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NOTICE OF MEETING

HARINGEY WELL-BEING PARTNERSHIP BOARD

MONDAY 4 SEPTEMBER 2006 at 19:00hrs

CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22

Refreshments will be available

MEMBERS: Please see table below for list of members

AGENDA

1. APOLOGIES FOR ABSENCE:

2. URGENT BUSINESS: The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at Item 12 below).

3. DECLARATIONS OF INTEREST: Members must declare any personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.

4. MINUTES: To approve the minutes of the Haringey Well-Being Partnership Board meeting held on 19 July 2006 (attached).

5. OUR HEALTH, OUR CARE, OUR SAY: TAKING THE AGENDA FORWARD IN HARINGEY: Presentation and discussion led by Catherine Galvin, Assistant Director Business Improvement, Haringey Social Services (report attached).

6. FEEDBACK ON LAA: An update presentation and report to be tabled by Dr Ann-Marie Connolly, Director of Public Health, Haringey Teaching Primary Care Trust.

7. COMMUNITY STRATEGY: Presentation and workshop led by Janette Gedge Wallace, Consultation Manager, Haringey Council. The workshop will include a discussion on the five key areas identified by the Well-Being Executive Sub-Groups for consideration as part of the Community Strategy.

8. UPDATES: To receive and agree to the written updates provided by the Well-Being Executive Sub-Groups as follows:

- i) Older People (to include the findings of the Home Care Survey)(attached)
- ii) Mental Health (attached)
- iii) Supporting People Management Board (attached)
- iv) Healthier Communities **(to follow)**
- v) Housing Executive (attached)
- vi) Performance and Strategy Group (attached)
- vii) Joint Service Priorities Group (attached)

9. **MEMBERSHIP AND TERMS OF REFERENCE:** The Board will be asked to affirm the terms of reference and membership for 2006/7 (attached).

10. **CONFIRMATION OF HWBPB REPRESENTATIVE TO THE HARINGEY STRATEGIC PARTNERSHIP:** The Chair to seek nominations for, and select a representative from the Board to be a member of the Haringey Strategic Partnership Board for the rest of the municipal year.

11. **ANY OTHER BUSINESS:**

12. **ITEMS OF URGENT BUSINESS:** To consider any new items admitted under Item 2 above.

13. **PROPOSED DATES MEETINGS FOR 2006/7:**

- 14 December 2006, 7pm
- 15 March 2007, 7pm

14. **FUTURE AGENDA ITEMS:** Partners should submit proposed agenda items for the next meeting to Nicolas Mattis no later than 20 November 2006.

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Head of Member Services
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Wood Green
LONDON N22 4QH

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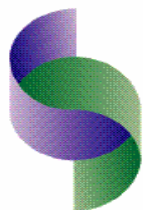
24August 2006

HARINGEY WELL-BEING PARTNERSHIP BOARD MEMBERSHIP 2006/7

NOTE: The representation of the Haringey Well-Being Partnership Board in respect of the number of seats each organisation has is indicated in this list in the first column by the number of times each agency is listed for that particular agency.
NOTE: Please inform the Committee Clerk if the name and/or contact details of a representative changes for any reason.

AGENCY	REPRESENTATIVE
Haringey Council	Cllr Bob Harris Executive Member for Health & Social Services
Haringey Council	Cllr. Isidoros Diakides Executive Member for Housing
Haringey Council	Cllr. Dilek Dogus
Haringey Council	Anne Bristow Director of Social Services
Haringey Council	John Morris Assistant Director Recreation Services
Haringey Council	Councillor Gideon Bull Chair of the Overview and Scrutiny Committee
Haringey Council	Cecilia Hitchen Deputy Director - Children & Families
Haringey Council	<i>Vacancy</i>
Homes for Haringey	Stephen Clarke Chief Executive, Homes for Haringey
Haringey Teaching Primary Care Trust	Richard Sumray Chairman, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Tracey Baldwin Chief Executive, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Gill Prager Director of Corporate & Partnership Development

AGENCY	REPRESENTATIVE
Haringey Teaching Primary Care Trust	Dr. Ann-Marie Connolly Director of Public Health
Haringey Teaching Primary Care Trust	Cathy Herman Non Executive Director
Haringey Teaching Primary Care Trust	Lesley Misrahi Non Executive Director
Whittington Hospital Trust	Cllr. Narendra Mikanji Chair of Trust
North Middlesex University Hospital NHS Trust	Clive Lawton Chair of Trust
Barnet, Enfield and Haringey Mental Health Trust	Carl Lammy
Haringey Association of Voluntary and Community Organisations (HAVCO)	Stanley Hui Director of HAVCO
Haringey Association of Voluntary and Community Organisations (HAVCO)	Robert Edmonds Director, Age Concern Haringey
Haringey Community Empowerment Network (HarCEN)	Faiza Rizvi
Haringey Community Empowerment Network (HarCEN)	Tbc
Metropolitan Police	Simon O'Brien Borough Commander
Haringey Probation Service	Sean Walker Head of Service Delivery
College of North East London (CoNEL)	Tbc



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HARINGEY WELL-BEING PARTNERSHIP BOARD

WEDNESDAY 19 JULY 2006 at 19:00hrs

CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22

DRAFT MINUTES

PLEASE SEE APPENDIX ONE OF THE MINUTES FOR A LIST OF THOSE MEMBERS PRESENT AT THE MEETING.

1. ELECTION OF CHAIR AND VICE:

The Committee Clerk led proceedings to elect a Chair for the Haringey Well-Being Partnership Board 2006/7 and sought nominations from amongst the members for the position of Chair. Nominations were received from Richard Sumray for Councillor Bob Harris, and seconded by Anne Bristow. The Board unanimously voted for Councillor Harris to be the Chair.

The Chair led proceedings to elect a Vice-Chair for the Haringey Well-Being Partnership Board 2006/7 and sought nominations from amongst the members for the position of Vice-Chair. Nominations were received from Tracey Baldwin for Richard Sumray, and seconded by Anne Bristow. The Board unanimously voted for Richard Sumray to be Vice-Chair.

2. APOLOGIES (Agenda Item 1):

Haringey Council	Councillor Gideon Bull Chair of Overview and Scrutiny Committee, Haringey Council
Haringey Teaching Primary Care Trust	Gill Prager Director of Corporate & Partnership Development, Haringey Teaching Primary Care Trust
Homes for Haringey	Stephen Clarke Chief Executive, Homes for Haringey
Haringey Probation Service	Sean Walker Head of Service Delivery

Haringey Association of Voluntary and Community Organisations (HAVCO)	Stanley Hui Director of HAVCO
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3. **URGENT BUSINESS** (Agenda Item 2);

None

4. **DECLARATION OF INTERESTS** (Agenda Item 3):

None

5. **MINUTES** (Agenda Item 4):

RESOLVED

That the Minutes of this Board meeting held on 16 March 2006 be confirmed and signed as a correct record by the Chair subject to the following changes:

Page 3 – 10 (i): That reference to "...the Older People's Partnership Executive Board..." **be changed to: ...Older People's Partnership Board...**

Page 3 – 10 (ii): That reference to "...bids to the NRF had been considered to fill budgetary gaps..." **be deleted completely from the minutes.**

6. **EXPERIENCE COUNTS – FIRST REVIEW** (Agenda Item 6):

The Board received a presentation entitled *Experience Counts: Haringey's Strategy for improving the quality of life for older people 2005-2010 – a report of progress on Year One: 2005-06*. The presentation outlined the vision of the Strategy and highlighted in bullet point the ten goals drawn from the consultation with older people that gave focus to the Strategy. The Board heard that in its first year, the Strategy had been a success but that the challenge in the future would be to keep up this momentum.

The Board was informed that there had been no funding shortfall despite suggestions, but that there had been some ambiguity over the resources available which would need to be investigated in order to sustain the successes. It was highlighted that existing funds might not meet demands that stem from the success of the Strategy, but that this would be monitored.

The Board raised the need to ensure that the Strategy related to the provisions set out by the Mayor of London's Older People's Strategy which had four key priority areas. The Board heard that in the consultation period for *Experience Counts*, these priority areas had largely been picked up and that once the Mayor updates his draft Strategy, Haringey's document will consolidate on this too. The Board sought confirmation that part of the outcomes of the Strategy should be to see more older people attending and having access to Area Assemblies and that this would highlight wider issues over communication and access.

