HARINGEY COUNCIL

NOTICE OF MEETING

Haringey Well-Being Partnership Board

THURSDAY, 14TH DECEMBER, 2006 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Tracey Baldwin (Haringey Teaching Primary Care Trust), Councillor Gideon Bull (Haringey Council), Stephen Clarke (Haringey Council), Dr Ann Marie Connolly (Haringey Teaching Primary Care Trust), Jim Crook (Haingey Council), Councillor Isidoros Diakides (Haringey Council), Councillor Dilek Dogus (Haringey Council), Robert Edmonds (Haringey Association of Voluntary and Community Organisations (HAVCO)), Councillor Bob Harris (Haringey Council) (Chair), Deborah Harris (Haringey Community Empowerment Network (HarCEN)), Cathy Herman (Haringey Teaching Primary Care Trust), Cecilia Hitchen (Haringey Council), Stanley Hui (Haringey Association of Voluntary and Community Organisations (HAVCO)), Carl Lammy (Barnet, Enfield and Haringey Mental Health Trust), Clive Lawton (North Middlesex Hospital NHS Trust), Councillor George Meehan (Haringey Council), Narendra Mikanji (Whittington Hospital Trust), Lesley Mishrahi (Haringey Teaching Primary Care Trust), John Morris (Haringey Council), Simon O'Brien (Haringey Metropolitan Police Service), Gillian Prager (Haringey Teaching Primary Care Trust), Faiza Rizvi (Haringey Community Empowerment Network), Richard Sumray (Haringey Teaching Primary Care Trust) (Vice-Chair) and Sean Walker (Haringey Probation Service)

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 10 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: (PAGES 1 - 8)

To approve the minutes of the Haringey Well-Being Partnership Board meeting held on 4 September (attached).

5. SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT (PAGES 9 - 44)

6. PCT BUDGETS (TO FOLLOW)

7. MENTAL HEALTH SERVICES UPDATE (PAGES 45 - 52)

8. LIFE EXPECTANCY ACTION PLAN (PAGES 53 - 92)

9. UPDATES: (PAGES 93 - 102)

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

i) Older People (to follow)
ii) Mental Health – covered by Agenda Item 7
iii) Supporting People Management Board (to follow)
iv) Healthier Communities (to follow)
v) Housing Executive
vi) Performance and Strategy Group
vii) Joint Service Priorities Group
viii) Police – verbal two minutes
ix) PCT - verbal two minutes
x) Voluntary Sector – verbal two minutes
xi) Haringey Council - verbal two minutes

10. ANY OTHER BUSINESS:

11. ITEMS OF URGENT BUSINESS:

To consider any new items admitted under Item 2 above.

12. DATE OF NEXT MEETING:

- 15 March 2007, 7pm

13. FUTURE AGENDA ITEMS:

Partners should submit proposed agenda items for the next meeting to Nicolas Mattis no later than 17 February 2007.

YUNIEA SEMAMBO
Head of Member Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Nicolas Mattis
Principal Support Officer
Tel: 020-8489 2916
Fax: 020-8881 5218
Email: nicolas.mattis@haringey.gov.uk

This page is intentionally left blank

Agenda Item 4

haringey strategic partnership

for health and social care

For a large print copy, please call 020 8489 6917

HARINGEY WELL-BEING PARTNERSHIP BOARD

MONDAY 4 SEPTEMBER 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. APOLOGIES (Agenda Item 1):

Haringey Probation Service	**Sean Walker** Head of Service Delivery
Haringey Association of Voluntary and Community Organisations (HAVCO)	**Stanley Hui** ***(represented by Pamela Pemberton)***
Haringey Metropolitan Police	**Simon O'Brien** Borough Commander
Haringey Council	**Cecilia Hitchen** Deputy Director, The Children's Service, Haringey Council
Haringey Council	**Anne Bristow** ***(represented by Mary Hennigan)*** Director of Social Services, Haringey Council
Haringey Teaching Primary Care Trust	**Tracey Baldwin** Chief Executive, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	**Gill Prager** Director of Corporate and Partnership Development
Haringey Association of Voluntary and Community Organisations (HAVCO)	**Robert Edmonds** Director, Age Concern Haringey

2. URGENT BUSINESS (Agenda Item 2);

None

3. DECLARATION OF INTERESTS (Agenda Item 3):

None

4. MINUTES (Agenda Item 4):

RESOLVED

That the Minutes of this Board meeting held on 19 July 2006 be confirmed and signed as a correct record by the Chair subject to changes.

5. OUR HEALTH, OUR CARE, OUR SAY: TAKING THE AGENDA FORWARD IN HARINGEY (Agenda Item 5):

Catherine Galvin, by way of a joint presentation, informed the Board that serious discussions were needed on the OHOCOS agenda, and that a sub-discussion group would be needed to deal with this issue. During the presentation, she outlined the aims, especially the reconfiguration of services and promotion of independence in order to address a largely unaffordable social care structure at present. The goals and seven outcomes (be healthy, stay safe, make a positive contribution, achieve economic well-being, enjoy and achieve, be independent, and access to an affordable and decent home) were highlighted to the Board which, it was hoped, would encapsulate the aims and ambitions that are set out the White Paper.

In respect of the Closer Working, Catherine outlined the issues surrounding this such as the need to have a single complaints system and adopt more robust joint workforce planning. The Board also heard of the improved range of services that would come as a result of the agenda. The Board finally heard about the issues surrounding the agenda, namely, money (investment and timing), joint planning (politics and outcomes), and expectations.

The Board discussed how the agenda could be taken forward. It was felt that detailed discussions needed to take place at a strategic level between key partners, having understood the political ambitions in the long-term. There would need to be closer partnerships and thought about how the services could affect the desired shift to public health preventative measures. There would also need to be highlighting of the funding streams available, whilst some issues around commissioning in the London regional sphere would need to be considered too. Once a framework for discussing these prevalent issues was established, it would then be necessary to report back to the Board on taking the agenda forward.

The Board also considered some of the points raised in the presentation that the strategic level group would need to discuss such as what would be the strategy for joint-working. Further, how people use services would need to be understood in order to plan effectively. Also, the emphasis on expectations should not be misunderstood and there would need to be a clear definition of what this meant and how to understand it in order to address it. The issue of choice was also raised as was the opportunity for doing something different by focussing on joint-working in order to strive for *the best*. The possibilities were considered to be more about realignment of services rather than extra funding in some cases.

RESOLVED

(i) That the key partners set up a small strategically led group to consider the issues highlighted and report back to the Board.

6. FEEDBACK ON LAA (Agenda Item 6):

Dr Ann-Marie Connolly gave a presentation to the Board on the LAA which began by outlining what the LAA is and highlighted the four blocks of which the Board would focus mainly on the *Healthier Communities and Older People* block. The Board heard that the development of the LAA would involve working groups, identification of interconnecting issues and consultation with the relevant Partnership Boards of which this Board would be asked to contribute toward. The Board was also introduced to the types of targets used in the LAAs, namely, mandatory (targets already set), optional (targets and indicators set by the Partnerships), and stretch (either mandatory or optional targets that can stretch performance by setting tougher targets than those outlined by the government and can achieve pump priming funding). The Board would be expected to consider at length the stretch targets.

There was a lengthy discussion after the presentation in which a number of issues were raised. The Board heard that targets on mental health and employment would need to be considered, although the targets are generally quite broad and would pick on these issues - nonetheless these would need to be made more explicit. Vulnerable people living in decent homes was also raised as a possible target. The Board also heard that if not explicitly dealt with in the targets, the problems of sicklecell would also need to be highlighted. Further, the issue over volunteering was raised and largely considered to be an important issue for further discussion although it did already appear significantly amongst some of the 10 to 12 stretch targets that the partnership is required to draft. The importance of setting targets that are measurable was highlighted to the Board. Also, the need to reflect partnership working especially on issues that have persisted within Haringey for a number of years such as the growth of new communities within the borough. The emphasis would be to achieve more than the sum of the individual parts in terms of the priority stretch targets achieved. The Board largely agreed that joint working would capture this achievements.

RESOLVED

All responses to be channelled through Helena Pugh and/or Ann-Marie Connolly.

7. COMMUNITY STRATEGY (Agenda Item 7):

There was a session led by Janette Gedge Wallace, Haringey Council's Corporate Consultation Manager, on the renewal of the Council's Sustainable Community Strategy which partners were invited to engage with. The Board were presented with the findings of a public consultation event which focussed on four main questions (What's good about Haringey? What three things would make Haringey better? What should Haringey be like in 10 years time? And What concerns do you have?).

The Board was then split into groups to discuss the most prevalent themes that it would like to see in the renewed Community Strategy. Haringey's Performance and Improvement Team (HPIT) facilitated these session in order to extract the merging themes from the Board, and the Board would receive a full report in due course. The Board considered how partnership working could work better for the benefit of the borough and its communities and considered some of the barriers to this. These responses too would be summarised by the HPIT.

8. UPDATES (Agenda Item 8):

The Board received seven written updates as follows:

(i) Older People
(ii) Mental Health
(iii) Supporting People Management Board
(iv) Healthier Communities
(v) Housing Executive
(vi) Performance and Strategy Group
(vii) Joint Service Priorities Group

There was also a verbal update from the Haringey Teaching Primary Care Trust on the financial issues which included a further amount of £1.6m that had arisen as a result of a lack of funding from central government. The implications of this reduction in funding were being considered and would be reported back to the Board in due course. Similar issues were reported from the Whittington Hospital Trust. The impact on Council services as a result of this was considered significant, and a meeting to discuss this in further detail between key figures at the Council and the relevant hospital trusts was called for by the Chair.

RESOLVED

The Board noted all of the updates from Board's sub-groups.

9. MEMBERSHIP AND TERMS OF REFERENCE (Agenda Item 9):

RESOLVED:

That the Board agreed to the Terms of Reference before them.

10. CONFIRMATION OF HWBPB REPRESENTATION TO THE HARINGEY STRATEGIC PARTNERHIP (Agenda Item 10):

RESOLVED:

The Board delegated responsibility for choosing the representation to the Chair and Vice-Chair. Between them, it was later decided that the Chair would represent the Board on the HSP for the remainder of the municipal year.

11. ANY OTHER BUSINESS (Agenda Item 11):

None

12. ITEMS OF URGENT BUSINESS (Agenda Item 12):

None

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

RESOVLED

The following dates were reconfirmed by the Board:

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

14. 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 20 November 2006.

The meeting ended at 21:45 hours.

_____

Councillor BOB HARRIS
Chair, Haringey Well-Being Partnership Board 2006/2007

Date:_____

APPENDIX ONE

MEMBERS PRESENT AT THE MEETING
4 September 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** *Chair of Haringey Well-Being Partnership Board* Executive Member for Health & Social Services
Haringey Council	**Councillor Isidoros Diakides** Executive Member for Housing
Haringey Council	**Councillor Dilek Dogus** Ward Member
Haringey Council	**Councillor Gideon Bull** Chair of Overview and Scrutiny Committee
	John Morris
Haringey Teaching Primary Care Trust	**Richard Sumray** *Vice-Chair of Haringey Well-Being Partnership Board* Chairman, 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
	Narendra Makanji
Barnet, Enfield and Haringey Mental Health Trust	**Carl Lammy**
Haringey Community Empowerment Network (HarCEN)	**Faiza Rizvi**
Haringey Community Empowerment Network (HarCEN)	**vacancy**
College of North East London (CoNEL)	**vacancy**

OBSERVERS & GUESTS	
	Helena Pugh (Haringey Council)
	Nicolas Mattis (Haringey Council)
	Catherine Galvin (Haringey Council)
	Deborah Cohen (BEH Mental Health Trust)
	Janette Gedge Wallace (Haringey Council)

This page is intentionally left blank

Agenda Item 5

Report of David Hennings Assistant Director (Strategy) **Agenda Item: 05**

Wellbeing Partnership Board 14th December 2006

Subject: Draft Sustainable Community Strategy

Report Author: Janice Robinson

---

1. Purpose

1.1 To update Wellbeing partnership Board (WPB) on the process surrounding the development of Haringey's next Sustainable Community Strategy

2. Summary

2.1 Over the summer 2006 open public consultation on the sustainable community strategy was held through the 'have your say – shape the future' post card campaign. This open consultation continued through the autumn, but was aimed more at formal groups and bodies. The draft strategy has now been written and will be out for consultation from 20th November2006 – 5th January 2007. A copy has been sent to all members of the HSP, the Partnership boards, all councillors and other groups and stakeholders. A copy is also attached at the end of this report. One of the key priorities in the strategy is "Haringey will have healthier people with a better quality of life".

2.2 Over the coming weeks work will be needed to refine the strategy and develop the action plans. Significant parts of the action planning are already developed through the work around the Local Area Agreement.

2.3 A second draft will issued by mid January and there will be a further period of consultation on the second draft until 5th February. The final strategy will be agreed at the HSP and full council in March 2007. The strategy will be published in April 2007.

3. Recommendations

3.1 That the WPB consider the Draft Sustainable Community Strategy which is shown in appendix 2 and provide comments by 5th January 2007.

4. Background Information

4.1 For further information please contact Janice Robinson. Janice.robinson@haringey.gov.uk or call 020 8489 2613

Haringey Shaping the future

DRAFT
A Vision for Haringey

The Sustainable Community Strategy
Haringey Strategic Partnership

What is this consultation?

This is the draft of the Sustainable Community Strategy 2007-16. This document has been designed to stimulate comment and discussion that will inform the content of the final agreed strategy.

Process and timescales

This draft of the Sustainable Community Strategy will be out for consultation in November until the end of the first week in January 2007. It will go before full Council on 19th March and the Haringey Strategic Partnership for final approval on 22nd March. Publication of the final strategy is scheduled for April 2007.

We want to hear your views on this document - how you can respond

Throughout this document you will be asked a number of questions. For those able to, it is preferable to respond through the email link. You can find this on
www.haringey.gov.uk/hsp

For those of you unable to use the email system you should provide comments on a hard copy and post them back to Rachel Pugh, Policy & Partnerships, 7th Floor River Park House, High Road, Wood Green, N22 telephone 020 8489 2967.

Please ensure you provide us with the following information when you respond:

- What part(s) of the document you are responding to
- Your name
- The name of your organisation (if any)
- Your position/role within this organisation
- Your address
- Your phone number
- Your e mail address
- Date you completed this consultation

Responses should be back with us by 9am Friday 5th January 2007.

Other formats

This draft strategy is available in a summary format on request in community languages, Braille, on tape, in large print and in a format accessible to people with learning disabilities. Those requiring further assistance, special formats or further information on the consultation should also contact Rachel Pugh.

For further information

To receive further information on the policies and content of the sustainable community strategy for Haringey, you can contact the Project Manager Janice Robinson on Janice.robinson@haringey.gov.uk

Contents

Haringey – shaping the future

Introduction from the Chair of the Haringey Strategic Partnership, Councillor George Meehan,
Leader of Haringey Council

Dear Resident or Partner,

This draft 'Shaping the future' maps the course we want to take to improve the quality of life for those who live, work or come to Haringey.

Our Community Strategy 2002-7 helped guide the borough to notable success. Working with other local agencies, Haringey Council has now been awarded a fantastic three star rating by central government, meaning we are operating extremely well and providing good services to our residents. We are also proud to say that:

• Seven of Haringey's parks have been awarded the Green Flag of excellence
• We are investing £178 million in our schools (a new secondary school and sixth form are due for completion in the coming years)
• Educational achievement is continuing to rise and all of the borough's young people are getting better GCSE results
• Our streets are cleaner and rubbish and refuse is collected efficiently
• We have built state of the art gyms in our leisure centres, including a dedicated gym for children
• We have transformed our libraries into award winning centres of learning, leisure and business
• Relations with our cosmopolitan and diverse communities and faith groups are good and getting even better, events such as Peace Week really bring the borough together
• We have Safer Neighbourhood Teams in every ward working to reduce crime further

We want to get even better and this document will guide us and keep us - along with all members of the Haringey Strategic Partnership (HSP) - on track over the next decade.

We all know that little can be achieved without different agencies and service providers putting their heads and talents together to come up with workable, long term answers to some of Haringey's embedded challenges. So, the Haringey Strategic Partnership, which includes the council, police, health services, faith groups, the Peace Alliance and other voluntary and community organisations working together, has noted residents' concerns and addressed them in this strategy.

This document illustrates what we want our borough to be like in 2016; identifying our priorities and the things we must do to make the vision a reality. We want to bring prosperity, success, safety and security to all Haringey's

people through first class services which meet the challenges of the 21st century.

Please read this document and share your comments with us.

For my part, I pledge to use my influence as Leader of Haringey Council and Chair of the Haringey Strategic Partnership to help clear the way for innovation, enthusiasm and expertise to flourish in pursuit of Haringey's future.

Thank you all who have come with us so far, please stay the course, lend us your ears and your energy, to see this through.

Yours sincerely,

Cllr George Meehan
Leader Haringey Council
Chair of the Haringey Strategic Partnership

The priorities in this draft strategy

• A good place for people

Haringey will:
• have an environmentally sustainable future
• have economic vitality and prosperity shared by all
• be safer for all
• have healthier people with a better quality of life
• be people focused

You can tell us whether these are the right priorities for Haringey towards the end of this document on page 29.

Haringey 2016 our vision

"A place people talk about proudly and where they want to be"

Question
What do you think our vision for Haringey should be?
……
……
……
……
……
……
……
……

Why a Sustainable Community Strategy?

