haringey strategic partnership

haringey's local strategic partnership board

NOTICE OF MEETING

HARINGEY STRATEGIC PARTNERSHIP BOARD

THURSDAY 19 JULY 2007 at 18:00 HRS
CIVIC CENTRE, HIGH ROAD WOOD GREEN, N22 8LE.

AGENDA

MEMBERSHIP:

Cllr. Bob Harris, Cllr. Brian Haley, Cllr. George Meehan (Chair), Cllr. Isidoros Diakides, Cllr. Lorna Reith, Cllr. Nilgun Canver, Commander Simon O'Brien, David Lammy MP, Dixie-Ann Joseph, Dr Ita O'Donovan, Enid Ledgister, George Martin, Joanne McCartney AM, John Egbo, Lynne Featherstone MP, Markos Chrysostomou, Michael Jones, Pastor Nims Obunge, Paul Head (Vice Chair), Prof. Norman Revell, Richard Sumray, Sharon Shoesmith, Stanley Hui, Symon Sentain, Tracey Baldwin, Walter Steel, Yolande Burgess, Youth Councillor Adam Jogee, Youth Councillor Shayan Mofitzadeh.

1. APOLOGIES AND INTRODUCTIONS

2. DECLARATIONS OF INTEREST:
Members of the HSP 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.

3. URGENT BUSINESS:
The Chair will consider the admission of any late items of urgent business (late items will be considered under agenda Item 11 below).

4. MINUTES: (PAGES 1 - 8)
To approve the minutes of the last meeting held on 22 May 2007.

5. ANNUAL PERFORMANCE ASSESSMENT FOR 2006-7 (PAGES 9 - 30)

6. PERFORMANCE MONITORING: (PAGES 31 - 64)
(i) Sustainable Community Strategy 'scorecard' first quarter
(ii) LAA 'stretch targets'

7. HSP SEMINAR AND 35 INDICATIVE PARTNERSHIP TARGETS (PAGES 65 - 72)

8. TOPIC PRESENTATION: DEVELOPING WORLD CLASS PRIMARY CARE IN HARINGEY (PAGES 73 - 144)

9. IMPLEMENTING THE HSP REVIEW: PROGRESS UPDATE (PAGES 145 - 152)

10. THEME BOARD UPDATES: (PAGES 153 - 158)

The HSP is to receive updates from its thematic boards, namely:

- Better Places Partnership
- Safer Communities Executive Board
- Haringey Well-Being Partnership
- The Enterprise Board
- Children and Young People's Strategic Partnership Board
- Integrated Housing Board

11. ITEMS OF URGENT BUSINESS:

To consider any new items admitted under item 3 above.

12. PROPOSED DATES FOR MEETINGS IN 2007/8:

The HSP is asked to agree to the following dates for future meetings:

- 13 November 2007, 6pm
- 11 February 2008, 6pm
- 8 April 2008, 6pm
- 12 May 2008, 6pm

13. FUTURE AGENDA ITEMS:

Partners should submit proposed agenda items for the next meeting of the HSP (on 13 November 2007) to the Committee Secretariat no later than noon on Monday 8 October 2007.

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11 July 2007

Agenda Item 4

haringey strategic partnership

MINUTES OF THE HARINGEY STRATEGIC PARTNERSHIP BOARD
TUESDAY 22 MAY 2007

Present:

Councillor George Meehan	Haringey Council
Councillor Canver	Haringey Council
Councillor Diakides	Haringey Council
Councillor Reith	Haringey Council
Dr Ita O'Donovan	Haringey Council
Tracey Baldwin	Haringey Teaching Primary Care Trust
Richard Sumray	Haringey Teaching Primary Care Trust
Michael Jones	Homes for Haringey
Wayne Mawson	Metropolitan Police
Linda Banton	Job Centre Plus
Yolande Burgess	Learning and Skills Council
Paul Head	College of North East London
John Egbo	HAVCO
Dixie-Ann Joseph	HAVCO
George Martin	Race Equality Joint Consultative Committee
Pastor Nims Obunge	Peace Alliance
Rachel Hughes	The Bridge NDC
Enid Ledgister	(Safer Communities Executive Board)
Stanley Hui	(Enterprise Partnership Board)
Councillor Bob Harris	(Well Being Partnership Board)

1. TERMS OF REFERENCE (Agenda Item 7):

We noted that it was considered good practice to keep governance arrangements under review and as this was the Annual General Meeting of the Board it was felt appropriate to consider changes that needed to be made to the terms of reference. We were advised that the HSP Performance Management Group had considered a number of changes that would strengthen how the Board operated. Our particular attention was drawn to the following paragraphs:

- 4.2 The Leader of the Council to be the Chair of the HSP

- 4.3 The Vice Chair to be from an organisation other than the Council

- 4.4 Deputies – Board members should not send deputies on their behalf on more than two occasions, and not to consecutive meetings.

- 4.8 The role and membership of the Performance Management Group was clearly set out here.

- 4.9 This referred to the Thematic Boards and strengthened their responsibilities in respect of delivering the Community Strategy and the LAA.

- 7.1 Accountability – made it clear that Haringey Council was the accountable body for the HSP. The Partnership was therefore accountable through the Council to Regional and Central Government Departments.

RESOLVED

That approval be granted to the terms of reference as set out in the interleaved report.

2. APPOINTMENT OF CHAIR OF THE HSP 2007/8 (Agenda Item 1):

RESOLVED

That, in accordance with paragraph 4.2 of the terms of reference, Councillor George Meehan (as Leader of Haringey Council) be confirmed as the Chair of the Partnership Board for 2007/8.

3. APPOINTMENT OF VICE-CHAIR OF THE HSP 2007/8 (Agenda Item 2):

It was moved, seconded and

RESOLVED

That Paul Head be elected as Vice-Chair of the Partnership Board for 2007/8.

4. APOLOGIES AND INTRODUCTIONS (Agenda Item 3):

Apologies were received from the following HSP members:

David Lammy MP	
Joanne McCartney	Greater London Assembly Member
Commander Simon O'Brien	Haringey Metropolitan Police (for whom Wayne Mawson substituted)
Symon Sentain	Bridge NDC (for whom Rachel Hughes substituted)
Walter Steel	Job Centre Plus (for whom Linda Banton substituted)
Councillor Brian Haley,	Better Places Partnership representative
Markos Chrysostomou	HAVCO

5. MINUTES (Agenda Item 6):

RESOLVED

That the minutes of the meeting held on 22 March 2007 be approved and signed.

6. CHAIR'S ANNUAL MESSAGE (Agenda Item 8):

Our Chair outlined the achievements of the Partnership over the previous year, and the affects these had on the communities of the Borough. Having thanked partners for their efforts and continued success in improving services for the benefit of residents and service users, he expressed the hope that the Partnership structure and that of the Theme Boards would enable the hopes needs and aspirations of Borough residents to be met and for the vision to make Haringey a place for diverse communities of which people were proud to belong.

7. HOUSING TOPIC PRESENTATION (Agenda Item 9):

We received a presentation on the housing challenges within the Borough and we noted the various elements highlighted that taken together represented a housing crisis. The presentation also touched on the impact of this crisis across a wide range of services including those for children especially education, health services, community safety and crime reduction efforts, families and social services, physical regeneration, social cohesion as well as poverty and worklessness.

We were informed that while the number of children living in temporary accommodation had increased over the previous three years, this figure had stabilised as a result of recent new measures and was now decreasing. We were also informed that an overcrowding map was available which highlighted the main areas of highest overcrowding in the Borough based on the Council's own housing stock management information, reliable information in relation to overcrowding in the private sector was not thought to be available. Having been informed of the definitions used by the Council in relation to overcrowding and severe overcrowding, we were also informed that although families were allocated accommodation which met their needs at that point in time overcrowding often arose as families grew in numbers. In response to a question we were further informed that the Council offered incentives to tenants to downsize to smaller accommodation where appropriate. In respect of the demographic statistics relating to overcrowding, these could be supplied to the proposed Integrated Housing Board the proposed establishment of which was the subject of a separate report later on the agenda.

Concern was also expressed that in other sectors of housing sector there was an expectation that every child would have their own bedroom, an expectation that the Council could not match. The lack of personal space for younger people also had implications for their education and for anti social behaviour.

RESOLVED

1. That the Board place on record its thanks to Councillor Diakides for his presentation.

2. That the overcrowding map to which reference was made above be circulated with the minutes of the meeting.

8. PROPOSAL FOR AN INTEGRATED HOUSING BOARD (Agenda Item 10):

The Board was advised that following approval by the Council's Cabinet, and in order to more effectively address and monitor the issues highlighted in the previous presentation on housing challenges, an Integrated Housing Board (IHB) be established as a theme board of the HSP.

RESOLVED

1. That approval be granted to the establishment of an Integrated Housing Partnership Board as detailed in the interleaved report.

2. That measures be taken to strengthen the links between the Integrated Housing Partnership Board and the Area Assemblies.

3. That the Integrated Housing Board assume responsibility for delivering relevant areas of the Sustainable Community Strategy and monitoring the relevant key performance indicators, Decent Homes and the delivery of affordable housing.

9. HSP REVIEW CHANGES TO THEMATIC BOARD ARRANGEMENTS – 2007/8 (Agenda Item 11):

We were informed of the on-going work emanating from the HSP Review in respect of the role and structure of the Board's thematic boards. It was emphasised that the role for theme boards was an important and serious one, and that performance management arrangements for each theme board would be established in due course.

RESOLVED

1. That approval be granted to the establishment of an additional thematic board for housing (the Integrated Housing Board), building on the current thematic structure.

2. That the Integrated Housing Board be established initially for one year, to be reviewed thereafter with a view to incorporating it in future years within the Haringey Well-Being Partnership Board.

3. That, in the light of the need to deliver on the *Sustainable Community Strategy* and the Local Area Agreement, the thematic boards report to the HSP Board to update it on how their work, and the activities within their themes were contributing to meeting the mandatory targets and outcomes.

10. UPDATE ON THE SUSTAINABLE COMMUNITY STRATEGY – A SUSTAINABLE WAY FORWARD (Agenda Item 12):

We received an update report on the implementation of the *Sustainable Community Strategy* (SCS), noting that the official launch would be held on 29 June 2007. We were advised that it was proposed that the outcomes from the SCS be monitored by way of a colour coded scorecard mechanism similar to that used by the Council for its monthly performance review. The proposal would be discussed by the HSP's Performance Management Group (PMG) at its next meeting before endorsement of the final process by the Board.

RESOLVED

1. That the report be noted.

2. That HSP partners ensure that they align their own plans and strategies to deliver the Sustainable Community Strategy.

3. That the details of the official launch be circulated with the minutes.

11. NEIGHBOURHOOD RENEWAL FUND AND SAFER AND STRONGER COMMUNITIES FUND OUTTURN (Agenda Item 13):

We received a report on the second six month review and the end of year expenditure statement of the SSCF Agreement for 2006/7, and the outturn position for NRF for 2006/7. In respect of the SSCF, we were informed that the assessment of progress made during the first six months, against overall outcomes and spend for the Agreement, was scored as "green". Only the community empowerment element of the Agreement had scored "amber". We were also advised that the assessment and end of year outturn of grant allocation had been reviewed by the Council's Internal Audit Service who had identified several key areas for improvement in terms of the standards as outlined in the interleaved report.

In response to a question we were informed that a "green" score reflected actual achievements in outcomes from the Funds and notified that the direction of travel was considered to be positive. In respect of the Crime Reduction target which had received a "green" assessment score, we noted that although two of the ten targets were under-achieving this still compared well with London generally and would be the subject of negotiations with the Government Officer for London (GOL) if necessary. We acknowledged the importance for our Theme Boards keeping robust monitoring regimes in relation to their respective NRF/SSCF spending, particularly as these would be pooled into the Local Area Agreement budgets despite the continued requirement to report separately on the NRF/SSCF allocations. In this respect we noted that full guidance would be issued to the Theme Board Chairs and lead officers to assist in this new process.

We also noted that GOL had requested that the Partenrship undertake a risk based self assessment on the LAA outcomes and that it is completed and sent to GOL by the end of July 2007.

RESOLVED

1. That the NRF outturn report within the 2006/7 programme as set out at Appendix A to the interleaved report be approved for submission to the Government Office for London by 5 June 2007.

2. That the second six month review of the SSCF Agreement together the end of year statement of grant allocation with Internal Audit opinion as set out at Appendices B and C be approved for submission to the Government Office for London by 1 June 2007.

12. COMMUNITY EMPOWERMENT NETWORK (Agenda Item 14):

We noted proposals for establishing a new community empowerment process in Haringey by the Haringey Association of Voluntary and Community Organisations (HAVCO), and the interim arrangement set in place whilst the new method was being established. We noted, that in proposing the new arrangements, there were imperative actions that would need to be taken to ensure best results for all parties involved, and for the HSP more generally. The new representation arrangements would be entitled the *Haringey Community Link* (HCL) and it was proposed that these not include representatives from the Haringey Youth Council.

Concern was raised in respect of the process of establishing the proposed HCL and the way it had been presented to the Board. However, we noted that the model was a proposal only at this stage and that the method leading up to the final creation of the HCL would include a full consultation mechanism with partners. We were advised that the implementation timetable would need to take regard of partner agencies' ability to engage in the process, but noted the commitment to ensure that the new proposed models were explained to existing HSP voluntary and community sector (VCS) representatives, the wider voluntary and community sector, and other statutory partners before a final decision on a new model of community engagement was agreed in July 2007. In respect of the number of places for VCS representatives on the Partnership, the current proposal was for five elected representatives, plus the chair of HAVCO to sit on the main HSP Board; the HAVCO Chief Executive to sit on the HSP Performance Management Group; and for one HAVCO representative, plus three elected VCS representatives to sit on each of the HSP Theme Boards. We also noted the principals behind the process for engaging voluntary and community sector representatives, as outlined in the report, as well as the statutory requirement notified by the Government for community empowerment through representation.

RESOLVED

That the proposed method for community empowerment representation submitted by HAVCO as outlined in the interleaved report be approved.

13. THEME BOARD UPDATES (Agenda Item 15):

Better Places Partnership:

We noted that the next meeting of the Better Places Partnership was scheduled to take place on 11 June 2007. Partners were invited to attend a *Green Fair* on 30 June 2007. We also noted that, in future, all dates for events which might be of interest to partners would be circulated by the Council. We further noted that in respect of the *Better Haringey* campaign undertaken by the Council, an update would be circulated on those projects that continued to promote cleaner, safer and greener areas within the borough, such as the recent *Clean Sweep*.

Children and Young People's Strategic Partnership Board:

We noted that work was progressing well on the development of the Childrens Network in conjunction with the Council's Neighbourhood Management Service, and the Community Safety Team.

Enterprise Partnership Board:

We noted that the Enterprise Partnership Board had lat met on 5 March. We also noted that the Haringey Guarantee Programme had been launched on 20 April and that the next meeting of the Board was scheduled for 5 June which would be discussing, amongst other things, a new regeneration strategy for the Borough.

Safer Communities Executive Board:

An update report was tabled and it was agreed that this should be circulated with the minutes. In addition, we received a verbal update received from the Metropolitan Police on the highlights of their main achievements in 2006/7. We particularly noted measures taken in the vicinity of Hollywood Green and the success of CCTV surveillance initiatives within certain areas of the Borough. In response to question in respect of the recent incident at Wood Green police station office in which a police officer had been injured, we were informed that the station would re-open for 24-hour operation on 23 May 2007 after a deep clean and IT upgrade. With regard to the night closure of certain police stations within the Borough, we were informed that consultation was still in progress and a decision was expected from the Police Borough Commander in due course.

Haringey Well-Being Partnership Board:

We noted that at its last meeting the Theme Board had discussed provisions being made for the implementation of the new smoking in public places legislation; the community consultation process adopted by St Ann's Hospital; and the Mental Health Strategy. We also noted that the next meeting of the Board would be held on 12 June 2007

RESOLVED

1. That the updates be received.

2. That in future Theme Boards be asked to submit all future updates in written report format of no more than one page.

14. ITEMS OF URGENT BUSINESS (Agenda Item 16):

- We placed on record our thanks and good wishes to Justin Holliday, Assistant Chief Executive (Policy Performance Partnerships and Communication) who was leaving the Council to take up a post at the Home Office.

- We were reminded of the date for the HSP Away Day, namely 29 June 2007, and that further details would be sent by the Council's Head of Partnerships.

- The Board noted a suggestion that the Barnet, Enfield and Haringey Mental Health Trust be invited to appoint a representative to serve on our Board.

RESOLVED

That the Barnet, Enfield and Haringey Mental Health Trust be invited to appoint a representative to serve on the Haringey Strategic Partnership Board and that the Board's terms of reference be amended accordingly.

15. PROPOSED DATES FOR MEETINGS IN 2007/8 (Agenda Item 17):

The following dates were noted by the Board:

- 19 July 2007, 6pm
  (Board members were asked to note that this new date had been brought forward to avoid the school summer holidays)
- 13 November 2007, 6pm
- 11 February 2008, 6pm
- 8 April 2008, 6pm

16. FUTURE AGENDA ITEMS (Agenda Item 18):

The Board noted that partners wishing to put forward items for a future agenda were asked to contact the Committee Secretariat.

The meeting ended at 20:00 hours.

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Councillor GEORGE MEEHAN
Chair, Haringey Strategic Partnership 2007/8

Date:_____

haringey strategic partnership

Agenda Item 5

Haringey Strategic Partnership – 19 July 2007

Subject: HSP Annual Performance Assessment for 2006/07

1. Purpose

1.1 To present the Haringey Strategic Partnership's (HSP) annual performance assessment for 2006/07 for approval.

2. Summary

2.1 A self-assessment of Haringey's Local Strategic Partnership performance over 2006/07 by neighbourhood renewal theme. The draft review is attached and, subject to amendments, the final version must be submitted to GOL by 20th July 2007.

2.2 This self-assessment sets out the main areas of success across the six themes including achievement of performance targets and project innovation.

2.3 In contract to 2005/06, GOL have asked for a less detailed assessment as they are moving away from the NRF/SSCF thematic reporting to the new style LAA.

3. Recommendations

3.1 The Partnership is asked to consider and comment on the Partnership's performance for 2006/07 as set out in the body of the report.

3.2 The Partnership is asked to consider whether the assessment accurately reflects the performance to date and to agree any changes as necessary

Haringey Strategic Partnership's Annual Performance Assessment 2006/07

Overview

Good progress has been made across the neighbourhood renewal outcomes during 2006/07, with most targets showing a positive trajectory.

Significant improvements in performance have been achieved in the following areas:

- Pupils attaining 5 or more GCSEs at Grades A*-C
- Absence in both primary and secondary schools
- Looked after children obtaining 1 GCSE at grade A-G
- Percentage of waste recycled and composted
- Satisfaction with recycling facilities and civic amenity sites
- Abandoned vehicles removed within 24 hours
- Road casualties (trend & 3 year average)
- Parks cleanliness
- Graffiti and fly tipping on relevant land
- Waiting times for assessment and packages of care
- Adults and Older people receiving statement of needs, reviews and direct payments
- Keeping Haringey residents informed

The programmes of projects commissioned by the Haringey Strategic Partnership to deliver against the neighbourhood renewal outcomes during 2006/07 have resulted in real benefits for local residents, as reflected in customer satisfaction surveys and the CPA. The Partnership strove to, and succeeded in maximising value by aligning Neighbourhood Renewal Funds and Safer and Stronger Community Funds to deliver its priority areas of improvement.

Building Community Participation

The Partnership believes that a concentrated effort in key Super Output Areas (SOAs) and wards has contributed greatly to improving outcomes across the borough.

During 2006/07, Haringey Council rolled out the Neighbourhood Management Service across the borough to enable services to respond better to local needs and for residents to influence how services are delivered in their area. The borough-wide rollout followed 5 years of successfully targeting regeneration resources to the most deprived areas of the borough. Today, Haringey has seven neighbourhood areas, each of which has an Area Assembly that meets four times per year. The Assemblies actively encourage participation from all members of the community in the area, including newly arrived communities. The Assemblies provide an opportunity for effective dialogue between the council, its partners and residents on wide ranging issues such as: leisure services, pest control, poverty, traffic management,

parking, families and young people, recycling, planning and licensing and activities for younger and older people.

Complementing the borough-wide rollout of Neighbourhood Management, the Council continues to provide each Area Assembly with an annual budget of £50,000 from the Council's main programme budget. The "Making the Difference" programme was developed to encourage local residents to propose local projects which will make improvements to their neighbourhoods. Projects are prioritised by ward councillors in their community leadership role with residents voting on these at Area Assemblies. Making the Difference is a first step in participatory budgeting.

The proposals can be physical changes to an area or projects that promote well being or community cohesion. Projects delivered include: improved lighting, involving local children in designing signage for road safety schemes, school murals; day trips for older residents; educational trip for children on waste management and recycling and providing commemorative trees and benches. "Making the Difference" is very popular with residents and for 2006/07, over 600 bids were received.

Parallel to the work by Neighbourhood Management, 19 Safer Neighbourhood Teams were rolled out and one of the positive outcomes has been the joint working on the ground between Neighbourhood Management and Safer Neighbourhoods Teams.

Targeted intervention by Neighbourhood Management contributes to the Partnership's overall programme of targeted work in the borough's wards including those containing the SOAs within the three percent most deprived in the country. The 3 wards with the highest SOAs are Northumberland Park, Noel Park and Bruce Grove. Projects supported through the SSCF during 2006/07 include:

- Environmental improvements through the Cleaner Safer Greener agenda in Bruce Grove, Noel Park and Northumberland Park
- The Haringey Guarantee to tackle worklessness in Bruce Grove, Noel Park and Northumberland Park, this will be extended in 2007/08 to include other NRF wards
- Focusing crime reduction interventions in the most deprived SOAs

The sense of community cohesion and an appreciation of the diversity of the borough is strong in Haringey, and this has been reflected by the CPA. To support this, the most recent residents' survey showed an increase in areas related to community development and participation. For example, since 2004/05 there has been:

- An 8% increase in residents feeling involved – up to 44%
- A 6% increase in residents who felt they were listened to – up to 49%
- A 3 % increase in residents who felt informed – up to 63%

HSP Review

The external review of the Haringey Strategic Partnership, carried out by Shared Intelligence during 2006/07, enabled the Partnership to revisit its

structures and operational workings. As a result of the review the Partnership has established a Performance Management Group, which is an executive group of the HSP, and has also approved the establishment of a new Integrated Housing Board to focus on strategic housing issues.

A new Sustainable Community Strategy
In 2006/07, the partnership developed a new Sustainable Community Strategy (SCS) that encompasses the Partnership's ambitions and priorities for the borough over the coming ten years. The SCS has also formed the basis for the Partnership's Local Area Agreement, which was formally signed off by the Government in March. The Partnership launched its SCS on 29th June 07.

Neighbourhood Renewal Six Key Outcome Areas

Crime

Introduction
The Safer Communities Partnership leads for the Haringey Strategic Partnership on the crime reduction agenda. Their shared objective is to measurably improve the quality of people's lives in Haringey through preventing and reducing the harm caused by criminal activity, anti-social behaviour (ASB), and drug and alcohol misuse. The partnership has recently reconfirmed its commitment to the principles of accountability and the sharing of information and resources.

The partnership will continue to balance deterrence and enforcement with prevention, support and treatment. It will also continue to promote intelligence and evidence-led planning and to further invest in activity and programmes that meet the needs of the community.

Improved delivery
Last year was one of the Safer Communities Partnerships most successful years. There were 1,400 fewer violent crimes than the previous year; a 10% fall in offences committed by young people; one in four offenders' prosecuted and record numbers of sanctioned detections. Performance across all major crime categories was exceeded as was the target of 1,340 drug-using offenders entering treatment. More importantly, there were 4,500 fewer victims of crime compared to the previous year.
However, improving communications and making people *feel* safer in the borough will remain a key challenge for the future.