The Board discussed the refreshing and renewal of *Experience Counts* to ensure it vibrancy. It was highlighted that the Older People's Partnership Board (OPPB) were responsible for keeping up-to-date with the progress of the Strategy, and to produce a quarterly report on this. It would also report to this Board annually with its views.

The Board raised the issue that older people and mental health issues were absent from most areas of *Experience Counts*. It agreed that it would ask the OPPB to include more on this when the Strategy is refreshed. The Board highlighted that the OPPB was not work in isolation on the future of the Strategy, and that it needed to widen its scope in terms of which agencies/directorates can lead/engage with the actions filtering from the Strategy especially in relation to the key initiative of developing community mental health teams in the East and West of the borough, as well as the dignity and respect agenda.

The Board agreed that in future, a brief highlight report of problem areas would be required in order to enhance the role and impact of the Board in terms of strategic leadership and monitoring in relation to the Strategy.

RESOLVED

- (i) That the Board note the presentation and successes achieved so far, recognising and encouraging the needs and challenges of continuing this success.
- (ii) The Board to instruct the OPPB to include mental health issues in refreshed versions of *Experience Counts*.
- (iii) The Board to receive, in future, brief reports on the progress of the Strategy, which highlights in stark terms any problem areas.

7. OUR HEALTH, OUR CARE, OUR SAY: TAKING THE AGENDA FORWARD IN HARINGEY (Agenda Item 7):

RESOLVED

- (i) That Board agreed that due to the key officers who were to lead on this discussion item not being available for this meeting, that the Item be referred to the next meeting of the Board for a fuller discussion, with a brief report to accompany it.

8. COMMUNITY STRATEGY and LAA UPDATES (Agenda Item 8):

This Item was dealt with in two parts.

1. Community Strategy:

The Board received a verbal update on the Community Strategy consultation process that Haringey Council had undertaken and was given information on the methods taken to achieve the views of all partners that feed into the Haringey Strategy Partnership (HSP). This would ensure that the next Community Strategy would be robust in terms of input and shaping by key players within the community.

A post-card entitled *Have Your Say: Shape the Future [Haringey]* was tabled to the Board which allowed partners to list their broad vision for Haringey over the next 5-10 years. The Board heard that there had been some initial feedback as a result of this method of consultation from some 300 people from within the community highlighting issues such as crime (intimidation), cleaner/greener and sustainability issues, and jobs. There had also been a HSP Event held in May at which a number of priorities had emerged which would be communicated to the Board in the next couple of weeks.

The Board also heard that once the consultation period had ended, the HSP, in a special meeting in October, would consider at length the feedback that had been received. As a result of this, the Board agreed to discuss in a facilitated session at its next meeting on 4 September 2006, the health and well-being issues that would need to inform the Community Strategy. The Board recognised that it was important to also focus on the cross-cutting issues without "straight-jacketing" the exercise into purely health and well-being issues. This would be achieved by considering some of the peripheral strands (such as housing and environmental impacts), and how to feed into them whilst engaging partners at all stages.

RESOLVED

That Board agree to the following recommendations put before it:

- (i) Note the emerging priorities from the HSP event on 25 May 2006.
- (ii) Agree the process for consulting on the Community Strategy within the Well-being sub-bodies which feed into this Board.
- (iii) Agree that the feedback from sub-bodies is reported at the next meeting of this Board on 4 September where priorities for the Community Strategy will be discussed in detail in a facilitated session.

2. Local Area Agreements:

The Board was given an update on the further development in partnership working that would involve agreed targets signed up to with the Government Office for London (GOL). It heard that there were four priority areas (known as *blocks*) of which the Healthier Communities and Older People (HCOP) block would be the most prevalent for this Board to consider and lead on and these were contained in the report before the Board. The Board also received an update on the progress so far which had highlighted a series of mandatory targets of both local and more generic impact, and the need for measurements and baseline data to be obtained as part of the consultation process that was currently in progress. This process would feed directly into GOL by way of a series of submissions over the coming months.

The Board recognised that there were tight deadlines for the consultation process ahead of the first submission date of 30 September, and that this timing was out of sync with that of the Community Strategy which was unfortunate in terms of timing. The Board heard that the HarCEN/HAVCO joint forum would like to lead on the community/voluntary sector statement of the LAA focussing on the pump priming funding arrangements. The Board considered it important to ensure engagement with hard to reach groups was achieved, and to ensure full consultation best practices are followed, despite the tight deadlines.

RESOLVED

That the Board agree to following recommendations put before it:

- (i) That the Board agree the proposed process for the development of the HCOP Block of the LAA.
- (ii) That the Board note the mandatory outcomes and indicators.
- (iii) That Board partners engage in development of the LAA specifically on the HCOP Block and Decent Homes in the Safer and Stronger Communities Block, in particular the Outcomes Framework, Reward Element and any Enabling Measures.
- (iv) That the Board discuss and agree the consultation process for the HCOP Block of the LAA.

9. NHS FINANCIAL RECOVERY PLAN (Agenda Item 9):

The Board was given a verbal update on the financial position of the Haringey Teaching Primary Care Trust (PCT) since it was required to accomplish budgetary cuts. It was highlighted that the PCT had produced a *Balanced Budget Plan* as opposed to a financial recovery plan which had different connotations as to the issues surrounding the cuts. It was explained that the PCT needed to find at least £11m reductions to its expenditure for 2006/7 in order to contribute to the pan-London budget deficits. The Board heard however, that despite this reduction to the PCT's expenditure, it would still represent growth in expenditure which would continue to contribute to some significant advancement in patient care in Haringey.

The Board was given a brief outline of the two-month long root and branch review that the PCT undertook in terms of the budget review to identify the £11m cuts which emphasised the focus on minimising disruption to patients and maximising efficiency. In the event, £14m worth of cuts were identified from the review which have been encompassed in a Report which has gone to the Haringey Council Overview and Scrutiny Committee, and will subsequently be considered for final agreement at the PCT Board meeting on 26 July 2006 .

The Board discussion some of the repercussions of the cuts and was informed that the biggest savings had been achieved by targeting programme for efficiency such as reducing patient referrals from GPs, and not from service programmes such as mental health provisions – this provision in particular causing some difference of opinion over the extent of cuts applied. The Board also heard the concerns of Haringey Council over the pace and scope of the changes caused as a result of the cuts, and asked for a bullet point list of the *Balanced Budget Plan* for consideration at the next meeting of the Board. Rounding up the discussion, the Board heard that the £14m worth of cuts included provisions for slippage as the cuts were implemented.

For the future, the Board heard that joint-working in terms of budget setting was in the pipeline for future periods, having accepted that the timings and consultative arrangements surrounding this period of budget planning was not ideal, but was nonetheless absolutely necessary despite the lack of opportunities for consultation and engagement in the process which was caused due to the election purdah. There

was a brief discussion on x-ray provision at St Ann's Hospital, and the alleged withdrawal of sexual health provision at St Ann's. The Board agreed the principal of its remit in terms of budgetary issues, noting that the Board should be involved in strategic discussions especially over budget development, and to look at the linkages between health and well-being at a strategic level of between the next 3-5 years.

RESOLVED

- (i) That the Board notes the verbal summary given on the financial position of the PCT.
- (ii) That the Board will receive a bullet point list of the *Balanced Budget Plan* which highlights the savings made.
- (iii) That the Board will be involved in strategic discussions especially over budget development, and to look at the linkages between health and well-being at a strategic planning level for the next 3-5 years.

10. MEMBERSHIP AND TERMS OF REFERENCE (Agenda Item 10):

RESOLVED

- (i) The Board agreed that the draft Terms of Reference before it was an incorrect version. It agreed to re-consider it at its next meeting after it has been redrafted by the Haringey Council Member Services team to actually reflect its membership, governance arrangements, and outline of its aims and objectives.

11. PARTNERSHIP UPDATES (Agenda Item 11):

The Board received four updates as follows:

(i) Haringey Teaching Primary Care Trust

The Board heard that the PCT was in the process of formulating its *fit-for-purpose* plan. At the same time it was continuing work on the *Our Health, Our Choice, Our Say* White Paper both ahead of an assessment by McKinsey and Co Consultants.

The Board was informed that work had commenced on the Barnet, Enfield and Haringey Mental Health Strategy and that discussion were underway around issues on the St Ann's Hospital site.

The Board finally heard that the *Community and Family Care Strategy* was in its initial discussion stage stemming from the White Paper.