Every Council is expected to lead, in partnership, the development of a sustainable community strategy. The purpose of the strategy is to improve, extend and sustain the opportunities and quality of life for those who live, work or come to Haringey. The strategy looks at the short, medium and longer term ambitions for the borough and its people. Leading on from the consultation we undertook, this draft has been called "shaping the future"

Question
What do you think the final agreed strategy should be called?
……
……
……
……
……
……
……
……

What is the Haringey Strategic Partnership?

The Haringey Strategic Partnership (HSP or Partnership) is a partnership of the main agencies and organisations working in the borough and the Sustainable Community
Strategy belongs to the Partnership. The Partnership includes the Council, the Police, the College for North East London, major Housing

Associations and Homes for Haringey, the voluntary and community sector and the Primary Care Trust amongst many other partners. You can find a full list of partners at the end of this draft strategy. A primary purpose of the partnership is to address those issues that cannot be tackled by one agency in isolation. Examples of this are improvements to transport and programmes to tackle community safety. This draft strategy is an ambitious one and together with our citizens it will require the HSP to play a more prominent role in shaping and improving the quality of life and future prospects for Haringey. To find out more about the partnership visit http://www.haringey.gov.uk/index/community_and_leisure/haringeypartners.htm . You will find a list of all the partners at the back of this document.

Quality of life

The aim of this strategy is to improve the quality of life for everyone in Haringey. There are various ways we can measure the quality of life e.g. air quality, life expectancy, income levels, unemployment, the quality of our parks and open spaces and levels of crime, value for money and access to services and other facilities. Over the course of this consultation we will be establishing a way of assessing the quality of life across the borough. Once set up it will be managed and measured through the Haringey Strategic Partnership.

Question

What things would you like to see included in helping to measure the quality of life in Haringey?

……
……
……
……
……
……
……
……

Achieving a better quality of life

This is an ambitious document that sets out aspirations for the people of Haringey. During the course of this consultation and over the following months, plans to implement the strategy over the short, medium and long term will be developed. These will be monitored and managed through the HSP. We are keen for the measurements of success to be locally focused and locally accountable.

We also work hard to ensure that our partnership work with Government attracts the best for Haringey. Our elected representatives are well connected to communities, local agencies and organisations and are best placed to know what is important for Haringey. In view of this, the council together with its partners is in negotiation with Government to address some of Haringey's most fundamental concerns through the Local Area Agreement process described on page 13.

Working with others and making the case for Haringey

Haringey is not an island. It is imperative that we work with others to meet the challenges contained in the strategy. We engage with, for example, Transport for London, neighbouring boroughs, regional agencies and councils involved in larger scale projects, like the Olympics and the proposals for the Upper Lee Valley.

Our key principles and values

The following key principles and values underpin all the activity and aspirations contained within the strategy.

What we do now should have lasting benefits for existing and new communities.

• To put in place the conditions that help everyone reach their full potential
• No one should face discrimination or disadvantage because of their background, who they are or where they live
• Change should benefit existing and new communities, across the borough
• We value our diversity and want contact across the generations, cultures and neighbourhoods
• We cherish and preserve what is best about our heritage and shared experience and develop what needs to change
• We will promote value for money and financial stability in the major institutions and agencies in the borough and the sub region
• Haringey plays an ambitious role in the life of the capital and the wider region
• There is transparent and open governance of the borough's agencies and institutions
• We want to build mixed communities where different people live in the same neighbourhoods, sharing schools and other facilities
• We champion informed choice and independence
• There is opportunity for people to influence and be involved

The priorities in this draft strategy

- **A good place for people**

Haringey will:

- **have an environmentally sustainable future**
- **have economic vitality and prosperity shared by all**
- **be safer for all**
- **have healthier people with a better quality of life**
- **be people focused**

Why we have chosen the priorities and ambitions in this draft strategy?

What you told us

We would like to thank all of you took part in the 'Have your Say Haringey – shape the future' consultation that took place over the summer and autumn of 2006. Over 1,100 of you and over 23 different groups took part. Shown below are the key themes and issues that you brought to our attention. You told us:

One of the best things about the borough is the people.

You told us that **what you like about Haringey are:**

- the mix of cultures, the diversity and the vibrant atmosphere
- the cherished green spaces
- the shopping facilities which you want expanding
- the good transport links locally and those to central London
- the number and vitality of cultural and arts events

You told us that **what would make Haringey a better place to live** would be:

- Lower crime and a greater feeling of safety
- More jobs and more provision for young people
- A cleaner and tidier borough
- Improved recycling
- Improved shopping facilities

A huge number of you noted improvements in public services, particularly in street cleaning and refuse services and in education. You

said you wanted this improvement to continue and for more people to get the opportunity to share the good fortune of the borough and the south east.

We spoke to a wide range of people and groups. We value everything you told us. This will be used to develop the actions plans that will accompany the final strategy and it will also be used to inform other work that the Partnership undertakes.

Other factors that have helped shape this strategy

- The considerations of the Haringey Strategic Partnership
- The considerations of your elected council representatives

We must also take account of what we know about the borough and the wider world, the emerging trends and how they will affect us, such as:

- Population projections and other relevant forecasts such as economic growth and employment levels
- Prosperity and deprivation and people's quality of health
- The external world. For example the role of the Mayor of London and the Greater London Authority and the wider agenda for the improvement of places and public service

- The impact of climate change and the need to adopt environmentally sustainable policies
- The Local Area Agreement (LAA). This is an agreement between Haringey Council, the HSP and the government. It focuses on some of the biggest issues the borough faces such as crime and worklessness. This agreement has also been developed by the Partnership and it contains a large part of the activity underpinning this strategy. You can find out more about the LAA by visiting: http://www.haringey.gov.uk/index/council/strategiesandpolicies/local_area_agreement.htm

Staying the same is not an option. Factors such as population change, developments in the London economy and jobs market and adjustments in public expenditure will all affect us. For example we know that Haringey has very high levels of unemployment and current forecasts predict that the economy in Haringey will grow at a somewhat slower rate than other parts of London.

These last two factors have helped form three major strands in this strategy, the need to:

- encourage people into employment and build our skills base,
- encourage the growth of businesses with long term futures

• create jobs and opportunities in new and developing industries like the creative sector

Other pressures are the need to tackle climate change and global warming, address homelessness pressures and challenge social exclusion. These issues are addressed further in the strategy.

Introduction

Haringey: the future, the people and the place

Haringey is an amazing place. We are a cosmopolitan borough of old and new communities with over 160 languages spoken. It has a diverse population and a diverse landscape, embracing the Edwardian sweep of Muswell Hill, the colourful spectacle of Harringay Green Lanes, the panoramic hill top views from Alexandra Place and the wide vistas of Tottenham Marshes and the River Lee.

We want to **promote the distinctiveness and uniqueness** of our **harmonious** and varied communities to the world outside. We want to open up our under utilised areas, publicise Haringey to others so that they can identify **opportunities for collaboration and reasons to invest** in Haringey. We want to **attract investment** to help transform the borough and improve the places where we live, work and spend time.

While **celebrating diversity**, we also want a cohesive borough, with people from all areas **sharing the same spaces, facilities and schools.** Haringey's diversity will continue to be a motor for innovation and we will **value and promote that which we hold in common.** Haringey is a tolerant and welcoming borough. People will meet and share across the cultures, the localities and across the generations.

We will need **improved transport between Haringey's different 'villages' and neighbourhoods,** facilities and services. **Better connections** with other parts of London and strategic points in the country such as **Stansted and the Eurostar at Kings Cross.** We must use our proximity and connections to the **2012 Olympics** in Stratford to gain benefit for Haringey.

Haringey is 30 minutes from anywhere! Haringey will be the place to be!

Haringey will be **people focused**. We want people to have greater opportunity to make a success of their lives and benefit from the prosperity of London and the wider region. **Services will continue to improve** and will be **easier to access and be of the highest quality.** The borough's facilities and cultural opportunities will be simpler to get to through improved transport, better communications and effective **technology**. **People should be at the heart of change**, we will promote **civic participation** and communities will see clear benefits from development. We want to see a **dynamic and engaged voluntary and community** sector to help bring about improvement and secure

success. We will **use resources wisely** to secure long term improvement and stability.

Haringey: cherish and improve

• We will cherish what is valued and develop what needs to change

- **Alexandra Palace** the jewel in Haringey's crown will be developed to enable its independence and protect the long term future of both the Palace and the Park
- **Wood Green** – we want the shopping centre to be even better, attracting shoppers from all over north London
- **Haringey Heartlands** – millions of pounds of investment will mean more homes, jobs and a school on Wood Green's doorstep
- We want **Tottenham Hale to be a place where people want to live, work** and play, offering a gateway to the open space of the Upper Lee Valley, with **better integrated transport** including roads, buses and rail networks
- **Tottenham Town Hall,** with its historic façade alongside the Bernie Grant

  Arts Centre will bring more art and culture to Tottenham
- **Tottenham High Road improvements** will protect its heritage and character and bring long term changes to benefit local people and businesses and attract visitors
- **Hornsey Town Hall - A** new future which ensures it is the centrepiece of

  Crouch End and provides real community benefits

Haringey: funding for change

Physical and structural changes will attract further investment, jobs and opportunity for residents. Current proposals for regeneration in Haringey include private sector **investment of £1billion.**

Our priorities

• A good place for people

Haringey will:
• have an environmentally sustainable future
• have economic vitality and prosperity shared by all
• be safer for all
• have healthier people with a better quality of life
• be people focused

The priorities for the draft strategy are set out over pages 17 to 28. You have an opportunity at the end of each section to comment.

A good place for people

Why does this matter?
• You told us you were ambitious for the borough and its people
• You said one of the best things about Haringey was the diversity of its people
• You enjoy shopping and want this to improve
• You value the good north/south transport links but think cross borough travel is tricky
• All of Haringey's people must be able to access all of Haringey's opportunities and advantages
• Land and open space are scarce resources we should use it effectively and to the advantage of local communities
• You recognised that Haringey was cleaner and tidier and wanted this to be sustained
• A green and cared for environment increases our sense of wellbeing and pride in where we live and work
• Our communities share the same spaces, facilities and schools

"A truly cosmopolitan borough where people of diverse communities live and work in harmony"
"It should be a place that people want to live in and talk about proudly"
"A place where people from all backgrounds can live, work and enjoy themselves"
"A safe, clean, harmonious and aspirational place where there is an excellent quality of life".

"It should be a place that people want to live in and talk about proudly"
"A place where people take more pride in their surroundings"
"A clean and pleasant place to live in and visit"

What we want

• A place where people want to live, work, spend time and invest in
• People to take pride in their environment
• The Lee Valley to offer opportunity for jobs and investment, creating facilities and open space that can be used by all
• To cherish and preserve our heritage protecting the long term future of special places like Highgate Wood and Alexandra Palace and for our open spaces and environment to get even better
• New and improved buildings and spaces of architectural merit that the community enjoy and love
• To value our diversity and value and promote which we hold in common
• To maintain and extend excellent community relations, widening understanding

How will we do it?

• Improve Haringey's transport connections across the borough as well as to areas of employment and opportunity
• Work with business and local people to enhance the shopping experience and choices
• Open up under utilised areas like the Lee Valley
• Expand leisure provision and maximise access to open space, creating more award winning parks and open spaces
• Continue with the Better Haringey campaign for a cleaner, greener borough
• Promote the borough, emphasising its strategic location, vibrant localities and excellent facilities
• Promote the arts and culture
• Improve building design and standards across Haringey
• Continue with initiatives that promote cohesion and understanding, drawing together our older, newer, migrant, asylum seeker and refugee communities
• Support local communities, the faith and voluntary sectors and continue to work with and respect our diverse communities

Questions

What should be done to ensure that new development improves the environment and brings long term benefits to the community?

……
……
……
……
……
……
……
……

What could be done to improve the connections across the borough and with other areas?

……
……
……
……

An environmentally sustainable future

Why does this matter?

• Climate change is an immediate and long term threat to our way of life
• You told us you wanted to see greater efforts to recycle

• We do not have unlimited resources, we should use less and recycle more
• Energy and water costs are likely to increase and reducing use and conservation will become critical to achieving value for money
• Air quality and road congestion impact upon our quality of life and our wellbeing
• Many of our homes are too cold and costly to heat

"the greenest borough in London with the best recycling facilities and a community that cares about their environment"
"clean, comfortable, happy"
"A caring multicultural community who are tackling global issues such as environmental degradation and poverty"

What we want

• To be the greenest borough in London
• To tackle the effects of global warming and climate change
• Improve the quality of the natural environment for all
• Manage our environmental resources more efficiently
• Improve and promote sustainable transportation

How will we do it?

• Raise the awareness and involvement of local people and businesses in protecting their natural environment
• Draw in all major partners to adopt common polices that respond to the threat of climate change and the need to better manage all resources
• Support London-wide, national and global initiatives to tackle climate change, improve environmental quality and protect biodiversity
• Increase home energy efficiency, encourage the development of 'green' homes
• Work more with schools to develop a 'green generation' of young people
• Build on the successes of the Better Haringey campaign to continue to improve the environment
• Encourage and increase recycling across the borough
• Promote the use of public and greener transport, walking and cycling
• Create and promote a network of cycle lanes and secure bike parks where they are needed
• Plant 1000 trees by 2010
• Encourage communities to come up with new creative ideas to protect the environment

Questions

What further steps do you think can be taken that will lessen our impact on climate change?

……
……
……
……
……
……
……
……

What can be done to encourage a greater sense of concern with and pride in our environment?

……
……
……
……
……
……
……
……

Economic vitality and prosperity shared by all

Why does this matter?

• Too many people, especially children and older people suffer the effects of low income and poverty
• Unemployment and low expectations have left some of the community disempowered and socially excluded
• Haringey's residents should share the fruits of London's prosperity

"more entrepreneurial to generate wealth and opportunity"
"an economically strong and prosperous borough"
"tackle poverty and social exclusion, ensuring everyone benefits from change"

What we want to see

• A borough where no one is disadvantaged by where they live or who they are
• Haringey's already prosperous areas continue to flourish
• The conditions for success spread across the whole borough
• The potential of under utilised areas unlocked and used for the benefit of all
• More people engaged in employment, training and education
• The borough's strategic location championed and used to increase inward investment
• A strong creative and cultural industry which is a key part of Haringey's 'unique selling point'
• People encouraged and supported into playing their part in this success by improving life and job skills
• Haringey's diverse and entrepreneurial population creating robust markets for their goods and services

How will we do it?

• Work with business through initiatives like the City Growth Strategy to encourage enterprise and foster effective networks for businesses with real growth potential
• Create long term employment opportunities for the whole borough and target employment initiatives at those who find it hard to get work or training such as the guaranteed job interview scheme
• Provide business with clear openings and opportunities for collaboration and investment
• Target anti-poverty, debt reduction and social inclusion initiatives on those who need it

• Improve results in schools and colleges and encourage more targeted skills training to help create a workforce that meets the needs of London's businesses
• Build more mixed use communities where people enjoy living, working and spending time

Questions
How can all the people of Haringey start to enjoy a greater share of the region's wealth?
……
……
……
……
……
……
……
……
Are these the right activities to encourage greater prosperity for all Haringey's residents?
……
……
……
……
……
……
……
……

Be safer for all

Why does this matter?

• Crime is your greatest concern
• You want people to take greater pride in and responsibility for their neighbourhoods
• Fear of crime diminishes the quality of life, particularly for vulnerable groups and undermines confidence in the area
• Too many young people are victims of crime and perpetrators of crime
• A lot of crime is linked to drug and substance abuse
• Road casualties are too high – our streets should be safer, especially for children

"a positive place to live with safe open places and people taking pride in property and public spaces"
"a peaceful place where children can be without fear of being bullied, robbed or hit by a car"
"good community cohesion with people respecting each other and their environment"

What we want to see

• Less crime across the borough and communities where people feel safe and secure
• More social responsibility, obligation and co-operation
• Crime prevention and parental input to stop young people committing and falling into criminal and anti-social behaviour
• Increased provision to tackle drug and alcohol abuse and lessen its criminal impact
• Well designed spaces and transport that feel safe and welcoming

How will we do it?

• Provide better victim support
• Understand how people feel and provide information and services that make them feel safer and reduces crime
• Work to promote mutual respect and work with community organisations
• A greater emphasis upon stopping re-offending
• Greater education around the effects of drug and alcohol abuse
• Provide support networks to encourage greater parental involvement
• Providing earlier mental health intervention
• Introduce more traffic calming and road safety education

Questions

How can the borough be made to feel safer?

……
……
……
……
……
……
……
……
What else can be done to stop people falling into criminal activity?
……
……
……
……
……
……
……
……

Healthier people with a better quality of life

Why does this matter?

• The impact and cost of poor health and low skills have massive effects on individuals, families, businesses, public services and the wider economy
• Life expectancy in Haringey is too low
• Infant mortality in Haringey is too high
• Children in care do less well than children in families
• Older people have said that they need more suitable provision
• Poor housing affects health and wellbeing

"you should help people to look after themselves and provide excellent support for those who can't"
"Listen to the needs of young people"
"a borough that looks after its elderly"

What we want

• Health and wellbeing measurably improved across the borough
• A no smoking Haringey
• People supported to make healthy lifestyle choices for themselves and their families
• A greater emphasis upon keeping children healthy and fit
• Less deprivation meaning fewer residents needing to access care and services
• Better essential services and consumer control over the type and quality of services on offer
• A caring borough providing high quality care to those who need it
• More emphasis on maintaining and extending independent living
• Even better school exam results across the borough
• A reduction in teenage pregnancies
• All wellbeing advances to reach vulnerable children and those in care
• Recognition of the value of younger and older people in helping shape provision
• Homelessness and its aftermath reduced through prevention and early, supportive intervention
• Public and private goods, services and facilities adapted to support healthy living
• Environmental improvements in building design, traffic management, congestion and public transport
• More affordable housing and community benefits from development

How will we do it?