Delivery in most deprived neighbourhoods
Safer Neighbourhood Teams were rolled out in all wards across the borough with an enhanced team for the Noel Park ward which includes the Wood Green super output area. Safer Neighbourhood Teams are interacting with the public on a daily basis and are helping to foster cohesion and confidence.

12 new CCTV cameras were commissioned and placed in areas of most need.

The Safer Estates Initiative ran during 2006 to tackle ASB on 5 key estates. Significant improvements were made to estates experiencing disorder, such as Campsbourne. 50 eyesore sites were improved by the Council's Enforcement Team in priority locations.

A new crack/polydrug service was established in the north-east of the borough in response to a thorough needs assessment. Over 100 crack houses were closed down – many in deprived areas – and Haringey Police, the Anti-Social Behaviour Action Team (ASBAT) and the Drug and Alcohol Action Team (DAAT) worked together on the operation and services required in the aftermath of a closure.

Community cohesion

The Safer Communities Partnership launched Haringey's first Hate Crime and Harassment Strategy with an action plan and a multi-agency steering group. The overriding aim is to increase reporting.

The DAAT has an active User Involvement Forum and has worked closely with the Somali community to provide services to tackle khat use.

The partnership invested in support and outreach to young people in a number of ways. These included supporting the Safer Schools police in secondary schools; funding a Victim Support Outreach Worker; investing in proven youth diversion projects; evaluating the Haringey Boxing Club and extending the Off the Street Less Heat programme on Estates.

An evaluation was undertaken on the Week of Peace involving Haringey and three other London Boroughs. The conclusion was positive. Organisers of the annual event will be encouraged to take heed of the recommendations which stressed their role in community cohesion.

2006/07 was a good year for parenting interventions with 11.3% of all interventions supported by a parenting intervention up from 8.4% in 2005/06 and exceeding our 10% target. In addition 100% of parents were satisfied with the intervention again exceeding target.
Additional investment was made to improve parenting with a new parenting worker recruited into the ASB Action Team to work intensively with up to the 5 most problematic local families.

Strengthened partnership working

Operation Tailgate was revived last year as a multi-agency effort to tackle a range of non-compliance with issues such as littering, illegal gaming, immigration, benefit fraud, drug dealing etc. This has greatly strengthened a partnership approach between the Council and Police as well as Customs and Excise and other external agencies.

Operation Butler aims to prevent and reduce knife-related crime on public transport. Police Officers have worked closely with transport providers, schools and the Council to ensure safer public transport especially at the end of the school day.

A number of new initiatives moved partnership working with health providers onto a closer footing. A new freephone line to the Hearthstone Domestic Violence Centre was installed in the A&E departments of local hospitals. In addition, the Safer Communities Partnership has invested to extend the forensic nursing service in custody suites. Additional screening was undertaken for alcohol misuse and for victims of hate crime. The Safer Sixties event reached out to a record 350 older residents as a partnership between the Fire Service, Council, Police and Primary Care Trust.

Shared priorities

The shared priorities remain those listed in Haringey's Safer Communities Strategy 2005-08. They are: Tackling violent and acquisitive crime; addressing anti-social behaviour; reducing the harm caused by drug and alcohol misuse and improving confidence. The principles also remain as: a balanced approach between prevention, treatment and enforcement; community engagement; intelligence and evidence led interventions; strong partnership working and improved communications and consultation systems. A particular emphasis has been placed on young people and supporting victims.

Framework for community leadership

New Chairs have been established in each ward to oversee the work of the Safer Neighbourhoods Team ward panels. Neighbourhood Management staff attend all ward panels to build participation, avoid duplication and to work with the police in setting and working to local priorities.

A new role for the Community Police Consultative Group has developed over the year with a focus on encouraging young people to report crime.

Faith leaders have become more prominent in the delivery of crime prevention and community cohesion. The Haringey Peace Alliance has been commissioned to deliver a BME Leadership Academy in 07/08 as a result.

Innovation

The dedicated police Q-Car operation achieved unprecedented results in robbery reduction through a creative approach of rapid response and swift working with victims of robbery.

Haringey held a partnership conference to address the issues of honour killings and female genital mutilation with an ambitious plan of education and training.

The Business Support Team recruited business 'Specials' from several high profile retailers in Wood Green including Curry's, who have full powers of

arrest and are able to deal with shoplifting and other offences in the busy shopping areas.

Pupils at Gladesmore School in South Tottenham developed and produced a Value Life campaign and anti-knife and gun crime DVD. This is being rolled out across other secondary schools.
Haringey is running a pilot for the London Resettlement Programme which focuses on female offenders leaving Holloway prison and aims to offer support that will break the re-offending cycle.

A team of 20 trained, volunteer Street Pastors started patrolling in Haringey. The scheme aims to have 40 patrolling by the end of the year in problem hotspots predominantly on Friday and Saturday evenings to help and advise young people and prevent them from any involvement in crime or disorder.

Improved central and local government relations
During 2006/07, members of the Safer Communities Team worked more closely than ever with representatives of GOL and the Home Office to develop the LAA. This resulted in a better understanding on both sides and an agreement on two stretch targets around street robbery and domestic violence.

The Audit Commission undertook a partnership audit with several recommendations, which have been fully accepted by the partnership and are in the process of being implemented.

The Youth Offending Service gained an extra star and performed very well at their inspection. Baroness Amos visited during one week on a work placement with Haringey YOS.

Haringey signed up the Government's RESPECT standard for housing management and is implementing all but one of the overall RESPECT agenda's actions for local partnerships.

Good practice
Haringey's performance on reducing robbery through the Q Car operation has been commended and followed.

The ASB Action Team continued to achieve 100% success in court and has been generally celebrated for its balanced approach, utilising a far greater number of Acceptable Behaviour Contracts than ASBOs

A new evaluation framework has been established by the Safer Communities Partnership which will enable it to track much more precisely what is working and why.

The awareness raising publicity on domestic violence and the continuing success of the Hearthstone Domestic Violence Centre are further examples of good practice.

Haringey's Crime and Disorder Reduction Partnership (CDRP) is the only borough to have started comprehensive partnership data reports, using data sets and analysis from around the partnership to determine priorities. This is anticipating a change in the law following a review of the CDRPs.

Liveability

Introduction
The Better Places Partnership leads for the Haringey Strategic Partnership on the cleaner, greener, safer agenda.

Improved delivery
During 2006-07 a wide range of projects were commissioned that collectively delivered improved services and a cleaner, greener and safer environment in some of the most deprived parts of the Borough. The projects are arranged under five key themes:

- Improving the environment – a package of enhanced services to improve the overall cleanliness and quality of the environment, including open green spaces;
- Promoting participation and increasing recycling in Haringey – a programme of education, campaigns and targeted information to boost resident participation;
- Improving safety on the roads and in open green spaces;
- Tackling climate change – developing a borough-wide approach to tackling climate change and promoting sustainability; and
- Promoting healthy lifestyles, particularly among vulnerable and excluded communities.

Improving the environment – a package of enhanced services to improve the overall cleanliness and quality of the built and natural environment
The projects under this theme were mainly, though not exclusively, focused around putting extra resources into existing mainstream services to tackle problem areas. Increased Saturday night collections, targeted street enforcement, and extra community clear ups were among a range of projects which together have demonstrably improved resident perception, as well as delivered some clear and measurable performance improvements. Some of the key outcomes for this theme during 2006-07 include:

- removal of nearly 21,000 square metres of graffiti and fly-posting
- 115 new litter bins
- 23 fly-tip sites cleared and an overall year end reduction in fly-tipping of 5%
- two mobile clean teams deployed to work in problem areas
- 85,298 homes received community clear ups with 12,445 repeat collections in 3 super out put areas (Noel Park, Bruce Grove and Northumberland Park)
- 7 Green Flag parks and 2 green pennant awards for community gardens
- revival of a new and strengthened Tottenham Town Centre Partnership

- 5% reduction in street crime
- 99% of abandoned vehicles removed within 24 hours
- programme of visits (75 per month) to trading premises to ensure proper arrangements are in place for the removal of waste
- Environmental education projects – 22 schools
- 250 trees planted by community groups and 55,000 bulbs planted

These service improvements are reflected in the annual MORI survey carried out during the autumn of 2006 that measured resident perceptions across a range of council services. The four best value performance indicators that cover cleanliness, waste management, recycling and civic amenity all showed a significant improvement as against the 2003 results, with no significant change in satisfaction for refuse collections. Sixty one percent of Haringey residents are now satisfied with the standard of street cleanliness. However, progress against BV199, which measures street cleanliness across the borough, has been disappointing and remains in the bottom quartile. A detailed value for money review of the service has now been completed and an action plan is being developed to deliver service improvements.

Promoting participation and increased recycling in Haringey – programme of education, campaigns and targeted information to boost resident participation and increase the amount of recycled trade waste

This part of the programme was strongly focused around education and information and extending recycling facilities, with a particular focus on areas that were poorly served. Overall, satisfaction with recycling services, as well as with civic amenity sites, has improved and participation rates continue to increase and are now middle quartile, as measured by the audit commission annual performance indicators. Key outcomes in this area of work include:

- extended recycling services on estates – near-entry facilities for an additional 1,500 households
- three additional recycling offices to promote participation and deliver a range of new recycling projects
- more information about recycling – new leaflets for mixed recycling services, kerbside sorted recycling, white goods collection and community volunteer scheme; stickers for green boxes providing contact information for enquiries about the service and a programme of advertisements in Haringey People

Resident satisfaction with recycling services reached 63%, as measured by the 2006 annual MORI survey, with the overall recycling participation rate for the borough reaching just over 23% at the end of 2006-07, compared to 18% the previous year.

Improving safety on the roads and in open green spaces

The projects under this theme of the programme were aimed at improving road safety, reducing accidents on the road and making people feel safer. Key areas of work have centred on traffic management and signage, school travel plans, as well as increasing staff presence in parks and open spaces through

volunteer wardens and community groups. Key outcomes during 2006-07 included:

- 20 new community groups supported to manage their open green spaces
- 4 new Friends Groups: Railway Fields, Palace Gates Eco site, Markfield Park and Noel Park
- Reduced fear of crime (- 5%) - 70% of park users feel safe or very safe (+4%)
- Volunteer Street Wardens team set up to patrol Finsbury Park and report to / liaise with relevant services / departments in Haringey, Islington and Hackney
- 65 school travel plans approved by TfL and DfES
- Safety training delivered to 20 schools
- Security measures installed in 262 homes within the super output wards

Key performance indicators in this area show that visitors to Haringey Parks continue to increase and are above the London average with many people visiting more than once a week. Generally, the borough's parks are seen as safe places, which is particularly encouraging as most visitors are women and children and the satisfaction data shows that in 2006 72% of residents were happy with the borough's parks and open spaces, a five percent increase on 2003.

Tackling climate change – developing a borough wide approach to tackling climate change and promoting sustainability

The Better Places Partnership has clearly stated its commitment to protect the natural environment, promote sustainability and provide leadership in the area of climate change. During 2007/08 NRF/SSCF funds were targeted to develop policy in this area and to invest in sustainable energy. Key outcomes from the programme included:

- Climate Change Audit - profiles the borough's carbon foot print and sets the
- foundation for developing an action plan to deliver the Greenest Borough strategy
- Climate Change Conference – December 2006 – brought together a range council staff, Members, community and voluntary group representatives and climate change experts
- Signing of the Nottingham Declaration – November 2006
- 253 decent homes surveys to assess energy efficiency – followed by insulation measures
- Programme of investment in energy efficient technology – street lighting and solar parking metres

Promoting healthy lifestyles – particularly among vulnerable and excluded communities

The last of the five themes within the NRF/SSCF programme was focused around projects that would promote healthy lifestyles, with one project

targeted at addressing social exclusion by developing accessible transport provision for people with mobility problems. Key areas of work during 2006-07 included an extended schools football programme, developing a Healthy Walking Campaign, developing and promoting a new young people's active card, holiday sports programmes and a sports scholarship scheme and a feasibility study into the provision of community transport in the borough. Key outcomes during 2006-07 included:

- Extended school football programme in 8 schools – 33 sessions weekly with coaches from Tottenham Hotspur and Asian Action Group – 5,782 children coached
- 5,000 Junior Active Cards distributed
- 20% increase in use of Leisure Centres
- 44 schools sports scholarships awarded – value £21,750
- Youth Games Funding - £6,000
- 14,336 young people took part in holiday sports and physical activity programmes
- Feasibility study into setting up Community Transport in Haringey completed – project worker appointed, £100k external funding levered into borough – provision being developed with voluntary and community sectors and Council services

Worklessness

Introduction

The Enterprise Partnership leads on the worklessness agenda for Haringey Strategic Partnership. During 2006/07, the partnership designed and commissioned a two year programme to address Tackling Worklessness within the borough's three priority wards – Bruce Grove, Noel Park, and Northumberland Park. The programme has since been extended to cover the following priority wards: Bounds Green, Hornsey, Seven Sisters, St Ann's, Tottenham Green, Tottenham Hale, West Green, White Hart Lane and Woodside.

Improved delivery

The two year tackling worklessness programme began in September 2006 and focuses on the core populations identified in Haringey's strategic approach and endeavours to fill gaps in current provision, link up related interventions and bind disparate interventions into a co-ordinated programme.

Ten interventions (and an embedded evaluation) have been commissioned focusing on core populations affected by worklessness. The programme links interventions aimed at:

- Young people: improving their employability, vocational skills and easing the transition from school to college and from school to work;
- Users of Council services who need/want advice and support to further their education, up skill and/or get into employment;
- Users of health services who want to access employment opportunities;

- Pre volunteering and volunteering/work placements to gain experience and skills in order to access sustainable employment;
- Job opportunities in Wood Green town centre;
- Job opportunities in the film industry;
- Local neighbourhood level employment and training initiatives.

Linking the interventions is the "Haringey Guarantee" which all partners sign up to. The Haringey Guarantee is the borough's flagship programme aimed at delivering pathways to sustainable employment for those residents living in the most deprived parts of Haringey who are furthest away from the labour market. The programme takes a two pronged approach to tackling worklessness: a "guarantee" to residents on the programme that they will be equipped with the necessary skills and attributes to access sustained employment; and engaging with employers who will "guarantee" interviews to residents who come through the programme.
The Guarantee involves:

- a quality service for all beneficiaries;
- an entitlement to services from partners including information, advice and guidance, priority interviews for college programmes and places;
- partner commitments to offer real work experience/placements and volunteering opportunities; and
- Guaranteed interviews for programme beneficiaries applying for employment opportunities with partners.

The interventions deliver:

- extending the local school's vocational offer at Key Stage 4;
- pilot employment & job brokerage advisors to school leavers and college students (under 25s) adding value and an enhanced offer to 60 College of North East London students;
- Employment advisors based in North Tottenham Customer Service Centre and the Central Library in Wood Green running advice sessions and providing support to people who wish to gain work;
- Information, advice and guidance and support services to patients using local GP surgeries to improve the employment prospects and reduce numbers of those in receipt of incapacity benefit;
- A co-ordinated volunteering work experience/ work placement intervention for 150 local residents;
- The development of local actions and priorities linking into the main elements of the programme on worklessness impacting on the three neighbourhoods;
- Beneficiary panels comprising five local residents involved in each of the projects have been established and report their feedback through the embedded evaluation influencing delivery and direction of the programme;
- A Local Research Team comprising local residents from three neighbourhoods has been recruited to further inform and influence the programme.

To date, the programme is making promising progress with 552 residents accessing the programme, 52 of whom have secured sustained employment. Over twenty-five organisations are signed up to the Guarantee including Haringey Council, the Primary Care Trust and the main private sector representatives on the Enterprise Board.

There is also evidence of an improvement in the borough's labour market position. Since 2003/04, Haringey's employment rate has increased from 57.3 per cent to the current level (2005/06) of 66.2 per cent. Haringey's employment rate is now only marginally below the London average of 68.6 per cent and the gap between the Haringey and England average, since 2003/04, has narrowed by 8.2 percentage points. This improvement has also been evident across the most deprived parts of the borough and amongst our most disadvantaged residents, including ethnic minority communities.

Business Support

During 2006/07 the partnership also funded projects through NRF dedicated to business and business support. Support was provided to:

- City Growth clusters via London Apparel Resource Centre (clothing), Collage (creative) and also supported interventions in schools via Keeping It Simple Training and the Haringey Employment Business Partnership.
- General Business support was also funded via other enterprise agencies in the borough, namely HBDA and TGEC.
- Business franchise organisation Exemplas received financial support and we also part funded the post of a key worker on 6 industrial estates in the borough.

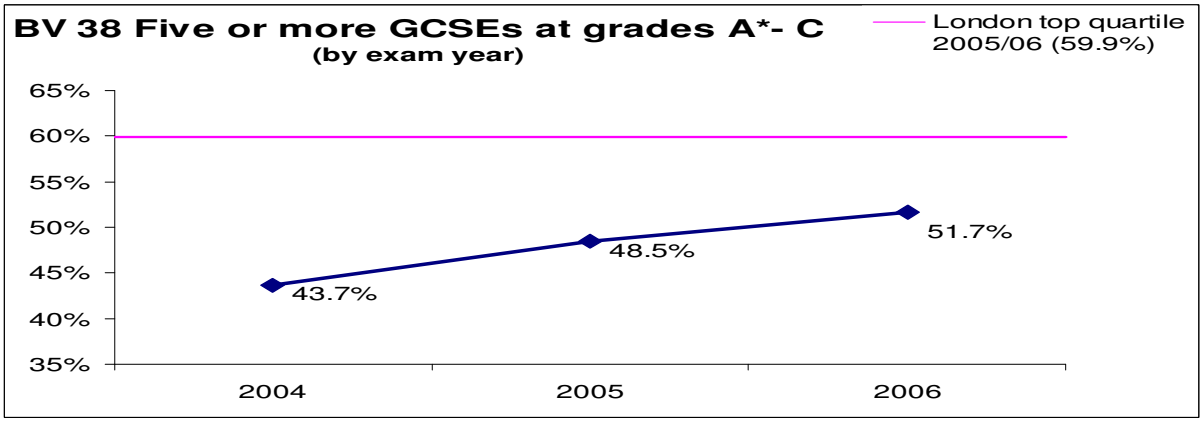
Education

Introduction

The Children and Young People's Partnership Board leads on the education agenda on behalf of the Haringey Strategic Partnership. The partnership has strong links with the Well Being Partnership Board as some of the targets in each area are shared e.g. teenage pregnancy.

Improved delivery

51.7% of pupils attained 5 or more GCSE's at grades A*-C or equivalent in 2006 exceeding the 49% target and just short of the 53% stretch target. This is the fifth year running where GCSE results have improved with progress in Haringey since 2001 being twice the national average. The graph below illustrates the year on year progress achieved.



The percentage of pupils from black and minority ethnic groups that achieved 5 GCSE's at grades A*-C increased to 48% in 2006 from 45% in 2005 moving closer to the average attainment for all pupils (52%).

In April '06 to March '07 121 statements of special educational need were issued. Performance on issuing statements of special educational needs is reported in two 2 parts. On the first part, which measures the authority's performance excluding exceptions, all statements were issued within the 18 week timescale. On the second part where all cases including those where exceptions to the rule under the Code of Practice are counted e.g. those awaiting medical reports, performance declined from 85% in 2005/06 to 80% in 2006/07, short of the 85% target.

Fourteen per cent of looked after children had 3 or more placements in the year (BV49) to March an increase on the 11% reported in February and on the 2005/06 outturn and 2006/07 target of 13%. Performance is still provisional at this stage on this CPA key threshold indicator and remains within the top performance banding according to the Commission for Social Care Inspectorate.

Excellent performance has been sustained on reviews of children on the register (BV162) with all reviews completed in timescale.

There have been 23 adoptions (6.8% of children looked after) in the year 2006/07 exceeding our target of 22. This represents an improvement on the 21 or 6.4% achieved in 2005/06.

Educational attainment of young people leaving care has increased from the 50% achieving at least 1 GCSE at grades A-G last year to 55% in 2006 achieving our 55% target on this key threshold indicator.

Excellent progress has been made with looked after young people in employment, education or training (BV161). In 2006/07 68% of care leavers (aged 16) were engaged in employment, education or training at the age of 19 the same level of achievement as in 2005/06 and just short of the 70% target. This sustains our position in the top performance banding.

Improving Services - Literacy

The Improving Literacy NRF project is an example of the interventions being delivered to help push attainment upward. The project is a programme of literacy intervention to raise standards of attainment in years 9 and 11, focusing specifically on English.

The project has utilised funding in a range of different ways:

- Funding was devolved to schools to run their own intervention programmes. Most schools now have a comprehensive intervention programme in place using appropriate materials for the target pupils;
- A central intervention programme for years 9 and 11 has been run each year using Haringey teachers and specifically designed resources to meet the needs of the target pupils. Teachers have received invaluable CPD and taken this expertise back into their schools. Resources have also been shared with schools.
- Each school is allocated days with specialist consultants who deliver exam-specific workshops for the pupils. Again, teachers working with the target pupils observe the sessions delivered by the consultants and in so doing improve their own practice in delivering the skills, knowledge and understanding necessary for all exam areas.

Using the additional resources provided by the project, intervention planning and a focus on examination skills is now embedded in some department practice, from identifying the pupils to tailoring the curricular plans. Planning and implementing intervention for target pupils is now part of general practice with departments becoming more independent in running their own intervention programmes across the academic year. The Improving Literacy project model has been refined over the years in order to maximise impact. This thinking has been shared with subject leaders and planning appropriate intervention has been modelled. Some schools already have the capacity to build this into their current practice, whilst others are still developing this work.

Improving Services - Breakfast Clubs

The Breakfast Club NRF project has continued to provide free breakfast club places to children who:

- Are eligible for free school meals,
- Have behaviour and concentration problems,
- Have a pattern of non-attendance or late attendance
- Are known to regularly come to school hungry

The breakfast clubs operate in eight primary schools and one secondary school, which meet the following criteria:

- Schools with above the Haringey average (39%) eligibility for free school meals.
- Schools in wards with high levels of social deprivation.
- Schools willing to develop a club using the established model.
- Schools linked to the Healthy Schools Programme.

The project has successfully transferred the breakfast food service to in-house staff at both Welbourne Primary School, Chestnuts School and Ferry Lane Primary School (staff have completed food handling courses run by the council). During 2007, Lordship Lane started the process of training staff to take the food service in house.

The in-house breakfast clubs have also been able to extend their menu to include cooked breakfast once a week in addition to the standard menu of cereals, wholemeal toast, cheese, jam, fruit and juice or water. All of the cooks prepare plates of chopped fruit which can be handed round the tables. It is estimated that most infant children attending the clubs eat at least 3 portions of fruit and vegetables each day at school. For 2006/07, the average number of breakfasts delivered each day was 358 and the total for the period was 64,502.

In addition to the provision of free healthy breakfasts, pupils are provided with opportunities for increased physical activity through supervised outdoor play/games sessions and a range of learning opportunities for literacy, numeracy and homework support. A small cohort of pupils monitored over a year produced the following outcomes:

- excellent attendance – pupils were targeted for poor attendance
- Two thirds of the cohort were on target to achieve their expected level of attainment (EIA) this included a looked after child.
- One third of the cohort were exceeding their EIA

Improving Services - Teenage Pregnancy

The Supporting Teenage Parents NRF project has contributed to the target for reducing teenage conceptions, the reduction in infant mortality strategy and targets for breastfeeding and smoking cessation through its work with teenage mothers in preventing or delaying further conceptions, providing access to and specially designed child development and parenting programmes as well as linking up with anti-smoking and healthy eating programmes. 20 teenage mums attended the accredited self-support course in relation to pregnancy, birth and child-care (also impacting on NEET figures)

The specific development for the project during 2006/07 has been to bring together the programme for statutory school age pregnant teenagers/teen mums and the programme for 16-19 yr olds – sometimes still referred to as Stepping Up. This joined service was then rolled out across the borough (rather than restricting it to one neighbourhood) by locating it in five of the phase one Children's Centres with the aim being to develop capacity in the children's centres and target the other high conceptions wards in the borough. The data collected through that roll-out (and through the new Common Assessment Framework (CAF) referral process) has resulted in better localised data from which to map need and target more accurately the hot spots in terms of the specific needs in each location (which will be the focus of the programme for 2007-08).