(ii) Voluntary Sector (HAVCO and HarCEN)

The Board was informed that the launch of the COMPACT was a success which paves the way for further and stronger partnership working in the field of a range of voluntary sector work.

There was an update up on the *Changing Up* programme which was aimed at developing a stronger impact for the voluntary sector.

HarCEN informed the Board that it had been subject to a fit-for-purpose assessment and had been signed off as "fit". As part of this status, HarCEN had in place a new Director and had be re-structured in such as way that now its Commission Forum would be responsible for feeding into the HSP and its theme boards where necessary.

(iii) **Haringey Council**

The Board was informed that the summary of the *Healthier Haringey* event was now available and could be sent to partners upon request.

It also heard that the Council would be reviewing it lettings policy for Council housing and that partners would be approached for their engagement in due course.

The Board was informed that the ODPM's Supporting People Strategy had now finished its consultation period, and that the Government had began its feedback of the process. Details can be obtained from www.spkweb.org.uk or from Matthew Pelling, Supporting People Programme manager, Haringey Council (matthew.pelling@haringey.gov.uk).

The Board heard that work on an anti-poverty strategy would begin over the summer

The Board finally heard that the Council had approved its Unitary Development Plan, A document setting out the strategic framework for the use of land and detailed policies and specific proposals for development, which involved additional homes provision in Haringey over the next couple of years. This would need to be discussed at a future meeting of the Board.

(iv) **Mental Health Trust**

The Board was informed that any gaps in funding associated with the Trust would result in the closure of a mental health ward within the Trust's community.

It also heard that there had been reorganisation of the rehabilitation services within the Trust's community which had, amongst other things, seen the relocation of these services to Chase Farm Hospital.

RESOLVED

The Board noted all of the updates from partner agencies.

12. ANY OTHER BUSINESS (Agenda Item 12):

None

13. ITEMS OF URGENT BUSINESS (Agenda Item 13):

None

14. PROPOSED DATES FOR MEETING IN 2006/7 (Agenda Item 14):

RESOVLED

The following dates were approved in principle by the Board, subject to a change to the start time which would be **7pm** for all meetings.

- 4 September 2006, **7pm** – Haringey Civic Centre
- 14 December 2006, **7pm** – Haringey Civic Centre
- 15 March 2007, **7pm** – Haringey Civic Centre

15. FUTURE AGENDA ITEMS (Agenda Item 15):

Board Members were reminded to submit proposed agenda items for the next meetings to Nicolas Mattis (nicolas.mattis@haringey.gov.uk), no later than 8 August 2006.

The meeting ended at 21:00 hours.

Councillor BOB HARRIS

Chair, Haringey Well-Being Partnership Board 2006/2007

Date: _____

MEMBERS PRESENT AT THE MEETING

19 July 2006

NOTE: Please inform the Committee Clerk if the name and/or contact details of a representative changes for any reason.

AGENCY	REPRESENTATIVE
CORE MEMBERS	
Haringey Council	Councillor Bob Harris <i>Chair of Haringey Well-Being Partnership Board</i> Executive Member for Health & Social Services
Haringey Council	Councillor Isidoros Diakides Executive Member for Housing
Haringey Council	Councillor Dilek Dogus Ward Member
Haringey Council	Anne Bristow Director of Social Services, Haringey Council
Haringey Council	Cecilia Hitchen Deputy Director, The Children's Service, Haringey Council
Haringey Teaching Primary Care Trust	Richard Sumray <i>Vice-Chair of Haringey Well-Being Partnership Board</i> Chairman, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Tracey Baldwin Chief Executive, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Dr. Ann-Marie Connolly Director of Public Health
Haringey Teaching Primary Care Trust	Cathy Herman Non Executive Director, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Lesley Misrahi Non Executive Director, Haringey Teaching Primary Care Trust
Barnet, Enfield and Haringey Mental Health Trust	Carl Lammy
Haringey Association of Voluntary and Community Organisations (HAVCO)	Robert Edmonds Director, Age Concern Haringey
Haringey Community Empowerment Network (HarCEN)	Faiza Rizvi
Haringey Community Empowerment Network (HarCEN)	vacancy

Haringey Metropolitan Police	Simon O'Brien (<i>Represented by Wayne Mawson</i>) Borough Commander
College of North East London (CoNEL)	vacancy
OBSERVERS & GUESTS	
	Helena Pugh (Haringey Council)
	Nicolas Mattis (Haringey Council)

Well-Being Partnership Board – 4 September 2006**Report title *Our Health, Our Care, Our Say* White Paper****1. Purpose**

To act as a background paper to a presentation to this meeting of the Well-being Partnership Board of the key points of the Department of Health's White Paper *Our Health, Our Care, Our Say*.

2. Summary

- This White Paper expands the Government's vision of services geared towards maintaining individuals' independence, by giving them choice and control over the services they use, with a new emphasis on preventative services.
- A wide range of new initiatives in both health and social care are to be developed to support this vision.
- The Government wants joint working between local authorities and the NHS to be developed in a broad range of areas.

3. Recommendation

That the Partnership Board notes the key messages from the White Paper and discusses its implementation.

Contact officers:

Catherine Galvin
Assistant Director Business Improvement, Social Services, Haringey Council
(020) 8489 3719 catherine.galvin@haringey.gov.uk

Gill Prager
Director of Corporate & Partnership Development, Haringey TPCT
(020) 8442 6189 gill.prager@haringey.nhs.uk

Policy framework

Our Health, Our Care, Our Say sets out a vision of services geared towards maintaining individuals' independence by giving them choice and control over the services they use, with a new emphasis on preventative services.

Seven outcomes laid out in the *Independence, Well-being and Choice* Green Paper have been endorsed and will be the basis of new outcomes for both social care and health. These are:

- improved health and emotional well-being,
- improved quality of life,
- making a positive contribution,
- choice and control,
- freedom from discrimination,
- economic well-being, and
- personal dignity.

'Innovative providers' are to be encouraged, regardless of which sector they come from; there will be proactive encouragement of social care provision by the independent and voluntary sectors, and of social enterprise.

Joint working between local authorities and PCTs

Joint working between local authorities and NHS Primary Care Trusts (PCTs) is to be developed in a broad range of areas. These include:

- the alignment of planning and budgeting cycles in the two sectors from 2007/08;
- a comprehensive single complaints system for health and social care, to be introduced by 2009;
- the 'tight integration' of social care into new community NHS outpatient hospitals, and easy access in one place to other services such as benefits and employment advice;
- local authority input into nationally supported commissioning of extra GP services in areas where there is a relative shortage;
- further promotion of jointly appointed Director of Public Health roles.

Jointly funded intermediate care will be heavily promoted as a means of delivering better outcomes to patients while freeing up acute bed capacity.

Assessment and inspection arrangements in the health and social care sectors will be reformed in order to complement each other in support of the seven new outcomes. Our performance management systems are to be synchronised by 2008, with incentives for good joint commissioning and sanctions for failures. There will be greater enforcement of duties to consult the public over service provision – success in this area will form part of our annual performance ratings.

Promotion of good mental health is particularly prominent in the White paper. It is noted in the White Paper as the most common cause of sickness absence (which, as signalled in the recent Department of Work & Pensions (DWP) Green Paper *A New Deal for Welfare: Empowering People to Work*, is a Government priority for action). Each local area will be expected to have a mental health promotion strategy addressing external factors such as stress and abuse as well as individual lifestyles. Good practice in this area is defined as including a local needs assessment, cross-sector ownership and links to wider health and social care initiatives. Increased focus

on people of working age with mild to moderate mental health problems is to be piloted nationally, with a view to developing an evidence base to justify a wider policy shift.

Local authorities and PCTs will be expected to integrate workforce planning into corporate and service planning. 'Nationally co-ordinated action' will improve recruitment and retention in social care and develop the social work profession.

Haringey Council and Haringey Teaching PCT (TPCT) already jointly deliver a range of services and pool certain budgets, and discussions are ongoing between us to achieve greater joint working. However there are a number of issues which the partnership notes will need to be resolved, relating to the detail of frameworks. These issues include:

- the difficulty of synchronising assessment and inspection, as the inspection regimes are currently very different, with the Healthcare Commission being much 'lighter touch' than the Commission for Social Care Inspection (CSCI);
- how good joint commissioning and joint performance indicators will be defined;
- the need for proper guarantees of contractual financial security and equity in joint capital projects;
- the need for joint strategies and networks to reflect the full range of local government involvement in promoting well-being.