• Promote healthy lifestyles, encouraging

- physical activity,
- better diets
- no smoking

• Target initiatives to schools, individuals especially those at risk, communities, employers and businesses including supermarkets, pubs, restaurants and takeaways
• Focus health services on vulnerable groups such as young mothers and young mothers to be, older people and those with physical disabilities or poor mental health
• Support people so they can better manage their health conditions
• Modernise primary care, creating world class services and standards
• Give support and recognition to the work of carers
• Provide earlier mental health intervention to avoid hospital admissions
• Use the Olympics to encourage sports and outdoor activity
• Use the Building Schools for the Future programme to provide schools fit for the 21st century
• Children's centres will provide a focus for early intervention, prevention and education
• More support and education for parents to enhance child welfare
• Give voice to the concerns of all young people, especially vulnerable and looked after children
• Address the isolation of older people and vulnerable people through more opportunities for socialising and learning
• Build more affordable homes and make existing homes decent, energy efficient and tackle fuel poverty

Questions

What can be done to help people make easy healthy lifestyle choices?

……
……
……
……
……
……
……
……

How can the major agencies better combine their efforts to improve health?

……
……
……
……
……
……
……
……

Be people focused

Why does this matter?

• Good quality easily accessible services are an essential ingredient in improving quality of life
• Services and facilities should be influenced by the people who use them if they are to meet need and expectation
• Involving customers strengthens basis for active citizenship and civic pride
• Limited public resources means good management and value for money are crucial. Poorly designed services are wasteful
• Community participation helps people gain valuable skills and experience and it brings communities and generations together

"where people can make the right choices and are able to take responsibility"

What we want

• People to be treated with decency and fairness and put at the centre of service design
• The provision of goods and services to be of a high standard across the public, independent and private sectors
• High quality support for those in the most need with services provided by those able to offer the very best provision
• People to have much greater control over the type of services they receive
• To ensure easier access to services and information by the innovative use of technology, buildings and other facilities
• Empowered active citizens, young to old, to have more say in service provision and the policy decisions we take
• Volunteering and community work to be a rite of passage for young people and a long term commitment for many
• Older people to use volunteering to keep active, to utilise their expertise to and engage with younger people

How will we do it?

• Have a shared customer charter, ensuring that services and facilities meet local needs
• Provide locally responsive services that draw in the right partners and organisations to deliver what is needed and expected
• Give people more say over their care through greater use of direct payments, support and advocacy
• Utilise technology to make it easier and cheaper to find and use services

• Provide better and more timely information to enable people to make the right decisions
• Achieve value for money by effective service planning
• Draw in private sector investment
• Encourage and develop ways into volunteering
• Communities should be expected to easily raise important local issues with their
Councillors

Questions

How can we get value for money and improve services for those who need them most?

……
……
……
……
……
……
……
……

How can we ensure that the whole community in Haringey enjoy facilities and receive goods and services that are of a consistently high quality?

……
……
……
……
……
……
……
……

Is there any innovation that could be used to better involve people in influencing their services?

……
……
……
……
……
……
……
……

What role do you see for volunteering and how can we best develop civic participation and volunteering amongst the community?

.....
.....
.....
.....

Have we got it right?

Question
Do you think we have chosen the right priorities for Haringey? Would you choose anything different?
……
……
……
……
……
……
……
……

What else do you think we should be doing?

Question
Is there anything in this draft strategy you believe should be included?
……
……
……
……
……
……
……
……

And now…

We would like you to comment on what you have read. Please return to inside the front cover and the section entitled 'We want to hear your views on this document - how you can respond'. Thank you very much for your interest.

Membership of the Haringey Strategic Partnership

Cllr George Meehan	Chair of Haringey Strategic Partnership, Leader of Haringey Council
Dr Ita O'Donovan	Chief Executive, Haringey Council
Cllr Nilgun Canver	Executive Member for Crime and Community Safety, Haringey Council
Cllr Isadoros Diakides	Executive Member for Housing, Haringey Council
Cllr Lorna Reith	Executive Member for Community Involvement, Deputy Leader of Haringey Council
Cllr Brian Haley	Better Places Partnership
Cllr Bob Harris	Haringey Well-Being Partnership Board
Richard Sumray	Chairman, Haringey Teaching Primary Care Trust
Tracey Baldwin	Chief Executive, Haringey Teaching Primary Care Trust
Linda Banton	Haringey Partnership Manager, Job Centre Plus
Yolande Burgess	Learning & Skills Council (London North)
Simon O'Brien	Metropolitan Police
Prof Norman Revell	Pro Vice-Chancellor and Director of Development, Middlesex University
Paul Head	Principal, College of North East London (CoNEL)
Andrew Billany	Chief Executive (Hornsey Housing Trust), Registered Social Landlords
Michael Jones	Chair of Homes for Haringey Board (ALMO)

Symon Sentain	Programme Director, New Deal for Communities (NDC)
Pastor Nims Obunge	Chief Executive, Haringey Peace Alliance
Faiza Rizvi	Chief Executive, Haringey Community Empowerment Network (HarCEN)
Mohammed Elmi	Haringey Community Empowerment Network (HarCEN)
Lauritz Hansen-Bay	Haringey Community Empowerment Network (HarCEN)
Stanley Hui	Chief Executive, Haringey Association of Voluntary and Community Organisations (HAVCO) Enterprise Board
Markos Chrysostomou	Haringey Association of Voluntary and Community Organisations (HAVCO)
John Egbo	Haringey Association of Voluntary and Community Organisations (HAVCO)
Dixie-Ann Joseph	Chair, Haringey Association of Voluntary Community Organisations (HAVCO)
Adam Jogee	Youth Councillor Haringey Youth Council
Syahan Mofitzadeh	Youth Councillor, Haringey Youth Council
Sharon Shoesmith	Children and Young People's Strategic Partnership Board
Enid Ledgister	Safer Communities Executive Board
David Lammy, MP	Member of Parliament
Lynne Featherstone,	MP Member of Parliament
Joanne McCartney, AM	Member of the Greater London Authority

George Martin	Race Equality Joint Consultative Committee (REJCC)

Observers

Shaun Rogan	Government Office for London (GOL)
Mahpara Thompson	London Development Agency (LDA)
Steve Douglas	Housing Corporation (HC)

Agenda Item 7

Well-Being Partnership Theme Board **Item No: 7**

Date: 14th December 2006

Report Title: Update from Mental Health Partnership Executive

Report of: Chair, Helen Brown, Director of Strategy and Performance, HTPCT

Summary

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

Recommendations

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

For more information contact:

Helen Brown
Director of Strategy and Performance
Haringey TPCT
020 8442 6187
Helen.brown@haringey.nhs.uk

Deborah Cohen
Director of Haringey Mental Health Services
Barnet, Enfield and Haringey MHT
020 8442 6191
Deborah.cohen@beh-mht.nhs.uk

John Haffenden
Assistant Director of Adult Social Care
Haringey Council
020 8489 3430
john.haffenden@haringey.gov.uk

Introduction

1. This paper is an update to the Well-being Partnership Board on current key priorities for improvement within the Mental Health Services. These priorities are set by the Joint Mental Health Strategy, CSCI Inspection Action plan, the findings of the Haringey Council Mental Health Scrutiny Panel last year, and the continuous learning the lessons from serious untoward incidents. Although the report separates out the operational service delivery from commissioning, the interdependency between the two areas should be noted.

2. The CSCI report on Mental Health and the Action Plan was presented to the Council Executive on 31st October 2006. It was agreed that there would be a progress report to the Executive in 6 months time. It is therefore proposed that a report specifically about the CSCI Action plan be put to the March Well-being Board by which time many of the measures initiated over the last few months should be well under way.

Commissioning

Supported Accommodation

3. Working jointly with the Supporting People service, Mental Health Commissioners are prioritising the move towards a modernised model of community based living for people with mental health problems. The preferred option is intensive floating support services and intensive accommodation based services to enable service users to live more independently and outside of traditional residential care settings. A comprehensive plan is under development and will dovetail into the work of the CMHTs and the modernisation of day services in the borough.

Day Opportunities

4. The day opportunities strategy was widely consulted on earlier this year and the next stage is to issue a plan in three-phases to implement the changes. A key part of the strategy is to ensure access to specialist support is available when needed but also to support individuals to use mainstream services in line with their identified personal goals.

5. The Haringey Therapeutic Network (HTN) opened in 2005 and provides group activity within the Canning Crescent Community Mental Health Centre and also within other mainstream community based centres. Many clients who have used the service have returned to training or employment.

6. A recent joint application by BEH MHT and HTPCT for NRF funding was successful for the “Health in Mind” project. This project will be fully operational in January, with a mix of exercise referral for client groups at risk of Coronary Heart Disease (mental health clients have high risk), dietary advice, with graduate workers in Wood Green Library offering open access and the HTN running groups in the three most deprived wards in

Haringey. The project will link to specialist mental health employment advisors already in place in the Borough.

Review of Rehabilitation Services

7. HTPCT is undertaking a review of existing inpatient rehabilitation services with a view to the development of a comprehensive strategy early next year.

Early Intervention Services ("EIS")

8. EIS services are the subject of specific recommendations within both the CSCI Report and in the Council's own Scrutiny Report. Plans are being developed to commission an EIS during 2007. In addition a joint application with voluntary sector partners for £800,000 over three years has been made to the Treasury for Invest to Save funding. This has the support of the Haringey Strategic Partnership.

Interpreting Services

9. The HPTCT are leading a joint tendering process on behalf of a number of organisations including the MHT for a new interpreting service. This is expected to be in place by late Spring 2007. However it should be noted that, as a joint Health/Local Authority the MHT is able to access the Council interpreting services as well as those provided through the NHS.

Service Delivery

Redevelopment of St Ann's Hospital

10. There is little progress to report on this since the submission of the Strategic Outline Case ("SOC") to the Strategic Health Authority in May 2006. This document sets out at a very high level the strategic case for change without commitment to a particular preferred option (although the SOC showed "Rebuild at St Ann's" as the leading option). The document outlines, at a high level, the service model for which the case for the capital project is required. A recent meeting of the SHA requested some additional information that will be put with the SOC to an early Board of the new NHS London for approval to proceed to the next stage. This is unlikely to be before March 2007.

Inpatient Services

11. A key principle underpinning the Joint Mental Health Strategy is the reduction in reliance on hospital-based services with more community-based provision of services. An investment of £2m some three years ago into new Crisis Services and Assertive Outreach Services has enabled beds to be reduced from 128 beds (1st April 2005) to currently 95 beds, a reduction of 33 beds (26%). There are now 5 19-bedded wards, two female and three male wards.

12. It is important to note that whereas three years ago benchmarking Haringey Services against London authorities showed Haringey as an outlier in terms of use of beds this is no longer the case and that

Haringey's bed usage is as expected for a borough with a very high level of morbidity – see attached appendix.

Delayed Transfers of Care (DTOCs)

13. These remain an issue for the inpatient services at St Ann's due to a range of reasons including access to housing (temporary accommodation and supported accommodation) and entitlement to stay in the UK. A significant amount of work has been done by partners to improve processes around discharge planning, the allocation of housing, and the operation of the Panels.

14. Although this has not resulted in a big reduction in the number of patients whose discharge is subject to delay, there has been a considerable reduction in the average length of time a patient's discharge is delayed. This means that there are no longer any DTOCs of length in excess of one year. This requires the sustained attention of partners (MHT, PCT, Social Care and Housing) to continue and build on the gains of the last year.

Reorganisation of Community Services

15. The imperative to look at the organisation of community services has been driven largely by the changes described above: the reduction in inpatient services and the introduction of 4 new teams – (two Crisis and Assessment Teams and two Assertive Outreach Teams). These changes have created a complex system with multiple points of entry. Feedback from service users and GPs say the current system is very now difficult to navigate.

16. Other drivers for change include:
    - The desire to shift the ethos of services to one that is geared to early Intervention that enables the prevention of the unnecessary escalation of mental health problems. Many if not most service users and their carers know when things are not going well and early intervention can head off break-down.
    - The need for a comprehensive single assessment that takes full account of the individual's social and health care needs, including physical, psychological and occupational needs. This should encompass the needs of carers and families within this assessment.
    - Improvement of the interface between primary and specialist services.
    - The need to make the most efficient use of resources and therefore these changes should yield savings of the order of £500,000.

17. There is a three stage project plan under implementation now to move from the current service configuration of 4 all-purpose Community Mental Health Teams and a stand-alone Emergency Reception Centre to 3 Complex Case Teams and an Intermediate Care Team which will include the Emergency Reception Centre. This will create a single point of entry to services through the Intermediate Care Team.

Training and Development of Staff

18. There are many references within the CSCI report to the quality of assessment and care planning and coordination. These are issues that also recur in Serious Untoward Incidents reports and feedback in the Trust's Patients Survey. To strengthen support to staff the following measures have been put in place:
    - Creation of a "Community Matron"/Senior Nurse post in mid 2006 with the express remit to work on the quality of nursing professional practice
    - A management development programme for frontline managers started in November 06 and will run over the next year.
    - There is also separate off-line group supervision for managers and whole team training in place to establish team systems.

19. It is intended to create a post of CPA (Care Programme Approach) Manager within the local services with the specific remit to address the training and development needs of staff.

Performance Information Systems

20. Mental health services across the country have to grapple with working with two information systems. In Haringey the two systems are Framework-I for the Council and within Health, the Rio System (part of the wider NHS Connecting for Health programme). It is agreed that it is not possible or reasonable to expect care practitioners as an ongoing requirement to double-key the same information twice into two different systems. It is also the case that some 80% of the Mental Health Services caseload does not access Social Care Services.

21. Framework-I was implemented recently and Rio is expected to go live in Haringey next March, replacing an old legacy system that has never been a "clinical system" with the functionality of either Framework-I or Rio. The upheavals created by these changes, which are ongoing with the later implementation of Rio, have not assisted improvements in the collection of performance information for either the Local Authority or Health.

22. It is therefore being recommended by the Haringey Mental Health ICT Board to the Senior Management Teams in the Adult Services Directorate in the Local Authority and to the Haringey Operational Management Group that an immediate strategy be adopted whereby Rio is the principle clinical information system and the only system used by practitioners. *Administrative* staff will enter all social care data onto Framework-I. In this way double keying by practitioners will be avoided. Detailed work is being initiated to ensure that any changes incorporate the information and recording requirements of both the local authority and the Trust.

23. Running behind this strategy, urgent if performance reporting is to improve, is work at local level to develop an electronic interface and work at London-wide level to develop local authority functionality on Rio. In reality electronic solutions are likely to be at least a year away and cannot be relied on in the short term.

Diversity

24. The Trust is currently recruiting its first Community Development Worker ("CDW") and is seeking a Turkish-speaking person to work with young people, primary care, and the Trust's services to facilitate better access to mental health care.

Management of Crisis Services

25. At present the two Crisis and Assessment Treatment Services are managed within the Trust with the Alexander Road Crisis House managed within the Adult Social Care Directorate. The fragmentation of the management of services is commented on within the CSCI Report and early attention is being given to transferring the management of the Alexander Road Crisis House to the Trust to bring the three services under single line management.

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Mental Health Morbidity in Haringey

The demographic profile of Haringey means that one can expect a higher than average number of people to need mental health services per head of the population than the national average. Furthermore, one would expect a higher portion of these to have a serious and enduring mental illness. This is substantiated within the Haringey's PCTs publication – ***Haringey Health 2004***. This is well correlated against factors such as age, ethnic mix, deprivation, homelessness, employment and numbers of Refugees/ Asylum Seekers.

A summary of key information in relation to need follows:

a) Suicide: an analysis of suicides in Haringey since 2001 suggests that the rate is at least 50% higher that the national suicide rate. To quote from Haringey ***Health 2004***, "this can be explained in part by the relatively high levels of factors increasing the risk of suicide in the borough such as unemployment, substance misuse and social exclusion, and by the relatively large number of people with mental illness."

b) Levels of homicide: along with suicide, this is an index of mental disturbance within the borough.

c) 33% of acute inpatient admissions in Haringey are for people diagnosed with schizophrenia, schizotypal and delusional disorders. This is against a London average of 23% and an England average of 14%, demonstrating the higher than average levels of serious mental illness in the borough. (Source: ***Dr Foster report on London's Mental Health Services, 2004***)

d) There are also higher than average admissions for substance misuse and mood effective disorders. (Source: ***Dr Foster report on London's Mental Heath Service, 2004***)

e) Refugees and Asylum seekers make up 10% of the population in Haringey. Research across London shows that this group are likely to be over-represented in inpatient facilities by more than twice their presence in the local community. This therefore represents a very significant additional pressure on Haringey's mental health services. For example, refugees and asylum seekers represent 15% of referrals to psychological therapy: these referrals require interpreters that double the length of the consultation as well as the extra cost for the interpreter.

f) Numbers of Forensic Patients: again, this is an index of serious mental illness linked to other social and demographic factors. The number of Haringey residents in medium secure beds is 40 (compared with Islington - 48; Camden - 57; Enfield - 29; Barnet - 13). It is clear that the needs index is of an inner London nature.

g) The ***London Health Observatory Benchmarking*** Report has developed a sophisticated analysis for projecting need. It places Haringey in the top 6 neediest boroughs in London. Within this comparator group, the Haringey services are average or above average in performance.

h) The **Haringey Welfare to Work for Disabled People Strategy** highlights the level of need for Haringey as in the top 6 most needy boroughs in London:

- Unemployment claimant rates: 3rd highest in London
- Adults on income support: 5th highest in London

Reducing inequalities in Life Expectancy in Haringey
Actions for the Haringey Strategic Partnership.