There have been 260 referrals to the project over the last 3 years with 127 of these during 2006-07 (an increase in referrals during a period when

conception rates have fallen dramatically). There have been just over 165 births to teenage parents in the same period (project has reached more teen parents). The aim of the project is to improve the contact rate in the location that the young parent finds most suitable in 2007-08 and to make mainstream services more accessible through staff training.

Access to education, employment and training has increased during the year with over 60 teen parents (approx 23% of referrals) attending accredited training courses compared to 17 in 2005.

Housing

Introduction of the ALMO
During 2006/07, there were some key decisions and changes in housing management. Haringey's tenants and leaseholders voted for to establish an ALMO and on 1st April 2006, the formal Homes for Haringey Board took over management of the borough's housing stock. The ALMO is working to improve the quality of homes to reach the Decent Homes Standard and 42.58% of local authority homes have been classified as non-decent, which is an improvement on 44.7% reported this time last year. Final inspection by the Audit Commission was completed in May 2007. If the ALMO achieves its 2 star rating it will receive £231m to invest, which will make a significant impact on the ability to meet the Decent Homes Standard for all housing stock.

Integral to achieving the 2 stars has been significant effort to improve tenant participation. The ALMO's magazine "Homes Zone" has been widely welcomed by tenants and leaseholders and is distributed 5 times per year to publicise the latest news and developments about Homes for Haringey's work.

Repairs
Housing repairs remain a priority for Homes for Haringey. The percentage of specified urgent repairs completed within Government time limits was 97.12% in 2006/07 exceeding the 97% target. Additionally, the average time taken to complete non-urgent repairs reduced from 17 days in 2005/06 to 11.8 days, beating the 14 day target for 2006/07. **(MORE INFO COMING FROM HfH)**

Energy Efficiency
The council's energy efficiency has remained at an average 66 SAP rating for local authority dwellings in 2006/07, short of the target of 69.

Private Sector Housing and Homes in Multiple Occupation (HMO)
Through a project supported by the NRF, 262 private homes had insulation improvements made and 253 private homes had security measures installed, within the super output areas. These measures are helping to alleviate fuel poverty and reduce risk of burglary for some of the boroughs more vulnerable residents.

HMOs are a major issue in Haringey, so the Partnership has continued to prioritise work to improve and legalise this type of accommodation. NRF has

been used to continue support for a programme that works with private landlords to identify, register and improve homes in multiple occupation above shops. These are often the worst type of housing option and frequently occupied by more vulnerable people. The project seeks to widen the scope of the homes in multiple occupation (HMO) licensing powers to raise standards, including matters relating to HMO planning enforcement and public protection. At the start of the year, 24 licenses had been received and processed and a further 29 properties had been identified which represents 83 licensable units. The licensing legislation has also enabled tactical enforcement to be taken against rogue landlords, for example action was taken during 200/07 against a landlord who was operating more than 30 illegal properties throughout the borough. This approach will be developed as a strategy for further work in 2007/8.

For 2007/08, the HSP has agreed to establish an integrated housing board to ensure cross cutting issues are proactively addressed.

Health

Introduction
The Well-being Partnership Board (WBPB) leads on the health agenda and has been working with Haringey Council and Haringey Teaching Primary Care Trust (HTPCT) to improve well-being for adults aged 18 and over since its formation in 2005. The WBPB has strong links with all the other thematic partnerships.

A Clear Strategic Direction
The WBPB has a clear strategic vision in place to deliver improved and innovative services. The board has developed:

- A plan to decrease levels of infant mortality;
- A plan to reduce inequalities in life expectancy;
- A relevant priority outcome in the Sustainable Community Strategy (SCS);
- A cross-cutting theme within the Local Area Agreement (LAA) of *'Improving health and well-being in Haringey';*
- An overarching Well-being Strategic Framework (WBSF) based on the seven *Our Health, Our Care, Our Say* (OHOCOS) outcomes to help shift from the narrow focus of treating illness and providing care to the promotion of well-being;
- A well-being scorecard to summarise performance on key indicators linked to each outcome.

The Healthier Communities and Older People (HCOP) Block of the LAA used the four user-focussed goals from OHOCOS to help develop the optional targets. This approach resulted in the inclusion of the following three stretch targets in Haringey's LAA:

- Increasing the number of smoking quitters focussing on those living in the most deprived part of the borough
- Increasing physical activity amongst adults, including older people

- Improving homes for vulnerable people: delivered by the environmental service, fire brigade and Age Concern.

Since January 2007, the WBPB has been developing an overarching strategic framework for local action incorporating priorities from existing plans and strategies to help strengthen partnership working and ensure greater clarity over who is responsible for agreeing and delivering local well-being targets, known as the Well-being Strategic Framework (WBSF). The Framework has evolved from the early work in 2005 and is now based on the seven OHOCOS outcomes and objectives (see below). Each outcome is accompanied by key performance indicators. The framework sets the strategic direction for embracing the prevention and inequalities agendas and improving well-being locally.

Seven outcomes and objectives of the Well-being Strategic Framework 2007-2010

1. **Improved health and emotional well-being**
   To promote healthy living and reduce health inequalities in Haringey.
2. **Improved quality of life**
   To promote opportunities for socialising, life long learning and to ensure that people are able to get out and about and feel safe and confident inside and outside their homes.
3. **Making a positive contribution**
   To encourage opportunities for active living including getting involved, influencing decisions and volunteering.
4. **Increased choice and control**
   To enable people to live independently, exercising choice and control over their lives.
5. **Freedom from discrimination or harassment**
   To ensure equitable access to services and freedom from discrimination or harassment.
6. **Economic well-being**
   To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs.
7. **Maintaining personal dignity and respect**
   To ensure good quality, culturally appropriate personal care, preventing abuse of service users occurring wherever possible, dealing with it appropriately and effectively if it does occur.

Strengthened partnership working

This year partnership working has been strengthened in the following ways:

- The inclusion of the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) on the Haringey Strategic Partnership (HSP)
- The inclusion of more service users and carers representatives on the WBPB
- Development of the HCOP Block in partnership with officers from the Council, HTPCT and the voluntary sector. Block group meetings were chaired by the Director of Public Health.

This has been achieved despite significant financial pressures and radical corporate restructuring. Unusually in London, both the Council and the HTPCT have achieved financial stability and undertaken joint financial planning. Additionally, relatively low unit costs have been achieved in most service areas.

Improved delivery in our most deprived neighbourhoods
The HSP has delegated responsibility for commissioning projects via NRF to deliver the key floor target to reduce inequalities in life expectancy by 2010: ***"reduce the gap by at least 10% between the fifth of areas with the lowest life expectancy at birth and the population as a whole"*** (DH PSA 2).

The WBPB adopted the following commissioning themes:

- Improved health and emotional well-being
- Economic well-being
- Meeting current and future housing need

This enabled the board to promote activity amongst 3% of households in the worst housing in the borough with a view to improving their living conditions, increasing household income either through access to employment or benefit take-up and encouraging individuals to make lifestyle changes that will impact on their long-term health (increasing exercise, healthier eating, etc).

All projects must contribute to at least one of the following outcomes:

- Increase household income by an average of £10 per week
- Reduce fuel poverty in 100 households
- 500 adults participating in at least one 30 minute session of physical activity of moderate intensity per week for at least three months
- At least 140 older people (over age 50) participating for at least six weeks in a healthier eating community based programme. Definitions of healthy foods to be submitted with bid for assessment

Two major projects working with universal services funded using NRF in 2006-2007 will continue in 2007-2008 and are summarised below:

(i) *Libraries for Health, Libraries for Life* will continue to run a multi-faceted programme of activities jointly with HTPCT from the borough's nine libraries including:

- *Feel Good programme* runs 1:1 and group sessions on dietary advice and makeovers emphasising positive body image
- *Increasing Exercise Participation Programme* runs exercise taster sessions and has led us to establish the Library Walkers programme, led by a personal trainer leaving from five libraries. They began in April last year and have been well attended and receive very positive feedback
- The *Choose and Book scheme* enables local people to use library computers to book a whole range of NHS out-patient appointments at the hospital of their choice, with support from Library staff. Haringey is one of just 10 councils in England to be piloting the scheme under "Partnership

for Patients", a unique collaboration between the DH, the Department for Environment, Food and Rural Affairs and local councils, initiated by Health Link
- *Fit for Life Programme* runs courses on diet and exercise, and smoking cessation classes, which are open to the general public
- *A 15 place stress management workshop*, which was fully booked for the entire 8-week delivery

ii) *Health in mind* focuses on mental health, physical activity and diet and nutrition in the most deprived Super Output Areas. It provides:
- *1:1 and group support for people with mild to moderate mental health problems*, including listening, goal setting, problem solving, sign-posting and onward referral, relaxation skills and guided self-help. It is a gateway to other health and social care services, voluntary agencies, advice agencies, and employment projects
- The *Active for Life physical activity referral scheme*, assisting inactive individuals with long-term conditions to become more physically active. The Scheme will be evaluated as part of a 4-group randomised controlled trial to examine the effectiveness of increasing activity levels at 6 months from referral, using two evidenced-based behaviour change approaches. A volunteer-led group Health Walks programme has also been established which is open to all local residents.
- *A pilot community-based programme for obese children/teenagers and their families*, aimed at reducing adult obesity, cardiovascular disease and diabetes involving group physical activity sessions, a healthy lifestyle education programme, individual family appointments and parent-only group sessions.
- *Shape Up, a 6-week healthy eating programme, and Cook and Eat programmes* for people on a limited budget, or cooking for one and with limited facilities. Four lay people have been trained by Community Dieticians as Community Nutrition Assistants to facilitate this work, receiving an accredited award equivalent to GCSE level.

Involvement of Users and Carers

Users and carers have been integral to developing the priorities for improving well-being. A consultation event to discuss the priorities for inclusion in the LAA was attended by over 70 people, including members of local community groups, the outcome of which has been discussed by the WBPB and the HCOP block group.

The discussion draft of the WBSF has been distributed to all the thematic partnerships and sub-groups which lie under WBPB as well as the HAVCO Well-being Theme Group. A questionnaire has been developed to facilitate a wide range of people sending their comments for inclusion, as this proved to be a highly effective method of collecting feedback when developing *Experience Counts*.

Improvement in performance
A well-being scorecard has been developed, which summarises performance on key indicators linked to each outcome. Without securing additional funding, this strategic approach is supporting service development and change, resulting in a number of key joint indicators showing improvements including:

- The number of adults aged 18-64 admitted to residential/nursing care during the year reduced from 3.8 admissions per 10,000 population to 1.5 admissions per 10,000 population.
- The number of delayed transfers of care reduced from 71 to 59.
- The number of people funded by the council receiving non–residential intermediate care to prevent hospital admission exceeded our plan for 2006-07 of 350 as the outturn was 425.
- The percentage of items of equipment and adaptations delivered within 7 working days rose from 86% in 2005-06 to 88.4% in 2006-07.

Report of: Zena Brabazon, Head of Partnerships
Date: 10 July 2007

Agenda item 6

Haringey Strategic Partnership – 19 July 2007

Subject: HSP Performance Monitoring

1. Purpose

To present the performance monitoring information in the form of the Sustainable Community Strategy score card for the first quarter period 2007/08; the draft risk based assessment of the LAA outcomes and targets; a 'traffic light' performance assessment of the LAA 'stretch targets, and a Financial Summary of the LAA for 2007/08.

2. Summary

2.1 The report sets out the first quarter position against the Sustainable Community Strategy scorecard – the high level performance system to measure progress against the SCS outcomes – Appendix A.

2.2 The report also includes the draft risk based assessment for the 2007/8 LAA which will be a mandatory requirement from 2008/9 – Appendix B.

2.3 An LAA 'traffic light' assessment of the first quarter performance for 2007/08 – Appendix rech target

2.4 A Financial Summary of the 2007/08 LAA – Appendix C. The Board is asked to note that the Pump Priming Funding in respect of the 'stretch targets' is still awaited from GOL who are pursuing the Treasury for the release of the funding.

3. Recommendations

3.1 The Board is asked to note the end of year performance data for 2006/07 and the available first quarter data for 2007/08 and to comment as appropriate.

3.2 That the Chair of the HSP write to the Secretary of State to express dismay at the delay in releasing the Pump Priming Grant.

3.3 That the HSP note the draft LAA risk based assessment which will be send to GOL as part of the HSP self assessment.

Report of: Zena Brabazon, Head of Partnerships

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Appendix A

Green	Amber	Red
Better than planned	To be kept under review	Below Expectation

Community Strategy Scorecard

Frequency	Other Ref.	06/07 Baselines/Targets	April	May	June	Trend	Estimated Progress to target	07/08 Target
		People at the heart of Change						
	BV 199 a-d	**Local Street and environmental cleanliness** **a: Litter** **b: Graffiti** **c: Fly-posting** **d: Fly-tipping** May's in-house score of 17% of land with high levels of litter and detritus (part a) was good and exceeds the overall target of 29% set for this year. Early indicative score of 26% for tranche 1 from Capital Standards is within the target for the year and mirrors some of the improvement that has already been identified through in-house monitoring. May's in-house score of 13% for Graffiti (part b) was below the overall target of 5% set for this year. Early indicative score of 6% for tranche 1 from Capital Standards is marginally below the target for the year. May's in-house score of 5% for fly-posting (part c) was an improvement on April but still below the overall target of 1% set for this year. Early indicative score of 2% for tranche 1 from Capital Standards is marginally below target for the year. The differences between CS and in-house scores for this indicator are quite marked. Details of the respective surveys will be analysed to determine why this difference is being seen. Performance on flytipping (part d) will be available in July. This is based on returns to a Flycapture database which provides a rolling improvement The BV 199a score for Noel Pk, Northumberland Pk wards was 22% in May						
Quarterly	a	40.1%	26%	17.1%		↑	Green	29%
Quarterly	b	5%	12%	13%		↓	Red	5%
Quarterly	c	5%	8%	5%		→	Amber	1%
Quarterly	d	3			2	↑	Green	2
		Additional homes built in the borough and the proportion of these which are affordable April - June figures reflect affordable RSL supply programme with a target of 318 to be achieved by March 2008 All build figures will be clarified with Planning						
Annual		1043 (projection) 32% affordable (2005/06)	0	0	0	↓	Red	1326 50% affordable
		Percentage of people who feel that their local area is a place where people from different backgrounds get on well together Haringey's performance on this community cohesion question has improved from last year and compares well with that of other authorities.						
Annual		80% Residents survey 81% Tracker Survey				↑	Green	
		Percentage of residents expressing satisfaction with the local area as a place to live The recent Tracker survey results show no change in the overall percentage of residents very or fairly satisfied with their neighbourhood as a place to live. The percentage very satisfied increased from 17% in wave 1 to 23% in wave 2 but the percentage fairly satisfied decreased from 59% in wave 1 to 51% in wave 2. Anything +/-3% is not considered statistically significant.						
Annual		61% BVPI 76% Tracker survey			74%	→	Amber	

Frequency	Other Ref.	06/07 Baselines/Targets	April	May	June	Trend	Estimated Progress to target	07/08 Target
		An Environmentally sustainable future						
Monthly	BV 82ai & bi	**Percentage of household waste that has been recycled or composted** Recycling performance was strong in May, exceeding the target. Additional information received for April means the target was beaten then, too. Performance is expected to continue to improve, with further roll-out of mixed recycling services planned for the autumn.						
		23.40%	25.40%	26.20%		↑	Green	25.0%
Annual		**Percentage of municipal waste recycled** This indicator is 89% the same as the household waste indicator. The difference is basically recycling/waste from council buildings (offices). Monthly figures will be available in the future but based on progress in 82ai & bi the target looks to be achievable.						
		15.70%				↑	Green	18.2%
		Carbon Emissions (Measurement TBA) This is a difficult area to measure with any accuracy and we have considered measuring air quality as a proxy. The air pollutants that it is technically possible to monitor are PM10s, Nitrous Oxide (NO), Nitrogen Dioxide (NO2) and Ozone (O3). There are technical problems with all of these, so that NO2 is the only one likely to yield meaningful results at all, and then only over time as monitored levels do not only vary with the amount of fuel burned. The principal primary sources of NO2 are motor vehicles and gas boilers with the latter clearly connected with Home Energy Efficiency which is measured by other means. NO2 contains no Carbon, so the only link with Carbon emissions is that we would expect both to rise as more fuel is burned.						
		Staff Travel Plans (measurement TBA) A number of targets have been set in the draft travel plan. These include reducing single occupancy car trips for the journey to/from work by 5% (from 44% to 39%) by April 2008; increasing numbers of staff cycling for the journey to/from work by 5% (from 3% to 8%) by April 2009; increasing car sharing for the journey to/from work from 3% to 5% and for business trips from 14% to 20% by April 2009 and Increase public transport usage by 5% from 49% to 54%. There are also plans to pilot a car pool and bike pool scheme at the Wood Green campus of Council office sites to achieve a 5% reduction in business trips undertaken by staff in their own private vehicles by April 2008 and for all new staff induction packs to contain travel plan information relevant to their post, by April 2008.						
		Economic vitality and prosperity shared by all						
Annual	BV 38	**Percentage of 16 year olds achieving 5 or more GCSE's at grades A*-C** been made since 2001 in the percentage of pupils gaining 5+ A*-C grades. Since 2001 Haringey has improved from 30.9% to 51.7% in the 5+ A*-C indicator. Results at A Level A-E grades in 2006 were slightly higher than national results and this is also an indicator of future economic well being. The results for 2007 will be received in August when we expect to see further progress.						
		51.70%				↑	Amber	2008 Target 57%
Monthly		**Percentage of 16-18 year olds in education, employment or training (NEETs)** This is a key priority. Connexions have commissioned a range of reports to better understand the young people who make up the Haringey NEET group. This has included analysis of young people who move from EET to NEET (March 2007), teenage pregnancy and NEET (May 2007) and a detailed review of the NEET strategies currently in place. This analysis is being used to better inform the strategies to address NEET. Connexions through the review has identified a range of approaches to get young people back into education, employment or training, which includes better and earlier identification of the young people needing intensive support and an increased focus on new entrants to NEET. Further details are in the evaluation of Changing Lives 2007. Actual NEETs figure for May is 567						
		13.20%	14.30%	14.80%		↓	Red	12.3% Stretch 11.6%

Frequency	Other Ref.	06/07 Baselines/Targets	April	May	June	Trend	Estimated Progress to target	07/08 Target
		The proportion of residents of working age who are in work Data from the Annual Population Survey shows a 4.2 percentage point increase in Haringey's employment rate between 2004/05 and 2005/06. Over the same period the gap between the borough and national averages narrowed by 4.5 percentage points. However performance in relation to the LAA mandatory outcome (reducing overall benefit claimant rates) has deteriorated since the baseline period of May 2005 although it should be noted that national performance has suffered a similar deterioration. The latest evaluation report for the Haringey Guarantee shows promising progress being made in delivering the outcomes of the programme.						
		66.2% (2005/06)				↑	Amber	
		Safer for all						
Annual		**Level of priority crimes, as defined by the British Crime Survey** This is the final year for BCS crimes and a challenging 7.5% reduction (1395 fewer offences) is required to meet the 2008 target. Over the last two years Haringey's BCS trend would have been broadly in line with its 2008 target had it not been for the performance of personal robbery (40% increase last year), BCS wounding (30% last year) and theft from MVs (6% increase last year). Figures shown are scaled up on a straight line trajectory from the number of offences in April and May (1,596 & 1,664).						
		18,606	19,152	19,968		↓	Red	19,560
Annual		**Reduction in the proportion of adults saying they are in fear of being a victim of crime** This is measured through our annual Resident's survey. The 2006 survey result was the same as the 2005 survey with 54% of residents expressing Crime as an area of personal concern. A target has not yet been agreed for this measure for 2007/08 but a target of 52% expressing crime as an area of concern has been proposed.						
		54%				→	Green	
Annual	BV99 ai	**The number of adults and children killed and seriously injured on roads. Seasonally adjusted annual equivalent with actuals in brackets.** *The figures shown are the latest received from TfL and are provisional.*						
			Jan	Feb				
		117 (2006)	72 (6)	53 (4)		↑	Green	113 (2207)
		Healthier people with a better quality of life						
Annual		**Reduce the death rate in Haringey** Life expectancy plan adopted by the HSP, infant mortality action plan reviewed and adopted by Children and Young People's Partnership. Wellbeing Strategic Framework in development. Awaiting confirmation of data reporting arrangements (national) but expected in the Autumn. Too early to assess progress at this stage but performance not good when compared to national data especially for Males.						
		Male 856 per 100,000 (2004-05 data)				→	Red	Male 837 per 100,000 (2005-07 data)
Annual		Female 544 per 100,000 (2004-05 data)				→	Amber	Female 532 per 100,000 (2005-07 data)
Quarterly	a	**Reduce the rate of infant mortality by:** **a) reducing the proportion of expectant & new mothers who report smoking** **b) increasing the proportion who initate breastfeeding** Smoking in pregnancy remains at red. It is not only outside the target but has worsened by 1% since the last report. Partners agreed the Infant Mortality action plan in March, section three of which covered proposals around reducing smoking. This is also one of the focused areas under priority four in the Changing Lives Programme 2007-8.						
		12.41%				→	Red	5%
Quarterly	b	86.56%				→	Green	84%
Monthly	BV 54 Paf C32	**Older people helped to live at home per 1000 population aged 65 or over** Due to extensive data cleansing in 06/07, this indicator has slightly declined. CSCI were consulted on the case closures and we have factored this into our target. We are working closely with the service to meet our new target by the end of the year.						
		93	88.76	89.24		↓	Red	101

Frequency	Other Ref.	06/07 Baselines/Targets	April	May	June	Trend	Estimated Progress to target	07/08 Target
	BV 184a CPA H1	**Percentage of Local Authority homes classified as non decent** *This BVPI is officially measured at the beginning of the year: 07/08 outturn 42.58%, 06/07 outturn 44.71%. We monitor and report on the year we are in.*						
Monthly		42.58% (1 April 2007)				→	Amber	42% (1 April 2008)
		People and customer focused						
		Proportion of residents satisfied with: **a) The Council** **b) The Police** **c) their general practitioner** These specific questions were not asked in wave 2 of our Tracker survey but other questions around things most in need of improvement show that residents top concerns remain litter and street cleaning and improving safety and reducing crime. Targets have not been set for these measures.						
Annual		65% easy to contact						
Annual		67% easy to contact						
Annual		87% easy to contact						