Both sides of the partnership face a challenging financial climate over the next three years. This in fact creates more of a need for us to work jointly wherever there are benefits to be reaped; however at the same time it can act as a constraint to actually getting it off the ground.

There had been specific financial concerns from the *Independence, Well-being and Choice* Green Paper due to insistence that social care reforms must be cost-neutral. In contrast the White Paper says: 'Where there are additional costs for some elements of the proposals, we will make specific resources available to fund them, without placing unfunded new burdens upon local authorities or putting any pressure on the council tax.' This commitment to providing extra funding in social care where the Government's plans make it necessary is warmly welcomed by the partnership; however, there is no detail at all provided of what extra funding for social care may materialise or when.

Extending choice and widening access

Individual budgets – held by the local authority on behalf of the service user or carer – may be rolled out nationally as soon as 2009/10. A key part of the new agenda is that a national approach to risk management in social care is to be developed during this year. This will codify the balance between protection from risk and greater user choice.

The 'choice' agenda includes improving access to general practice for the whole community. The White Paper aims to reduce difficulties of registering with a GP of the patient's choice by ensuring sufficient information is available to allow people to make a fully informed choice.

Walk-in centres are to be developed according to local need to allow for an increased flexibility of access and to ensure that those with busy lives are able to access services on an equal basis. To this end Practice-Based Commissioning is also being developed to ensure services truly meet the needs and wishes of local communities.

A new generation of community hospitals is to be developed to provide diagnostics, day surgery and outpatient facilities in locations which are fitted to where people live and work. These community hospitals are planned to complement more specialist hospitals.

Community Pharmacy contracts are placing pharmacies in a better position to enable them to provide more services and to eliminate the need for visits to GPs. These contracts are to be further developed.

Preventative services

An Urgent Care Strategy will focus on not only improving patient experiences but also on prevention by reducing the number of hospital admissions. This is to be done by simplifying access routes to care and ensuring people are appropriately assessed and referred to the relevant service quickly. The strategy will also work on improving partnership working and joint commissioning between our respective sectors.

A new 'NHS Life Check' service is to be developed to help people assess their own risk of ill health, particularly at 'critical points' in their lives. This will take into account a range of risk factors. Initial development and evaluation is due by 2007 and wider roll-out will follow. A high-profile 'Fitter Britain' campaign will also be developed aiming to improve people's health choices by 2012, focusing on both physical and emotional health.

Revised statutory guidance on the role of Directors of Adult Social Services (DASS) was issued on 15 May 2006. The duties for which local authorities must now make their DASS responsible include:

- strategic needs assessments for adults and families across the borough;
- working in partnership with the Director of Children's Services to jointly plan the social care workforce needed for the whole community;
- safeguarding vulnerable adults;
- managing cultural change to deliver the Council's responsibility to promote well-being and delivery of preventative services.

It is the Department of Health's intention to introduce legislation requiring local authorities to appoint a Lead Member for Adult Services, to ensure a strategic approach to provision of services for adults, and in particular promoting well-being, preventing social exclusion and protection of vulnerable adults.

Additional 'best practice' guidance calls for the DASS to promote well-being beyond the organisational boundaries of adult social care, working with "the full range of providers" including the NHS but also leisure services, adult education, community safety, voluntary and community organisations and the independent sector. This guidance offers welcome flexibility at local level to adapt the role and related structures to meet local circumstances, but it is 'best practice guidance' rather than statutory guidance.

Well-Being Partnership Theme Board

Item No: 8i)

Date: 4th September 2006

Report Title: Update from Older People's Partnership Board

Report of: Mary Hennigan

Summary

To update Well-being Partnership Theme Board on Older People's Partnership Executive Board's strategies.

Recommendations

That the Well-being Partnership note progress and key issues:

The Older People's Partnership Board has not met since March, though during that time it has been very active in developing the first-year action plan for Experience Counts. The Board will meet on September 12th, and will then re-commence meeting every six weeks thereafter.

A pre-meeting is being set up between the Chair of the Partnership Board and Robert Edmonds, Director of Age Concern Haringey, to develop an agenda for the first meeting. However, one of the priorities of the Board will be to develop new terms of reference, especially given its responsibility in developing the Experience Counts strategy. As requested by the Well-being Chairs Executive, the findings of the home care users' survey will also be presented to the Partnership Board in September (the report of this is attached).

While the Board has not had the chance to consider the Council's Community Strategy, its members have been engaged with this process via other channels. For example, the older people on the Board (a mixture of Supported Housing tenants reps and Executive Members of HFOP) have been consulted via the Elderly and Special Needs Forum and the recent HFOP focus meeting held in July 2006.

For more information contact:

Mary Hennigan
Assistant Director, Older People's Services
Tel: 020 8489 2324
Email address: mary.hennigan@haringey.gov.uk

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ITEM 8i) appendix

London Borough of Haringey – Home Care Users Survey 2006

Purpose of report: to update the Well-being Chairs' Executive on the results of the Department of Health / PSSRU home care users survey for older people, which was distributed to all home care users aged 65 and over during the early part of 2006.

1. Introduction

Each year, the Department of Health requires Councils with Social Services Responsibilities (CSSRs) to survey a particular user group. In 2006, it is older home care users throughout the country who have been asked their views on various aspects of their home care provision.

The survey was sent out with an explanatory letter to 801 home care users in February 2006, and a follow-up letter was sent six weeks later. There was also assistance available for people who needed help filling in the questionnaire. In total, 292 people returned completed surveys and a further five people telephoned to say they could not complete the survey, but fed back their views on the survey. This means that 37% of users responded in some way to the survey.

The last time a survey of home care users was carried out was in 2003, though it should be noted that the 2003 survey covered older people and adults; therefore, it is difficult to compare the results of the two surveys meaningfully. However, it may be possible to produce some trends as to whether levels of satisfaction with Haringey's home care provision has increased, decreased or remained much the same.

There are also two performance indicators which come out of the 2006 survey – both are based on specific questions. They are:

- *D52: Users who said they were extremely or very satisfied with Social Services;*
- *D71 - Care workers and choice (i.e. the percentage of service users who report that their carers always do the things they want done).*

2. Performance on PAF indicators

PAF indicators D52 and D71 were based on questions 1 and 4 of the survey.

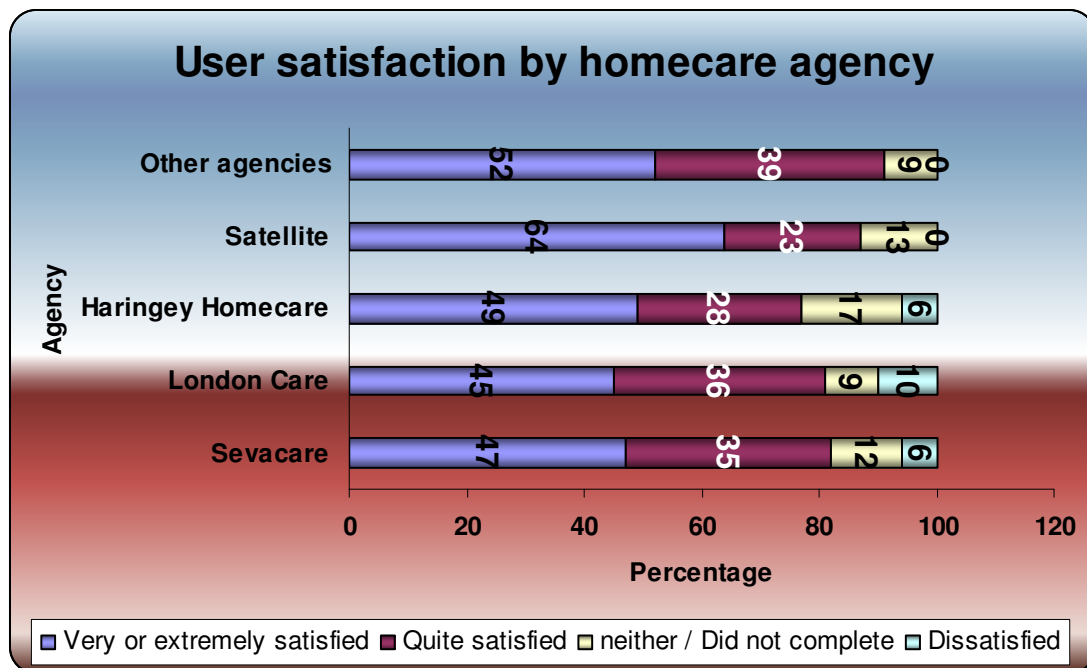
PAF D52

Question 1 asked “**Overall, how satisfied are you with the help from Social Services that you receive in your own home?**” PAF indicator D52

measures the percentage of people who stated that they were extremely or very satisfied. The results were as follows:

