ownership of member development support that is valued with a relevant programme in place</b></p>	<p>The Member Development Budget has been cut in the 2017/18 budget, with only a small budget remaining for induction after local elections</p>	<p>Director of Legal &amp; Governance, Divisional Director Strategic Commissioning</p>
<p><b>CAPACITY TO DELIVER</b></p>		
<p><b>23 Develop an updated robust workforce plan as part of the broader OD strategy to ensure the right people are in the right role at the right time</b></p>	<p>A workforce strategy is in development and is expected to be completed by late spring/early summer.</p>	<p>Divisional Director HR</p>
<p><b>24 Ensure the capacity of the organisation is used to best effect to deliver the council’s priorities</b></p>	<p>Appraisal and objective setting for 2017/18 using a new online system. We also use CLG and managers forums to focus on key council priorities. The Learning and development programme has also been refreshed to give an increased focus on the skills needed to deliver the councils priorities</p>	<p>CLG</p>
<p><b>25 Work with the VCS, businesses and communities to explore how partners can support each other and the wider community</b></p>	<p>See no. 9 Work with Business Improvement District, local chambers and traders association on place promotion. Promote knowledge transfer between business and VCS through social value in the procurement process and the Harrow Connect Event held in March 2017 Establishment of a Crowdfund Harrow Platform and support for the set-up of ‘Harrow Giving’</p>	<p>Divisional Director Strategic Commissioning, Head of Economic Development</p>
<p><b>26 Don’t let new projects detract from the ability to deliver the core service</b></p>	<p>See 4&amp;5 Investment put into Access Harrow to improve call wait times in Public Realm. Q3 Strategic Performance Report reports delivery of all three Ambitions as ‘green’</p>	<p>CSB</p>

<p><b>27 Consider how the skills and experience of all Cllrs can be better utilised to add capacity to the Council particularly in terms of communicating and engaging with residents and businesses on key projects</b></p>	<p>The Labour Group has taken this on board and members are assisting with making changes (such as IT changes) and linking the council with outside bodies.</p> <p>See 18: re review of scrutiny</p> <p>Consideration could be given to undertaking a skills audit of Cllrs?</p>	<p>Leader</p>
<p><b>28 Ensure the 'one Council approach embraces all elements of the Council and work with partners to adopt a 'one Harrow' approach to partnership working to compliment this</b></p>	<p>See no. 6</p>	<p>CX</p>
<p><b>COMMERCIALISATION</b></p>		
<p><b>29 Continue to build commercialisation capacity and capability</b></p>	<p>Project Phoenix core team and Board in place. Restructure of the Procurement and Commercial team will include a dedicated post New Civil Service fast stream role</p>	<p>Corporate Director Resources &amp; Commercial, Divisional Director Procurement</p>
<p><b>30 Ensure customer service and work to deliver efficiency gains is not compromised</b></p>	<p>KPIs on customer service reviewed at Improvement Board, in Corporate Scorecard and reported to Cabinet in the quarterly strategic performance report</p>	<p>Corporate Director Resources &amp; Commercial, Director Customer Services &amp; Business Transformation</p>
<p><b>31 Review governance arrangements for commercial ventures</b></p>	<p>New Business Plan for Concillium Business Services is under development and will be presented to Cabinet 2017. Review of LLP structure underway.</p>	<p>Corporate Director Resources &amp; Commercial,</p>
<p><b>32 Adopt a nuanced approach to risk as one size will not fit all</b></p>	<p>Risk Appetite Statement and Risk Management Strategy being reviewed and will be brought to Cabinet, after consultation with GARMS.</p>	<p>Divisional Director Procurement</p>
<p><b>33 Ensure a wide range of partnership opportunities, both private and public sector are explored and robustly assessed to identify best fit</b></p>	<p>All partnerships are considered and the contracts registers give an overview of arrangements in place and when they come up for renewal.</p>	<p>Divisional Director Procurement</p>
<p><b>34 Ensure there is an understanding of the synergies between the</b></p>	<p>The formal mechanisms in place for meetings and briefings and including CSB, CLG and the regen board all provide opportunities to ensure</p>	<p>Divisional Director Procurement, Divisional Director</p>