APPENDIX B - HARINGEY STRATEGIC PARTNERSHIP - 2007/08 LOCAL AREA AGREEMENT REPORTING FRAMEWORK

What we are measuring		Where we are starting from?		How we are doing and are we improving?		What do we aim to achieve?			Comments
Outcome	Performance Indicator	Outturn (2005/06)	Baseline (2006/07)	Trend	Target	2007/08 Target	2008/09 Target	2009/10 Target	
SAFER AND STRONGER COMMUNITIES									
Reduce overall crime in line with local crime and disorder reduction partnership targets and narrow the gap between the worst performing wards/neighbourhoods and other areas across the district.	**MANDATORY SSC 1-** Reduction in overall British Crime Survey comparator recorded crime to Support Home Office PSA1.	12.6% reduction by 09/10	20,812	↑	Green	19,141 (4.1% reduction)	18,662 (2.5% reduction)	18,184 (2.5% reduction)	Several plans in place to increase reporting of hate crimes, domestic violence and crimes against young people. Increased reporting is likely to lead to a higher detection rate.
	MANDATORY SSC 4 - (for areas in receipt of NRF) - Reduction in overall British Crime Survey comparator recorded crime to Support Home Office PSA1.	Reduce PSA1 crimes in Noel Park ward by 15.4% by 09/10 on 05/06 figure.	1,468 (4.1% reduction)	↑	Green	1,350 (4.1%)	1,295 (4.1%)	1,242 (4.1%)	check ward stats with police
		Increase use of Hearthstone by under-represented communities.	55% BME, 4% Disabled, 6% Women who speak community languages, 1% Men, 1% Same sex			60% BME, 5% Disabled, 7% Women who speak community languages, 1.5% Men, 1.5% Same sex	65% BME, 6% Disabled, 8% Women who speak community languages, 2% Men, 2% Same sex	TBA Oct 07	check with EVE
	MANDATORY SSC 3 - Reduce the proportion of adult and young offenders and prolific and other priority offenders (PPO) who re-offend.	Young offenders - 2% reduction on re-offending year on year.	59.20%	→	Amber	57.2%	55.2%	53.2%	
		Adults - NOMS developing measure to support this indicator in 2006/07	40 adults on list 7% (3) removed Oct 05 to March 06			10% (4)	15% (6)	20% (8)	This target has been removed from LAA. As it stands it is not possible to measure this target, HO to inform details of new target

	STRETCH SSC 2 - Reduce personal robbery borough-wide by 6% over 3 years	1,919	need outturn of 06/07		Green	TBA	TBA	5,027 **Stretch: 4915 recorded offences**	**MG to check figure then provide trend arrow.** Projects are in place (video IT suite, Q-Cars) to maintain good progress made in 2006/07.
Reassure the public and reduce the fear of crime.	**MANDATORY SSC 5** Reduction in the proportion of adults saying they are in fear of being a victim of crime.	54% (+5% on 2004)	54%	→	Amber	52% tbc	50% tbc	48% tbc	Projects in place to support delivery of target. New Safer Communities communication strategy will have a focus on fear of crime.
Reduce the harm caused by illegal drugs.	**MANDATORY SSC 6-** Reduce public perception of local drug dealing and drug use as a problem.	67% as fairly or big problem (02/03 BVPI survey)	49% as fairly or very big problem.	↑	Green	TBA Oct 07	TBA Oct 07	TBA Oct 07	Projects are in place to support delivery of target e.g. continue to work on crack house closures and street prostitution.
	MANDATORY SSC 7 - Develop drug use and dealing local perception questionnaire to roll out via Safer Neighbourhoods Teams between Jan-Dec 07 across all wards (additional and separate to KIN questionnaire).	-	Establish baseline in Jan 08. 5% reduction year on year from 08/09	-	-	-	5%	10%	Survey being carried out quarterly. Data not available at present, hence too early to assess risk.
	MANDATORY SSC 8 - Increase the number of problem drug users (PDU) entering drug treatment.	Baseline 05/06: 1182	Target 06/07: 1,343. This has been achieved	↑	Amber	Target: 1475	TBA Oct 07	TBA Oct 07	Current 10 year strategy ends this year. Further targets to be established.
	MANDATORY SSC 9 - Increase the percentage of PDUs being retained in treatment for over 12 weeks	Baseline 05/06: 56%	Target 06/07: 70%. At Jan 07 outturn was 65%. Final figure in July 07.	↓	Amber	75%	TBA Oct 07	TBA Oct 07	New service now in place which is better equipped to support drug users. NTA:5% target tolerance

	MANDATORY SSC 10- Ensure all vulnerable young people are screened for substance misuse and that those requiring specialist assessment receive it within 5 days and access to early intervention and treatment within 10 days.	TBA Oct 07	TBA Oct 07	→	Amber	TBA Oct 07	TBA Oct 07	TBA Oct 07	Screening tools have been developed and services are being trained in their use. Still work in progress
Build respect in communities and reduce anti-social behaviour.	**MANDATORY** - Increase in percentage of people who feel informed about what is being done to tackle anti-social behaviour in their local area.	NA	24% (fairly or very well informed)	-	Amber	24% tbc	26% tbc	28% tbc	Slightly above London median. ASB communications strategy in place to maximise communication across partnership
	MANDATORY - First time entrants into the Youth Justice System. *Links to the CYP Block.*	450	338 (provisional - see comment)			5% reduction on 2005/06 position	TBA Oct 07	TBA Oct 07	Will be re-submitting figures to Youth Justice Board at end of July, therefore figures likely to change.
	MANDATORY - Increase percentage of people who feel that parents in their local area are made to take responsibility for the behaviour of their children.	NA	61% as a very big/fairly big problem.	-	Amber	60% tbc	59% tbc	58% tbc	Slightly better than London median. New parenting worker in place attached to ASBAT
	MANDATORY - Increase the percentage of people who feel that people in their area treat other people with respect and consideration.	NA	58% as a very big/fairly big problem	-	Amber	56% tbc	54% tbc	52% tbc	Slightly worse than London median

	MANDATORY - Reduce peoples' perception of ASB: **1.**Noisy Neighbours, **2.**Teenagers hanging around the streets; **3.**Rubbish and litter lying around, **4.**People being drunk or rowdy in public spaces, **5.**Abandoned or burnt out vehicles, **6.**Vandalism, graffiti and other deliberate damage to property or vehicles, **7.**People using or dealing drugs.	-	Percentage saying very big/fairly big problem: Noisy Neighbrs-30%, Teens-56%, Rubbish-68%, Drunk-31%, AV-20%, Vandalism-46%, Drugs-49%	1 → 2 → 3 ↑ 4 ↑ ↑ 5 6 ↑ ↑ 7 ↑	RED AMBER RED AMBER AMBER AMBER AMBER	1. 28% tbc 2. 56% tbc 3. 62% tbc 4. 30% tbc 5. 18% tbc 6. 46% tbc 7, 48% tbc	1. 24% 2. 55% 3. 58% 4. 29% 5. 16% 6. 44% 7. 46%	1. 22% 2. 54% 3. 52% 4. 28% 5. 14% 6. 42% 7. 42%	Traffic light based on London median. In terms of the seven strands overall, Haringey is slightly worse than the London median
Empower local people to have a greater choice and influence over local decision making and a greater role in public service delivery.	**MANDATORY -** Percentage of residents who feel they can influence decisions affecting their local area.	-	33% (BVPI Q3) 48% (TNS survey)			40% tbc	43% tbc	45% tbc	
	MANDATORY - Percentage of people who feel that their local area is a place where people from different backgrounds get on well together.	-	77%			81% tbc	82% tbc	84% tbc	
	MANDATORY - Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least 2 hours per week over the past year.	To include volunteers in community safety	464			TBA Oct 07	TBA Oct 07	TBA Oct 07	
	MANDATORY SSC 19 (where SSCF received) - Environmental quality as measured by BV199 and BV89 in combination which measures perceptions of cleanliness.	BV199a 37%, BV199b 6%, BV199c 4%, BV199d 3%	BV199a 40% BV199b 5%, BV199c 5%, BV199d 2	↓	Amber	BV199a 22%, BV199b 6%, BV199c 3%, BV199d 2	BV199a 20%, BV199b 5%, BV199c 2%, BV199d 1	TBA Oct 07	April performance showing significant improvement (26% on BV199a). If this is sustained 07/08 targets should be achievable.
		BV89	49% saying fairly or very satisfied with cleanliness	↑	RED ↓	55% tbc	57% tbc	65% tbc	

Cleaner, greener and safer public spaces.	**MANDATORY SSC 21 -** An increase in the percentage of abandoned vehicles removed within 24 hours from the point where the local authority is legally entitled to remove the vehicle (BV218b)	92.5% removed	98.8% removed	↑	Green	90%	90%	92%	
	STRETCH - Increase in the number of green flag award parks and green space and public satisfaction.	Green Flag Award Parks: 7	7	↑	Green	TBA Oct 07	TBA Oct 07	Green Flag Award Parks: 8 **Stretch: 12 (stretch Noel Park)**	MG to add in targets from stretch reward template
		Green Pennant parks and open spaces: 2 (67%)	72%			TBA Oct 07	TBA Oct 07	Green Pennants: 2 (72%) **Stretch: 7 (77%)**	MG to check figures on stretch reward template, baselines and targets
Improve the quality of the local environment by reducing the gap in aspects of liveability between the worst wards/ neighbourhoods and the district as a whole, with a particular focus on reducing levels of litter and detritus.	**MANDATORY SSC 22** (where NRF received. See SSCF above) - Reduction by 2008 in levels of litter and detritus using BV199 at district level	37.1%	25%	↑	Amber	22%	20%	TBA Oct 2007.	see comment on BV199a. Area based working project in place. MG to fill in information from Stretch reward templates.
Reduce waste to landfill and increase recycling	**MANDATORY SSC 23** (where Waste and Performance Efficiency Grant received) - Increase in the percentage of municipal and household waste recycled (BV82a(i) and BV82b(i))	Municipal Waste - 13.2%	18.0%	↑	Green Red	18.2%	20.7%		
	STRETCH - Recycling participation	Household waste 19.2%	23.3%					27.3% **Stretch: 31.8%**	

Improve the quality of life for people in the most disadvantaged neighbourhoods; service providers more responsive to neighbourhood needs and improved service delivery.	**MANDATORY & STRETCH** (where SSCF received). Percentage of residents reporting an increase in satisfaction with their neighbourhoods (Areas receiving SSCF neighbourhood element).	61% fairly/ very satisfied. 42% net satisfied	61%			65% tbc	70% tbc	76% tbc	
As part of an overall housing strategy for the district ensure that all social housing is made decent by 2010, unless later deadline is agreed by DCLG as part of the Decent Homes Programme.	**MANDATORY** (where NRF received). Non-decency targets to deliver decent homes by 2010 (or later as approved by DCLG) which are agreed with GO and monitored at a district level against trajectories reported in BPSAs and RSRs.	ALMO	8,850		Amber	5,207 (subject to review in April 08)	3710 (subject to review in April 08)	2213 (subject to review in April 08)	The partnership will be better able to assess this target once we receive the results of the inspection. These results are due on the 1st July 07.
		Private Sector	TBA Oct 07			TBA Oct 07	TBA Oct 07	TBA Oct 07	check with Lynne Sellar x5192 and Denise Gandy
Reduce the number of violent crimes across Haringey's communities with specific reference to victims of domestic violence.	**STRETCH -** Increase in the proportion of incidents of domestic violence which result in sanction detections.	2,139	2,139			32% **Stretch: 34%**	34% **Stretch: 36%**	36% **Stretch: 38%**	MG check with EVE F
	STRETCH - Reduction of repeat victimisation to be measured using MPS data	201	201			191 (5%) **Stretch: 191 (5%)**	181 (10%) **Stretch: 176 (12%)**	176 (12%) **Stretch: 136 (22%)**	MG check with EVE F
Increase domestic fire safety and reduce arson.	**MANDATORY SSC 26** (where Home Fire Risk Check and Fire Prevention Grants received) - Indicators at neighbourhood and priority group level to be agreed in negotiation.	See optional measures below	See optional measures below	See optional measures below	See optional measures below	See optional measures below	See optional measures below	See optional measures below	
People, places, prevention and participation	**OPTIONAL SSC 30 -** Percentage reduction in secondary fires inside or next to buildings or reduction in accidental fires in dwellings.	222 secondary fires, 246 accidental fires.	216 secondary fires, 242 accidental fires.	↑	Green	242 accidental fires *(230 with stretch)*	242 accidental fires (230 with stretch)	242 accidental fires (230 with stretch)	This is a stretch target within HCOP block
	OPTIONAL SSC 31- Home fire safety checks carried out by stations.	566	640	↑	Green	816	TBA Oct 07	TBA Oct 07	

and participation	**OPTIONAL -** Maintain high enforcement/ prosecution for breaches of ASBOs.	-	100%	↑	Green	100%	100%	100%	100% success rate in court.
	OPTIONAL - Increase levels of customer satisfaction in action taken in serious and persistent ASB cases.	60%	65%	↑	Green	70%	TBA Oct 07	TBA Oct 07	

ECONOMIC DEVELOPMENT

Increase employment - Within each NRF district, for those living in the wards identified by DWP as having the worst initial labour market position (as at Feb 04), significantly improve their overall employment rate and reduce the difference between their employment rate and the overall employment rate for England.	**MANDATORY ED 1** - Within the NRF district, a reduction by 2007/08 of at least 2 percentage points in the overall benefits claim rate for those living in the local authority wards identified by DWP as having the worst initial labour market position.	24.5% (May 2005) all working age benefit claimants	24.7% (May 2006) all working age benefit claimants	↓	RED	22.5% Stretch targets (all to March 2010): 180 long-term (i.e. more than 6 months) Incapacity Benefit claimants; 110 long-term (i.e. more than 6 months) JSA claimants; and 120 lone parents.	TBA Oct 07	TBA Oct 07	Haringey Guarantee and NRF ESF Co-financing programme. Comment: The latest evaluation report for the Haringey Guarantee shows promising progress being made in delivering the outcomes of the programme. Although performance in relation to the LAA mandatory outcome has deteriorated since the baseline period of May 2005, it should be noted that national performance has suffered a similar deterioration. Supplementary data from the Annual Population Survey show a 4.2 percentage point increase in Haringey's employment rate between 2004/05 and 2005/06. Over the same period the gap between the borough and national averages narrowed by 4.5 percentage points.
	OPTIONAL ED 3 - VAT registrations in Haringey (new VAT registrations/1,000 population).	5.0 (2004)	4.7 (2005)	↓	Amber	5.1	TBA Oct 07	TBA Oct 07	**Comment**: Although performance has slipped in the past year, Haringey's figures still remain significantly above the national and 91 NRF authorities averages.

Increase enterprise - Increase in total entrepreneurial activity among the population in deprived areas. Specific indicators to be agreed in negotiations.	**OPTIONAL ED 4** - Business density in LEGI wards (VAT reg businesses/1,000 population).	34.8% in 2004	35%		RED	35%	35.2%	35.4%	Haringey was not successful in its LEGI Bid, as a result the partnership is not able to proceed with this optional target. Without the necessary funds that the LEGI would have provided the partnership is unable to invest and resource in setting in place data collection systems to evidence this target. At present the partnership is not confident that there is an available data source in place that can capture this information on an annual basis
Increased competition - Support the sustainable growth, and reduce the	**OPTIONAL ED 5** - Proportion of firms with turnover of less than £100,000 in LEGI wards (%)	N/A	Reduce to 20% by 2017. Area baseline of 30% (LEGI Baseline - 2005)		RED	29%	Indicator not confirmed	Indicator not confirmed	Haringey was not successful in its LEGI Bid, as a result the partnership is not able to proceed with this optional target. Without the necessary funds that the LEGI would have provided the partnership is unable to invest and resource in setting in place data collection systems to evidence this target. At present we do not have the local data collection systems in place to monitor delivery of this target.

unnecessary failure of locally owned businesses in deprived areas.	**OPTIONAL ED 6** - Inward investment inquiry monitor for Tottenham Hale.	42 (2001)	Baseline to be confirmed		RED	25% increase on baseline	Indicator not confirmed	Indicator not confirmed	Haringey was not successful in its LEGI Bid, as a result the partnership is not able to proceed with this optional target. Without the necessary funds that the LEGI would have provided the partnership is unable to invest and resource in setting in place data collection systems to evidence this target. At present we do not have the local data collection systems in place to monitor delivery of this target.
Worklessness	**STRETCH ED 7 -** Number of people from the 12 "worst wards" helped into sustained work.	JSA: 0, Lone parents and adult carers: 0	0			0	0	0. **JSA Stretch: 120. Lone parents & adult carers Stretch: 110.**	Not able to make an assessment at this stage
	STRETCH ED 8 - Number of Haringey residents in receipt of incapacity related benefits supported into employment.	0	0			0	0	0. **Stretch 180.**	Not able to make an assessment at this stage

CHILDREN AND YOUNG PEOPLE

Be Healthy	**MANDATORY CYP 1 -**(where School Travel Advisors Grant received) - Percentage annual increase in the number of schools with an approved school travel plan (STP) required to achieve 100% STP coverage by March 2010. Should be profiled against current number of schools with an approved STP in place and the appropriate delivery point on a trajectory to achieve 100% by 2010.	68% (65 out of 95 schools)	68% 64 completed out of a target of 86	↑	GREEN	90%	95%	100%	Since April 2007 a further number of schools have had their school travel plans adopted and accredited. Currently have 82 out of 92 schools in the borough with travel plans in place.
	MANDATORY CYP 2 - Reduction in the under 18 conception rate.	2004 - 68.6 per 1,000	DfED agreed trajectory for 06/07 - 48.3%. Outturn for 06/07 61.8 per 1,000	↑	AMBER	55.1 per 1,000	DfES agreed trajectory for 06/07is 34.8 per 1,000	DfES agreed trajectory for 06/07is 22 per 1,000	Programme of work set by Teenage Pregnancy Strategic Board which is in progress and reviewed quarterly
	STRETCH CYP 3 - Number of schools achieving "Healthy School" status		13% at Dec 06	↑	AMBER	53% **Stretch: 60%**	67% **Stretch: 75%**	75% **Stretch: 85%**	Good progress made over 2006/07. Currently have 21 schools that have achieved healthy schools status.
	CYP 4 -Increase the uptake of Chlamydia screening amongst sexually active 15-24 year olds, as part of a broader strategy to improve sexual and reproductive health.	250	600	↑	AMBER	4768 (15.5% of population aged 15-24 years)	TBA Oct 07	TBA Oct 07	Level of screening is increasing. Actions in place to increase screening include: Expansion in number of GP practices offering screening programme; and commissioning of two projects for 07/08 through community health programme to increase awareness amongst target group. One project is a ocal media campaign and the other focuses on reaching men and BME communities.

Enjoy and Achieve	**MANDATORY CYP 5 -** (for NRF SOAs) - Raise standards in English, maths and science in secondary education so that by 2008 in all schools located in the districts in receipt of NRF at least 50% of pupils achieve level 5 or above in each of English, maths and science.	2005 results **English** Gladesmore-61%, John Loughborough-50%, Northumberland Park-37%. **Maths** G-61%, JL 60%, NP-49%. **Science** G-44%, JL-55%, NP-41%	2006 results **English** Gladesmore-69%, John Loughborough-75%, Northumberland Park-51%. **Maths** G-71%, JL 62%, NP-55%. **Science** G-57%, JL-70%, NP-42%	↑	AMBER	**English** Gladesmore-64%, John Loughborough-67%, Northumberland Park-43%. **Maths** G-65%, JL 56%, NP-55%. **Science** G-55%, JL-55%, NP-45%	**English** Gladesmore-73%, John Loughborough-70%, Northumberland Park-55%. **Maths** G-71%, JL 62%, NP-60%. **Science** G-59%, JL-64%, NP-50%	Targets to be agreed with DfES.	Positive trajectory, however target for Northumberland Park for 07/08 below 50% for English and Math. Finalised figures for 2007 due in 2008.
	OPTIONAL CYP 6 - Percentage of 11 year olds achieving level 4 in English and maths at Key Stage 2.	2005 results KS2 Eng - 73%, KS2 Maths - 68%	2006 results KS2 Eng - 75%, KS2 Maths - 70%	↑	GREEN	2007 targets KS2 Eng - 75%, KS2 Maths - 75%	TBA with DfES Feb 08	TBA with DfES Feb 09	On target to achieve results, maths target proving more challenging
	OPTIONAL CYP 7 - Percentage of 16 year olds achieving 5 or more GCSEs at grades A*-C & A-G especially looked after children (LAC).	48.5%: 5+ A*-C. 81%: 5+ A-G incl English & maths, 85% excl English & maths. 50%: 5+ A-G for LAC. 12% 5+ A*-C for LAC.	51.7%: 5+ A*-C. 79.3%; 5+ A-G incl English and maths, 84% excl English and maths. 50%: 5+ A-G for LAC, 21% 5+ A*-C for LAC.	↑	GREEN	2007 Targets 57%: 5+ A*-C. 81%: 5+ A-G incl English & maths. 21%: 5+ A*-C for LAC and 50% for 5+ A-G	TBA with DfES Feb 08	TBA with DfES Feb 09	On target to achieve results. Provisional results due in early September
	STRETCH CYP 8 - Percentage of 19 year olds with Level 2 qualifications	Level 2: 56.1% (1,414)	58%			59%	60%	63.3% **Stretch: 68.5%**	Not able to assess at this point
Achieve Economic Well Being	**STRETCH CYP 9** - Percentage of 16-18 year olds not in education, employment or training (NEET)	13.7% (average adjusted figure)	13.2%	↑	AMBER	12.3% (***11.6% stretch***)	11.6% (***11% stretch***)	11% (***10.4% stretch***)	NEET strategy in place and a number of multi agency task forces delivering against strategy
Improved Health and Reduce Health Inequalities.	**OPTIONAL CYP10** - Reduce the rate of infant mortality by reducing the proportion of expectant and new mothers who report smoking and increasing the proportion who initiate breastfeeding.	Smoking 9.1% Breastfeeding 84%	06/07 target for **Smoking** was 6%, outturn was 11.4% **Breastfeeding** target for 06/07 was 79%, outturn was 86%	↓ ↑	RED GREEN	Smoking 5%, Breastfeeding 84%	Smoking 5%, Breastfeeding TBA Jan 08	Smoking TBA, Breastfeeding TBA Jan 08	Infant Mortality Plan approved by CYP Board and in place, smoking targets within this

Vulnerable Children	**CYP 11 -** Increase the percentage of initial assessments of vulnerable children completed in timescales (changing lives priority 1)	50%	06/07 target was 63 %, actual outturn was 76%	↑	GREEN	78%	TBA Oct 07	TBA Oct 07	
	CYP 12 - Participation of looked after children at reviews.	96%	06/07 target 97%, outturn 98%	↑	GREEN	98%	98%	98%	
	CYP 13 - The number of looked after children adopted during the year as a percentage of the number of looked after children (excluding unaccompanied minors) who had been looked after for 6 months or more on that day.	6.4%	7%	↑	GREEN	8%	9%	9.5%	
HEALTHIER COMMUNITIES & OLDER PEOPLE									
Improved health and reduced health inequalities	**MANDATORY** HCOP1 - Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in age, all-cause mortality (measure=all age, all cause mortality rate per 100,000 population. 3 year rolling average).	**Male** 878 per 100,000 (2003-05 data)	**Male** 856 per 100,000 (2004-06 data)			**Male** 837 per 100,000 (2005-07 data)	**Male** 818 per 100,000 (2006-08 data)	**Male** 798 per 100,000 (2007-09 data)	Life expectancy plan adopted by the HSP, infant mortality action plan reviewed and adopted by Children and Young People's Partnership. Wellbeing strategic framework in developmet. Awaiting conforimatin of dara reporting arrangements (national). Too early to assess progress at this stage
		Female 555 per 100,000 (2003-05 data)	**Female** 544 per 100,000 (2004-06 data)			**Female** 532 per 100,000 (2005-07 data)	**Female** 521 per 100,000 (2006-08 data)	**Female** 511 per 100,000 (2007-09 data)	As above

Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/ neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet and physical activity).	**MANDATORY** HCOP2 - Reduce directly standardised mortality rates from circulatory diseases in people under 75, so that the absolute gap between the national rate and the rate for the district is narrowed, at least in line with LDP trajectories by 2010. Measure=cardiovascular disease mortality rate in under 75s per 100,000 population.	N/A	90 per 100,000	↑	Green	89 per 100,000	83 per 100,000	78 per 100,000	Life expectancy action plan adopted by HSP and well being strategic framework in development. Data expected early autumn
	MANDATORY HCOP3 - Reduce health inequalities between the most deprived neighbourhoods and the district average, using indicators that are chosen in accordance with local health priorities and will contribute to a reduction in inequalities in premature mortality rates - **see the stretch and optional indicators in the HCOP and CYP blocks**	The following work streams will contribute to this indicator: quit smoking, increase adults physically active, energy effcient homes for vulnerable people, increase the average annual income of deprived groups, healthy schools status	*See indicators below for measures*	↑	Green	*See indicators below for measures*	*See indicators below for measures*	*See indicators below for measures*	Showing positive trends on HCOP score card and projects are in place to support the overall delivery. Refer to progress on targets outlined.
	MANDATORY HCOP 4 - Reduce the gap in premature mortality rates between the most deprived 20% of wards/neighbourhoods and the least deprived 20% of wards/neighbourhoods in Haringey with a particular focus on reducing smoking prevelance in those areas. Measure=standardised	N/A	**Male** 215.5 SMR (2003-05)	→	Amber	**Male** 214 SMR (2004-06)	**Male** 212.6 SMR (2005-07)	**Male** 211.3 SMR (2006-08)	Performance not as good when compared to national data. **Comment from Vicky. Wording changed by GOL?**
			Female 151.2 SMR (2003-05)	↑	Green	**Female** 150 SMR (2004-06)	**Female** 149.5 SMR (2005-07)	**Female** 149 SMR (2006-08)	**Comment from Vicky.wording changed by GOL?**

	STRETCH HCOP 5 - Increase the number of 4 week smoking quitters in N17.		240	↑	Green	240. **Stretch 270**	240. **Stretch 300**	240. **Stretch 300.** Total over 3 years: 720, **Stretch 870.**	Recruitment process of new Stop Smoking advisor underway. Mapping exercise of N17 community based advisors underway in order to identify gaps in service/ access.
	STRETCH HCOP 6 - Increase the proportion of adults taking part in sport and recreational activity for at least 30 minutes on at least 3 days a week.	N/A - survey started in 2006.	22.9% of those surveyed doing at least 3x 30mins per week in 2006.	↑	Green	22.9%	22.9%	Total over 3 years: 22.9%, **Stretch 26.9%**	Target, stretch target and proxy indicators now reflected in HSP's Wellbeing Strategic Framework (draft). The delivery plan is being developed/ implemented in conjuction with the HSP's Wellbeing Partnership - Healthier Communities Steering Group and the borough's CSPAN (Community Sport & Physical Activity Network - Sport England). Proxy indicator - LBH leisure centre usage up by 20% from 915,000 (2005/6) to 1,140,000 (2006/7).
Supporting People	**MANDATORY** HCOP 7 - Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy.	18	15	↑	Green	10	5	0	Supporting People Score Card - Mathew Pelling (**Helen to Check**)
	MANDATORY HCOP 8 - Increase the proportion of vulnerable single people supported to live independently, who as a result do not need to be accepted as homeless and enter temporary accommodation (TA).	431 single people accepted as homeless	215 cases accepted between April and October 2006. 350 cases forecasted for the year.			150 cases where homelessness is prevented through support provision and TA is not needed.	200 cases where homelessness is prevented through support provision and TA is not needed.	250 cases where homelessness is prevented through support provision and TA is not needed.	Supporting People Score Card - Mathew Pelling. What was final no. of cases for 06/07? (**Helen to Check**)

Improved health and reduced health inequalities. Increase choice and control	**OPTIONAL** - Increase the number of people with first episode psychosis in specialist early intervention treatment (EIPT).	N/A (Initiative not set up)	N/A (Initiative not set up)	N/A	N/A	80 people aged 14-35 to have received treatment through the EIPT.	164 people aged 14-35 (84 additional) in total to have received treatment through the EIPT.	220 people aged 14-35 (56 additional) in total to have received treatment through the EIPT.	This indicator was included on the condition that the partnership received EIPT funding. As this was not received this indicator is unachievable.
	OPTIONAL HCOP 9 - Improve acess to a range of day opportunities for older people by: A. Increasing the number of volunteers provided as part of day opportunites.	TBA Oct 07	76	↑	Green	84	92	101	**Helen to check out turn with Tom Brown / Robert Edmonds**
	B. Increasing the number of older people attending day opportunities programmes.	TBA Oct 07	576			580	595	610	**Helen to check with Ian Weir (performance)**
Increase choice and control	**OPTIONAL** HCOP 10 - Increase the number of breaks received by carers.	13,243	13,000	↑	Amber	13,386	TBA	TBA	**Margaret to check performance - has been reported as 6.8% & 9% seperately. Out turn, Baseline and Target to be checked also.**
Achieve economic wellbeing	**STRETCH** HCOP 11- Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficienet and safe by: A. Decreasing the tonnage of carbon that can be reliably said to have not been emitted into the atmosphere as a result of energy effciency measures carried out in the private domestic sector with vulnerable households.	108 tonnes	200 tonnes					324 tonnes. **Stretch: 376 tonnes.**	May be to early to assess. **Margaret to check targets.**
	B(i). Achieve top performance banding older people permanently admitted into residential and nursing care	146	148	↓	Amber	165. **Stretch: 155.**	155. **Stretch: 135.**	145. **Stretch: 115.** Total over 3 years: 465, **Stretch: 405**	Currently in top performing PAF bands. Band 5.

	B(ii). Achieve top performance banding of vulnerable adults permanently admitted into residential and nursing care	59	23	↑	Amber	40. **Stretch: 35**	35. **Stretch: 28**	30. **Stretch: 20** Total over 3 years: 105, **Stretch: 83**	Currently in top performing PAF bands. Band 4/5.
	C. Decrease the number of accidental dwelling fires as measured by the London Fire Brigade.	248	242	↑	Green	242. **Stretch: 230**	242. **Stretch 230**	242. **Stretch 230.** Total over 3 years: 726, **Stretch: 690**	

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LAA Stretch Targets Performance

Green	Amber	Red	↑	
Better than planned	To be kept under review	Below Expectation	Trend against 06/07 Performance	

Appendix C

Frequency.	Other Ref.	06/07 Baselines	April	May	June	Trend	Estimated Progress to target	07/08 Target	Reward Grant Attached	2009/10 LAA Target without/with stretch
		Children and Young People								
Annual	1	**Number of schools achieving "healthy school" status** As at Dec 06 10 schools including PRUs have achieved NHSS. There are currently 77 maintained schools(63 primary, 10 secondary and 4 special) in Haringey & 2 PRUs (1 medical needs & 1 EBD). New national Healthy Schools database being established. It will monitor progress of Healthy Schools programme giving each local area RAG rating. Good progress made over 2006/07. Currently have 21 schools that have achieved healthy schools status.								
		21				↑	Amber	53% Stretch 60% by Dec 07 (stretch includes medical needs PRU)	£704,419	75% without 85% with
Annual	2	**% of 19 year olds with level 2 qualifications**								
		58% 1491		62%		↑	Amber	59%	£704,419	63.3% without 68.5% with
Monthly	3	**Reducing the proportion of young people aged 16 to 19 not in education, employment or training (NEET)** This is a key priority. Connexions have commissioned a range of reports to better understand the young people who make up the Haringey NEET group. This has included analysis of young people who move from EET to NEET (March 2007), teenage pregnancy and NEET (May 2007) and a detailed review of the NEET strategies currently in place. This analysis is being used to better inform the strategies to address NEET. Connexions through the review has identified a range of approaches to get young people back into education, employment or training, which includes better and earlier identification of the young people needing intensive support and an increased focus on new entrants to NEET. Further details are in the evaluation of Changing Lives 2007. Actual NEETs Figure for is May 567. As performance on this indicator fluctuates dependant on entrants to the education system, it is proposed that targets are profiled month by month.								
		13.20%	14.30%	14.80%		↓	Red	12.3% stretch 11.6%	£704,419	11% without 10.4% with
		Safer and Stronger Communities								
Monthly	4	**Reduction in Personal Robbery** There have been 262 robberies in the first 2 months of this Municipal Year compared with 353 in April/May '06 representing a 26% decrease.Robbery offences in Haringey are showing an overall long term decreasing trend. Haringey achieved a 6% reduction in personal robbery in 2006/07. The Haringey Police are taking a number of steps to ensure a dedicated approach to investigating and clearing up robberies including: a robbery focus desk, Q-Cars- a dedicated rapid response team, a positive arrest policy, robbery squad, video identification suite, the application of the Bail Act 1976 and Partnership activities such as Operation Butler which is a good example of Haringey's joined up approach to preventing robbery and reassuring both young people and public transport users.								
		1919	135	127		↑	Green	6.2% reduction =1683 offences	£704,419	reduction of 6% over 3 years (4915 recorded offences 112 fewer offences over 3 years)
Annual	5a.	**Number of incidents of domestic violence which result in santion detections** The data indicates that the number of domestic violence offences reported has reduced based on a straight line projection of the monthly numbers in April and May. The sanctioned dectection rate has increased and is exceeding target based on information available at this time.								
		2139	137 offences 59.9%	145 offences 55.9%		↑	Green	32% stretch 34%	£704,419	2181 without 2310 with

Frequency.	Other Ref.	06/07 Baselines	April	May	June	Trend	Estimated Progress to target	07/08 Target	Reward Grant Attached	2009/10 LAA Target without/with stretch
		Reduction of repeat victimisation Information from the police CSU regarding the number of DV repeat victims between April and May this year suggests that there were 158 offences with a DV flag of which 32 (approximately 20%) were flagged as repeat victims during this period. It should be noted that these are not official figures; just counts of CRIS records from the system. These figures also do not give an indication as to how many times each victim may have suffered i.e. 2 offences or 10 offences								
Annual	**5b.**	201				↑	Green	191(5%)		548 without 523 with
	BV 199a	**Reduction in litter and detritus in super output areas** This is being based on Encams/Capital Standards Survey 3 phases per year & that performance is monitored on sample wards at specific times. Borough wide performance will be reported with area updates when available. A condition attached to payment of the Performance Reward Grant is that Borough wide performance must be at least 24% by the 2009/10 in order to qualify for payment on achievement of the Super Output Area target. The BV 199a score for Noel Pk & Northumberland Pk wards was 22% according to our in-house monitoring in May 2007								
Quarterly	**6**	42%		22%		↑	Green	29%	£704,419	24% without 20% with
		1) Increase the number of parks achieving Green Flag **2) The number of parks achieving Green Pennant status** **3) The % of people who report that they are satisfied or fairly satisfied with local parks & green spaces** (3) This is based on the BVPI Local Government Survey carried out once every 3 years. Progress towards improvement in satisfaction levels will be monitored through our own local surveys and possibly included as a question in our Tracker survey.							£704,419	
Annual		7				→	Amber			8 without 12 with
Annual		2				→	Amber			2 without 7 with
Annual	**7**	72%				↑	Amber	72%		72% without 77% with
	BV 82a&bi	**Recycling -The % household waste arising sent for recycling or composting as measured by BVPI 82a(ii) and BVPI 82b (ii)** Recycling performance was strong in May, exceeding the target. Additional information received for April means the target was beaten then, too. Performance is expected to continue to improve, with further roll-out of mixed recycling services planned for the autumn.								
Monthly	**8**	23%	25%	26%	25.8%	↑	Green	25%	£704,419	27.3% without 31.8% with
		Healthier Communities and Older People								
		Smoking cessation: Increase the number of quitters living in N17 Recruitment process of new Stop Smoking advisor underway. Mapping exercise of N17 community based advisors underway in order to identify gaps in service/ access.								
Quarterly	**9**	240				↑	Green	240 stretch 270	£704,419	720 without 870 with
		The percentage of adults participating in at least 30 minutes moderate intensity sport and active recreation (including recreational walking) on 3 or more days a week, as measured by the Active People Survey Stretch target and proxy indicators now reflected in HSP's Wellbeing Strategic Framework (draft). The delivery plan is being developed/ implemented in conjuction with the HSP's Wellbeing Partnership - Healthier Communities Steering Group and the borough's CSPAN (Community Sport & Physical Activity Network - Sport England). Proxy indicator - LBH leisure centre usage up by 20% from 915,000 (2005/6) to 1,140,000 (2006/7).								
Proxy	**10**	22.90%				↑		22.90%	£704,419	22.9% without 26.9% with

Frequency.	Other Ref.	06/07 Baselines	April	May	June	Trend	Estimated Progress to target	07/08 Target	Reward Grant Attached	2009/10 LAA Target without/with stretch
		Improve living conditions for vulnerable people ensuring that housing is made energy efficient, decent and safe: **1)The tonnage of carbon that can be reliably said to have not been emitted into the atmosphere as a result of a number of energy efficiency measures carried out in the private domestic sector with vulnerable households, as calculated by Haringey Council using the 2004 Energy Saving Trust methodology** **2) Number of older people permanently admitted into residential and nursing care (PAF C72)** **b)Number of vulnerable adult permanently admitted into residential and nursing care (PAF C73)** **3) Number of accidental dwelling fires as measured by London Fire Brigade (numerator of BVPI 142 (iii))** (1) Not able to make an assessment at this stage (2) Currently in top performing Performance Assessment Framework (PAF) bands. Bands 4 & 5.								
Annual	1)					→	Amber		£704,419	1) 324 tonnes without 376 with
Monthly	2a) 2b)	149	14	27	43	↓	Amber	165		2a) 465 without 405 with
Monthly		23	4	10	11	↓	Amber	40		2b) 105 without 83 with
Monthly	3) **11.**	242				→	Amber			3) 242 without 230 with
		Economic Development								
		Number of people from the 12 worst wards helped into sustained work Not able to make an assessment at this stage								
Quarterly	**12**	0							£704,419	Nil without 120 with
		Number of people on Incapacity Benefits more than 6 months into sustainable employment Not able to make an assessment at this stage								
Quarterly	**13**	0							£704,419	Nil without 180 with

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ITEM 6ii - London Borough of Haringey
2007/08 Local Area Agreement - Summary

	£	Grant Letter	Variance
Total Grant expected in 2007/08	**15,545,909**	**15,542,209**	3,700

This is additional School Improvement Partners money, as per Dfes email dated 2(

2007/08 Pump Priming Grant **972,919** **(Used to aid acheivement of Stretch Targets)**

Allocation by Block:	**£ Mandatory Pooled***	**£ Aligned Funding****	**£ Total**
Children & Young People	6,017,944	5,623,000	11,640,944
Safer & Stronger Communities	7,211,965	387,000	7,598,965
Healthier Communities & Older	1,300,000	9,065,133	10,365,133
Economic Development	1,016,000	1,176,767	2,192,767
Total	**15,545,909**	**16,251,900**	**31,797,809**

Note:
* - All mandatory pooled grants are attributable to London Borough of Haringey (LBH)
** - Aligned Funding is a mixture of LBH and non-LBH funding streams.

Breakdown of LAA Grant by type:	**£**
NRF	7,862,806
SSCF	2,685,159
School Development Grant	1,985,414
Children's Service Grant	1,910,362
Positive Activities for Younger People Grant	457,581
Other	564,587
Total Grant	**15,465,909**

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ITEM 6ii - London Borough of Haringey
Local Area Agreement Funding Streams

Children & Young People Block	**Body**	**2006/07 £**	**2007/08 £**	**2008/09 £**	**2009/10 £**
Mandatory Pooled					
Children's Service Grant	LBH	1,438,804	1,910,362		
KS3 Behaviour and Attendance	LBH	68,300	68,300		
KS3 Central Co-ordination	LBH	166,418	158,048		
Primary Strategy Central Co-ordination	LBH	185,253	186,130		
Neighbourhood Renewal Fund (NRF)	LBH	1,200,000	1,100,000		
Positive Activities for Young People	LBH	451,534	457,581		
School Travel Advisers	LBH	25,000	25,000		
School Development Grant (LBH share)	LBH	1,985,414	1,985,414		
School Improvement Partners	LBH	52,886	80,397		
Neighbourhood Support Fund	LBH	-	46,712		
Publicising Positive Activities **(not in LAA)**	LBH	27,763	27,763		
Mandatory Sub-Total		**5,573,609**	**6,017,944**	**-**	**-**
Aligned Funding					
Teenage Pregnancy Grant	LBH		183,000		
PCT Healthy Schools	PCT		100,000		
Sexual Health	PCT		40,000		
Reducing NEET (Learning & Skills Council Funding)	LSC		3,300,000		
Increasing Level 2 at 19 (Learning & Skills Council Funding)	LSC		2,000,000		
Aligned Sub-Total		**-**	**5,623,000**	**-**	**-**
Children & Young People Block TOTAL		**5,573,609**	**11,640,944**	**-**	**-**

ITEM 6ii - London Borough of Haringey
Local Area Agreement Funding Streams

Safer & Stronger Communities Block	Body	2006/07	2007/08	2008/09	2009/10
Mandatory Pooled					
Anti-Social Behaviour Grant (subsumed into SSCF from 07-08)	LBH	25,000	-		
Neighbourhood Renewal Fund*	LBH	3,800,000	4,446,806		
Preventing Violent Extremism Pathfinder Delivery Fund	LBH		80,000		
SSCF: Building Safer Communities (Revenue) (Inc. ASB + Drugs)	LBH	327,023	361,846		
SSCF: Building Safer Communities (Capital)	LBH	120,863	120,863		
Drugs Strategy Partnership Support Grant (subsumed into SSCF 07-08)	LBH	69,000			
SSCF: Cleaner, Safer, Greener Element (Liveability Funding) (Capital)	LBH	970,000	980,000		
SSCF: Cleaner, Safer, Greener Element (Liveability Funding) (Revenue)	LBH		150,000		
SSCF: Waste Performance and Efficiency Grant	LBH	469,107	491,450		
SSCF: Neighbourhood Element	LBH	412,800	581,000		
Mandatory Sub-Total		**6,193,793**	**7,211,965**	**-**	**-**
Aligned Funding					
Basic Command Unit	Police		387,000		
Aligned Sub-Total		**-**	**387,000**	**-**	**-**
Safer & Stronger Communities Block TOTAL		**6,193,793**	**7,598,965**	**-**	**-**

Note:
* The Safer & Stronger Communities 'Neighbourhood Renewal Fund' for 2007-08 has been amended to account for a transfer of £516k to the Economic Development 'Neighbourhood Renewal Fund'. This money was previously spent on 'Worklessness' but will now be spent on Neighbourhood Management.

The LBH Grant determination letter allocated NRF of £7,862,806 and we had planned for £7,862,000. Accordingly, the extra £308 has now been included in the SSC Block Contingency Fund.

ITEM 6ii - London Borough of Haringey
Local Area Agreement Funding Streams

Healther Communities and Older People Block	**Body**	**2006/07 £**	**2007/08 £**	**2008/09 £**	**2009/10 £**
Mandatory Pooled					
Neighbourhood Renewal Fund	LBH	1,200,000	1,300,000		
Mandatory Sub-Total		**1,200,000**	**1,300,000**	**-**	**-**
Aligned Funding					
Supporting People Grant	LBH		5,000,000		
Choosing Health allocation to HTPCT (Spearhead)	PCT		361,000		
Carer's Grant	LBH		550,000		
Health for Haringey Programme (Big Lottery Fund)			99,733		
North London Sub-Region			470,000		
Older People's Commissioning Budget			1,000,000		
Invest to Save (Early Intervention in Psychosis) - subject to bid agreement	LBH		270,000		
London Fire Brigade	LFB		60,000		
LBH Mainstream Revenue (Recreation Services)	LBH		70,400		
LBH Mainstream Revenue (Recreation Services) - matched funding for post	LBH		20,000		
Citizen's Advice Bureau			656,000		
HTPCT Mainstream Funding - Early Intervention in Psychosis Funding	PCT		50,000		
LBH Mainstream Funding - Early Intervention in Psychosis Funding	LBH		25,000		
HTPCT Smoking Cessation Service (Mainstream Revenue)	PCT		433,000		
Aligned Sub-Total			**9,065,133**	**-**	**-**
Healthier Communities and Older People Block TOTAL		**1,200,000**	**10,365,133**	**-**	**-**

ITEM 6ii - London Borough of Haringey
Local Area Agreement Funding Streams

Economic Development Block	Body	2006/07 £	2007/08 £	2008/09 £	2009/10 £
Mandatory Pooled					
Neighbourhood Renewal Funding*	LBH	600,000	1,016,000		
Mandatory Sub-Total		**600,000**	**1,016,000**	**-**	**-**
Aligned Funding					
European Social Fund (ESF)	ESF		184,000		
Job Centre Plus (Deprived Areas Fund)			250,000		
LDA Opportunities	LDA		114,200		
North London Investment Agency	NLIA		628,567		
Aligned Sub-Total			**1,176,767**	**-**	**-**
Economic Development Block TOTAL		**600,000**	**2,192,767**	**-**	**-**

Note:
* The Economic Development 'Neighbourhood Renewal Fund' has been amended to account for a £516k transfer from the Safer & Stronger Communities' 'Neighbourhood Renewal Fund'. The money was previously spent on 'Worklessness' but will now be spent on Neighbourhood Management.

haringey strategic partnership

Agenda Item

Haringey Strategic Partnership – 19 July 2007

Subject: The Haringey Strategic Partnership Seminar – Identifying LAA Improvement Targets

FOR DISCUSSION

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1. Purpose

1.1 To provide feedback to the HSP on the recent HSP Seminar.

1.2 To set out the improvement targets that were identified by partners at the seminar which the Partnership could use as the basis of Haringey's submission to GOL on the 35 LAA targets for the Borough.

2. Recommendations

2.1 The HSP is asked:

- To note the priority improvement targets that were identified at the HSP Seminar; and
- To agree that these targets will form the basis of an indicative list of 35 improvement targets for submission to GOL.

3. Report

3.1 On 29 June 2007, the Haringey Strategic Partnership held a day-long Seminar for all those involved in the Partnership's main board and theme boards. The purpose of the event was to enable partners to work together to identify the core priorities for the LSP that would maximise the benefits of partnership working in the borough and ensure delivery of the Sustainable Community Strategy and Local Area Agreement. The event also acted as the official launch for the 2007-16 Sustainable Community Strategy and a number of partner agencies pledged their commitment to the Strategy.

3.2 The event was split into two halves, the first being used to set out the broad strategic agenda for the partnership. This was discussed in the context of policy changes at the national level – such as moves towards greater freedom for local partnerships alongside a tightened fiscal regime for local government and other

public agencies – as well as obligations on the HSP to deliver the Sustainable Community Strategy and Local Area Agreement. Participants were split into groups representing each of the HSP's six thematic boards and were tasked with identifying the top six improvement targets that would make the biggest difference to Haringey residents.

3.3 The second part of the day brought together officers from the Council and partner agencies, who identified ways of delivering the strategic priorities discussed in the morning. This session enabled those partners that do not sit on the main them board to gain a better understanding of how their input into theme boards fits within the broader HSP structure and strategic objectives. The session also enabled participants to develop ideas about how service delivery can be more effectively coordinated across a range of partner agencies.

4. Towards 35 improvement targets

4.1 Based on discussions at the HSP Seminar, an initial list of LAA improvement targets is shown below. These are set out according to the current LAA blocks, but have been drawn from across all six HSP theme boards.

4.2 It should be noted that a total of 21 targets have been put forward with a further four proposed that were not on the list. HSP must therefore agree a further 10-14 targets to make up the full 35 required by GOL. For reference, the full list of targets that were considered is shown in Appendix A.