Response	Number	%
Extremely satisfied	54	19.2%
Very satisfied	87	31.0%
Quite satisfied	98	34.9%
Neither satisfied nor dissatisfied	25	8.9%
Quite dissatisfied	3	1.1%
Very dissatisfied	7	2.5%
Extremely dissatisfied	7	2.5%

Therefore, Haringey’s performance on D52 is 50.2%. This puts us in the lowest DH performance banding (1 blob). This is in spite of having only 6.1% of home care users who were dissatisfied with the service they receive. However, satisfaction levels have improved on the 2002 survey results, which showed that only 43.9% of people were extremely or very satisfied. The following graph shows satisfaction levels by home care agency:



PAF D71

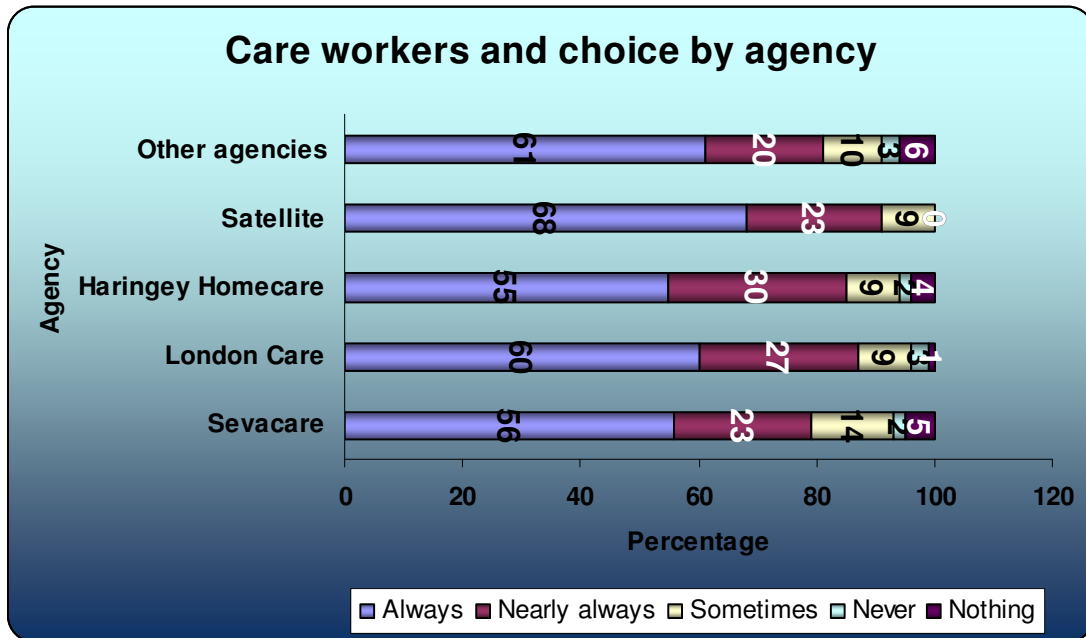
Question 4 asked “**Do your care worker do the things that you want done?**” PAF indicator D71 measures the percentage of people who said their carer always does what they want done. The results were as follows:

Response	Number	%
Always	170	60.3%
Nearly always	73	25.9%
Sometimes	32	11.3%
Never	7	2.5%

Total respondents

282 100.0%

Therefore, Haringey's performance on D71 is 60.3%. This gives us four blobs, and is less than 2% away from highest DH performance banding. The following graph shows how this question was answered by users of each agency.



These two graphs show that, in contrast to the 2002 survey when contracted agencies were shown to provide considerably less satisfaction for users than Haringey's internal home care, all agencies are broadly providing home care services which meet the needs of Haringey's residents. It should also be noted that Haringey Homecare carries out more complex, specialist and intensive home care services than the contracted agencies, and that this may have a bearing on the statistics.

NB: the outturns on these two performance indicators will remain constant throughout the year.

3. Performance on other key questions

- 78.4% of carers always or usually come at times which suit service users. This is up 2% from the 2002 survey.
- 63.6% of service users are always or usually kept informed of any changes in their care.
- 72.1% of service users felt that they could make a complaint about Social Services if they wanted to.
- 92.2% agree or strongly agree that they feel safe in their own home.
- 31.3% of service user had been told about Direct Payments by their social worker; 43.5% had not been told; and 25.2% did not know whether they had been told or not.
- 81.8% also received help from informal carers.

4. Service user comments

Questions 15 and 16 asked service users to write comments about what changes they would like to make to the services they receive, and any other comments they have about home care. What follows is a sample of both positive and negative comments written by service users:

“If you could change one thing about your home care services, what would it be?”

- Service is good but an extra 15 minutes would be good just for chat, stop that feeling of isolation.
- To know the carers' names I would be having during the week and to stop one of my weekend carers from coming at twenty to eight in the morning - it is much too early.
- Limit the number of care workers that visit my home to 2 or 3 workers.
- I would like to have the same carers coming in at the same time each day. At present they change every 3-4 days and I find this tiring and confusing because I have to keep explaining where clean clothes, toiletries etc are kept. Also I have to keep making new relationships.
- I would like the care worker to sometimes do a small amount of shopping, e.g. milk, eggs etc.
- That they could stay a bit longer and keep me company, and take me out for a walk when the weather is fine.
- Very happy as things are
- I would like somebody to do my cleaning once a week.
- [written by the user's wife] That the carer would take more time in washing my husband. The previous carer we had spent 0.5 hour each time with my husband. That is the correct time. This new one is in and out in 15 minutes. Rush, rush, rush.
- If my carer goes on holiday I am not told who I am going to get. I would like to be told by phone.
- Not pay for it!
- I would not change the way my care worker. I am very pleased with her, I have the same one always.
- To be spoken to as a human being.
- I would like the same care worker, or helper I most feel comfortable with. I am not sure changing is good or not because as one builds a good working relationship with a service worker. I feel this should be maintained.

“Please write any other comments you would like to make about the home care you receive.”

- I am very pleased with my home care, I appreciate all the kindness and attention I get as I have ticked on the opposite page.
- My home care could not be any more help than I have at each visit it is lovely to see a smiling face AM PM. Thank you.

- I am fairly happy with my regular carers but receive different levels of care from replacement carers.
- It's good that we now have a regular carer. However, when she is away the service falls down and we either don't get anyone to turn up or they arrive very late and usually are always complaining and don't do their duties very well.
- I am generally satisfied and the carers do improve my quality of life, however some could be more communicative, e.g. ask me what I would like for breakfast rather than assuming I want the usual cereal, also some more general conversation would be nice. I did have carers who make the bed very well, but the present ones are not so good.
- So far I am very satisfied and count myself lucky that I have such nice people coming in. They do it with a smile. It brightens my day meeting them and hearing of their families.
- Because there are a lot of calls and two carers allocated at a time, it can be chaotic with a difference in times when the first and second carer turns up. Also get a lot of different carers. They tend to moan about the job and each other a lot. Some are not too bad but much of the time I feel like a burden.
- I think I treat my carer with respect and think I am treated with respect in return.
- I am quite satisfied with home care but recently had to reduce hours because the fee went up and I couldn't afford it.
- We have had so many different carers that we have lost count. Many, completely untrained expecting the old lady to guide them or do it. It was intimidating for my mother to have to deal with so many different carers. Waiting for them to turn up was frustrating. We were on the telephone every day in the beginning. Sometimes we questioned the agency's ability to administrate and advocate. It has improved slowly and now for two months I can say that we have settled into a routine and we can, fingers crossed, rely on a set time - give or take. However, at the weekends we have a different carer every time.
- Very satisfied with my carer and hope to keep her permanently.
- They are very good and helpful. Without them I would not be able to manage on my own.
- If my Sunday carer came to me a little earlier, I could occasionally attend my church.
- Nothing is perfect but Haringey Council comes close to achieving this.