November 2006

Summary

Local Authorities and Primary Care Trusts have a responsibility for promoting the health and well being of their residents. Overall, people in Haringey are living longer healthier lives than they did 20 years ago. However, on average people in Haringey still die younger than in England as a whole, and there are substantial differences in health between neighbourhoods within the borough. For example, men born in one the most deprived wards can expect to die eight years before men born in one of the most affluent- a shocking statistic.

The purpose of the Haringey Life Expectancy Action Plan is to enable the Haringey Strategic Partnership to deliver priority actions to improve life expectancy and reduce health inequalities to meet the 2010 PSA health inequalities targets.

Improving health and reducing health inequalities is a key priority for Haringey. As a spearhead area Haringey is aiming to ***reduce the gaps in life expectancy and infant mortality by at least 10% between Haringey and the population as a whole by 2010.*** Partners are being monitored on delivery of the following targets, achievement of which will contribute significantly to reducing the gap;

- Reduce mortality rates from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between Haringey and the population as a whole.

- Reduce mortality rates from cancer by at least 20% in people under 75, with a reduction in the inequalities gap between Haringey and the population as a whole of at least 6%

- Reduce adult smoking rates to 21% or less with a reduction in prevalence among routine and manual groups to 26% or less

- Reduce mortality from suicide and undetermined injury by at least 20%

- Halting the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

The full programme of Public Service Agreement Floor Targets includes a number of other targets which impact on health inequalities, including improvements in employment rates, housing, community safety, and education.

Reducing the gap in life expectancy is the overarching target of the Well-Being Theme Board, supported by the Local Area Agreement target to reduce the gap in premature mortality rates between Haringey and England, and between deprived and more affluent parts of the borough. It is also reflected in the Haringey Sustainable Community Strategy.

The causes of inequalities in health are multiple and complex, genetic and biological differences accounting for a small proportion. The other influences on health are largely avoidable and are the result of differences in life circumstances, the choices we are able to make about how we live, and access to services.

This action plan is based on a detailed analysis of routine data on disease-specific mortality and socio economic data in Haringey. Key partners from the Haringey Well Being Theme Board planned and hosted an event for stakeholders in February 2006[1] to discuss potential priorities to address low life expectancy and health inequalities in the borough. These discussions were informed by detailed analysis of current evidence on local need and effectiveness of interventions provided by policy leads from across the partnership.

The consultation drew out a number of underlying themes that were considered in the development of this plan:

1. The advantages of improved integration between, and co-location of, health and social care and other services to disadvantaged communities. In particular, the need to join up outreach services better to meet the full range of needs that affect well-being.

2. That interventions should be targeted on the basis of need, addressing issues that are particular to specific black and minority ethnic communities, people with mental health problems or disabilities, and individuals that do not speak English or who are relatively new to Haringey. Services should work together to establish the best ways to target services to those in need, whether it be geographically by neighbourhood, or by care group, or through improved assessment processes.

3. The important role of voluntary and community organisations in reaching marginalised and socially excluded communities, and how this can be integrated more effectively into care pathways.

4. The importance of focusing on children and people in their middle years in reaching the life expectancy target. The HSP should aim to ensure that children have the best possible start in life to maximise their life chances, and improve access to health services for middle-aged individuals to ensure that effective interventions to prevent avoidable illness are utilised (eg secondary/tertiary prevention).

The action plan was drawn together based on the analysis leading up to and outcomes from the Healthier Haringey event, and a feasibility review and prioritisation of relevant actions. The full action plan is presented in Section 1, identifying risk factors for the main causes of premature death and inequalities in

health in Haringey that are amenable to change, and actions that should be taken forward by partners to address them. There are varying levels of evidence available to support the effectiveness of these interventions ranging from a sense of good practice, through national policy to strong evidence that the intervention would be effective in improving health and reducing health inequalities.

Section 2 provides a summary of the data and evidence on why reducing health inequalities in Haringey is a priority for all partners in the HSP. Additional information and copies of background papers from the Healthier Haringey event are available from karen.dunn@haringey.nhs.uk on request.

A number of actions emerge from this detailed plan because they are supported by strong evidence of effectiveness and local need, and are not currently being comprehensively addressed. These should be taken forward as a matter of priority by the HSP:

Smoking

1. Offer stop-smoking advice as part of clinical assessment in surgical care pathways.
2. Prepare local businesses for implementation of smoke-free legislation.
3. Expand coverage of the Haringey smoke-free award amongst venues serving deprived communities in Haringey, and amongst partner-accredited schemes such as child minder certification.

Physical activity

4. Train primary health workers to identify inactive adults opportunistically, and provide advice on physical activity.
5. Expand opportunities for people to be physically active through walking and cycling, and access to sport, leisure and open spaces.
6. Expand targeted approaches to promoting physical activity (eg exercise referral schemes or volunteer walks) based on the outcomes of local and other evaluation.

Diet and nutrition

7. Ensure all school achieve healthy school status accreditation, and that the food they provide meets national nutritional standards for school food.
8. Review the Haringey Food and Nutrition strategy focusing on groups with high levels of need eg people living on low incomes, and those living with cardiovascular disease, diabetes and cancer.
9. Develop a strategy to prevent obesity amongst adults and children, including care pathways.

Access to health services

10. Develop needs-based approaches to commission primary care services, building on an equity audit of resource allocation to GP practices.
11. Ensure that prescription of statins to individuals with cardiovascular disease, or who have a greater than 20% risk of developing it over the next 10 years, is equitable.
12. Increase the proportion of GP practices with PCT-validated registers of patients with Coronary Heart Disease.

13. Ensure equitable implementation of NICE guidelines on hypertension and management of heart failure.
14. Increase uptake rates for cervical and breast screening, including non English-speaking communities.

Accidents

15. Develop safer routes to school, and traffic safety measures.
16. Ensure that housing interventions include accident prevention measures such as fire safety, and removing the causes of trips and falls.

Suicide

17. Develop a suicide prevention strategy incorporating mental health promotion, risk reduction amongst key population groups, and reducing the availability of suicide methods.

Infant mortality

18. Develop a strategy to reduce the number of women booking late in their pregnancy for ante-natal care.
19. Establish systems to monitor the smoking status of, and interventions received by, families with children.
20. Develop smoking cessation services as a core element of care pathways developed within children's centres.
21. Develop a breastfeeding maintenance monitoring system using the child health surveillance system (6-8 week check), and use this to target interventions for women/families less likely to maintain breastfeeding.

Homes

22. Develop housing condition assessment criteria and referral pathways to housing/environmental health services for use by a range of service providers visiting vulnerable people in their own homes.
23. Develop strategies to reduce fuel poverty and improve thermal comfort, particularly for households vulnerable to poor health.
24. Improve housing conditions in the private rented sector through the private sector housing service.

Employment

25. Develop employment opportunities for disadvantaged groups, including people with mental health problems, with physical or learning disabilities, lone parents, and refugees.
26. Ensure Haringey residents have equitable access to the employment opportunities offered by local developments (eg Tottenham Hale) and our location in the London-Stanstead-Cambridge-Peterborough corridor Growth Area.
27. Evaluate the effectiveness of providing employment and income advice in GP practices to support individuals on incapacity benefit who want to return to work.

Education

28. Support schools in developing provision that raises the achievement of pupils from Black and Minority Ethnic communities that are currently not achieving as well as the general population.
29. Ensure that all schools attain accreditation as meeting the national Healthy Schools standards.

This document will be presented to the five theme boards of the HSP for discussion and to agree a commissioning and monitoring framework for implementation. This will be overseen by the Well-Being Theme Board, and championed by the Director of Public Health Dr Ann-Marie Connolly.

For further details contact:

Vicky Hobart
Haringey TPCT: Public Health
Vicky.hobart@haringey.nhs.uk

Helena Pugh
Haringey Council: Social Services
Helena.pugh@haringey.gov.uk

Contents

Section 1: What are the actions that the Haringey Strategic Partnership should take to improve life expectancy and reduce inequalities?

1.SMOKING

Objective: (inc. PSA & local targets)
DH PSA3 / **DfES PSA3:** Reduce adult smoking rates to 21% or less with a reduction in prevalence among routine and manual groups to 26% or less
LAA target: tbc

Current situation
Recent surveys/modelling from the HDA suggest Haringey is likely to have a smoking prevalence of 27-32%[2]. There are no local data on trends in smoking prevalence. However, national data show a reduction in overall prevalence of smoking over the past 30 years, with little change in smoking rates among those living on low incomes and those who are least advantaged[3].

Initiatives To Reduce The Prevalence Of Smoking

Action	Target group	Evidence of effectiveness	Estimated cost	Delivery lead
Expansion of coverage of Haringey Smoke Free Award with focus on: • targeting venues in east of borough • partnership-organisation accredited schemes e.g. child minder certification	Venues in the east of the borough & accredited scheme users	Strong (4% reduction in workforce quitting[4])	£7K 2006/07	E&H SSS
Preparation of local businesses for implementation of smoke free elements of Health Improvement and Protection Bill.	Local businesses likely to have high smoking prevalence	Strong (4% reduction in workforce quitting)	N/A	Environmental Health (LBH) Public Health (TPCT)
Make no-smoking policies a requirement when local NHS organisations and Haringey Council are contracting/commissioning	Commissioned service users	Good practice	N/A	Service Commissioners
Ensure that all strategic partners (e.g. police force, fire brigade and voluntary sector organisations) have policies in place to promote smoke-free messages	Strategic partners	Strong (4% reduction in workforce quitting)	N/A	Haringey Strategic Partnership
Increased enforcement of regulations on tobacco smuggling	Targeting should be based on assessment	Limited evidence on effectiveness of local measures	N/A	Environmental Health (LBH)

Stop Smoking Initiatives

Action	Target group	Evidence of effectiveness	Estimated cost	Delivery lead
Continue development of NHS smoking cessation services: ▪ Establish choose and book system through GP practices from 2006. ▪ Move level 3 clinic from NMH to Tynemouth Road ▪ Establish level 3 clinic in Wood Green Library ▪ Expand services in deprived parts of the borough	Smokers, particularly in deprived areas	Strong. Cost per QALY £135 - £6472[5]	N/A	E&H SSS
Offer of stop smoking advice as part of clinical assessment in surgical care pathways	Smokers awaiting elective surgery (about 5,739/yr)	Strong Estimated 433-904 elective patients would give up smoking, with a reduction in post-op complications of 77-160[6]	Estimated annual cost saving due to reduction in complications and bed days of about £850,000	HTPCT to address through surgical care pathways
Maintain level 2 quit Smoking Programme for Haringey Council Staff	LBH staff	Strong	N/A	E&HSSS

2.PHYSICAL ACTIVITY

Objective: (inc. PSA & local targets)
DCMS PSA3 By 2008 increase the number who participate in active sports at least 12 times a year by 3% and increase the number who engage in at least 30 minutes of moderate intensity level sport at least 3 times a week by 3%. A year-on-year incremental increase by 1% per annum in physical activity levels of the whole population (Choosing Health delivery recommendation). Physical activity also contributes to the PSA targets on CHD, cancer and obesity (halting the year-on-year increase in obesity amongst children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole)
LAA target: tbc

Current situation
On the basis of national data, it is estimated that in Haringey approx 123,000 adults [7] and 6,000 boys and 8,000 girls aged 2-15 are insufficiently active [8]. It is further estimated that of approximately 252 CHD deaths per year in Haringey, approx 94 are attributable to physical inactivity [9].

Action	Target group	Evidence of effectiveness	Estimated cost	Delivery lead
Primary care health workers to be trained in opportunistic identification of inactive adults (using validated tool e.g. a GPPAQ), and advice to aim for 30 minutes of moderate activity on 5 days of the week (or more)	Inactive adults	Strong for giving advice (£750 to £3150 per QALY)	N/A	HTPCT Public Health
School Sport Co-ordinators to ensure that 5-16 year olds in Haringey engage in a minimum of two hours of high quality PE and school sport every week and that as many children as possible benefit from high quality play opportunities.	School children	National policy	N/A	Healthy Schools Programme
Train frontline staff to provide advice on physical activity including, practice nurses, Haringey Council Leisure centre staff, dieticians, physiotherapists, health care assistants.	Service users	Good evidence of effectiveness of primary care practitioners providing physical activity advice.	Approx £2,000 per course (20-27 participants)	Spearhead PCT Obesity Training Fund

Action	Target group	Evidence of effectiveness	Estimated cost	Delivery lead
Promote access to open spaces by addressing safety concerns (e.g. through the provision of wardens, parks officers, improved lighting, community facilities).	Adults and Children	Good practice	N/A	LBH Environmental Services
Develop opportunities to promote physically active modes of transport e.g. walking and cycling.	Adults and Children	Good practice	N/A	LBH Environmental services
Exercise referral scheme being developed and evaluated as part of a randomised controlled trial in 3 deprived neighbourhoods in Northumberland Park, Bruce Grove and Noel Park wards.	Inactive Adults in 3 deprived neighbourhoods	To be established as part of RCT as recommended by NICE	N/A	NRF funding
Evaluate Haringey Get Up and Walk programme providing training for volunteer walk leaders to lead walks in their local communities	Inactive Adults	Insufficient-should only be conducted as part of a research study [10]	N/A	HTPCT Public Health
Evaluate Fit for Life Programme: 8-10 week courses of physical activity and healthy lifestyle advice for people at risk of CHD.	People at risk of CHD	To be evaluated	Approx £11,000 total (8 courses per year)	HTPCT Public Health
Evaluate Health for Haringey, a 5-year programme providing exercise and social support opportunities to 3,000 people in deprived areas	Physically inactive individuals in deprived areas	To be evaluated	£1 million over 5 years	Health for Haringey Programme (Big Lottery Fund)
Evaluate HPCT and LBH Health at Work programmes: promoting physical activity for employees of the PCT and LBH	Employees of the HPCT and LBH	To be evaluated	Approx £800 to-date	HTPCT-Public Health
Expand joint work between HTPCT and LBH to increase opportunities for physical activity for older people e.g. chair-based exercise sessions at Leisure Centres.	Older people	Good practice	N/A	Age Concern

3.FOOD and NUTRITION

Objective: (inc. PSA & local targets)
Halt the year on year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.
Also contributes to CHD and cancer PSA targets
LAA target: tbc

Current situation
There are no local data on obesity and food consumption. Nationally 22% of men and 23% of women in England are now obese, and has been trebling since the 1980s, and 70% of men and 63% of women are either overweight or obese. The greatest problems are in the lowest socioeconomic groups and amongst children and young people. Around 16% of 2 to 15 year olds are now obese.

Action	Target group	Evidence of effectiveness	Delivery lead
Strengthen implementation of infant feeding guidelines, including promotion of breastfeeding.	Parents of babies	Strong[11]	Children's service
Healthy Schools Programme to ensure all schools meet national standards for school food.	School children	National policy	Healthy Schools Programme
Develop children's access to healthy food through the extended schools programme e.g. breakfast clubs, particularly in areas of high deprivation.	School children in deprived areas	Good practice	Children's service
Establish baseline data on the prevalence of childhood obesity amongst reception and year 6 children Haringey, and systems for monitoring and acting on future trends.	School age children	National Policy	Children's Service and HTPCT Public Health
Update the Haringey Food and Nutrition Strategy focusing on those most in need particularly people living on low incomes and the those living with CHD, strokes, diabetes and cancer	Low income & people with CHD, stroke, diabetes and cancer	Good practice	HTPCT Public Health
Develop an obesity strategy and care pathway	People at risk of / with obesity	National policy	HTPCT LBH

Action	Target group	Evidence of effectiveness	Delivery lead
Set standards and use contracting to improve the nutritional quality of meals provided by catering contractors e.g. in residential settings, day centres, meals on wheels, staff canteens and vending machines	Residents of residential settings	Good practice	HTPCT and LBH commissioners
Work with local businesses/suppliers to promote access to affordable healthy food (e.g. through positive award schemes)	Local population	Good practice	LBH Environmental Health
Work with local residents to share good practice in local food schemes e.g. allotments, food co-ops, community cafes, window boxes,	Local community groups	Good practice	HAVCO/ HARCEN
Limit the number and density of fast food outlets	Consumers of fast food	Good practice	Environmental services
Target vulnerable and disadvantaged communities through community initiatives such as community nutrition assistants, and distribution of healthy eating messages through libraries etc	Disadvantaged communities	Good practice	HTPCT teaching programme, HAVCO, & HARCEN
Education/training programmes for service providers including school nurses to provide support and advice to prevent obesity and promote healthier eating	Service providers	Good practice	HTPCT Public Health

4.CARDIOVASCULAR DISEASE

Objective: (inc. PSA & local targets) DH PSA1
Reduce mortality rates from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between Haringey and the population as a whole.