Safer and Stronger Communities Block

1. Reduction in the proportion of adults saying they are in fear of being a victim of crime - also focus on young people in fear of personal safety
2. Reducing the proportion of adult and young offenders and prolific and other priority offenders
3. Increase the percentage of problem drug users entering and retained in treatment
4. Decent Homes - with a related target of enforcing tougher measures on 'importing' boroughs
5. Affordable housing - With a focus on elderly, mental health/health issues
6. Improving street cleanliness by reducing litter and detritus
7. Improve satisfaction with street cleanliness
8. Improve recycling and composting rates
9. Percentage of people who feel that their local area is a place where people from different backgrounds get on well together (Community Cohesion)

Healthier Communities and Older People

10. Reducing premature mortality with specific emphasis on circulatory disease and increasing male life expectancy - This target is viewed in the context of reducing health inequalities more broadly
11. Reducing the rate of infant mortality with particular emphasis on reducing the proportion of expectant and new mothers who report smoking

12. Increase smoking cessation with a particular focus on reducing smoking prevalence in the most deprived wards
13. Increasing breaks for Carers
14. Increase the proportion of vulnerable single people supported to live independently who as a result do not need to be accepted as homeless

An additional health inequalities target was proposed in relation to obesity/diet/nutrition and physical activity

Economic Development

15. Percentage of 16 year olds achieving 5 or more GCSE's at grades A*-C - With a particular focus on English and Maths
16. Worklessness in particular reducing benefit claimant rates for those living in wards identified as having the worst initial labour market position
17. Reducing 16-18 year olds not in education, employment and training (NEETs)

Other

18. Percentage of residents expressing satisfaction with the local area as a place to live
19. Increased resident participation and involvement

Also proposed: number of Local Authority and Registered Social Landlord lets that go through the mobility route as an additional target

Also proposed: Planning restrictions to enforce retaining larger units

Children and Young People

20. Healthy Schools
21. Attainment of children from BME groups

Reducing child poverty was raised as an additional target

Report of the Chair, Haringey Strategic Partnership
Report Author: Zena Brabazon, Head of Partnerships
Date: 10 July 2007

APPENDIX A: Priority Improvement Targets for Haringey

The indicators below are either mandatory targets in Haringey's current Local Area Agreement, included as measures in the Community Strategy Scorecard or current Best Value or nationally reported performance indicators.

Those highlighted in bold were identified at the HSP Seminar as being the most important to improving the lives of Haringey's residents. The columns on the right of the table indicate which theme boards proposed each of the targets.

LAA BLOCK & TARGETS	NOTES	HSP THEME PRIORITY					
		CYP	SCEB	IHB	EPB	BPP	WBP
Safer and Stronger Communities Block							
1. Overall Crime rate (BCS Comparator); specific focus on PSA1 crimes							
2. Reduction in the proportion of adults saying they are in fear of being a victim of crime	Also focus on young people in fear of personal safety	√					
3. Violent Crime including reducing personal robbery							
4. Reducing the proportion of adult and young offenders and prolific and other priority offenders					√		
5. Increase the percentage of problem drug users entering and retained in treatment			√				√
6. Improving perception in relation to drug use and dealing, anti-social behaviour							
7. Improving perception particularly with regard to noisy neighbours and rubbish and litter lying around							
8. Decent Homes	With a related target of enforcing tougher measures on 'importing' boroughs			√			

9. Affordable housing	With a focus on elderly, mental health/health issues			√	√		
10. Housing Repairs in timescale							
11. Improving street cleanliness by reducing litter and detritus						√	
12. Street cleanliness focused on 3 super output areas- Northumberland Park, Noel Park and Bruce Grove							
13. Reduction in Graffiti							
14. Reduction in Fly posting							
15. Improve satisfaction with street cleanliness						√	
16. Improve recycling and composting rates						√	
17. Reduction in waste tonnage collected (to landfill)							
18. Average days to repair street lighting							
19. The number of adults and children killed and seriously injured on roads							
20. Percentage of people who feel that their local area is a place where people from different backgrounds get on well together (Community Cohesion)			√			√	
Healthier Communities and Older People							
21. Reducing premature mortality with specific emphasis on circulatory disease and increasing male life expectancy	This target is viewed in the context of reducing health inequalities more broadly				√		√
22. Reducing the rate of infant mortality with particular emphasis on reducing the proportion of expectant and new mothers who report smoking		√					
23. Increase smoking cessation with a particular focus on reducing smoking prevalence in the most deprived wards							√
24. Teenage pregnancy							

25. Increasing breaks for Carers							√
26. Increase the proportion of vulnerable single people supported to live independently who as a result do not need to be accepted as homeless			√	√			√
27. Reduction in housing related delayed discharges from hospital as part of joint Mental Health Strategy							
28. Condition of Footways							
	Additional health inequalities target raised in relation to obesity/diet/nutrition and physical activity						√
Economic Development							
29. Percentage of 16 year olds achieving 5 or more GCSE's at grades A*-C	With a particular focus on English and Maths	√					
30. Worklessness in particular reducing benefit claimant rates for those living in wards identified as having the worst initial labour market position			√		√		
31. Reducing 16-18 year olds not in education, employment and training (NEETs)			√		√	√	
32. Increasing employment rates particularly for those with no qualifications							
Other							
33. Percentage of residents expressing satisfaction with the local area as a place to live				√		√	
34. Increased resident participation and involvement			√				√

35. Proportion of residents satisfied with: a) The Council b) The Police c) their general practitioner							
	Number of Local Authority and Registered Social Landlord lets that go through the mobility route as an additional target			√			
	Planning restrictions to enforce retaining larger units			√			
Children and Young People							
36. Healthy Schools		√					
37. Key Stage 2 English							
38. Key Stage 2 Maths							
39. Key Stage 3 English							
40. Key Stage 3 Maths							
41. Key Stage 3 Science							
42. Attainment in particular schools below floor target levels							
43. Attainment of children from BME groups					√		
44. Reduction in absence from primary schools							
45. Reduction in absence from secondary schools							
46. Health of Looked after Children							
47. Educational attainment of looked after children							
48. Stability of placements of looked after children							
49. Adoptions of looked after children							
50. 19 year olds with Level 2 qualifications							
	Reducing child poverty was raised as an additional target	√					

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Developing World Class Primary Care in Haringey
A Consultation Document

Summary

Our **vision** is of world class, high quality, responsive primary and community services for all Haringey residents. By working in partnership with patients, the public, the local authority and others, these services will contribute fully to improving the health of our population, including reducing inequalities and maximising independence.

Barnet, Enfield and Haringey Primary Care Trusts have been working together to plan safer and stronger health care services for the 3 Boroughs. Our plans are set out in the document: *Barnet, Enfield and Haringey Clinical Strategy- 'Your health- better, safer, closer '* www.behfuture.nhs.uk/ In order to take advantage of the benefits described in the clinical strategy, we will need to make changes to the way we provide primary care services in Haringey. *Developing World Class Primary Care in Haringey* sets out the changes we want to make to primary care and invites your views. The full strategy document is available at www.haringey.nhs.uk/about_us/consultations/index.shtm

What needs to change?

Health services do not stand still. They continually change in response to challenges and opportunities such as new diseases, drugs and diagnostic technology. Health professionals work in new ways to make the most of their skills.

For the NHS, and particularly in London, one of the biggest challenges for developing the health service is that the model dating from the 1940s and 50s, of 'small' stand alone, local general practices provides a limited range of health services, often in outdated buildings. This does not enable us to deliver the level, quality and integration of care needed to provide a world-class service.

Haringey is no exception to this. We need to:

- Address differences in access, clinical quality and suitability of premises in primary care
- Improve the integration of community health services
- Meet the needs of the diverse and growing population of Haringey
- Make the most effective use of services and resources.

Some changes have already taken place…
In Haringey our GPs now work within 4 geographical areas, West, Central, South East and North East Haringey. GPs are already developing new services in the community. They are also heavily involved in planning and making decisions about the funding of local hospital services. New kinds of health care professionals such as Community Matrons are in place. Many GPs have developed special interests so their patients can be managed without continual hospital visits. Health and Local Authority services are working together to provide integrated services for children and young people, older adults and vulnerable people.

We have a greater focus on preventing ill health and promoting good health and minimising the need for patients to attend hospital. We are helping people to lead healthier lifestyles through services like our stopping smoking clinics.

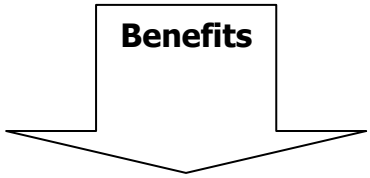
What do we want to achieve for patients?
We have developed the following **outcome statements.** They set out from a patient's point of view what we want to achieve when we talk about developing world-class primary care in Haringey.

- *I can register with a local GP practice of my choice – **whoever I am and wherever I live in Haringey**.*
- *The care I receive meets **my needs and that of my family**.*
- *I can rely on getting the right care **whenever** I need and **whoever** I am.*
- *I will be given advice, support and screening to **keep me well.***
- ***My opinions** are clearly heard and taken into account.*
- *I know what to do when I or my family need **urgent care**.*
- *In an emergency I can get care **quickly and simply.***
- *Providing the **best care** is important to everyone who cares for me.*
- *I can access (planned) care **at a time that suits me**.*
- *In most **non-urgent** situations I can see a clinician who is familiar with my health history, situation and circumstances.*
- *If I have a more complex or long-term health need, my care will be **agreed and co-ordinated** with my clinicians. Care will be provided in a way that is as convenient for me as possible.*
- *I can book a **longer appointment** with my doctor or primary care clinician if I need it.*
- *I have a relationship of **mutual respect** with my clinicians and care givers.*
- *I am able to have **diagnostic and specialist treatment** (for some conditions) in primary care rather than having to visit hospital.*

What do we need to do?
We have developed a strategy to address the issues of quality, accessibility, equity and integration of services identified above. In developing our strategy we have taken into account what is already known about what patients want from primary care, as well as national strategy and evidence of what works in primary care. We need to ensure that a wider range of services are available in primary care, with better access in terms of opening times, providing real benefits for patients and staff.

The new services in primary care will include:

Health promotion, traditional health services (GPs, nurses, allied health professionals) working in partnership with other independent contractors and across agencies and with voluntary sector	Facilities for **procedures**, including endoscopy and minor/day case surgery
Diagnostic facilities including automated pathology and plain x - ray +/- CT scanning and facility for mobile MRI	Extended opening for **urgent care** for minor and moderate cases including facilities for suturing and basic fracture management



- Opportunities to work in closer and more innovative ways across health and social care and with the voluntary/community sector to bring real benefits particularly around addressing inequalities and promoting health. Locating a wider range of services in larger practices brings more care closer to patients
- On-site diagnostic testing is more convenient for GP patients and is necessary to provide better urgent care facilities
- Urgent treatment rooms can also be used to undertake endoscopies and day procedures as there are similar staffing, equipment and product requirements
- Day procedures can be performed closer to home rather than in centralised acute hospitals.

To provide these services we plan to reduce the number of primary care premises over time and to create a network of super health centres across Haringey. The super health centres will provide a wider range of services with better facilities and longer opening hours than existing primary care services and will bring some services that are currently provided in hospital

closer to people. They will also offer opportunities for innovative joint working with other community services including services provided by the voluntary sector to promote health and tackle inequalities.

What will a super health centre be like?

View of the proposed Hornsey Central Health Centre, Crouch End

A super health centre would offer the following kinds of services and opening hours.

Services	**Hours open per day**
General practice services	12
Community services	12
Most outpatient appointments (including antenatal/postnatal care)	12
Minor procedures	12
Urgent care	18 - 24
Diagnostics – point of care pathology and radiology	18 - 24
Interactive health information services including healthy living and well-being	18 - 24
Proactive management of long term conditions including mental health	12
Pharmacy	18 - 24

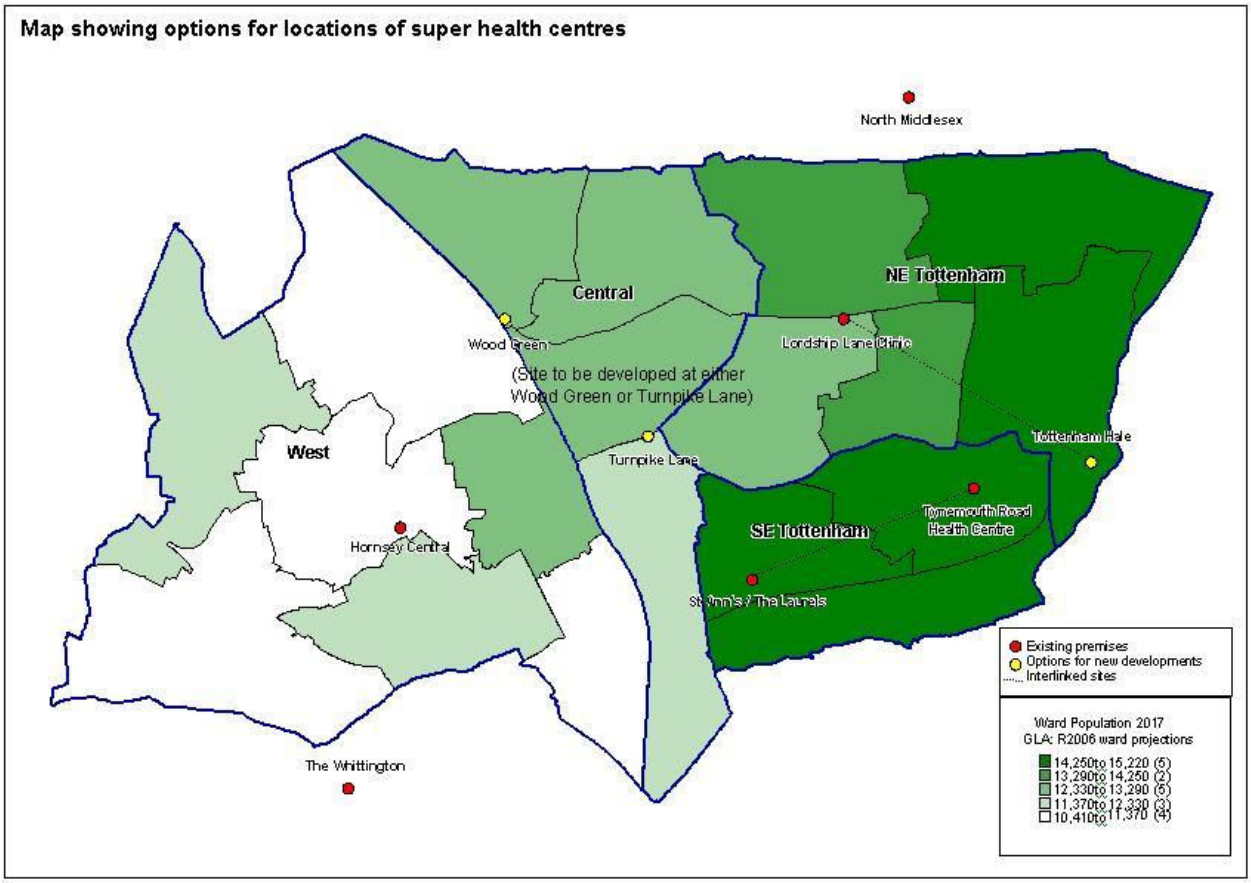
Other health (e.g. dentists, opticians) and social care professionals including services provided through voluntary sector agencies could also be co-located with the services outlined above, as could borough-wide services, such as sexual health.

When would this happen and where would they be?

We intend to take a staged approach to establishing these new services, with 6 super health centres planned across Haringey in 10 years time. In 5 years time we would expect to see significant progress made towards establishing these 6 super health centres, supported by a smaller number of other primary care premises.

Proposed configuration of super health centres in 5-7 years time

West (N10, N6, N4)	Centre 1	Whittington (serving people from Haringey and Islington)
	Centre 2	Hornsey Central
North East (N17)	Centre 3	North Middlesex (serving Enfield and Haringey)
	Centre 4	Over 2 sites: Lordship Lane & Tottenham Hale
South East (N15)	Centre 5	Over 3 sites: Laurels, St Ann's & Tynemouth Road
Central (N22, N8, N11)	Centre 6	Wood Green or Turnpike Lane



Conclusion

We have set out a picture of large-scale system change to take primary care from its current status into a modernised and sustainable form, which will provide the strong and safe services Haringey needs. We are confident that we will be able to deliver a significant programme of growth over the next 10

years. We are working with the London Borough of Haringey to plan our services in a more integrated way. Overall we feel that our primary care strategy will be a major contribution to creating a healthier Haringey, by providing access to world-class health care and advice when people need it and regardless of where people live in the borough.

Consultation questionnaire

We intend to consult widely on this strategy. We have already drawn on previous consultations and on views of some stakeholders including clinicians during the pre-consultation phase and are now keen to hear more views from the people of Haringey, all our stakeholders including those working in health services. The consultation period is from 28th June to 19th October 2007. This section tells you how you can let us know what you think.

If you, or someone you know, would like this document or a summary of this document in another language or format, or if you need the help of an interpreter, please call 020 8442 6859.

Your views on our vision for primary care

We need your views on the changes we want to make to local health services. There are a number of ways you can have your say.
You can:

- Return the questionnaire and post it to
  Charlotte Murat
  Haringey Teaching PCT
  B1 St Ann's Hospital
  St Ann's Road
  London N15 3TH
- Or you can fill out the form online via our website www.haringey.nhs.uk/about_us/consultations/index.shtm
- Or ring us on our **consultation hotline 020 8442 6859**
- Or email us primarycare@haringey.nhs.uk
- Attend one of our public meetings, details below:

Date/Time	Event	Location
5 July 12.00-17.00	Public Patient Involvement Forum	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ
21 July 10.30-13.30	Lordship Lane open day	Lordship Lane Health Centre, 239 Lordship Lane, N17 6AA
23 July 14:00 - 16:30	Public meeting	Cypriot Community Centre – Main Hall Earlham Grove – Wood Green N22 5HJ
23 July 19:30 – 21.30	Local Area Assembly	Fortismere School, North Wing, Creighton Avenue, London N10 1NS
24 July 18:00 - 20:30	Public Meeting	The Cypriot Community Centre Main Hall Earlham Grove, Wood Green N22 5HJ
September	Other Local Area Assemblies	To be confirmed

The changes we want to make

We want to establish 6 super health centres for Haringey, supported by services provided from a smaller number of general practices. These would provide

- General Practice services (e.g. GPs and practice nurse clinics)
- Community health services (e.g. physiotherapy)
- Services currently only available in hospital (e.g. diagnostic testing such as ultrasound and MRI)
- Other services which support healthy living (e.g. keep fit sessions).

They would be open much longer than they are currently (for example 8am to 8pm) and up to 24 hour access would be available for urgent health needs.

Your views

1. Will these changes meet the needs of you and your family?

2. How would these changes affect you and your family?

3. What are your views on where we would like to locate the 6 super health centres?

4. Are there any particular services/facilities you would want to see provided in your local super health centre?

5. How would these changes affect your journey to your GP?

6. Are there any other things you want to tell us about the proposed

7

7. Would you be interested in joining a patient focus group to develop your local super health centre? Please print your contact details below

About you

Please give us the following information to help us understand who has responded to our consultation. All information given will be used in accordance with the Data Protection Act 1998.

1. I am responding as

	A representative of an organization
	An individual

2. Are you a

	Patient
	Carer
	Local resident
	PCT employee
	Other health professional
	Other – please state

3. Are you

	Male
	Female

4. What age group are you in?

	Under 16		46-55
	16-25		56-65
	26-35		66-75
	36-45		Over 76

5. What is your ethnic group?

White	
	British
	Irish
	Other white background (please state)
Mixed	
	White and Black Caribbean
	White and Black African
	White and Asian
	Other Mixed background (please state)
Asian or Asian British	
	Indian
	Pakistani
	Bangladeshi
	Other Asian background (please state)

Black or Black British	
	Caribbean
	African
	Other Black background (please state)
Chinese or other ethnic group	
	Chinese
	Other ethnic group (please state)

6. How did you find out about these proposals?

7. Your name and address (you do not have to give this information)

8. Your postcode (you do not have to give this information)

9. Your email address (you do not have to give this information)

10. If you want your feedback in this form to be confidential please tick here ☐

11. If you would like to go on our mailing list for future information please tick (make sure you have given us your contact details) ☐

Thank you

Thank you for completing this questionnaire. Your views will help us to decide on the location and type of services we want to develop. We will let you know the outcome of the consultation through our newsletter, which will be sent to everyone responding to our questionnaire, where contact details are provided, once the consultation process has finished.

Haringey NHS
Teaching Primary Care Trust

Developing World Class Primary Care in Haringey

A Consultation Document

Consultation Period
28th June – 19th October 2007

List of Tables and Figures

Foreword and Executive summary

Barnet, Enfield and Haringey Primary Care Trusts have been working together to plan safer and stronger health care services for the 3 Boroughs. Our plans are set out in the consultation document on the future of healthcare in Barnet, Enfield and Haringey: *Your Health, Your future: Safer, Closer, Better*. In order to take advantage of the benefits described in that document, we will need to make changes to the way we provide primary care services in Haringey. This document describes these proposed changes.

Health services do not stand still. Services continually change in response to challenges and opportunities such as new diseases like AIDS, new drugs for disabling conditions like rheumatoid arthritis, and new diagnostic technology like body scanners. Health professionals work in new ways to make the most of their skills: specialist nurses and therapists can now prescribe drugs, GPs can manage illnesses such as coronary heart disease without patients having to go to hospital, diagnostic tests can now be carried out locally in community based and mobile units.

For the NHS, and particularly in London, today and in the near future, one of the biggest challenges for the health service is that the model dating from the 1940s and 50s of 'small' stand-alone, local general practices providing a limited amount of health services, often in outdated buildings, cannot be maintained. Haringey is no exception to this. The health service in the United Kingdom has also been almost unique in separating hospital doctors and general practitioners from other professional clinical staff in the community. For most patients with continuing health problems, a spell in hospital or a referral to a hospital doctor is often only a small part of their overall care and treatment. This strategy provides the basis on which better integration can take place and also the framework on which other services for local people in

Haringey can be linked e.g. leisure, education, social care and the voluntary sector.

Some changes have already taken place…

In Haringey our GPs now work within 4 collaborative/geographical areas, West, Central, South East and North East. GPs are already developing new services in the community e.g musculo-skeletal services (managing back and other bone/joint pain), dermatology (management of skin conditions) and community based anticoagulation services (blood thinning). They are also heavily involved in planning and funding local hospital services. New kinds of health care professionals such as Community Matrons who can support people at home with physical, psychological or social concerns or specialise in looking after patients with cancer are in place. Many GPs have developed special interests in conditions such as diabetes so their patients can be managed without continual hospital visits. Health and Local Authority services are working together to provide integrated services for children and young people, older adults and vulnerable people.

As well as expanding the services that can be given outside a hospital setting, greater emphasis is being placed on enabling people to adopt healthier lifestyles through services like stopping smoking clinics. This means there is a greater focus on preventing ill health and promoting good health and minimising the need for patients to attend hospital.

Meeting the future needs of people living in Haringey…

The case for change includes meeting the needs of the growing population of Haringey, and to address current service issues. These include unplanned variation in: availability of GP services, clinical quality, suitability of premises,

and integration of community health and pharmacy services. The strategy also takes into account what is already known about what patients want from primary care, and attempts to ensure more appropriate use of services and resources. It draws on national strategy and the evidence of what works in primary care.