5. Profile of home care users

Age and gender of all older home care users:

No. of eligible users from which sample was drawn

Males aged 65-74	69
Males aged 75-84	108
Males aged 85+	67
Females aged 65-74	113
Females aged 75-84	221
Females aged 85+	223

Total

801

Ethnicity of respondents

Ethnic group	Number	%
White	199	68.2%
Mixed	7	2.4%
Asian or Asian British	11	3.8%
Black or Black British	43	14.7%
Chinese	9	3.1%
Other	7	2.4%
Not stated	16	5.5%
Total respondents	292	100.0%

Robert Holman
June 2006

Well-Being Partnership Theme Board

Item No:

Date: 4th September 2006

Report Title: Update from Mental Health Partnership Executive

Report of: Chair, (Siobhan Harper, on behalf of Helen Brown)

Summary

To update Well-being Partnership Theme Board on Mental Health Partnership Executive Board's strategies.

Recommendations

That the Well-being Partnership note progress and key issues.

For more information contact:

Chair's name : Helen Brown
Title : Director of Strategy & Performance HTPCT
Tel: 020 442 6434
Email address : Helen.brown@haringey.nhs.uk

UPDATE

Implementation of the Mental Health Strategy continues within key areas:

- Joint work with Supporting People to reconfigure the Mental Health Supporting People sector.
- Development of commissioning plan for Mental Health Day Opportunities now that the discussion period for Strategy document is completed.

Other key areas of discussion include:

- Detailed ongoing monitoring of Delayed Transfers of Care from St Ann's Hospital and proposals from Barnet, Enfield & Haringey Mental Health Services to re-organise local community and rehabilitation services. These proposals are now subject to formal consultation processes and will be discussed at Scrutiny on 12th September 2006.

Other ongoing work will include contribution to development of the LAA, and overseeing the action plan for the CSCI Inspection of Haringey Mental Health Services.

Item No:8iii)

Well-Being Partnership Theme Board

Date: 4th September 2006

Report Title: Update from Supporting People Partnership Board

Report of: Chair, Julian Higson – Head of Housing

Summary

To update Well-being Partnership Theme Board on Supporting People Partnership Board's progress in Implementing the Supporting People Year Strategy 2005 - 2010.

Recommendations

That the Well-being Partnership note progress and key issues.

To note the agreement of the 2006/07 Supporting People Annual Plan

To Note the completion of the Supporting People Service Reviews

To note the agreement of the revised Memorandum of Understanding, governing Haringey's Supporting People Programme, between the Council, London Probation and Haringey NHS Teaching Primary Care Trust and to note the change in the SP Commissioning Body's name to Supporting People Partnership Board

For more information contact:

Julian Higson
Head of Housing
Tel: 020
Email address: julian.higson@haringey.gov.uk

UPDATE

Background to the current Supporting People Five Year Strategy

In March 2005 Haringey Council, London Probation and Haringey NHS TPCT agreed Haringey's Supporting People Five Year Strategy.

The strategy was originally approved by the Health and Social Care Partnership Executive (HSCPE - now wound up) in its role as the Supporting People Commissioning Body and it was also approved by the Council's Executive on the 23 March 2005.

It is a Government statutory requirement that a Commissioning Body is in place to develop, agree and implement a Supporting People five year strategy and that the local (administering) Council, NHS PCT and Probation are the only agencies that can exercise a vote on this body.

The Board should note that in July last year the Council, NHS TPCT and London Probation agreed that the SP Executive Management Board would temporarily assume the Commissioning Body role after the winding up of the HSCPE.

However, the strategy received wide consultation involving over 160 local organisations; consultation with other partnership bodies within Haringey's Strategic Partnership and extensive consultation with users of Supporting People services and the organisations that represent them.

A 'Key Facts' Summary of the Strategy is attached as Appendix A for the Board's information (attached).

Supporting People Annual Plan for 2006/7

It is also a Government statutory requirement that the SP Commissioning Body agree an Annual Plan that sets out the following:

- the levels of Supporting People expenditure proposed for each vulnerable client group, details of any funding changes and details of high cost investments
- proposed changes in the Supporting People Five Year Strategy and description of consultation around these changes
- actions that the Commissioning Body propose to take to further implement the Five Year Strategy

The Annual Plan requires the agreement of all the voting partners on the Commissioning Body

Haringey's Annual Plan for 2006/07 was agreed by the Supporting People Executive Management Board at its meeting on the 4th July 06 after extensive consultation with all stakeholders

Appendix B provides a summary of achievements against the plan for the Board's information (available upon request).

Service Reviews

The review of all 153 support service funded by the programme have been completed and reported on to the Supporting People Executive Management Board, in line with Government statutory requirements

A summary of the key findings for each vulnerable client group will shortly be available on Haringey Council's website

Memorandum of Understanding

London Probation, Haringey NHS TPCT and Haringey Council have agreed a new Memorandum of Understanding that will govern how key Supporting People decisions will be made. As mentioned already this is a Government statutory requirement.

This provides for a new SP Partnership Board, which will have the following membership:

- Assistant Director for Social Services Business Improvement (Accountable Officer)
- Haringey Council's Head of Housing
- Haringey Council's Principle Equalities Officer
- Deputy Director for Children and Families
- The Head of the Community Safety Unit
- The London Probation Service's Area Housing Manager
- Haringey NHS TPCT's Director for Strategy
- The Head of the Learning Disability Partnership
- The Joint Head of Mental Health Commissioning
- Chair of Haringey's Supporting People Provider Forum
- The Chief Executive of HAVCO (voluntary sector)

2 representatives for Haringey's SP Service User Steering Group

The Head of Housing will chair the SP Partnership Board (to be reviewed annually)

However, again in line with Government requirements, only the Head of Housing, the TPCT's Director for Strategy and the Area Development Manager for London Probation will have voting rights (one equal vote) and they shall form an inner SP Executive. The decisions of the Executive will be binding on the SP Partnership Board. The memorandum also includes a Dispute Resolution process.

A copy of the memorandum is available by calling the Supporting People Team on 0208 489 3316 or by e-mailing on supporting.people@haringey.gov.uk – It will also shortly be available on Haringey's website.

Initial Outcome of the Government's Consultation on the National Supporting People Strategy and Funding Formula

Essentially the Consultation has concluded that the ring fences on the programme should remain and there are strong calls to give Supporting People it's own statutory framework. However, the Government are likely to continue to pursue the inclusion of the programme in the Local Area Agreement Framework.

No final view has emerged from the Government on the future funding formula and it has stated that it wants to further analysis the evidence and responses. However, most respondents were against a re-distributive formula and early indications are that the Government are unlikely to go ahead with the current proposed arrangement. Haringey could potentially lose up to £10 million per annum under this formula and so this could potentially be good news.

However, the Government have used it again to inform 2007/08 allocations and this has resulted in a 2% reduction in Haringey's grant from £21.7 million to £21.3, which would be an actual overspend in next year. The SP PB will be reviewing the five year strategy and risks at it's next meeting in Sept 06, in light of next years funding announcement.

Appendix A

Haringey Supporting People Key Facts

The Supporting People Strategy for 2005–2010

- The Health and Social Care Partnership Executive (now disbanded) was responsible for drafting Haringey's strategy but the Community Safety Executive Management Board, Housing Strategic Partnership and the Domestic Violence Partnership were involved with its development.
- The SP Five Year Strategy emphasises that Haringey Supporting People has a particular contribution to make to the following key themes:
 - Improve services: providing better quality, accessible services for everyone who needs them, particularly health and social care
 - Narrowing the Gap: improving the most deprived neighbourhoods
 - Safer Communities: creating safe and confident communities with less fear of crime and the ability to prevent crime and resist committing crimes
- There was wide consultation with over 160 organisations, all partnership boards, statutory agencies and with service users via focus groups.
- There was also consultation with the voluntary sector and all Supporting people providers.
- The strategy places a strong emphasis on SP tackling the borough's problems in the following areas:
 - Tackling the high levels of mental ill health and reducing mental health hospital and residential care admissions
 - Tackling the large numbers of homeless households in temporary accommodation
 - Reducing the numbers of new homeless
 - Supporting new immigrant populations
 - Tackling crime including supporting survivors and victims and supporting the rehabilitation of offenders and people recovering from substance misuse
- The strategy also stipulates that all new investment proposals and reviews of existing Supporting People services will need to set out how the service will achieve positive outcomes on basket of cross-Council and partnership targets.
- The strategy's preferred support model is generic floating support, which supports vulnerable households living in their own home and covers Council and Housing Association tenants, private tenants, owner

occupiers, temporary accommodation and households with no fixed abode.