Current situation
Haringey's cardiovascular disease mortality rate has fallen significantly from 152.6 per 100,000 population under 75 (152.6/100,000) in 1996/98 to 128.6/100,000 in 2002/04. However, the gap between the Haringey and England average widened by 14.7/100,000 over the same period to reach 31.9/100,000 in 2002/04 [12]. In addition there are significant inequalities across the borough with mortality rates from CHD in those under 75 in Bruce Grove in 2000-4 89% higher than the national average[13]. Based on current trends, the LHO predicts that CHD mortality will fall by about 48% (from the 1995-7 baseline until 2010) but the gap in CHD morality rates between Haringey and England will continue to increase.[14]

PRIMARY PREVENTION
See Sections on Smoking, Physical Activity, Food, Employment And Education

SECONDARY PREVENTION

Action	Target group	Evidence of effectiveness	Delivery lead
Increase percentage of GP practices with the following PCT-validated CHD registers: • asymptomatic patients with CHD risk >30% over 10 years (PSA01b target) • patients with CHD • patients on CHD registers whose last measured cholesterol (measured within last 15 months) is 5mmol/l or less (PSA01d)	Patients with CHD or at high CHD risk	Strong [15]	General practice / HTPCT Primary Care Performance
Prescription of statins to adults with clinical evidence of CVD and adults without CVD who have a >20% risk of developing CVD within 10 years	Patients at high risk of CVD & patients with CVD	Strong[16]	General Practice and HTPCT Pharmacy lead
Improving equity of access to health services (see section on ACCESS TO HEALTH SERVICES)			

TERTIARY PREVENTION (Treatment & Rehabilitation)

Action	Target group	Evidence of effectiveness	Delivery lead
Implementation of PCT hypertension guidelines (in line with NICE guidelines)	Patients with hypertension	Strong[17]	HTPCT Public Health
Improve management of heart failure in line with NICE guidelines	Patients with heart failure	Strong[18]	HTPCT Public Health
Phase IV Community-based Cardiac rehabilitation group exercise programme	Adults with established CHD	Strong[19]	Participant contributions & HTPCT Public Health
Improve % of patients with heart attack who receive thromobolysis within 60 minutes	Patients with heart attack	Strong[20]	Whittington and NMUH.

5.CANCER

Objective: (inc. PSA & local targets)
DH PSA1 Reduce mortality rates from cancer by at least 20% in people under 75, with a reduction in the inequalities gap between Haringey and the population as a whole of at least 6%

Current situation
Haringey's cancer mortality rate has fallen from 133.6 per 100,000 population under 75 (133.6/100,000) in 1996/98 to 124.0/100,000 in 2002/04. However, the England average has fallen faster over the same period. Haringey's cancer mortality rate is now marginally 4% above the England average, and the gap between the two beginning to widen[21] Based on current trends, the LHO predicts cancer mortality will fall by about 5% by 2010 (from the 1995-7 baseline) but the gap in CHD morality rates between Haringey and England will continue to increase.[22]. There are significant inequalities across the borough with mortality rates from cancer in those under 75 in Northumberland Park in 2000-4 45% higher than the national average[23].

PRIMARY PREVENTION
See Sections on Smoking, Physical Activity, Food, Employment And Education

SECONDARY PREVENTION

Action	Target group	Evidence of effectiveness	Delivery lead
Tackle low screening uptake rates for cervical and breast cancer including identification of communities that do not attend for screening, promotion of screening amongst low uptake groups, development of screening resources for non-English-speaking communities.	Women with low uptake of screening	Strong for certain interventions[24]	Screening co-ordinator

TERTIARY PREVENTION (Treatment, Rehabilitation & Palliative Care)

Action	Target group	Evidence of effectiveness	Delivery lead
Implement and maintain cancer waiting times targets (time to see a specialist after GP referral, time to diagnosis, time to treatment)	Cancer patients	National Policy	HTPCT
Implementation of Integrated Cancer Care Programme	Cancer patients	Good practice	HTPCT Adult services
Extend the “Fit for Life” programme to cancer patients	Cancer patients	Good practice	HTPCT Public Health

6.ACCIDENTS

Objective: (inc. PSA & local targets)
PSA 5 Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% and the number of children killed or seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities

Current situation
Accidents are the leading cause of death in males under 20 in Haringey. As deaths from accidents occur at a relatively young age, they are the third most important cause of years of potential life lost (YPLL), after CVD and cancer. Land transport accidents account for nearly half of all deaths due to accidents. However, deaths and serious injuries caused by road traffic accidents have fallen from 131 in 2004 to 82 in 2005 and the gap between the borough and national average has been eliminated

Action	Target group	Evidence of effectiveness	Delivery lead
Maximise 20mph schemes and Safe Routes to School schemes	School children	Good practice	LBH Environmental Services
Ensure that accident prevention strategies are incorporate into home improvement schemes, particularly fire safety and prevention of trips and falls.	Households living in poor housing conditions.	Good practice	LBH Environmental Health
Development of local alcohol harm reduction strategy, inc. voluntary social responsibility scheme for alcohol retailers (code of practice and reporting of breaches), local authority enforcement, esp. sales to under 18s and alcohol screening and brief interventions in primary care and A&E	Will reflect strategy	Good practice, available, and evidence on a range of one-to-one interventions is expected.	DAAT
Maintain Children's Traffic Club for children aged 3+ to promote road safety.	Primary school children and parents	Good practice	Funded by Transport for London
Pilot alternative measures of traffic safety management- including Vehicle Activated Signs; priority give-ways; oversized mini-roundabouts; Homes Zones	To reflect intervention	Good practice	LBH Environmental Services

7.SUICIDE

Objective: (inc. PSA & local targets)
Reduce mortality from suicide and undetermined injury by at least 20% by 2010.
PSA05

Current situation
The suicide mortality rate in Haringey has fallen from 10.7 per 100,000 population (10.7/100,000) in 1996/98 to 9.1/100,000 in 2002/04. If this trend continues, Haringey will meet the target 20% reduction by 2010.The gap between the Haringey and England average narrowed by 0.9/100,000 between 1996/98 and 2002/04 and is currently 0.4/100,000. Haringey had the third highest suicide mortality rate of its comparable boroughs in 2002/04, behind Lambeth (9.7/100,000) and Southwark (11.0/100,000). 75% if suicides in Haringey are amongst people who have not had contact with mental health services.

Action
Continue to develop a Haringey suicide prevention strategy to include;

- Promotion of mental well-being amongst the wider population: building on findings from the Health in Mind project promoting access to support at early stages of mental distress through libraries and community settings.
- Reduction in the risk of suicide amongst key high-risk groups: including specific BME communities building on the 2006 report by Professor McKenzie.
- Reduction in the availability and lethality of suicide methods.

8.ACCESS TO HEALTH SERVICES

Objective
Reduce number of Haringey residents not registered with a GP, and improve equity of access to health services.

Current situation
There is little data on equity of access to services in Haringey. However, there is indirect evidence of inequity of access. In 2005, 955 Haringey residents had to be allocated a GP by the PCT, as they had approached 3 or more practices and been unable to register. The majority of these lived in the East of the borough. Despite CHD mortality being twice as high in some deprived wards in the east compared to more affluent boroughs in the west, standardised rates for CHD patients being treated in general practice and standardised hospital admission rates for CHD are not higher in the East of the borough, implying poor access to treatment.

Action	Target group	Evidence of effectiveness	Delivery lead
Work to develop one-stop-shops for health and social care services in accessible locations.	Service users	National policy	HTPCT, LBH, HSP
Equity audit of resource allocation to inform equitable commissioning of primary care services, and practice-based commissioning of services	Primary care population	Good practice	HTPCT-Commissioning Directorate
Improve funding and support for independent health advocates.	Vulnerable groups	Good practice	HTPCT teaching programme
Improve front-line health workers (e.g. receptionists) skills in communication and client care.	Service users	Good practice	HTPCT-Commissioning Directorate
Local enhanced service for the provision of services to patients who speak little or no English	Patients with little or no English	Good practice	HTPCT
Implement mental health enhanced service in primary care to improve/develop services that address the phyisical and mental health needs of people with mental health problems	Primary care service users with mental health problems	Good practice	HTPCT
Enhance involvement of voluntary sector and community groups in decision-making around service planning and development	Voluntary & community groups	Good practice	HTPCT, LBH, HAVCO & HARCEN
Improve transport services to hospitals/ health services for disabled and older people	Disabled /older people	Good practice	HTPCT
Explore the role of libraries in providing information to inform health choices, and facilitating access to services.	Library service users	Good practice	LBH

9.INFANT MORTALITY

Objective (inc.PSA and local targets)
Starting with children under one year, by 2010 reduce by at least 10% the gap in mortality between 'routine and manual' groups and the population as a whole.
PSA6a- Reducing the number of women who smoke during pregnancy
PSA6b- Increasing the number of women who initiate breastfeeding

Current situation
The infant mortality rate in Haringey (7.4/1000 live births in 2002-2004) remains higher than London and England, and varies between Children's Network Area from 6.1/1000 in the West to 7.5 and 8.3 in the North and South patches respectively. Approximately 1 in 10 pregnant women in Haringey are current smokers at the time of delivery, twice the LDP target of 1 in 20. Approximately 84% of women in Haringey initiate breastfeeding, but data is not currently collected on breastfeeding maintenance. The Haringey Infant Mortality Action Plan 2004-5 is currently being reviewed, and this action plan will be updated in light of the outcomes.

Action	Target group	Evidence of effectiveness	Delivery lead
Develop a strategy to reduce the number of women booking late in their pregnancy for ante-natal care, in line with recent NICE guidance.	Pregnant women	Strong	Children's Service
Ensure new infant feeding coordinator role is able to promote breastfeeding and best practice in weaning, including implementation of infant feeding guidelines and development of programmes to promote breastfeeding that meet the Baby Friendly Initiative standards as a minimum.	Young children and parents/ carers	Strong	Children's service
Systems to record and monitor the smoking status of, and interventions received by, families with children should be set up in line with NICE guidance. These systems should support service providers in providing smoking cessation support, for example at ante-natal appointments, delivery, during home visits, and other contacts.	Parents who smoke	Strong	Children's service
Smoking cessation services should be a core element of care pathways developed within children's centres.	Children's centre service users	Strong	Children's service
Develop a breastfeeding maintenance monitoring system using the child health surveillance system (6-8 week check), and use this to target interventions for women/families less likely to maintain breastfeeding.	Groups with low breastfeeding maintenance rates	Good practice	Children's Service

10.HOUSING

Objective: (inc. PSA & local targets)
By 2010, bring all social housing into a decent condition with most of this improvement taking place in deprived areas, and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition (ODPM PSA7).
LAA target: tbc

Current situation
Within the social housing sector, providers are on target to meet decent homes in 100% of stock by 2010.
The level of non-decent local authority owned housing stock has reduced from 58% in 2003/04 to 45% in March 2006. The majority of Registered Social Landlord (RSL) properties in Haringey meet the decent homes standard with approximately 80% of 10,500 properties meeting the standard as at April 2006

Action	Target group	Evidence of effectiveness	Delivery lead
Improve energy efficiency in private sector housing, especially homes which fail to meet standards due to a lack of thermal comfort.	Tenants in renewal areas	British Research Establishment modelling to identify key issues and areas for focus	LBH Environmental Health
Develop standard housing condition assessment criteria, guidance, and referral mechanisms to support services (eg private sector housing service) for a range of service providers visiting people in their own homes	Households living in poor accommodation that are vulnerable to poor health	Good practice	LBH Environmental Health
Implement system to ascertain and monitor levels of non-decency in the RSL sector.	Residents of non-decent housing	Good practice	LBH Housing Strategy
Implementation of Housing Association Forum joint service standards for all social landlords in Haringey.	Residents of social housing	Good practice	Housing Association Forum
Work with larger partner RSL associations and those which have more than 50% of properties failing to meet the Decent Homes standard, on their asset management plans to agree disposal programmes and with modified nominations agreements to enable decants for major works.	Tenants of larger RSLs failing to meet Decent Homes Standards	Good practice	LBH Housing Strategy

Action	Target group	Evidence of effectiveness	Delivery lead
Implementation of Accredited Lettings Scheme to provide high quality private sector housing options	Tenants of private sector housing	Good practice	LBH Housing Strategy
Improve housing conditions in private rented sector accommodation above shops	Tenants of private sector housing above shops	Good practice	LBH Neighbourhood Management
Improve dilapidated private sector terrace properties in South Tottenham	Residents of private sector terrace properties in South Tottenham	Good practice	Bridge NDC
Develop initiatives to tackle fuel poverty	Residents living in fuel poverty	Strong evidence of links between fuel poverty and health outcomes	LBH Environmental Health
Continue to provide high quality floating support to those with housing support needs across all tenures through the supporting people programme	Residents with housing support needs	Good practice	LBH Supporting People Programme

11.EMPLOYMENT

Objective: (inc. PSA & local targets)
DWP PSA 4 In the 3 years to Spring 2008 demonstrate progress on increasing the employment rate; increase the employment rate of disadvantaged groups; significantly reduce the difference between the employment rate of disadvantaged groups and the overall rate.
DWP PSA 8 In the three years to March 2008 increase the employment rate of disabled people, taking account of the economic cycle; and significantly reduce the difference between their employment rate and the overall rate, taking account of the economic cycle.
DfES PSA 13 Increase the number of adults with the skills required for employability and progression to higher levels of training
LAA target: tbc

Current situation
Employment: The employment rate amongst the total Haringey working age population was 60.3% in 2004/05. This was 14.5 percentage points below the England average of 74.8%. The gap between the Haringey and England average widened by 3.4 percentage points between 1997/98 and 2004/05, and is currently 14.5 percentage points.
Education: More than 85% of three-year-olds are accessing early years education. The attainment of 14 year-olds (Key Stage 3) has improved faster than the national trend since 2000, but the overall levels are still well below national figures. Although there is still a difference in attainment between schools in the East and West of Haringey, results in recent years suggest that this gap is also decreasing.

Action	Target group	Evidence of effectiveness	Delivery lead
Provide pre-employment training	Workless residents	Good practice	Urban futures
Contracts commissioned with Enfield College, Delta Club, John Grooms and Newton Housing delivering employment & skills support to Lone Parents, BME communities, Refugees, Disabled people	Lone Parents, BME communities, Refugees, Disabled people	Good practice	Enfield College Delta Club, John Grooms and Newton Housing
Provide pathways to work, flexible outreach services, generic and intensive support, job brokerage and work placements through the women stepping up programme	Women particularly from BME communities	Good practice	Haringey Women's Forum
Implement commissioned projects: ▪ Getting Haringey Working (At Work) ▪ Employment Pathways to Health (Haringey Teaching PCT), ▪ Learn for Work (I Can Do It Ltd.)		Good practice	Haringey learning and skills partnership

Action	Target group	Evidence of effectiveness	Delivery lead
KIS Business Challenge Assisting individuals in making the transition to self-employment by providing business start-up assistance to SMEs and young adults	SMEs and young adults	Good practice	
Continue to reduce the proportion of young people not in education, employment or training (NEET)	Young People	National policy	Connexions
Maximise Growth Area opportunities for new jobs and homes eg in Tottenham Hale, Hale Wharf and the London Stansted Cambridge Peterborough Corridor.	Residents in Tottenham Hale & Hale Wharf	Good practice	HSP
Continue to create new training opportunities to address the skills gap and get people into work.	Unemployed	Good practice	European Structural funds, LDA and Lottery funding
Health and Welfare to work Mental Health and employment project	People with mental health problems	Good practice	Richmond Fellowship
Workstep JCP contract to support disabled people gain and retain employment	Disabled people	Good practice	Haringey Council
Pilot effectiveness of offering employment advice in GP practices to target people on Incapacity Benefit who want to return to work.	People on incapacity benefit	Good practice	Haringey TPCT & Tomorrow's People (charity)

12.EDUCATION

Objective: (inc. PSA & local targets)

DfES PSA6 Raise standards in English and maths so that: y 2006, 85% of 11 year olds achieve level 4 or above, with this level of performance sustained to 2008; and by 2008, the proportion of schools in which fewer than 65% of pupils achieve level 4 or above is reduced by 40%.

DfES PSA 7 Raise standards in English, maths, ICT and science in secondary education so that: by 2007, 85% of 14 year olds achieve level 5 or above in English, maths and ICT (80% in science) nationally, with this level of performance sustained to 2008; and by 2008, in all schools at least 50% of pupils achieve level 5 or above in each of English, maths and science.

DfES PSA10 By 2008, 60% of those aged 16 to achieve the equivalent of 5 GCSEs at grades A* to C; and in all schools at least 20% of pupils to achieve this standard by 2004, rising to 25% by 2006 and 30% by 2008.

DfES PSA 13 Increase the number of adults with the skills required for employability and progression to higher levels of training

LAA target: tbc

Current situation
Education: More than 85% of three-year-olds are accessing early years education. The attainment of 14 year-olds (Key Stage 3) has improved faster than the national trend since 2000, but the overall levels are still well below national figures. Although there is still a difference in attainment between schools in the East and West of Haringey, results in recent years suggest that this gap is also decreasing.

Action	Target group	Evidence of effectiveness	Delivery lead
Roll out of national EAL programme to improve English language competency for bilingual learners	Bilingual learners	Good practice	Children's Service
Support the introduction of Personal Advisors in 5 secondary schools to help pupils at risk of exclusion	Pupils at risk of exclusion	Good Practice	Children's Service
Development of programmes for secondary pupils from overseas who enter the education system at 14 plus. Programmes to ensure continuity into post 16 provision	Secondary pupils from overseas	Good practice	Children's service
Provide a wide range of Family Learning opportunities to parents and their children at pre-Foundation and Foundation Stage to boost early years attainment levels, particularly for those who are vulnerable.	Vulnerable pre-school children and parents	Good practice	CYPSP

Action	Target group	Evidence of effectiveness	Delivery lead
Support schools in developing provision that raises the achievement of Black and Minority Ethnic including promoting partnership between mainstream, supplementary and community language schools	BME children and young people	Good practice	CYPSP
Target schools where attendance is not improving consistently.	Children with poor school attendance	Good practice	CYPSP

Section 2: The case for action by the Haringey Strategic Partnership

Introduction

The purpose of the Haringey Life Expectancy Action Plan is to enable the Haringey Strategic Partnership to deliver priority actions to improve life expectancy and reduce health inequalities to meet the 2010 Public Service Agreement Targets.