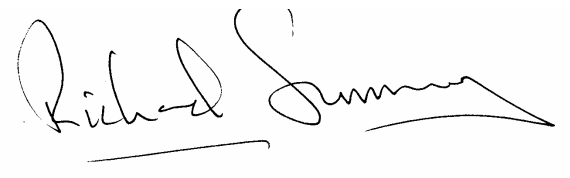
The delivery model includes plans to reduce the number of primary care premises over time and to create a network of super health centres across Haringey. The super health centres will provide a wider range of services with better facilities and longer opening hours than existing primary care services and will bring some services that are currently provided in hospital closer to people. They will also offer opportunities for innovative joint working with other community services including those provided by the voluntary sector.

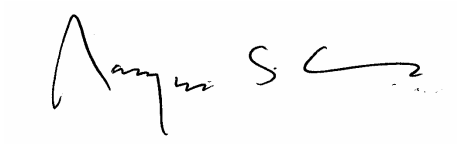
A staged approach to delivery of the model is set out, with 6 super health centres planned across Haringey in 10 years time. In 5 years time we would expect to see significant progress made towards establishing these 6 super health centres, supported by a small number of other primary care premises. Improvements will be seen in planned care, urgent care and long term conditions management.

We plan to underpin these proposed changes by developing innovative ways of delivering these services, for instance, telemedicine, expanding the role of community pharmacy, making greater use of electronic media, developing new contractual arrangements with GP and improving buildings and premises.

To conclude…

We all want for ourselves, our families and our community, lives that are healthy and fulfilled. Everyone has a part to play in improving health. We feel that a major step forward to achieve this goal will be in the implementation of this strategy to deliver world class primary care services, linked to changes in hospital and community services. This strategy will commit the TPCT to significant investment in primary care services. We believe that together we can make real change.





Richard Sumray
Chair
Haringey Teaching PCT

Dr Mayur Gor
Professional Executive Chair
Haringey Teaching PCT

1. Introduction

This document sets out a vision of primary care services for Haringey.

Our vision is of world class, high quality, responsive primary and community services for all Haringey residents. By working in partnership with patients, the public, the local authority, voluntary sector and others, these services will contribute fully to improving the health of our population, including reducing inequalities and maximising independence.

We put the case for change; describe a model for service delivery and the methods for achieving this vision including an overview of the financial strategy. The purpose of this document is to:

- Share the strategy with our stakeholders
- Get the views of local residents and patients about what a 'world class' primary care service would look like
- Get the views of local residents and patients about where they would like to see these services delivered
- Stimulate a lively debate that will inform the next steps in the process of improving local services.

Details of how to tell us your views can be found in section 8.

2. Vision

2.1 What is "world class primary care?"

The way health care is organised varies significantly around the world – with different systems having very different strengths and weaknesses. Whilst we have looked at some of the evidence about 'what works' elsewhere as part of developing this strategy it is clear that there is no one blueprint as to how services should be delivered. In setting ourselves the goal of delivering 'world class' primary care for all Haringey residents what we are aiming to achieve is clinical outcomes and patient experience comparable to that delivered by the very best services both nationally and internationally. The British primary care system at its best is widely admired across the world – when it is working at its best this admiration is well founded, but as is explored in more detail in this document, we believe that services in Haringey are currently some way from consistently delivering world class care.

Primary health care can currently be defined as services that:

- Are accessible to everyone – i.e. universal not targeted
- Are 'first level' – i.e. generalist rather than specialist
- Promote health and prevent ill health
- Diagnose and treat health conditions
- Assess for onward referral to more specialist care where needed.

This strategy focuses mainly on services provided by general practice teams, community pharmacy services and how they link with community health services such as district nursing and therapy services. It incorporates the contribution made by the local authority, community and voluntary sector to primary care and how health services can work closely with these organisations particularly around a broad-based approach to prevention. Importantly it also includes developing specialist skills in primary care to enable more services to be provided closer to home rather than in hospital.

It does not specifically cover General Dental services or Optometry services. Whilst we acknowledge that these services are key elements in developing world-class primary care further work needs to be done to define our strategy for these services and which we will do in 2008. This will include refining our understanding of the current context for these services and our local health needs, involving local dentists and optometrists in developing our strategy and understanding the opportunities available for developing services in the context of our contractual arrangements. We will use the outcome of this consultation to inform our thinking on developing these key primary care services to complement our approach set out here.

2.2 Who is primary care for?

Primary care services need to respond in a safe, effective and equitable way to:

- Well people (health surveillance, health promotion, community health)
- People with urgent care needs – including minor ailments or injuries as well as more serious illnesses
- People with acute / time limited conditions.
- People with long-term health conditions (e.g. diabetes, heart failure, respiratory disease, mental health problems)
- People throughout their lives -children, young people, adults and older people.

Primary care practitioners need to know when to refer patients on for more specialist care and play an important co-ordinating role for people with more complex health needs who are in contact with lots of different parts of the health and social care system. Please see Appendix A for more information on who uses primary care.

2.3 What will this strategy mean for patients?
(Outcome statements)

In developing the strategy we wanted to keep at the forefront of our thinking what any changes would mean in real terms for people who use health services in Haringey. We have developed the following outcome statements[1] that aim to capture the essence of what we are trying to achieve from a patient perspective.

Table 1 Outcome statements

1	*I can register with a local GP practice of my choice – **whoever I am and wherever I live in Haringey**.*
2	*The care I receive meets **my needs and that of my family**.*
3	*I can rely on getting the right care **whenever** I need it and **whoever** I am.*
4	*I will be given advice, support and screening to **keep me well.***
5	***My opinions** are clearly heard and taken into account.*
6	*I know what to do when I or my family need **urgent care***
7	*In an emergency I can get care **quickly and simply.***
8	*Providing the **best care** is important to everyone who cares for me.*
9	*I can access (planned) care **at a time that suits me**.*
10	*In most **non-urgent** situations I can see a clinician who is familiar with my health history, situation and circumstances.*
11	*If I have a more complex or long-term health need, my care will be **agreed and co-ordinated** with my clinicians. Care will be provided in a way that is as convenient for me as possible.*
12	*I can book a **longer appointment** with my doctor or primary care clinician if I need it.*
13	*I have a relationship of **mutual respect** with my clinicians and care givers.*
14	*I am able to have **diagnostic and specialist treatment** (for some conditions) in primary care rather than having to visit hospital*

[1] A number of these statements are drawn from the Department of Health consultation document on the future of urgent care services.

2.4 What does this mean for services?
(Availability and access)

We will measure the success of our strategy based on the extent that we are able to deliver these statements in practice. The principles set out above are based on a patient's perspective of how they experience primary and community care services. This will mean improvements in the availability of and access to services in primary care. In terms of services this will mean longer opening hours, including weekend opening. Access to GPs for planned care will be available 12 hours per day, with access to GPs or other health professionals for urgent care available 18-24 hours per day. An overview of the kinds of services that will be provided in primary care and how they fit together follows.

Figure 1 Overview of services proposed for primary care

Health promotion, traditional health services (GPs, nurses, allied health professionals) working in partnership with other independent contractors and across agencies and with voluntary sector	Facilities for **procedures**, including endoscopy and minor/day case surgery
Diagnostic facilities including automated pathology and plain x -ray +/- CT scanning and facility for mobile MRI	Extended opening for **urgent care** for minor and moderate cases including facilities for suturing and basic fracture management

Benefits

- Opportunities to work in closer and more innovative ways across health and social care and with the voluntary/community sector to bring real benefits particularly around addressing inequalities and promoting health. This could include working with community groups to identify and commission services addressing specific local needs or developing a one stop shop approach with social care partners to addressing a

range of issues that underlie the determinants of health (housing, education, employment)

- Locating a wider range of services in larger practices brings care closer to patients
- On-site diagnostic testing is more convenient for GP patients and is necessary to provide better urgent care facilities
- Urgent treatment rooms can also be used to undertake endoscopies and day procedures as there are similar staffing, equipment and product requirements
- Day procedures can be performed closer to home rather than in centralised acute hospitals.

2.5 Clinical standards

We have already embarked on a process to measure the quality of services provided and strive to achieve the highest possible standards. Information from providers of primary care services will be made available for scrutiny on the Haringey Teaching Primary Care Trust (TPCT) website on a quarterly basis. We will expect services to achieve well above minimum standards, and strive to achieve world-class standards of:

- Health surveillance and health promotion - implementing national guidance such as NICE public health guidance, National Service Frameworks, locally agreed care pathways, national targets for screening & immunisation – cancer, sexual health, flu, childhood illnesses
- Core and developmental standards as measured by the Healthcare Commission
- GP quality standards as measured through the Quality and Outcomes Framework
- Long term condition management including recorded prevalence of long term conditions, multi-disciplinary and integrated regimes
- Referral management
- Prescribing management.

2.6 Our challenges

Our most significant challenges currently are equity of access across Haringey, particularly relative to variations in health need, and inconsistency of service quality and responsiveness. The aim of this strategy is to improve the quality of all services across Haringey and by doing this as well as improving access (a key feature of the delivery model proposed) we will enable primary care services to play a much stronger role in reducing health inequalities.

It is particularly important to us that 'vulnerable' people are able to access services easily and that they get appropriate clinical care and support. People may be vulnerable for a number of different reasons – due to a disability such as mental illness, learning disability, physical or sensory disability or due to their economic and social status such as asylum seekers. We will, for example, be working to take forward the outcome of the Overview and Scrutiny Committee's Review on Improving the Health of People with Profound and Multiple Learning Disabilities.

There will be a challenging programme of implementation required to deliver this strategy, one of the areas we will need to look at in much more detail is transport within the borough, as discussed below.

2.7 Understanding the trade offs

We believe that the vision we have described above and the delivery model set out later in this document will deliver vastly improved care for the people of Haringey. This will mean changes to current services. We put the case for change in the next section of this document.

We know that people have different requirements from their primary care services at different times. Sometimes there is a pressing need to see a healthcare professional immediately who can provide the right kind of treatment, at other times there is a need to see someone familiar. We

believe that the model we set out provides greatly improved access and availability without losing continuity of care. Existing GPs will have the opportunity to work in the new super health centres. People will still be able to see their GP of choice, but they will be able to do so in an improved physical environment and they will be able to access a wider range of services at the same location as their GP during more convenient hours.

As there will be fewer primary care premises in future, with more services being located at the same place, some people will have to travel further to get to their nearest primary care service. We are aware that people might be concerned about the longer distance to their GP. However from our analysis of GP registration in Haringey we can see that many Haringey people already choose to attend a GP practice in a different post-code area to the one in which they live. We believe that the trade off between slightly further to travel and the convenience of more and better services available will be worth it. It is intended that the distance to travel will still be no further than a reasonable walking distance. We will be considering transport and travel issues further in the more detailed planning of the super health centres and welcome your views on this aspect of the strategy.

It is important that we hear your views about the trade offs described above so that we can work together to minimise any concerns.

2.8 Recognising the Primary Care Team

We recognise that we cannot deliver this strategy without the range of skills, commitment and hard work that clinical and administrative staff put in to delivering and developing community and primary care services. We recognise also the challenges that primary care service providers face, and we want to commission services and ways of working that are attractive to clinical staff and enable them to develop and make best use of their skills to contribute as effectively as possible to the delivery of high quality and responsive primary care services. We will not be able to deliver world-class

primary care for Haringey without high calibre staff and a framework that enables them to flourish. We acknowledge that the implementation of this strategy will require significant changes to the way that people work in primary care. Change can be a difficult process, so we need to work together to identify and address any areas of concern.

2.9 Resources

This strategy is being developed in the context of significant additional resources having been invested in primary care services over recent years, notably through the new GP contract and the Quality and Outcomes Framework, and proposes further significant investment in primary care. We need to ensure that we get the best possible service for local residents for the money currently invested and that any new investment is well targeted to achieve maximum benefit and help us move towards our vision.

We have recently reviewed how resources for primary care practices are distributed at practice level and across Haringey. It is clear that resources are not currently distributed equitably according to need and we will need to address this issue as we move forward to deliver the strategy.

2.10 Links to other strategies and plans

The vision contained in this document is in line with the overall vision for better primary care and community services closer to home that is outlined in the Department of Health's White Paper: *Our Health, Our Care, Our Say* – itself based on extensive public consultation. We are also guided by the *Choosing Health* White Paper. This document aims to provide the framework for developing better primary care services in Haringey to help progress in the direction set out by national strategy. In particular this strategy underpins the Barnet, Enfield and Haringey Clinical Strategy, an overview of which follows.

Barnet, Enfield and Haringey Clinical Strategy

There are three hospitals serving Barnet, Enfield, Haringey and South Hertfordshire – Chase Farm, Barnet and North Middlesex – which provide services to around 900,000 people in a variety of very different areas with equally varied health needs. The different needs of this very diverse population mean that health services need to be better organised to bring services closer to people's homes and prevent unequal access to treatment. Locally, there are not enough doctors, up-to-date buildings or other resources to provide safe, high quality care for all specialties in all three hospitals.

Two main proposals are currently out for consultation for reorganising hospital care in those three hospitals. These are in summary:

- Option 1: Planned care concentrated on the Chase Farm site. Planned care would be expanded on the Chase Farm site to incorporate planned inpatient surgery moving in from the Barnet site and some from North Middlesex Hospital, for treatment other than major surgery. Planned and emergency services would be separated with Barnet Hospital and North Middlesex Hospital providing major emergency services, Urgent Care Centre for non-life threatening conditions and day surgery. A local Accident and Emergency service (incorporating an Urgent Care Centre) would be based at Chase Farm and would be senior clinican-led. Consultant-led paediatric and older people's assessment units at Chase Farm Hospital would be created. Inpatient services for women and children and obstetrician-led maternity services based at Barnet and North Middlesex. Intermediate care beds provided at Chase Farm, to be used for admission avoidance and to allow some patients to move closer to home once they are past their acute inpatient phase. A Midwife-led Birth Unit could be located at Chase Farm. There will be a strengthening of services available in a community setting.

- Option 2: Chase Farm becomes a community hospital. All inpatient and major emergency services concentrated at Barnet and North Middlesex.

Planned inpatient services would be provided at Barnet and North Middlesex but not at Chase Farm. Chase Farm would provide day surgery and intermediate care beds. A local Accident and Emergency service (incorporating an Urgent Care Centre) would be based at Chase Farm. Consultant-led paediatric and older people's assessment units at Chase Farm Hospital would be created. Inpatient services for women and children and obstetrician-led maternity services based at Barnet and North Middlesex. Intermediate care beds provided at Chase Farm, to be used for admission avoidance and to allow some patients to move closer to home once they are past their acute inpatient phase. A Midwife-led Birth Unit could be located at Chase Farm. There will be a strengthening of services available in a community setting.

More information is available at http://www.behfuture.nhs.uk/

Our primary care strategy aims to complement this planning in acute care by providing a greater range of services traditionally provided in hospital more conveniently within the community in super health centres and to play a crucial role in developing the range of urgent/unplanned care available more locally to people, enabling hospital Accident and Emergency Departments (A&Es) to focus on the most serious and complex needs.

However, notwithstanding planned changes in acute care, the need for change in primary care is clear and overdue and, whilst we will continue to work collaboratively to improve acute provision, we will also seek to take forward these necessary changes to primary care independently.

This strategy has been developed with consideration of the plans of our other neighbouring PCTs and takes forward the relevant sections of Haringey TPCT's Strategic Service Development Plan of March 2007.

Haringey TPCT is also engaged in developing an over-arching commissioning strategy that will be produced by October 2007. The commissioning strategy

will draw on this primary care strategy and two other important discussion documents due for completion in 2007 that are designed to support us to deliver improved care in primary and community care settings; the Joint (Haringey Council and HTPCT) Intermediate Care and Rehabilitation strategy and the Children's Health Commissioning Strategy.

We will also seek to ensure that this strategy supports the delivery of other relevant local strategies such as our Health Inequalities Action Plan, Infant Mortality Strategy, Children and Young People's Policy, Experience Counts, Mental Health Strategy and our Local Area Agreement. A full list of related strategies is available at Appendix B.

2.11 Your Views and Next Steps

We need your views about what this document says so that it can help us shape your local health services. You can do this by completing the questionnaire at the end of the document or if you prefer you can put your views in writing in a different format or you can attend one of a series of public meetings where the strategy will be discussed and comments fed back into the process. Details of all the ways you can contribute are set out at the end of the document. Following a three-month discussion period Haringey TPCT expects to review the strategy, publish a final version and develop a more detailed implementation plan setting out how we move forward and how we will measure success. There will be further opportunities for discussion as we develop and implement our plans for specific elements of the strategy. We think that the vision we have for Haringey's primary care services is both exciting and challenging. We look forward to hearing your views.

In this section we have described our vision for improving primary care services in Haringey. In the next section we set out why we feel these changes need to be made.

3. The Case for Change

This section of our strategy explains why we need to make changes to our services. These reasons include the need to:

- Respond to what we know about the health needs of our population and what we predict those needs to be in the future
- Give patients what they want in terms of better access and continuity of care
- Draw on what we know works in primary care and ensure that we are working within the broader national strategic context.
- Reduce unplanned variability in GP services
- Improve and integrate community health services
- Ensure the best use of services and resources
- Develop a sustainable approach to providing services, ensuring we can recruit the new generation of GPs and other health and social care professionals.

3.1 The people of Haringey and their health needs

An understanding of our population and how it may change in the future is fundamental to developing our understanding of health services in Haringey. We need to ensure that the way we plan our health services responds to the needs of our population. Some key facts about Haringey's population and health needs follow, with more information available at Appendix C.

Haringey's population:

- Is relatively young and mobile
- Is very diverse in terms of socio-economic status and ethnicity
- Is increasing for all ages, except for those age 65-74

- Has increasing proportions overall of people from Black and Minority Ethnic (BME) communities and more older people from a range of communities
- Experiences high levels of health need, admission rates and early deaths in the east of the borough.

It should also be noted that the number of people registered with GPs in Haringey is larger than the number of people resident in Haringey.

The projection for Haringey's population growth has been used to shape the proposal for the distribution of primary care services set out in the delivery model below.

3.2 What patients want from primary care

We hope to hear from lots of patients and residents of Haringey in response to this consultation. We have also referred to what we already know about what patients say they want from a primary care service from published studies and other public consultations. Much of the work on seeking patients' views has focused on accessibility and continuity of care and the tensions between the two. Overall public consultation suggests that although continuity is important, people want different approaches for different conditions and at different times in their lives. For example, for an older person with a long-term condition continuity is important, whereas for a younger person with an acute problem access and convenience are more important. See Appendix D for a review of the evidence of what patients want.

The primary care strategy is intended to provide better access in terms of opening hours and availability of a wider range of services in primary care than currently available. We will need to ensure that continuity of care is also

available in terms not only of choice of GP but also through better integration with community and hospital services.

3.3 National context - what works in Primary Care

Two key national documents set the context for the changes suggested in this document:

- *Our Health, Our Care, Our Say* sets out a national plan for expanding primary and community services. There are now greater opportunities to deliver services in the community that in the past could only be provided in hospitals. This is good for equity, health and is what people want.
- *Choosing Health* puts an increased focus on prevention and self care.

Defining Quality In Primary Care

Based on a review of the evidence we have identified two main elements that contribute to producing a good quality primary care service. These are:

Clinical and Cost Effectiveness: This is the extent to which specific clinical interventions maintain and improve health and secure the greatest possible health gain from the available resources.

Responsiveness: This relates to patient satisfaction and respect for the expectations and preferences of service users and providers. This incorporates:

- **Accessibility** – promptness and ability to visit a primary care clinician and ease of accessing specialised and diagnostic services
- **Continuity** - extent to which services are offered as a coherent succession of events in keeping with the health needs and personal context of patients.

In implementing the changes required to strengthen primary and community care services (which will aim to promote well being as well as treat ill health), we need to drawn on the evidence of what works in primary care. A review of the evidence does not provide one clear model for delivering quality. Some

of the evidence is conflicting, however, larger practices appear to be better for clinical quality and poor quality is associated with deprived areas. The challenge is to ensure that we commission the right type of practices and develop quality markers to test their quality.

Therefore, in Haringey we need to commission primary care services which:

- Have the flexibility and organisational structure to provide access, continuity and availability of services for all
- Ensure equity so that high quality primary care is available to all wherever they are registered in Haringey
- Have systems for those patients who find it difficult to access the kind of care they want and need including those who may experience difficulties e.g. people with disabilities or from minority ethnic communities
- Have systems in place to make it easy for patients to express a choice of health professional.

Appendix E provides an overview of the evidence of what works in primary care.

3.4 Current service issues

A wide range of primary and community health services are currently provided to Haringey residents – many of these services are high quality and cost effective and have been modernised in line with best practice guidance. However we know that current services are variable, some services are under developed and under resourced relative to levels of need and that many are provided in traditional models that do not meet our aspiration for world class services.

The variation in use of health services is of particular importance to this strategy. The reasons for these variations are complex and are likely to include both real variations in health need (for example associated with

deprivation) and demand for health services in terms of what people ask for (with people from more affluent areas tending to have higher expectations about the services they should be able to access). It also likely, however, that these variations reflect different capacity and capability in primary care services to prevent, identify and treat ill health. Our vision is to achieve a greater consistency in primary care.

GP services: The key point to note in relation to current GP service provision in Haringey is the unplanned variability of:

- The sort of practice population served by each practice and the likely workload related to the needs of that population;
- Access in terms of opening hours and service availability;
- Allocation of resources relative to likely workload / needs;
- Performance against key clinical and health improvement targets;
- Spend on prescribing
- Referral rates to secondary care and emergency secondary care activity;
- Suitability of premises for service delivery.

Please see Appendix F for further information on current configuration of GP services in Haringey.

Resource allocation: There is significant variation in resource allocation to different GP practices that reflect historical patterns but not patient needs. For example there is more than 100% variation in the level of funding to the lowest resourced practice relative to the highest resourced practice even when weighted for deprivation or workload. Further information can be found at Appendix G.

Clinical quality in primary care: As noted above there is wide variation in the quality of primary care available in Haringey, as measured through a range of indicators including GP time available to patients and achievement of

clinical targets such as screening, flu vaccination and prescribing. For example although at September 2006 20 practices achieved the national target of 80% uptake of cervical cytology, 9 practices attained less than 60%, 3 practices less than 50% and 1 less than 40%. Please see Appendix H for more information.

Premises: The premises from which primary and community health services are currently provided are not of a world class standard. Although some primary care practice premises, including new centres, are of a high standard, a significant number of practices – 48% - fall below minimum building standards and many of these do not have the potential to be improved. In addition a number of community services including those currently provided at St Ann's Hospital site are operating in unsuitable premises. See Appendix I for more information on the current condition of primary care premises.

Community Health Services: The community health services in Haringey have a number of strengths, including:

- Good partnership relationships with other health providers and Haringey Council, particularly in the development of new children's networks
- Our providers have good recruitment and retention of clinical staff
- Commitment to service development and working to deliver services in new ways – for example the successful implementation of the Common Assessment Framework – a multi-agency approach to working more effectively with children and the development of new community matron roles that work with people with very complex long term health needs, designing and co-ordinating individual care plans and

However these services could be improved by:

- Having a greater focus on health improvement, prevention and the wider determinants of health
- Being better integrated e.g. improved access to and support from primary care practitioners for those people resident in nursing care homes in Haringey

- Services to be organised to better meet patients' needs and to be more accessible
- Being better co-ordinated, particularly for patients with long term and complex health conditions so patients don't need to see different professionals, at different times without one overall plan of care.

The vision for primary care is to strengthen the relationships between community health services and GP services, with clear co-ordination of care across different services where appropriate and, for example, the full implementation of the Single Assessment Process (the integrated multi-agency approach for assessing and managing the care of older people).

3.5 Making best use of services and resources

Current national data shows that Haringey residents are much more likely to be referred for hospital based outpatient care than people living in other parts of the country. This is particularly the case for people who live in West Haringey. We also have evidence that a large percentage of people currently presenting to A&E services have needs that could be met in a less specialist setting.