- Accommodation based support, where the support is linked to a specific block of flats or property, will only be maintained and commissioned where there is clear needs evidence and service user preference that backs up the need for such a model.
- There is a strong preference against shared accommodation, particularly in the East of the Borough, although this will be commissioned if needs evidence/service user preference supports shared supported housing
- The strategy has a strong focus on achieving the borough's Community Strategy Objectives linked to narrowing the gap – addressing the social exclusion of the most deprived households, tackling homelessness and helping vulnerable households access education, training and employment.
- The strategy also emphasises the need for SP services to tackle re-offending, anti-social behaviour and supporting survivors and victims of crime/Anti Social Behaviour, particularly domestic violence.
- The strategy highlights the good work the Borough has done on setting up Black and Minority Ethnic specific services via 11 BME lead community organisations – The strategy commits the Borough to evaluating the effectiveness of this, with a view to expanding it to other groups.
- The Local Authority will tender all new and existing services during the lifetime of this strategy, except where the following criteria apply:
 - The service required is of such a specialist nature that there is a dearth of suitable providers capable of supplying the service (e.g. a specialist floating support service for a specific BME group)
 - The size of the contract is such that the benefits of tendering are outweighed by the costs (e.g. a service worth less than £150,000 over three years)
 - Tendering the service would put at risk the sustainability of the provider organisation *and* the Local Authority is committed to developing the capacity of that provider (e.g. a small local BME community group)
- Even where such scenarios apply there will be market testing as far as possible and providers will still be obliged to meet quality and value for money criteria.
- However to ensure some stability in the market the Local Authority will award steady state contracts, *after the first round of service reviews only*, where the following conditions are met:

- The Local Authority and the provider have agreed a price for the service that meets value for money criteria
- The service has achieved a satisfactory quality standard
- The service can demonstrate strategic relevance to the satisfaction of the Commissioning Body
- The provider has been accredited
- No significant changes to the service delivery model are proposed

Draft timetable for tendering of services:

2005/07 -	Mental Health and Substance Misuse/offender services
2007/08 -	Older Person, Learning Disability and Young Person services
2008/09 -	All other services (including generic floating support services)

- Informal feedback from the Government indicates that the strategy is rated as 'good and fit for purpose'
- The summary version of the strategy is available on the Council's website at:
http://harinet.haringey.gov.uk/index/social_care_and_health/adultsandoldepeople/supporting_people1/supportingpeopleexplained.htm

This also provides a link to the full version.

For more information on the Strategy and Haringey's Supporting People Programme then please contact:

Supporting People Team
2nd Floor
40 Cumberland Road
Wood Green
London N22 7SG
Tel: 0208 489 3419
Fax: 0208 489 3303
E-Mail: Supporting.People@haringey.gov.uk

May 2006

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Well-Being Partnership Theme Board

Item No: 8v)

Date: 4th September 2006

Report Title: Update from Housing Strategic Partnership

Report of: Chair, Julian Higson

Summary

To update Well-being Partnership Theme Board on Housing Strategic Partnership Executive Board's strategies.

Recommendations

That the Well-being Partnership note progress and key issues.

For more information contact:

Julian Higson
Head of Housing
Tel: 020 8489 4338
Email address

UPDATE

1. Housing Needs Survey

This was jointly commissioned with the London Boroughs of Barnet and Westminster in order to identify housing needs across the North London sub region and to ensure Haringey had a current and updated picture of needs across the Borough. Haringey has obtained an initial first draft of the survey report and we are liaising with Fordham's research over the analysis we consider appropriate for our purposes and to enable partners to deliver informed decisions on housing issues including new developments.

2. Fuel Poverty & Recruitment

The Well Being Partnership Board has allocated £65,000 to undertake activities to meet this target. LB Haringey Housing Services is currently in the process of recruiting an officer to deliver projects to help achieve this target and more. Housing Services are also seeking to ensure tackling fuel poverty

is included as a possible stretch target in the Local Area Agreement, working with the Private Sector housing team in Environmental services and the PCT.

3. Update of Housing Strategies

- The Diversity / Equalities Housing Strategy is being written up as a draft. Consultation with community groups, and stakeholders took place in spring, and the intention is to create an interim strategy with an initial action plan that can be discussed with partners.

4. RSL Partnering process

The process of identifying partner housing associations to take forward development in the Borough to meet housing need has been taking place. The initial stages resulted in the reduction of potential partners, and the process will be continue with an assessment from elected members.

5. Tottenham Hale Project

In April, representatives of social landlords managing property within the Tottenham Hale ward including RSLs and Homes for Haringey, met to discuss a pilot scheme to foster joint working within the borough. The starting point for the project is to develop a range of practical measures or areas where social landlords can work together within a defined geographical area, to improve housing management practice or address specific problems of the area to bring tangible benefits to residents and provide efficiency savings for landlords.

Initially, Tottenham Hale Ward was selected due to the large number (20) social landlords operating in the area and because it does not contain the same level of problems than some other wards the group should be able to focus on the standard day to day issues and make a real difference. Tottenham Hale is not as physically run down as other wards, there is not as big an overcrowding problem and environmental and crime and community safety issues are not as stark as in Northumberland Park for example.

A key tool for taking the project forward will be highly detailed mapping of the area overlaying tenure maps on the OS data to get an accurate street level picture of the ownership of social housing.

A tenure ownership mapping exercise was underway, and these should be ready by end August. The council's neighbourhood management areas were now realigned with the Area Assembly areas, this would see Tottenham Hale line up alongside Tottenham Green and Seven Sisters. It is proposed that the pilot be extended to cover this entire neighbourhood.

6. Gypsy & Traveller Housing Needs

Plans are advanced for a London wide housing needs assessment of Gypsies & travellers. This is a requirement by central government. The assessment will be undertaken on a sub regional basis, with each authority contributing towards the costs of the survey which is being administered by the GLA.

7. Prevention & Options

The council's new Prevention & Options services commenced on August 14th to replace the previous Homelessness and housing advice services. The services is geared towards ensuring customers and clients have access to the full range of housing options that enable them to leave in safe, secure and decent affordable homes whether in social housing or the private sector.

8. New Lettings Policy

The council is currently reviewing its Allocations policy, and undertaking consultation that will end on Sept 8th 2006 with a view to creating a new Lettings policy that reflects the ability of Haringey and its partners to meet the demand for housing across the Borough. Part of the new policy will result in a new pointing system to reflect contemporary housing problems such as overcrowding and the impact of anti social behaviour. Running parallel to this will be a review of the Housing register to ensure this remains up to date and current.

Unitary Development Plan

The Borough's new UDP was successfully adopted by the Council in July. The affordable housing policy remains the same with 10 units and over required to provide 50% affordable units. Residential development in the Borough is expected to have a density of between 200 and 700 habitable rooms per hectare (distinct from units).

Housing benefit Liaison

The HB Liaison group exists as a sub group of the Housing Association Forum. Its purpose is to provide a forum for the exchange of information about current developments / situation within the housing benefit service and to discuss operational issues which arise between partners, benefits and customer services which have an impact upon the timely and accurate payment of housing benefit.

Work is ongoing on developing a new Service Level Agreement between the council and partners, a draft SLA is currently out for consultation.

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Item No: 8vi)

Well-Being Partnership Theme Board

Date: 4th September 2006

Report Title: Update from the Performance & Strategy Sub-Group

Report of: Chair, Eve Pelekanos, Head of Performance, Improvement & Scrutiny, Haringey Council

Summary

To update Well-being Partnership Theme Board on the work of the Joint Performance & Strategy Group

Recommendations

That the Well-being Partnership note progress and key issues.

For more information contact:

Eve Pelekanos
Head of Improvement, Performance & Scrutiny
Tel: 0208 489 2508
Email address eve.pelekanos@haringey.gov.uk

UPDATE

The group meets quarterly and its main function is to monitor joint health and social services performance indicators and outcomes.

The group has developed a scorecard that includes apart from the joint indicators a number of measures that will monitor progress of the well-being projects commissioned by the board in 2006/07.

An end of year performance report was submitted to the Chairs Executive in June 2006. The first quarterly performance report for 2006/07 will be submitted to the Chairs Executive meeting on the 19th of September.

The joint performance group members have also been working on the Local Area Agreement indicators and targets, establishing baselines and assisting partners in developing stretch targets. The LAA targets, once agreed, will be

included in the Well-being Performance Scorecard so that they are monitored regularly.