commercialisation, regeneration and economic development programmes and an alignment of plans	alignment.	Planning, Head of Economic Development
35 Ensure IT infrastructure and performance management system enable the commercialisation programme to move forward at the pace required	New ICT Strategy under development. Review of Devolved Applications underway Website developed for sale of commercial services, eg MOTs, garden service Systems upgrade to handle green garden waste Fly-tipping app developed	Director Customer Services & Business Transformation Corporate Director Resources and Commercial
36 Be outward looking and clear about what you aim to achieve through sub-regional relationships, taking the long view and embracing projects that might further the interests of others rather than your own	A number of shared service arrangements are underway and more are under development.  Harrow leads on the WLA New Ways of Working programme. An outline programme of work has been presented to Leaders and CX's that will look at shared services, procurement and demand management.	Chief Executive, Corporate Director Resources & Commercial
<b>REGENERATION</b>		
37 Clarify what Harrow will look and feel like as part of the Masterplanning process and consider the wider 'place' impacts beyond the 'red line' boundaries of key development sites	Social and economic impact modelling of regeneration programme benefits  Economic Development Needs Assessment (EDNA) completed.  Masterplans progressing rapidly on main regeneration sites, with intensive community engagement.  Developing a Harrow investment strategy and action plan/programme that aims to attract businesses to Harrow and addresses the wider issues of the night time, weekend and leisure economies that are required and delivered to ensure that Harrow is a good place to live, visit, work and invest in.	Divisional Director Planning, Head of Economic Development
38 Clarify financing of the regeneration strategy to ensure financial returns are deliverable within the MTFS	The current financial model assumes affordability. The debt financing /structure is currently being worked on. If financing cannot be secured in line with the model, delivery will be amended to ensure affordability.  Scrutiny review of regeneration strategy financing started in January 2017	Divisional Director Planning

<p><b>39 Incorporate political engagement across all parties into the governance and decision-making processes (including scrutiny), consider taking the masterplan to full council to ensure long-term plans are continued beyond the lifetime of an individual administration</b></p>	<p>All regeneration programme schemes to be taken through the all party Major Developments Panel. Additional cross-party working framework being developed. Senior level briefing with opposition leads has commenced.</p> <p>Scrutiny review taking place in 2017</p>	<p>CX, Divisional Director Planning</p>
<p><b>40 Ensure effective local community engagement, with residents, businesses and the VCS to enable community views to be incorporated into the masterplanning process</b></p>	<p>Intensive community and stakeholder engagement is in progress including for example events at the Civic Centre and Waxwell Lane and tours of the Wealdstone site.</p>	<p>Divisional Director Planning, Head of Communications</p>
<p><b>41 Ensure that the future vision for Harrow has wider understanding inside and outside the Council</b></p>	<p>A range of internal forums are in place to support the communication of the vision for Harrow including managers' conference, staff forums, induction. Externally, we have a comprehensive programme of events to explain our vision for regeneration, but we recognise we could do more beyond this.</p>	<p>Leader, CX, Head of Communications</p>
<b>DATA</b>		
<p><b>42 Consider how to move the Council's approach from data to insight</b></p>	<p>As a council we make good use of management and performance data, Experian data, Values Modes analysis and CRM data to inform policy decisions and future strategy.</p>	<p>Divisional Director Strategic Commissioning</p>

## Financial Implications

Given the Council's financial position there is no specific budget available to fund additional activity to implement the peer review recommendations. Any follow up activity would have to be funded from within existing resources. All the actions undertaken to date have taken place within existing resources or according to investment as set out in the Mid-Term Financial Strategy.

## Performance Issues

Performance will be picked up as part of the improvement board cycle and quarterly performance report to Cabinet.

The LGA will also undertake a return visit 12-24 months after the initial peer review to follow up on progress

### **Environmental Impact**

There is no environmental impact associated with this report.

### **Risk Management Implications**

The Peer review is included in the corporate risk register

### **Equalities implications**

An Equalities Impact Assessment has not been undertaken for this report.

### **Corporate Priorities**

All

## **Section 3 - Statutory Officer Clearance**

Not required for this report

## **Section 4 - Contact Details and Background Papers**

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**Background Papers:** LGA Peer Review Report 2016