National policy context

Local authorities and primary care trusts have a responsibility for promoting the health and well being of their residents. Overall, people in Haringey are living longer healthier lives than they did 20 years ago. However, on average people in Haringey still die younger than in England as a whole, and there are substantial differences in health between neighbourhoods within the borough.

The causes of inequalities in health are multiple and complex. A small proportion of differences in health result from genetic and biological differences. The other influences on health are avoidable, and are the result of differences in:

- life circumstances (the opportunities we have in life, including our general socio-economic, cultural and environmental conditions);
- lifestyle (the choices we are able to make about how we live and their impact on health);
- access to services (our ability to have the same access to services whatever our background, age, or wherever we live).

Reducing disadvantage and health inequalities is a complex agenda that requires close partnership working across sectors and policy areas. This has been recognised by the Government in a number of policy initiatives over the past few years.

The 2003 report '*Tackling Health Inequalities: A Programme for Action*'[25] identified a key role for both national government and Local Strategic Partnerships in addressing the wider determinants of health inequalities.

The White Paper: '*Choosing Health*; making healthier choices easier' [26] emphasised the role of partnerships across communities, including local government, the NHS, business, the voluntary sector and faith communities in securing better access to healthier choices, especially for those in the most disadvantaged groups. '*Our health, our care, our say'* reiterated the importance of reducing health inequalities by improving access to health services, and through better prevention and earlier intervention.

What are the key targets that Haringey Strategic Partnership must meet?

The Public Service Agreement targets of 2004 gave an increased profile to tackling inequalities in health. The targets aim to see faster improvements in health

outcomes amongst the 'fifth of areas with the worst health and deprivation indicators' in the country.

As Haringey falls in the bottom fifth of local authorities nationally for male and female life expectancy, heart and circulatory disease mortality and the Index of Multiple Deprivation (IMD) 2004 it has been designated one of the 88 'Spearhead LAs/PCTs' [27].

As a member of the 'Spearhead' group, Haringey is aiming to meet the following Public Service Agreement Floor Targets by 2010:

- Reduce the gap in life expectancy by at least 10% between Haringey and the population as a whole

- Reduce mortality rates from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between Haringey and the population as a whole.

- Reduce mortality rates from cancer by at least 20% in people under 75, with a reduction in the inequalities gap between Haringey and the population as a whole of at least 6%

- Reduce mortality from suicide and undetermined injury by at least 20%

- Reduce the gap in infant mortality by at least 10% between "routine and manual groups" and the population as a whole

- Reduce adult smoking rates to 21% or less with a reduction in prevalence among routine and manual groups to 26% or less

- Halting the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

- Reduce the under –18 conception rate by 50% as part of a broader strategy to improve sexual health.

The full programme of Public Service Agreement Floor Targets includes a number of other targets which impact on health inequalities, including improvements in employment rates, housing, community safety, and education.

In addition, Haringey is negotiating local targets to address a number of local priorities through the Local Area Agreement (LAA) including;

- Narrowing the gap in premature mortality between Haringey and England, and between the most and least deprived wards in Haringey.
- Improving the uptake of smoking cessation services amongst people living in deprived areas
- Increasing physical activity amongst all ages, including older people

- Improving accces to health services and homes for the most vulnerable
- Increasing the number of primary and secondary schools in the borough that meet the standards for Healthy School accreditation

What is life expectancy?

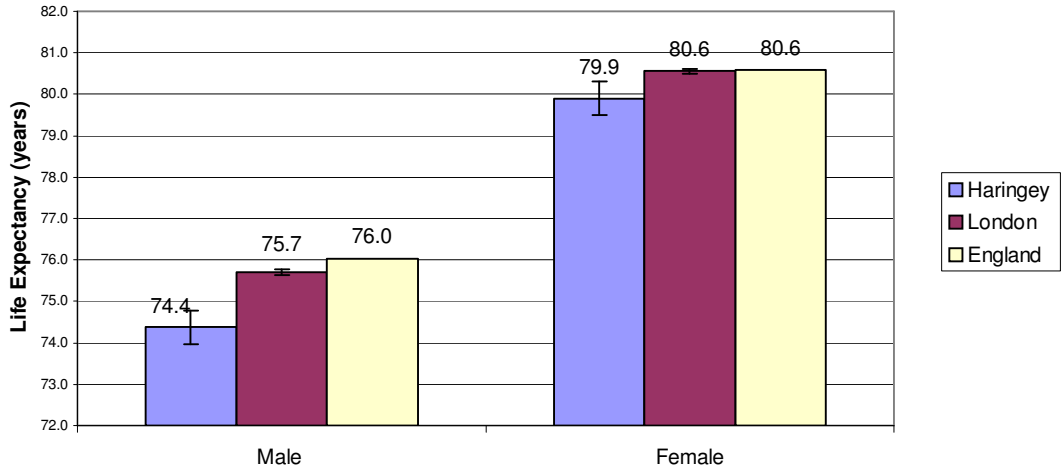
Life expectancy is the number of years a baby born and living its whole life in an area would be expected to live if it were to experience the current (age-specific) death rates of that area. Life expectancy is best interpreted as a snapshot of the overall level of mortality in an area. It is not a forecast of how long babies will actually live, as current death rates are likely to change.[28] Nevertheless, it is a useful, easily understandable summary measure that can be used to compare death rates in different populations at different times. As deaths in earlier life contribute relatively more to lower life expectancy than deaths in older people, it also provides an indication of the number of premature deaths in an area.

Since age-specific deaths rates in men and women differ, life expectancy is usually calculated separately for each sex.

What is the current life expectancy in Haringey?

The life expectancy for men and women in Haringey compared to London and England using mortality data from 1999-2003 [1] is shown in figure 1. The lower life expectancy for men and women in Haringey compared to England and Wales is statistically significant[2].

Fig. 1 Life expectancy in Haringey compared to London and England, (pooled data from 1999-2003)



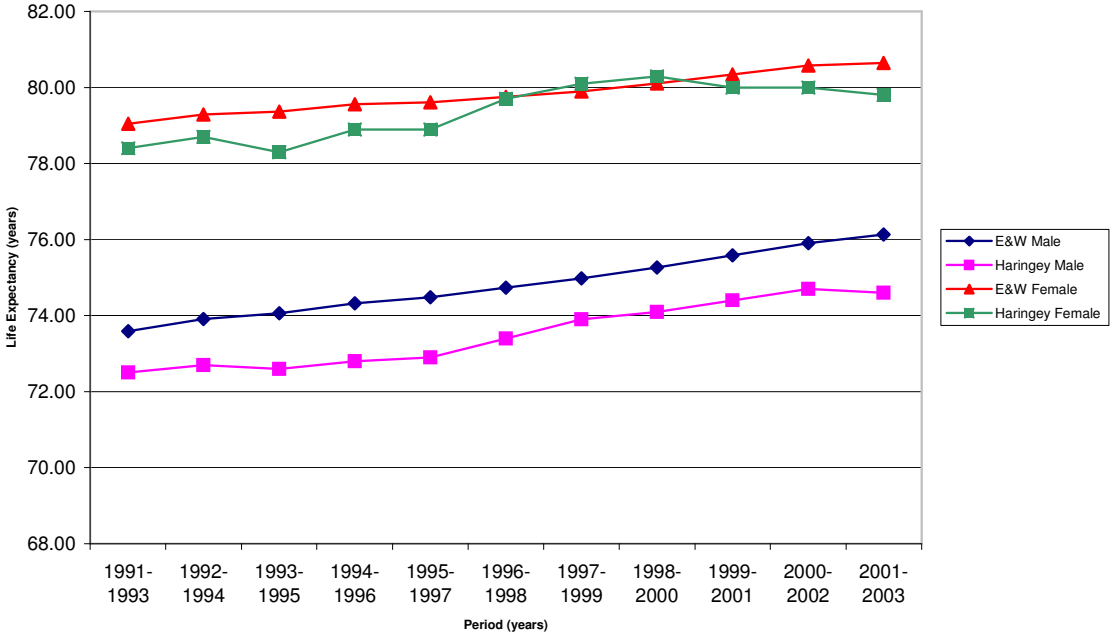
[1] Combining data from several years helps to make the data more stable by reducing the influence of year-by-year variation in numbers of deaths.

[2] The error bars on the graph represent the 95% confidence intervals of the data. As the confidence intervals for the life expectancy in Haringey and London do not overlap, there is a 95% probability that the differences

Is life expectancy in Haringey improving?

Along with national trends, life expectancy in Haringey for men and women has improved steadily over the past decade (see fig 2).

Fig 2. Trends in Life Expectancy for Haringey and England and Wales (E&W) 1991-2003



Due to year on year fluctuations in mortality rates at the small area level, it is not possible to use current trends to predict whether the life expectancy gap between Haringey and England as a whole is likely to widen or narrow by 2010. However, at both the London level[29] and the national level[30] the gap in life expectancy at birth between England and the Spearhead Group continues to widen. Therefore it is likely that the gap between Haringey and England will widen unless specific action is taken to improve the health of the most disadvantaged groups.

Does life expectancy vary within Haringey?

Within Haringey, life expectancy varies significantly between different wards. The variation in life expectancy between wards in Haringey is even greater than the variation in life expectancy between local authorities in London[31].

between the figures for Haringey and London are real and not due to chance year-by-year variations in death rates.

Figure 3 shows the variation in male life expectancy between wards in Haringey. Generally, the more deprived wards (as measured by the Index of Multiple Deprivation 2004) have a lower male life expectancy than the more affluent wards. At the two extremes, male life expectancy in Bruce Grove (70.5 years) is nearly 8 years lower than male life expectancy in Muswell Hill (78.2 years). The relationship between male life expectancy and ward-level deprivation is strong and statistically significant.

Figure 3. Male life expectancy 1999-2003 by ward in Haringey

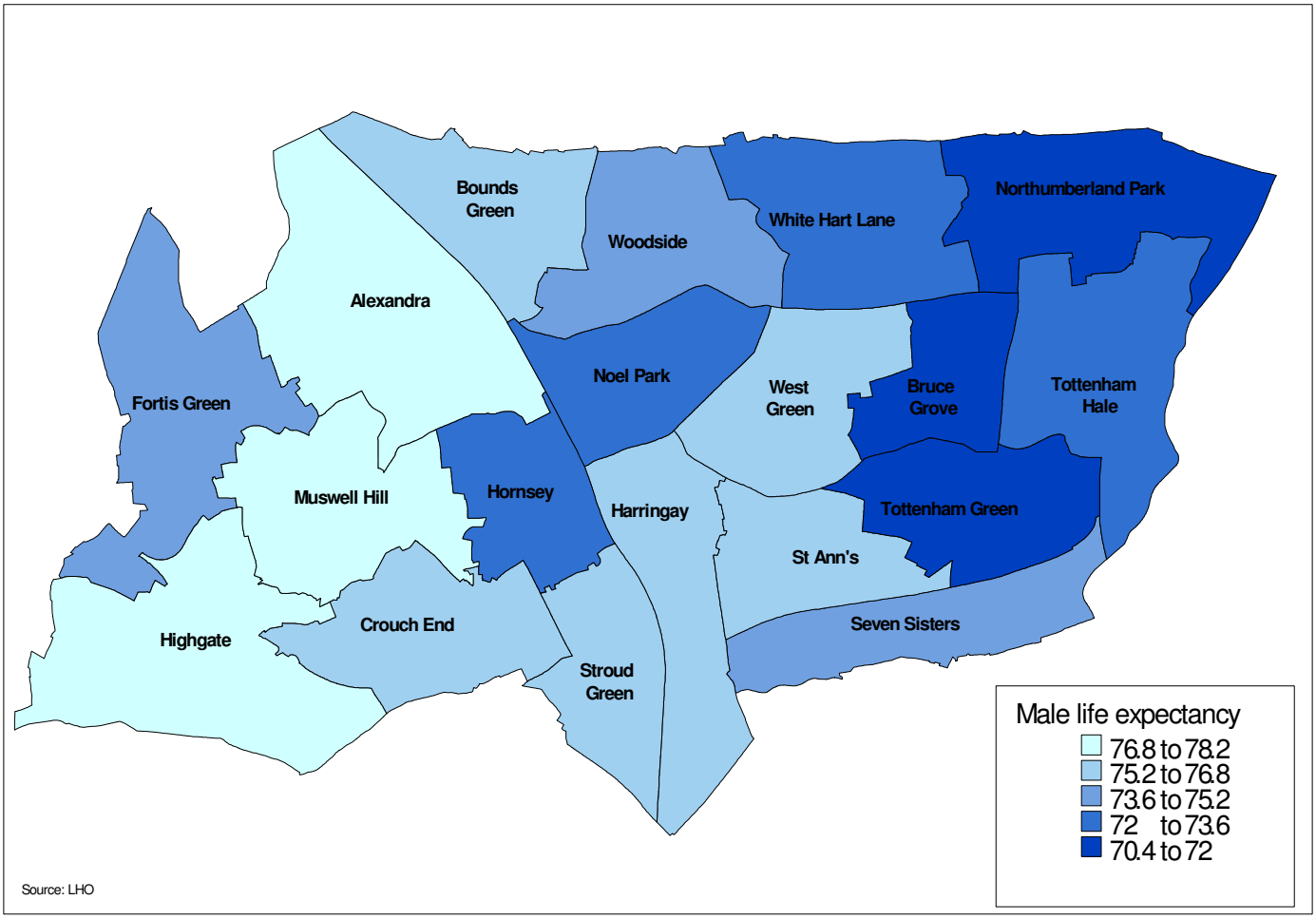
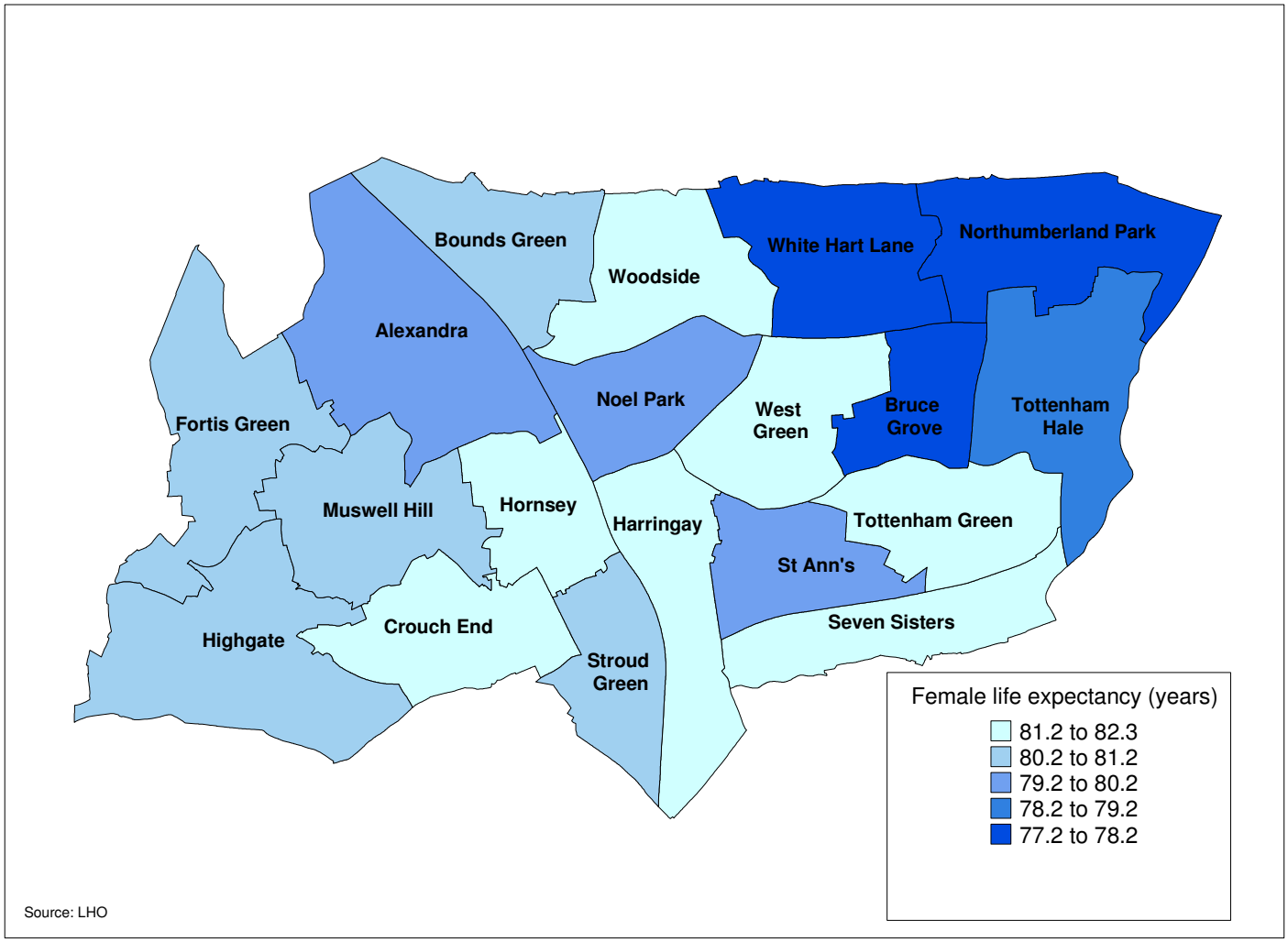


Figure 4 shows the variation in female life expectancy between wards in Haringey. There is only a weak relationship between female life expectancy and deprivation, and this is not statistically significant.