It is proposed that performance information compiled by the Well-being Joint Performance & Strategy Group forms part of the overall HSP performance monitoring framework.

The next meeting of the Joint Performance & Strategy Group is on 30 September 2006.

Item No: 8vii)

Well-Being Partnership Theme Board**Date:** 4th September 2006**Report Title:** Update from Joint Services Priorities Group**Report of:** Harry Turner**Summary**

To update Well-being Partnership Theme Board on Joint Services Priorities Group strategies.

Recommendations

That the Well-being Partnership note progress and key issues.

For more information contact:

Harry Turner
Harry.Turner@haringey.nhs.uk

UPDATE

The Joint Service Priorities Group has met on a regular basis and has established Terms of Reference and an agreed Work Plan for 2006/07.

The remit of the Group is to take advantage of joint commissioning and contracting opportunities in order to maximize economies, efficiencies and value for money across and between areas of joint service interest. These are predominantly but not exclusively mental health, learning difficulties, physical disabilities and elderly care. The Group is also a forum for exchanging information about overarching finance and activity plans and commissioning processes.

The agreed work plan for 2006/07 includes the following:

- Review of joint funding of and investment in the voluntary sector and promotion of new entrants to the market under the Compact
- Overview the total, combined 06/07 budget to develop a shared understanding of possible efficiencies and priorities by care group
- Set up an invoicing and payments process for both organisations to each other
- Business plan for future years especially 07/08

- Learn from existing, share and develop new S31 Agreements e.g. Children's Services, and RNCC
- Set up a process for, review, and oversee bids for new money
- Complete and review 06/07 paperwork and contractual process for S28 & S31s. Systematically complete, share and review periodic in-year activity and cost monitoring

The review of current investments in the voluntary sector has been started, with the TPCT having issued notice to all non-service agreement leads of a 06/07 6 month review process and with LBH starting a similar process for 07/08. Officers recognize the difficulty of aligning the commissioning cycles because of the significantly later Department of Health resource allocations and contracting rules: as a result a joint, high level business planning meeting has been requested for September. In the meantime, a request for a common London wide view on the aligning of planning, commissioning and reporting timescales has been fed back to the London wide PCT group by the TPCT Board.

LBH and the TPCT have agreed a common invoicing and payments process and are starting to apply this agreement. The paperwork for 0607 is being completed and some in-year information was fed back between both organisations at the JSPG meeting held in July.

The next JSPG meeting is scheduled for 14 September. The Group has asked for a presentation on Supporting People money and investments in order to explore further possible efficiencies by linking into mainstream monies. The Group is also expecting the service leads to present on Carers and Older People and Intermediate Care, being the priority identified for joint working by lead officers.

HARINGEY WELL-BEING PARTNERSHIP BOARD

DRAFT TERMS OF REFERENCE August 2006

The **Haringey Well-being Partnership Board** is a strategic body forming part of the Haringey Strategic Partnership (HSP). As such, it aims to deliver outcomes for the priorities agreed across the HSP through the Community Strategy, which are to:

- Improve services
- Narrow the gap between the east and the west of Haringey
- Create safer communities
- Improve the environment
- Raise achievement in education and create opportunities for life long success

The Haringey Well-being Partnership Board also meets the requirements of the Health Act 1999 which specifies a formal duty of partnership between health organisations and local authorities. It is subject to government policy guidance and directives.

The Board is the umbrella body to statutory and non-statutory partnerships and sub-groups that fall within its remit.

Aims

- To improve the health and quality of life of people who live and work in Haringey and to reduce health inequalities
- To set a strategic framework, including values and principles, through which joint priorities can be delivered and through which statutory responsibilities can be carried out
- To agree joint, overarching priorities for the wide Well-being agenda through an annual statement which will guide the work of the Board in the light of the most recent information and developments

Core business

The Haringey Well-Being Partnership Board will:

- Carry out all statutory duties required by government including formally approving Section 31 partnership agreements and confirming the statutory transfer of funds between agencies
- To respond, as a partnership, to new government initiatives, directives and legislation
- Contribute to the implementation and review of the Community and Neighbourhood Renewal Strategies and to monitor progress on agreed actions
- Monitor the implementation of major projects delegated to the Well-being Executive or sub groups
- Consider, comment on and endorse, as appropriate, strategic documents from other Partnership Boards or sub groups in the Well-being or wider HSP structure that require a joint multi-agency Well-being response

- Monitor the effectiveness of the Partnership Boards and sub groups and other joint planning arrangements within its structure through receipt of an annual report or other agreed mechanisms
- Actively engage service users and stakeholders, with specific emphasis on traditionally hard to reach groups, and give support (including revenue support where appropriate) to enable participation from all relevant stakeholders
- Actively encourage the contribution of all Local Authority and NHS services and other stakeholders to the wider Well-being agenda, e.g. leisure, environment, housing, community safety, regeneration, education, children's services, and to ensure that Well-being activities are appropriately considered in their planning, including other HSP theme partnerships
- Share information, best practice and experience
- Share performance management frameworks where appropriate and possible
- Integrate, wherever appropriate, the plans and services of partner organisations including the use of Health Act 1999 flexibilities
- Account for actions and performance through regular reports to the HSP

Operational Protocols

Membership

The Membership of the Well-being Partnership Board will:

- Be related to the agreed role of the Partnership with the flexibility to co-opt members for a specified time to meet specific requirements
- Be reviewed annually
- Have the authority and resources to meet the aims and objectives of the Terms of Reference
- Possess the relevant expertise to deliver the Terms of Reference
- Be responsible for disseminating decisions and actions back to their own organisation and ensuring compliance
- Will nominate a member to represent it on the HSP Board

Chair

Members of the board will elect a chair from among their members. This will be at the host meeting each year. The Chair can serve for a maximum of three years.

Vice Chair

Members of the board will elect a vice-chair from among their members. This will be at the host meeting each year. The Vice-Chair can serve for a maximum of three years.

Representatives

Partner bodies are responsible for ensuring that they are represented at an appropriate level. Where the nominated representative is unable to attend, a deputy may attend in their place

Co-opting

The Partnership may co-opt additional members by agreement who will be the full voting members of the Board

Agency	Number of representatives
Local Authority	9
Haringey Teaching Primary Care Trust	6
North Middlesex University Hospital NHS Trust	1
Whittington Hospital NHS Trust	1
Barnet Enfield and Haringey Mental Health Trust	1
HAVCO (Voluntary Sector)	2
HarCEN	2
Metropolitan Police Service	1
?? New Name?? London Probation Service????	1
College of North East London	1
TOTAL	25

Sub-Groups of the Haringey Well-Being Partnership Board

The Board will be supported by subsidiary bodies known as the Executive as follows:

Executive/sub body	Chair
<ul style="list-style-type: none"> • Older Peoples Partnership 	Mary Hennigan - Assistant Director, Older Peoples Services, Social Services, LBH
<ul style="list-style-type: none"> • Mental Health 	Helen Brown – Director of Operations, TPCT
<ul style="list-style-type: none"> • Supporting People Management Board 	Julian Higson - Assistant Director, Housing Strategy, LBH
<ul style="list-style-type: none"> • Healthier Communities 	Ann-Marie Connolly – Director of Health Improvement, TPCT
<ul style="list-style-type: none"> • Housing Executive 	Julian Higson - Assistant Director, Housing Strategy, LBH
<ul style="list-style-type: none"> • Performance and Strategy Group 	Eve Pelekanos – Head of Improvement & Performance & Strategy, LBH
<ul style="list-style-type: none"> • Joint Service Priorities Group 	Harry Turner – Director of Procurement & Finance, TPCT

Other sub-bodies may be established by the Board as it evolves.

Meetings

- Meetings will be held 4 times a year with additional, special meetings if required
- A meeting of the Well-being Partnership Board will be considered quorate when at least six members are present, providing that two representatives each of The Council and The Teaching Primary Care Trust, including the following, are in attendance:
 - one Councillor, Haringey Council
 - one Non Executive Director, Haringey NHS Teaching Primary Care Trust
- Attendance by non-members is at the invitation of the Chair.
- The agenda, papers and minutes of meetings will be available to the public

Agendas

Agendas and reports will be circulated at least five working days before the meeting. Additional late items will be at the discretion of the chair.

Partner Action

Representatives will provide a link with their own organisation regarding reporting back and instigating partner action.

Interest

Members must declare and personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.

Absence

If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the partnership.