Fig 4. Female life expectancy 1999-2003 by ward in Haringey

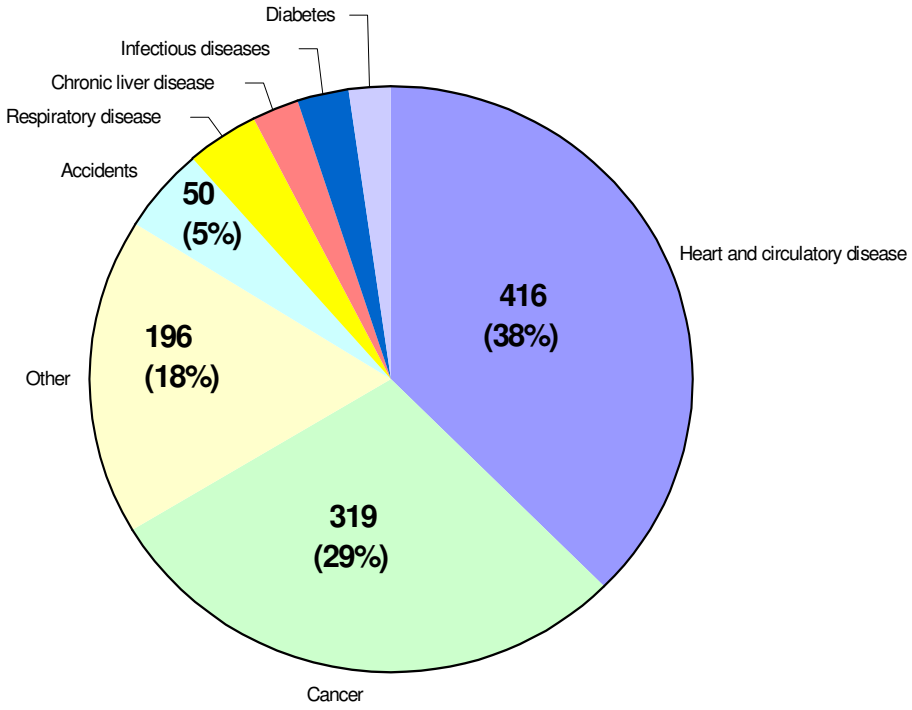


A stronger relationship between life expectancy and deprivation for men than for women is also found across London[32] and at the national level[33]. The reasons for this are not fully understood. Previous studies have speculated that this might be due to a stronger association between deprivation and health risk behaviours in men than women, or because men with poor health may be more likely to migrate to more deprived areas.

What causes of early death impact most on life expectancy in Haringey?

Figure 5 shows the main causes of premature death (deaths under the age of 75 years) in Haringey over the 3-year period from 2001-2003.

Fig 5. Main causes of death for persons <75 years in Haringey 2001-2003 (numbers and percent)



As shown, heart and circulatory diseases and cancer together account for 67% of all premature deaths in Haringey.

Deaths occurring earlier in life contribute relatively more to lower life expectancy than deaths in later life. One way of looking at the causes of death that contribute most to life expectancy is by calculating, for each cause of death, the number of years that people would have lived had they lived until they were 75. This is known as the Years of Potential Life Lost (YPLL).

Table 1 shows that heart and circulatory diseases and cancer account for around half of all the years of potential life lost. However, accidents and suicide, and injuries of undetermined intent also account for a significant proportion of YPLL (20% in males and 9% in females). This is because these causes of death disproportionately affect younger people, and so contribute more to years of potential life lost and life expectancy than to overall mortality rates.

Table 1. Main causes of Years of Potential Life Lost (YPLL) in Haringey 2001-3

Cause	Males – number of YPLL (%)	Females - number of YPLL (%)
All heart and circulatory diseases	4,853 (25)	2,579 (22)
All cancers	4,279 (22)	3,911 (33)
Accidents	2,317 (12)	390 (3)
Suicide and injuries of undetermined intent	1,617 (8)	692 (6)
Infectious and parasitic disease	805 (4)	433 (4)
Respiratory disease	596 (3)	635 (6)

How are the main causes of premature death distributed in Haringey?

To compare the distribution of deaths between different populations it is important to take into account not just the number of deaths, but also the size of the populations and their age profiles. The commonest way to do this is by calculating the Standardised Mortality Ratio (SMR)[3].

[3] The SMR is the ratio of the number of deaths occurring in a population to the number that would have occurred if that population had the same age-specific death rates as the population of England and Wales. The ratio is multiplied by 100. An SMR of 100 means that a population has the same age-specific death rates as the England and Wales population. An SMR of 120 means that a population has 20% more age-specific deaths than the E&W population. An SMR of 80 means that a population has a 20% lower age-specific death rate than the E&W population.

Figure 6 shows the Standardised Mortality Ratio for Coronary Heart Disease (the most common cause of death due to heart and circulatory disease) for persons under the age of 75 by ward. Northumberland Park and Bruce Grove (the most deprived wards in Haringey as measured by IMD 2004) have mortality rates due to Coronary Heart Disease (CHD) more than 70% higher than the average CHD mortality rates in England and Wales. There is a statistically significant relationship between SMR for coronary heart disease and ward-level deprivation in Haringey.

Figure 6. Standardised Mortality Ratio for Coronary Heart Disease by ward in Haringey, 2000-2004

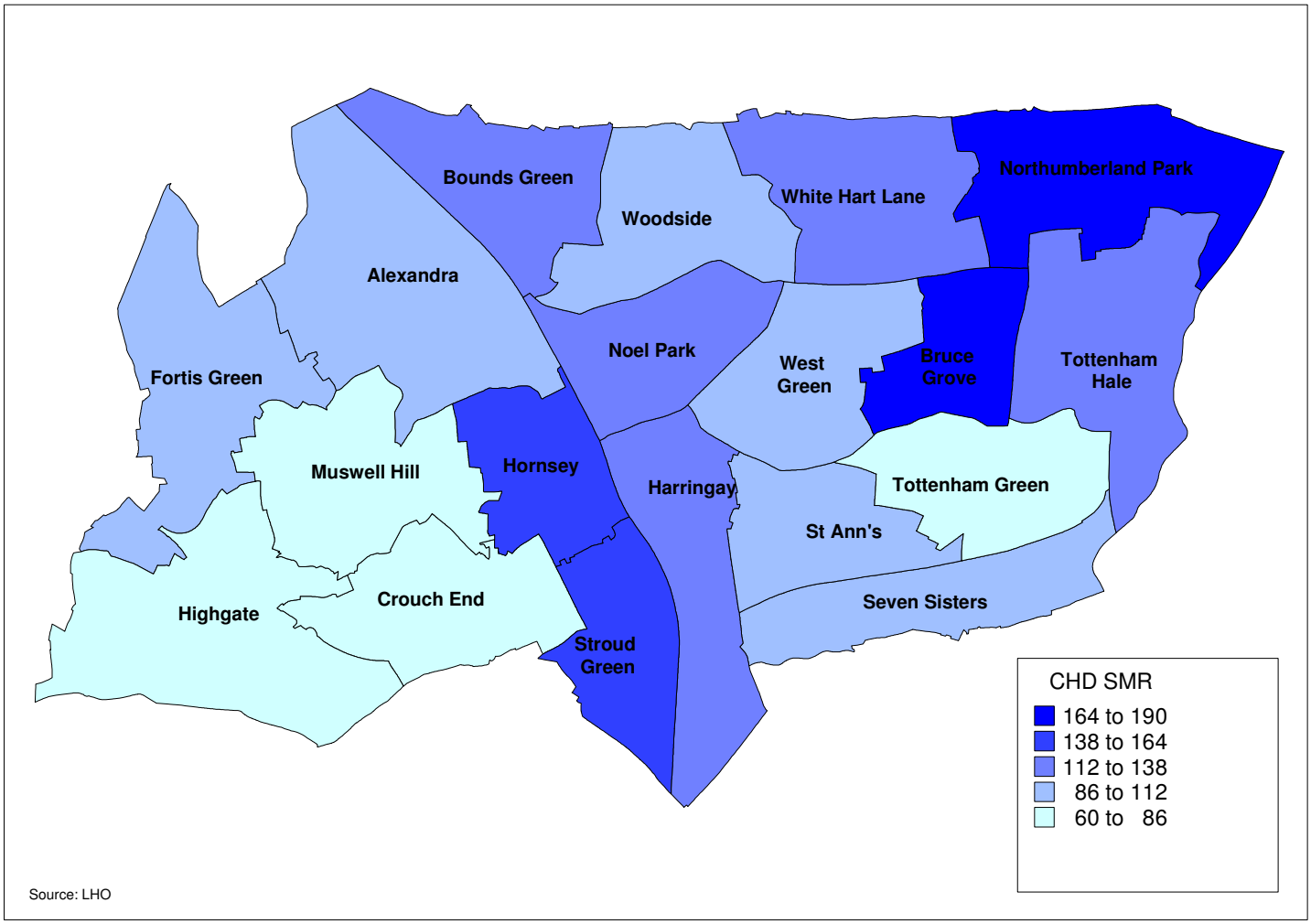
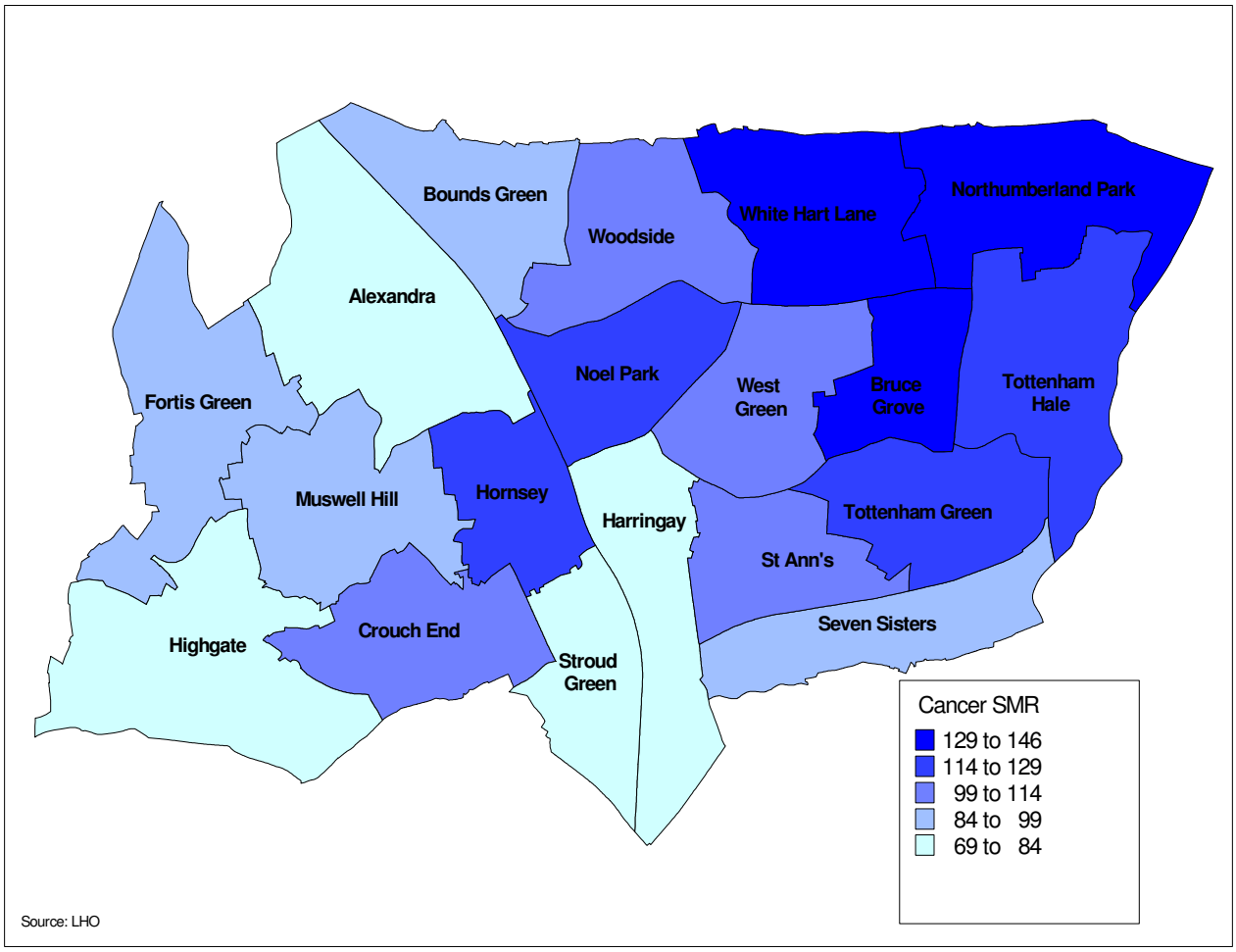


Figure 7 shows the Standardised Mortality Ratio for cancer for persons aged under 75 years by ward. Again, there is a statistically significant relationship between SMR for cancer and ward-level deprivation in Haringey.

Figure 7 Standardised Mortality Ratio for Cancer by ward in Haringey, 2000-2004



What are the main determinants of inequalities in life expectancy in Haringey?

As mentioned earlier, the causes of inequalities in health are complex and relate to a combination of people's social and economic circumstances, their access to services and their personal behaviour, which is itself influenced by the social and cultural environment. However, there are a number of clear risk factors for the main causes of premature death and inequalities in health in Haringey that are amenable to change:

- **Smoking**
  - Smoking is the individual health behaviour with the single largest impact on health inequalities.
  - Smoking is a major risk factor for heart and circulatory diseases, lung cancer, chronic lung disease and many other conditions.
  - The prevalence of smoking is considerably higher amongst people of lower socio-economic class, lone parents, the unemployed and people with mental illness than amongst the rest of the population[34].
  - It has been estimated that around two thirds of the observed difference in risk of death across social groups in middle age is caused by smoking tobacco[35].
  - Reducing smoking will result in substantial reductions in mortality form coronary heart disease within 12-24 months[36]

- **Food and nutrition**
  - High blood pressure (which is directly related to obesity and high salt intake) and high serum cholesterol (which is directly linked to high intakes of saturated fat) are the two main risk factors for diseases of the heart and circulatory system[37].
  - Low fruit and vegetable intake is closely linked with a high prevalence of some cancers and heart and circulatory disease.
  - Poorer households in poorer communities are less likely to have access to healthy, affordable food.
  - Poorer households eat less fruit and vegetables, salad, wholemeal bread, wholegrain and high-fibre cereals and oily fish, and more white bread, full-fat milk, table sugar and processed meat products.

- **Physical activity**
  - People who have a physically active lifestyle are at approximately half the risk of developing heart disease compared to those who have a sedentary lifestyle[38].
  - Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon cancer, and with improved mental health.
  - In older adults physical activity is associated with increased functional capacities.
  - Physical inactivity is associated with low social class, income and educational attainment, indicating that developing opportunities for physical activity is particularly important in these groups
- **Housing**

- Housing affects people's physical and mental health in a range of ways, from the quality of the indoor environment to neighbourhood quality and safety and housing allocation and homelessness[39].
- In Haringey a significant proportion of local authority homes and private rented homes are considered to be non-decent.
- The most vulnerable people live in non-decent homes: people who live alone, ethnic minorities and households with no one in full-time employment are most likely to live in such accommodation.

- **Employment**
  - Employment status is a key determinant of income and social status, and thus closely linked with health and health inequalities.
  - A middle-aged man who loses his job is twice as likely to die in the next 5 years as a man who remains in employment.
  - Worklessness and workless households are highly concentrated in particular neighbourhoods. This has important implications for community regeneration and the economic vitality of neighbourhoods.

- **Education**
  - Education influences health in a variety of ways.
  - Educational qualifications are an important determinant of employment prospects, which in turn influence access to income and material resources.
  - Education also provides children and young people with the knowledge and skills to lead a healthier life
  - The educational attainment of 14-year olds and 16-year olds in Haringey schools are well below the national average. However, attainment in Haringey schools is improving faster than the national average, and the gap between schools in the east and the west of the borough is closing

- **Accidents**
  - Accidents were the leading cause of death in under 20 year olds in Haringey in 2001-2
  - Accidental death is much more common amongst males than females.
  - Road traffic accidents account for more than half of accidental deaths in Haringey.
  - Local data show that more than a quarter of child pedestrian casualties happen in the 10% most deprived wards.

- **Suicide**
  - Suicide is a significant contributor to early death in Haringey.
  - In Haringey, approximately 35 people commit suicide in 2001, which is more than 50% higher than the national average. This is in part due to the high levels of factors increasing the risk of suicide, such as mental illness, unemployment, substance misuse and social exclusion.
  - Three quarters of suicides in Haringey are amongst people who have not had contact with mental health services

- **Health services**
  - There are a number of health service interventions that can significantly reduce mortality amongst patients with heart disease and cancer and those at high risk for these diseases. Most important are those that reduce risk factors for the development of heart disease (smoking cessation services, treatment of hypertension and the use of statins to reduce the risk of cardio-vascular events in those at risk of heart disease or with established heart disease) and the early detection and treatment of cancers.
  - The 2010 time-scale for the life expectancy, cancer and heart disease targets means that we need to focus attention on reducing premature death amongst those that already have, or are at high risk of developing these diseases[40].
  - There are a number of barriers to accessing good quality health services, and there is evidence that those who are most vulnerable often have poorest access to services.

References

[1] A Healthier Haringey: Improving wellbeing and tackling inequalities, report of an event on 8th February 2006'

[3] HDA. Smoking and health inequalities.2002
[4] Scollo M et al, Review of the Quality of Studies on the Economic Effects of Smoke-free Policies on the Hospitality Industry. Tobacco Control 2003:12;13-20.
[5] NICE Smoking cessation guidance. March 2006. http://www.nice.org.uk/page.aspx?o=299611
[6] London Health Observatory. Stop before the Op. May 2006. http://www.lho.org.uk/Download/fqb2zui11mlohb2u2hg5z42h/live/10495/Stop%20before%20the%20Op%20Final.pdf
[7] Department of Health (2004) Choosing Health. Making healthier choices easier
[8] Department of Health (1999) Health Survey for England 2003
[9] Britton, A, McPherson, K. (2000) Monitoring the progress of the 2010 target for coronary heart disease mortality: Estimated consequences on CHD incidence and mortality from changing prevalence of risk factors. National Heart Forum: London
[10] NICE Physical activity guidance. March 2006. http://www.nice.org.uk/page.aspx?o=299531
[11] Breastfeeding reference
[12] LHO Mortality from all circulatory diseases 2002-4
[13] LHO Standardised mortality ratio CHD 2000-4
[14] LHO The London Forecast. Can London's health divide be reduced? 2004
[15] DH Quality and Outcomes Framework (QOF) guidance and evidence base 2004. http://www.dh.gov.uk/assetRoot/04/08/86/93/04088693.pdf
[16] NICE. Statins for the prevention of cardiovascular events. Jan 2006. http://www.nice.org.uk/page.aspx?o=TA094guidance
[17] DH Quality and Outcomes Framework (QOF) guidance and evidence base 2004. http://www.dh.gov.uk/assetRoot/04/08/86/93/04088693.pdf
[18] NICE Management of chronic heart failure in adults in primary and secondary care 2003 http://www.nice.org.uk/page.aspx?o=CG005
[19] NICE guideline on prophylaxis for patients who have experienced a myocardial infarction 2001 http://www.nice.org.uk/page.aspx?o=16529
[20] NICE The clinical effectiveness and cost effectiveness of early thrombolysis for treatment of myocardial infarction 2002 http://www.nice.org.uk/page.aspx?o=ta052&c=cardiovascular
[21] LHO Standardised mortality ratio cancer 2000-2004
[22] LHO The London Forecast. Can London's health divide be reduced? 2004
[23] LHO Standardised mortality ratio cancer 2000-2004
[24] HTA The determinants of screening uptake and interventions for increasing uptake: a systematic review. 2000. http://www.hta.nhsweb.nhs.uk/fullmono/mon414.pdf
[25] Department of Health. Tackling Health Inequalities; a programme for action. 2003. http://www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf

[26] Department of Health. Choosing Health: making healthier choices easier. 2004. http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094559&chk=H29Li6
[27] The Healthcare Standards Unit. Tackling health in equalities. The Spearhead group of local authorities. 2005. www.hcsu.org.uk/index.php?option=com_docman&task=doc_download&gid=271
[28] Fitzpatrick J, Jacobson B. Mapping health inequalities across London. LHO, September 2001.Calculating life expectancy and infant mortality rates. Mapping health inequalities across London: technical supplement.
[29] London Health Observatory. The London Health Forecast: Can London's health divide be reduced? 2004. http://www.lho.org.uk/viewResource.aspx?id=8990
[30] Department of Health. Tackling health inequalities: status report on the programme for action. August 2005 http://www.dh.gov.uk/assetRoot/04/11/76/98/04117698.pdf
[31] Health inequalities in London. Life expectancy and infant mortality 1998-2002, London Health Observatory, April 2004
[32] London Health Observatory. Health inequalities in London: Life expectancy and mortality. 2004
[33] London Health Observatory. Mapping health inequalities across London. 2001. http://www.lho.org.uk/Download/n3eq2c55x2pvaynmzdhwr0j5/live/7652/map_hilond_3.pdf
[34] Social patterning of individual health behaviours: the case of cigarette smoking. Jarvis MJ and Wardle J. In Marmot M and Wilkinson RG. Social Determinants of Health. Oxford. Oxford University Press. 2006
[35] Social patterning of individual health behaviours: the case of cigarette smoking. Jarvis MJ and Wardle J. In Marmot M and Wilkinson RG. Social Determinants of Health. Oxford. Oxford University Press. 2006.
Kelly M and Capewell S 2004.Relative contribuytions of changes in risk factors and treatment to the reduction in coronary heart disease mortality. Health Development Agency Briefing Paper[36]
[37] World Health Organisation 2004. Food and health in Europe: a new basis for action. http://www.euro.who.int/document/e78578.pdf
[38] Health development Agency 2004.The effectiveness of public health interventions for increasing physical activity among adults evidence briefing http://www.publichealth.nice.org.uk/download.aspx?o=502697
[39] National Institute for Health and Clinical Excellence. 2005. Housing and public health: a review of reviews of interventions for improving health - Evidence briefing http://www.publichealth.nice.org.uk/page.aspx?o=526671
[40] Department of Health 2005. Tackling health inequalities: what works?. http://www.dh.gov.uk/assetRoot/04/10/34/06/04103406.pdf

This page is intentionally left blank

Housing Strategic Partnership

A decision was taken at Executive on 31st October to consult on the development of a new 'Integrated Housing Partnership'. It is proposed to replace both the Housing Strategic Partnership and the Housing Management Board* with one Strategic Housing Forum.

Consultation will begin in December and will seek views from key stakeholders on how they would like to be engaged and participate in discussions on the strategic direction for housing in the borough.

The aim of the review is to ensure that we provide direction across all tenures and involve the range of stakeholders needed to achieve this. Too often in the past the discussions have focussed on issues relating to the social rented sector.

The terms of reference and membership of the current Housing Strategic Partnership would be reviewed and amended as necessary to ensure the delivery of effective and inclusive partnership arrangements.

The remit of the group is likely to include the setting of strategic direction and co-ordinating the activities of all sectors and agencies involved in the housing field in the borough. It will also provide a forum for the sharing of information and best practice.

Particular consideration will be given to ensuring service user involvement, which has been a weakness in the past. The need for supporting sub groups will also be looked at.

Once consultation is completed, proposals will be presented back to the Executive in March.

* Housing Management Board comprises fourteen residents and eight councillors. It was originally formed as the potential predecessor to an ALMO board in 2000.

This page is intentionally left blank

haringey strategic partnership

Haringey's Local Strategic Partnership Board

AGENDA ITEM

MEETING **Haringey Strategic Partnership**
27 November 2006

Title: A Performance Management Framework for Haringey's Strategic Partnership

1. Purpose:

1.1 To present a proposed performance management framework for the Haringey Strategic Partnership.

2. Summary

2.1 A robust performance management framework is a requirement for the assessment of the HSP and the delivery of the Local Area Agreement (LAA).

2.2 The LAA guidance clearly states that the HSP will be responsible for the delivery of the LAA with lead partners accountable for the achievement of individual targets. The Local Authority is the accountable body for the financial and performance management of the LAA

2.3 This report sets out a proposed framework that will both meet the requirements of the LAA and enable partners to measure progress against agreed priorities. The following are its key elements:

- Bringing together all existing partnership targets under one framework
- Accountability and ownership of performance
- Regular reporting and review
- Links to partner agencies' planning and performance frameworks
- A tiered approach with different indicators monitored at each level of the partnership with the HSP board looking only at key strategic indicators measuring the health of the Borough.
- Minimal bureaucracy around data collection
- A delivery plan that will set out how targets are to be achieved.
- Clear links between priorities, outcomes and outputs

2.4 The development and maintenance of the HSP Performance Framework will require a dedicated resource.

2.5 Local area reporting is a key feature of the proposed framework and a GIS system will be a tool to support this.

3. Recommendation

3.1 That the Board agree the development of the HSP performance management framework in line with the proposed model, in time for the start of the LAA.

3.2 That the Board consider resourcing for the performance management function of the HSP.

Lead Officer(s)

Eve Pelekanos, Head of Improvement & Performance, Haringey Council

4. Performance Management for the Haringey Strategic Partnership

4.1 The Haringey Strategic Partnership (HSP) needs to put in place a robust performance management framework to ensure that its priorities and objectives are delivered. It is both a requirement for the assessment of the partnership by the Government Office for London and essential in the delivery of the Local Area Agreement (LAA).

4.2 The LAA guidance clearly states that Local Strategic Partnerships will be responsible for the delivery of the LAA with lead partners accountable for the achievement of individual targets. The Local Authority is the accountable body for the financial and performance management of the LAA

5. The key elements of the framework

5.1 This report proposes a framework that will enable the HSP to measure progress against agreed priorities and joint partnership targets. The key elements of the framework are:

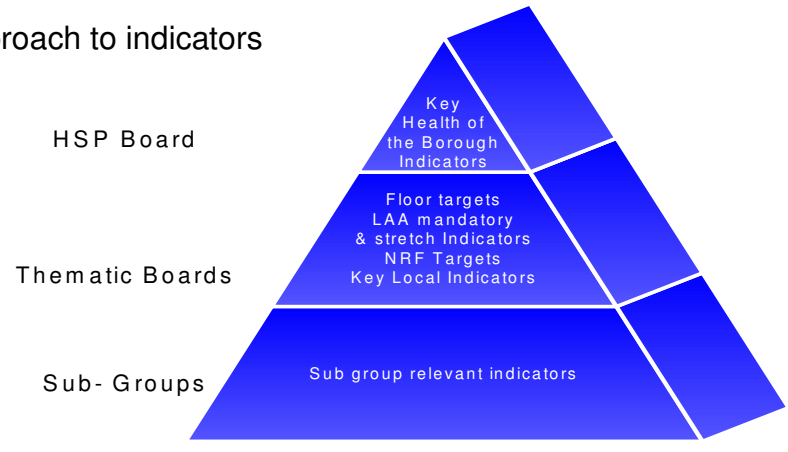
5.2 Priorities, objectives and outcomes
The HSP is about to agree its priorities for the new Community Strategy. From these will flow objectives and outcomes that partners have agreed for the borough. The agreed priorities and outcomes will be the key drivers of the HSP Performance framework

5.3 Indicators and targets
These are the measures that will tell partners how they are performing against their agreed priorities. There is already a plethora of indicators and targets: the floor targets, the SSCF targets, the NRF targets, the Joint Best Value indicators, the Local Area Agreement targets as well as targets included in joint strategic plans such as the Children & Young People plan, Experience Counts etc. All these will need to be brought together within one framework.

5.3.1 Many of the agreed outcomes will be long term, for example improving life expectancy. For these outcomes clear planned trajectories need to be agreed and progress monitored against these. Local proxy indicators could be developed to ensure that progress in achieving outcomes is made.

5.3.2 It is not possible for the HSP board to maintain an overview of all indicators. It is proposed that a hierarchy of indicators is created to enable partners to monitor relevant indicators but at different levels of the partnership. Diagram 1 shows how this could be done. The HSP's main board will only look at a basket of key indicators which will measure the health of the Borough.

Diagram 1. A tiered approach to indicators



5.4 Gathering and analysing data

5.4.1 Much of the performance data exists or should exist within partners' performance management frameworks. However, resources need to be identified to bring this information together and provide meaningful analysis and regular, consistent reports to the various boards.

5.4.2 There is much value to be added in monitoring performance at a local level i.e ward. This will enable partners to review how the gap is being narrowed and what the impact of joint action is at a local level. A GIS system will be useful in supporting this analysis.

5.5 Reporting performance and reviewing progress

5.5.1 All HSP Boards will receive quarterly performance reports showing progress against outcomes and spend. Performance will be illustrated using a traffic light system with trend analysis and progress against planned trajectories. Good performance will be highlighted alongside action to address any under-performance.

5.6 Accountability for action

5.6.1 It is the responsibility of all partners to provide performance information to the HSP. Named leads need to be identified from within each partner agency that will be responsible for providing the required data.

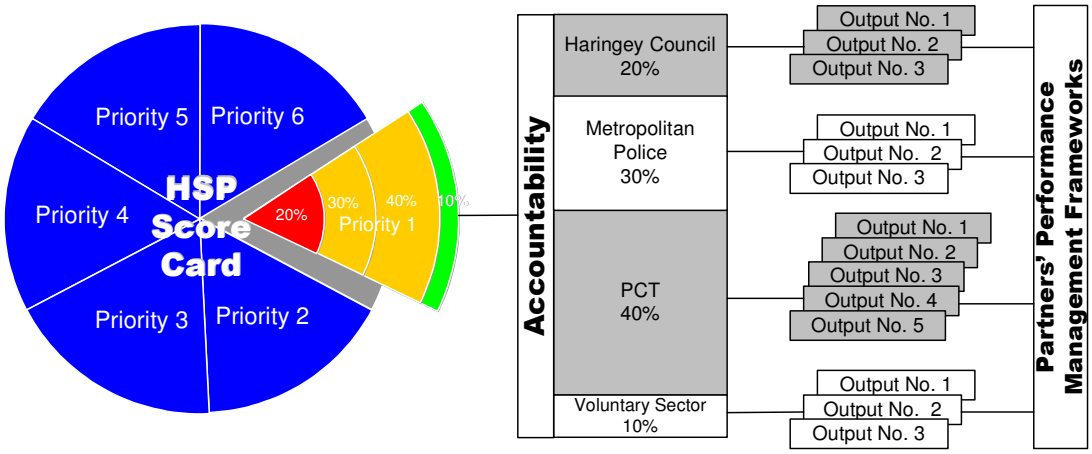
5.6.2 Accountability for performance needs to be allocated to lead partner agencies for each of the key targets. The lead agency will be responsible for providing exception reports for areas where performance is below expected levels.

5.7 Planning for improvement

5.7.1 Commitments in achieving joint targets need to be reflected in each partner agency's business plan. This will ensure that resource implications are considered. A delivery plan will be produced bringing together projects and action plans aimed at delivering the various targets including, floor targets, LAA mandatory outcomes and stretch targets. This delivery plan will need to be monitored by the HSP boards alongside performance

6. How it all fits together

Diagram 2 shows how the key elements of the proposed framework fit together.



6.1 The diagram shows how partners' contribution to each HSP Priority can be measured using a traffic light system The diagram also shows how the proposed HSP framework will be linked to partners performance frameworks through joint outputs or indicators.

6.2 Our performance frameworks already have many common features. We are all assessed annually by our relevant inspecting bodies against national outcomes and targets.

6.3 The annual health check considers whether each healthcare organisation is getting the basics right (i.e. meeting core standards, existing national targets and use of resources) and whether it is making and sustaining progress.

The key national targets for Primary Care Trusts are to:

- Substantially reduce mortality rates
- Reduce health inequalities
- Tackle the underlying determinants of ill health and health inequalities
- Improve health outcomes for people with long-term conditions
- Improve access to services
- Improve patient experience and choice
- Improve quality of life and independence of vulnerable older people

6.4 Police forces are assessed by the HMIC (Her Majesty's Inspectorate of Constabulary) on seven key performance areas:

- Reducing Crime
- Investigating Crime
- Promoting Safety
- Providing Assistance
- Citizen Focus
- Use of Resources
- Local Policing

As well as these qualitative assessments, force performance is also measured by a series of statutory performance indicators (SPIs) which are determined and monitored each year by the Home Office.

6.5 The annual Comprehensive Performance Assessment (CPA), carried out by the Audit Commission, assesses local authorities' performance in seven areas:

- Services for children and young people
- Social Care for Adults
- Housing
- Environment
- Culture
- Benefits
- Use of Resources

The local authority's ability to work with partners to deliver outcomes in terms of sustainability, safer and stronger communities and healthier communities is also assessed. As with police forces, local authorities are measured by a series of statutory performance indicators (BVPIs) which are determined and monitored each year by the Department of Communities and Local Government.

As Appendix 1 shows we are already expected to deliver on a number of joint Public Service Agreement (PSA) targets and other indicators. The Local Area Agreement will bind us all in achieving the stretch targets and mandatory outcomes. It is therefore logical for us to work towards an aligned performance framework.

Eve Pelekanos
Head of Improvement & Performance
3rd Floor, Wood Green Library
High Road
LONDON N22 6XD

Tel: 020 8489 2508
Fax: 020 8489 2533
eve.pelekanos.gov.uk
www.haringey.gov.uk

This page is intentionally left blank

Well-Being Partnership Theme Board **Item No: 9vii**

Date: 14th December 2006

Report Title: Update from Service Priorities Group

Report of: Chair, Harry Turner

Summary

To update Well-being Partnership Theme Board on Service Priorities Group (SPG) strategies.

The work of the SPG is to coordinate the commissioning and procurement of services that are either directly or indirectly of mutual interest to LBH and the TPCT.

Because both organisations are facing significant cost pressures and savings programmes in-year and for the future, recent work has been focussed on the 2 main issues of delivery to plan in 2006/07, and commissioning for 2007/08 and beyond. Work has been progressed not so much in the full SPG as in a sub-group of senior officers, which has now met twice in the past 2 months and will meet again in early December. The intention will be to marry up these 2 key workstreams as far as is possible, recognising that the NHS timetable for commissioning is always later than that for the Local Authority.

2006/07 discussions have included bringing the LD overspend back to balance, dealing with underperformance of the Joint Equipment Store against the key plan target, and quantifying the impact of "recovery" actions by each organisation on the other.

2007/08 discussions so far have involved a sharing of current plans, and in respect of disinvestment proposals, again quantifying the impact of possible actions by each organisation on the other.

Recommendations

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

For more information contact:
Harry Turner
Email address: harry.turner@haringey.nhs.uk

This page is intentionally left blank