We believe that by strengthening primary and community care services we can improve services for patients by making them more convenient and more joined up, as well as enabling us to use our resources more efficiently. This strategy attempts to do just that.

3.6 Sustainability

In order to meet the needs of our current and future population we have to keep abreast of new developments and carry out succession planning to ensure that we can attract the workforce that we need now and in the future. We have to take account of changing medical technology as well as public and patient wishes in terms of less reliance on hospital care, increase in self-management and a focus on promoting health rather than reactively treating

illness. Our existing services are not configured in a way to respond effectively to these developments or to attract the new generation of GPs and other health and social care professionals we will need in Haringey to sustain an effective primary care strategy.

Having set out the case for change, the next section provides the delivery model we expect to put in place to realise our vision of world-class primary care services in Haringey.

4. The Delivery Model

This document has laid out the case for why we need to change the way we provide care outside hospital and specifically the changes we need to make for the provision of general practice across Haringey. This section sets out a 10-year plan to create a sustainable primary care service for the future. It describes a model of how services could be delivered. The model proposes to create a network of "super health centres" across Haringey, providing a comprehensive range of health services for local people. The model will also reduce the reliance on hospital facilities and be able to provide many previously traditionally based hospital services in the community, closer to home. This model will also provide better opportunities for developing closer and more innovative partnership working with the local authority and the voluntary sector to provide more coherent and better joined up care and in tackling health inequalities. Patients will be able to register at these super health centres, and, over time the number of general practice premises will reduce. This reduction will take place on a planned basis and the pace will depend on the success of the super health centre model as it evolves and will be carried out in consultation with local people and general practitioners.

4.1 The super health centre model

The model offers the opportunity to provide a wider range of services with better facilities and longer opening hours than most existing general practices can provide at the moment. Each super health centre will provide care for a significant proportion of Haringey's population including registration of approximately 50,000 people. Given that Haringey shares borders with a number of other boroughs, synergy in developing centres will be important as super health centres could serve residents across borough boundaries. These super health centres will also be linked into a network of general practices, providing a hub and spoke type model. Clinicians and non-clinicians will work across this network. We have not attempted to estimate the number of general practice premises that will remain in place in 10 years time. These

decisions will be taken over time, when we are able to evaluate the success of this new model in terms of clinical quality, affordability and how local people feel about the new services. However we do expect that some practices and their registered lists will move swiftly into the existing new facilities including Lordship Lane, Tynemouth Road, The Laurels and Hornsey Central.

The benefits of the super health centre approach include making available a wide range of services in the community, closer to home and being more convenient in terms of infrastructure, e.g. on site diagnostics being more convenient for both planned and urgent care. This will also help us achieve economies of scale. We expect to drive up the quality of services, not least through multi-disciplinary learning and to reduce the unplanned variability in services we currently experience.

The proposed kinds of services to be provided across this network, and their opening hours are:

Health promotion and screening (including GP and specialist care and allied health services including midwifery/antenatal care, physiotherapy and pharmacy). Our vision includes supporting people to stay well and improve their health and quality of life. We will commission comprehensive services delivering access to health improvement programmes such as stopping smoking and physical activity. General practice is at the heart of this approach using their patient registers to identify people with long term conditions or at risk of such conditions and work with them to identify their individual needs, and access health improvement programmes that meet their needs. Improving health and quality of life also requires integration with a range of other organisations and groups such as the local authority, the community and voluntary sector. This will be supported by the development of care pathways that will include a focus on preventing ill-

I will be given advice, support and screening to keep me well

I can rely on getting the right care whenever I need it and whoever I am

health. To achieve this super health centres will offer new opportunities to co-locate or provide sessional space for a range of community services and facilities.

- General practice and community services available 12 hours per day.
- Interactive health information services including healthy living and mental well-being will be available 18 – 24 hours per day.

I will be able to use diagnostic and specialist treatment (for some conditions) in primary care rather than having to visit hospital

Diagnostic facilities (including automated pathology and plain x ray +/- CT scanning and mobile MRI) Fundamental to all primary care service provision is the assessment and diagnosis of health conditions, with treatment provided either within a primary care setting or through onward referral to more specialist parts of the system. To do this, primary care clinicians need greater access to diagnostic facilities and it is intended that these will be available in super health centres and be linked by telemedicine further a-field. This will mean fewer patients needing to travel to hospital for these services.

- Diagnostics – point of care pathology and radiology available 18-24 hours per day.

Procedures More procedures will be able to be performed locally, away from the hospital site and closer to people's homes. These procedures include endoscopy and minor/day case surgery.

- Minor procedures will be available 12 hours per day.

I can access (planned) care at a time that suits me

In most non-urgent situations I can see a clinician who is familiar with my health history, situation and circumstances

I can book a longer appointment with my doctor or primary care clinician if I need it

Planned care Our approach to planned care aims to improve access and continuity. The super health centre model outlined above would provide improved access in terms of appropriate skill mix, surgery hours, a named health

professional and links to other appropriate community services.

- Planned care will be available 12 hours per day.

Urgent care The super health centres will have an urgent care facility open for between 18 and 24 hours per day which will subsume the existing Out of Hours services and include facilities for suturing and basic fracture management. Whilst 999 ambulance to Accident & Emergency is the most appropriate route into urgent care services in emergency situations, we also need to develop greater access to a wider range of urgent care services in primary care to reflect the range of urgent care situations that occur and ensure we make the best use of our A&E services.

I know what to do when I need urgent care

In an emergency I can get care quickly and simply

- Urgent care will be available 18 – 24 hours per day.

Long term conditions There is much we can do to improve and streamline the care that people with conditions such as heart failure, respiratory diseases and mental health problems currently receive to increase their self care and ability to stay in the community including: developing care pathways, improving access to support for self care, developing specialist clinics and case management. Please see Appendix K for more information on these types of developments including examples of work already underway. At the moment we have fewer people registered on general practice databases for long-term conditions than we would expect using our public health data. Streamlining, providing improved diagnostics and co-ordinating care for people with long term conditions across this new network of service provision will also ensure we are able to identify better this "hidden population" and provide the appropriate care and support. This will help people living with long term conditions live as healthy and productive lives as possible.

If I have a more complex or long-term health need, my care will be agreed and co-ordinated with my clinicians. Care will be provided in a way that is as convenient for me as possible.

- Proactive management of long-term conditions will be available 12 hours per day.

Co-location with other facilities

The development of super health centres will bring significant opportunities for greater integration of health services with other community facilities, such as leisure and sports facilities, children's centres, and libraries with exciting possibilities for innovation in terms of service delivery and health promotion. Mental health services could be provided at super health centres. There are likely to be opportunities for voluntary sector organisations to work more closely in partnership with health and social services to provide more joined up services. We intend to make better use of planning with the local authority to ensure that services respond appropriately to the local needs of the population and maximise opportunities to develop schemes in partnership with other providers. Pharmacy, dentists, opticians and other health professionals could also be co-located with the services listed above, as could borough-wide services e.g. sexual health services.

The care I receive meets my needs

I can register with a local GP practice of my choice whoever I am and wherever I live in Haringey

- Pharmacy services to be available 18-24 hours per day.

Examples of super health centres

Within the UK, a number of local health communities are exploring the super health centre model, including Macclesfield & Warrington in Cheshire where GP and allied services are being re-located in one town-centre site in Macclesfield (70,000 patients) and into 5 centres across Warrington. There are successful international models where community health centres house a wide range of primary care clinicians and secondary care (not in-patient) and great strides have been made in delivering integrated managed care.

Professor Ara Dazi has been asked by NHS London to carry out a review of health services across London. The emerging delivery model envisages each local hospital housing a super health centre as well as a number based in the community. The model suggests these super health centres work as a network both between themselves and across the wider health service including specialist hospitals and social care. Our vision for primary care is in line with these proposals.

4.2 What would a super health centre look like?

Figure 2 View of the proposed Hornsey Central Health Centre

A super health centre would offer the following kinds of activities and opening hours.

Activities	**Hours open per day**
General practice services	12
Community services	12
Most outpatient appointments (including antenatal/postnatal care)	12
Minor procedures	12
Urgent care	18 - 24

Diagnostics – point of care pathology and radiology	18 - 24
Interactive health information services including healthy living and well-being	18 - 24
Proactive management of long term conditions including mental health	12
Pharmacy	18 - 24

Other health (e.g. dentists, opticians) and social care professionals including services provided through voluntary sector agencies could also be co-located with the services outlined above, as could borough-wide services, such as sexual health.

4.3 A staged approach to buildings

The model describes how over a 10-year period we would move to see 6 super health centres available in Haringey. Change will not happen over night and we are proposing a staged approach, interspersed by periods of evaluation and consultation.

Stage 1. Where we are now 2007

- 60 separate general practices- working within 1 of the 4 collaborative areas across Haringey
- 57 premises- including 7 health centres (Crouch End, Bounds Green, Stuart Crescent, Lordship Lane, Tynemouth Road, Broadwater Farm, Laurels Healthy Living Centre)
- 31 of these premises assessed as falling below minimum standards. (23 of these owned by GPs and 8 leased by GPs from external landlords).
- 55 community pharmacies

New facilities planned or in place now:

- Laurels Health Centre- opened 2004
- Newly opened Lordship Lane Health Centre

- Recently approved business case for new facility at Hornsey Central.

Stage 2. 5 to 7 years time 2012-2013

In 5 years time we would expect to see progress towards establishing 6 super health centres, supported by a reduced number of other primary care premises. In the West and Central parts of Haringey we are proposing that the super health centres would be located in one building, but in North East and South East we are proposing to spread services across sites to best meet the needs of the local population. Sites at Lordship Lane and Tottenham Hale would be linked, as would the sites at St Ann's, the Laurels and Tynemouth Road. Services are planned around four geographical clusters or general practice collaboratives. The following table sets out an overview of how services could be configured in 5- 7 years.

Table 2 Configuration of primary care services at 5-7 years.

Clusters/ General Practice Collaboratives	**Post codes served**	**Super health centres location**	**Current development status**	**General Practice linked to super health centres**
West	N10, N6, the Haringey part of N4, the west part of N8	**Super health centre 1** Whittington Hospital super health centre	New development required	Practices in N10 N6 and N4
		Super health centre 2 Hornsey Central super health centre	Business case approved by TPCT Board May 07	
North East	N17	**Super health centre 3** North Middlesex super health centre	New development required	Practices in N17
		Super health centre 4 Lordship Lane/Tottenham Hale *(Lordship Lane and Tottenham Hale operating together as one super health centre).* *NB. Somerset Gardens likely to be incorporated as well.*	Lordship Lane Opened April 07 Tottenham Hale, new development required alongside area regeneration, programme	Practices in N15
South East	N15	**Super health centre 5** Laurels/St Ann's/Tynemouth Road *(Laurels, St Ann's and Tynemouth Road working as one super health centre)*	Laurels and Tynemouth Road - current modern facilities, St Ann's new development required	
Central	N22, the east part of N8, the Haringey part of N11	**Super health centre 6** Wood Green Tube **Or** Turnpike Lane	New development required	Practices in N22, N8, N11

We will be reviewing the remaining number of primary care premises at this 5-7 year stage to ascertain whether they are still viable, providing the care people want in order to plan for the number of practices we will support at year 10.

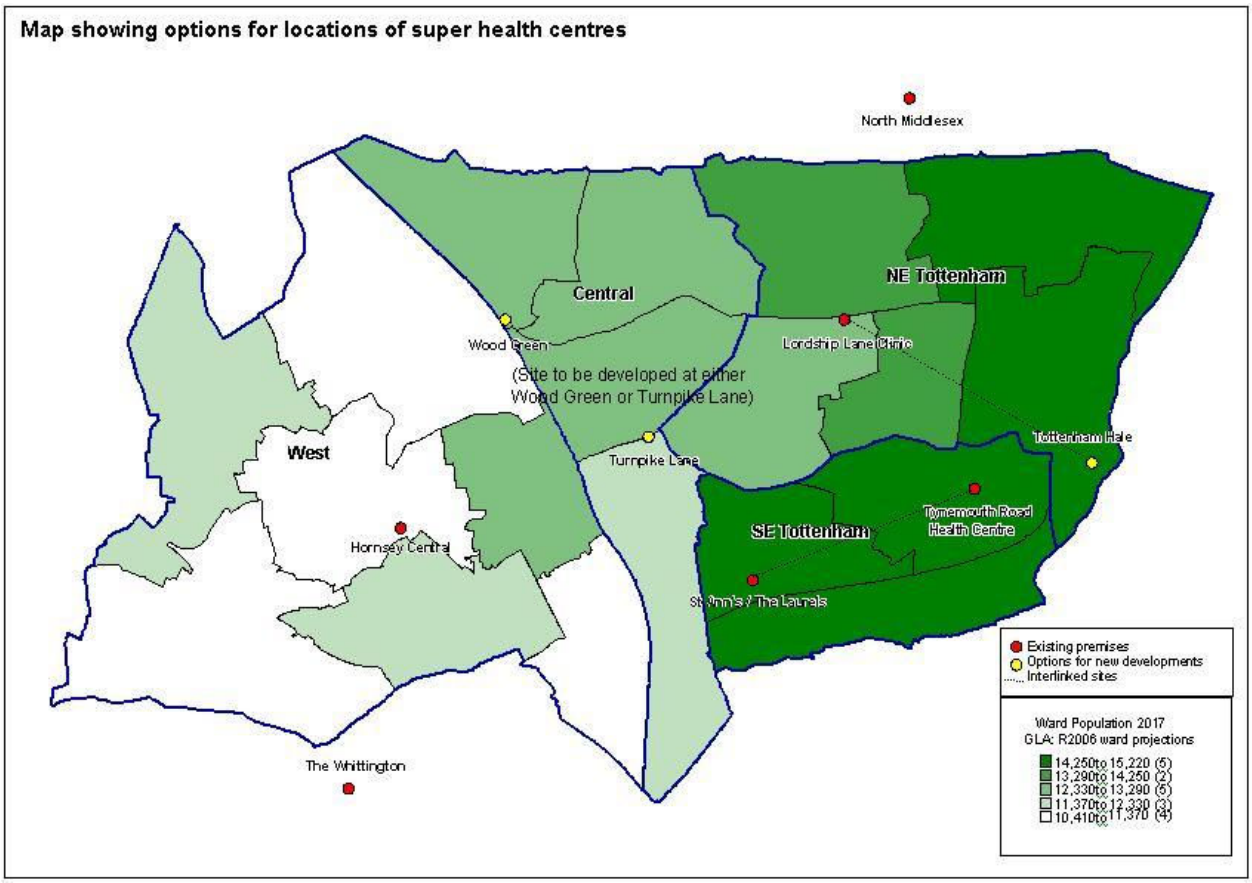
Stage 3: 2017

Super health centres operational on following sites:

- Whittington Hospital (in Islington but serving both Islington and Haringey)
- North Middlesex Hospital (in Enfield but serving both Enfield and Haringey)
- Hornsey Central
- Lordship Lane linked with Tottenham Hale site.
- St Ann's linked with Laurels and Tynemouth Road.
- Wood Green High Street or Turnpike Lane

At this stage, based on patient choice, clinical quality and cost effective services, we envisage there will be a network of super health centres and potentially a greatly reduced number of general practices. The map below shows the options for locating the super health centres in relation to population projections.

Figure 3



4.4 Implementation issues

Whilst we have set out different options above, the ability of the PCT to implement these options will depend on a number of factors including the availability of sites.

The phasing of the implementation process will depend on prioritising developments and on making the most of opportunities as they arise. We will, for example, need to explore potential sites for super health centres as opportunities arise rather than risk missing out on possible developments, although no commitments will be made without following the appropriate processes.

We will also need to take into consideration the plans of our neighbouring PCTs as these develop, which will influence the location and size of super health centres in Haringey.

We are enthusiastic about the possibilities for improving primary care services in Haringey but are aware of the radical nature of change that is required. Our next section sets out the ways in which we hope to drive the developments needed.

5. Making Change Come About

This section considers how we will seek to implement our vision and identifies some priority areas for development. The changes required are system-wide, and further work will be required to draw up a detailed implementation plan.

5.1 New models of provision

This primary care strategy sets out a new model of provision. Change will be required in terms of where services are provided, when they are provided, how they are provided and potentially who provides them. In order to deliver this strategy we will need to increase capacity of services. As well as working with existing providers we will be open to working with new providers or new configurations of existing providers. We will ensure that the information is available in order for local people to make the appropriate choices about services.

5.2 Primary care contracting

Haringey TPCT has a contractual relationship with its practices, and is also responsible for the management of their performance. The GP contract includes the Quality & Outcomes Framework which incentivises practices to deliver high-quality care, focusing on a range of long-term conditions and maintaining a good managerial infrastructure. Haringey TPCT will expect practices to make full use of this Framework and to demonstrate world-class performance against it. Further definition of contractual obligations will be needed to ensure delivery of mutually agreed standards. Performance will be monitored and reported regularly and openly. Practices that fail to meet these local standards will be offered structured support to improve. However, the onus will be on practices to achieve.

5.3 Practice-based commissioning

Practice based commissioning (PBC) places primary care professionals including GPs, nurses and practice teams at the heart of commissioning

decision-making for their local population. Currently we have four PBC collaboratives based around the four areas of Haringey (West, Central, North East and South East). These collaborative arrangements will support work to deliver this strategy by:

- Focusing developments on the needs of the local population
- Providing clinical leadership for service redesign
- Developing and commissioning the new care pathways and enhanced services in primary care required to deliver the strategy.
- Refocusing commissioning in primary and community care services where appropriate

Over the next year collaboratives will be working to develop links with local consultative forums to ensure that the views of local people are built in to their development programmes.

My opinions are clearly heard and taken into account

5.4 Service development

We believe that by strengthening primary and community care services we can improve services for patients by making them more convenient and more joined up, as well as enabling us to use our resources more efficiently. The establishment of the following new services in the past year demonstrates the capacity for improvement that will be built upon over the coming years:

- A primary care led clinical assessment service for people with bone and muscle problems. This service is led by a GP with a special interest in rheumatology and orthopaedics as well as a senior physiotherapist with extended skills in this area. Where appropriate patients are referred on to see a hospital consultant but in most cases the patients are now treated in primary care – including a much quicker access to physiotherapy services.

- A primary care led anti-coagulation service to support regular monitoring in community settings.

- We have enhanced the Children's Community Nursing team (provided by Great Ormond Street Hospital at North Middlesex University Hospital Trust) to provide additional support to children with complex needs at home.

- From April 2007 we have commissioned significant new primary care focused diagnostic provision. This will support GPs to effectively diagnose and treat their patients with less reliance on referral to hospital-based services.

5.5 Developing the workforce

We have already identified the central role of the primary care workforce in delivering our vision. There will be opportunities for new ways of working and the development of new and diverse roles in the primary care workforce. The existing workforce; doctors, nurses, pharmacists, therapists, receptionists, administrative and managerial staff will be changing the ways services are provided and driving up the quality of services. As such our detailed implementation planning will include a workforce and education plan for primary care that will complement the recently refreshed Haringey TPCT Human Resources Strategy and Nursing & Allied Health Professions Strategy. Workforce development will include:

- Changing workload and case mix for primary care practitioners
- Supporting clinical leadership development
- Multi-disciplinary education for the primary care teams
- Significant recruitment of Practice Nurses
- Enhancement to the role of Practice Manager.

It will be through the development and skill of the workforce that we will be able to deliver the outcome statements. We will need to ensure that the services provided meet the

Providing the best care is important to everyone who cares for me

I will have a relationship of mutual respect with my clinicians and care givers

needs of our diverse population and are culturally sensitive. Haringey TPCT will continue to develop its capability to ensure that it is an organisation fit for its purpose. We will need to adapt to and learn from the changes we will be implementing through this primary care strategy.

5.6 Community pharmacy

The traditional role of community pharmacy as predominantly a source of supply and advice about medicines is in the process of radical change. The new pharmacy contract, which allows commissioning of a wider variety of services, enhancement of the pharmacy IT structure, new clinical opportunities for pharmacists, for instance as prescribers – all contribute to a potentially very different service. The challenge is not only to harness these changes, but to create the right environment for the services to flourish and make significant contributions to the health of the people of Haringey. With expertise and skills that are increasingly being used to provide a wider range of services to patients, it is vitally important that we fit the contribution of our community pharmacists into the wider primary care arena. We want to encourage pharmacists to work alongside doctors, nurses and other healthcare professionals to improve the health of patients in Haringey. Whether promoting healthy lifestyles and preventing disease, treating and monitoring long-term conditions, providing services to those who do not generally access primary care, community pharmacists need to be part of multi-disciplinary teams. As GPs become more involved in commissioning care for their patients, we expect them to use pharmacists as service providers, with appropriate roles and responsibilities in well-designed pathways of care.

Appendix L gives more detail on how community pharmacy services can deliver our vision, including examples of service developments already underway.

5.7 Infrastructure

Information Technology (IT) Communication and managing information will be vital to the success of our vision. We will develop an Information & IT Plan that will set out how this will be achieved. We will continue to work with Connecting for Health in implementing the National Programme for IT in terms of developing the Care Records Service (which will enable any NHS organisation to access your health information and provide you with care) and more specifically in developing IT systems in practices, our community services and acute services in tandem with changes in service development. A good example of this is the development of electronic prescriptions and disease registers (which enable better care for patients with long term conditions).

Transport We are well aware that transport links across the borough will need to be improved if we are to implement this strategy. Public transport travelling North and South in the borough is relatively good, but travelling East-West/West-East is more problematic. The Local Authority is keen to explore how we might improve this position and we will be working closely with them and other partners to make real improvements. Being clear about the locations of super centres will help us to do this.

Premises We need to develop the appropriate premises to accommodate the extended range of services we need to provide, these will be purpose built and will contribute to creating an attractive working environment for the workforce we will need to recruit and the needs of the patients using the services. We will also need to look at making best use of existing premises to contribute to the proposed model. The development and ongoing maintenance of premises is a key component in the design and delivery of new services.

We are confident that we will be able to deliver a significant programme of growth over the next 10 years and will be working with the Local Authority to

find additional opportunities for developing health premises in the context of s106 planning obligations (a means of ensuring that local developers contribute towards local infrastructure for the benefit of the wider community).

This section has focussed on how we make our vision happen. The next section sets out the financial strategy we will need to have in place to deliver our vision.

6. Financial Strategy

6.1 Overview of resources required

We have created a high level financial model to support the implementation of this strategy. The model assumes a 5-year plan from 2007 to 2011/12. The model makes the following assumptions:

- It is assumes each super health centre will serve a GP list population of 50,000, with the exception of sites at North Middlesex and the Whittington Hospitals, which will serve a population across 2 PCTs i.e. North Middlesex will serve both Enfield and Haringey residents and the Whittington will jointly serve both Haringey and Islington residents, with the costs shared in proportion.
- Each super health centre is costed on the basis of providing a mixture of GPs, community services and flexible third party space eg pharmacy. The costs are based on indicative 'LIFT' type funding i.e. no upfront capital funding required, but repaid over a 25- 30 year term. There may be other more economical ways to fund the new building, which will be explored should the model be adopted.
- It is assumed that the savings from reducing the current number of GP premises will be reinvested into this model.
- The costs are for infrastructure only. Current pay and non-pay is assumed to be cost neutral. New services provided in these settings will be funded from savings made in secondary care, as this activity will transfer from hospitals to the community.

Table 3 Haringey TPCT Primary Care Strategy Financial Model Costs of the super health centre model in a full year at 2007/08 rates

Super health centre Grouping	Population Served	- £'000 - Gross Super health centre Costs	Current GP Premises Costs	Other Income	Net Total New Expenditure
1. NMH	35,000	840	(254)	(98)	488
2. Whittington	35,000	840	(254)	(98)	488
3. Lordship Lane/Tottenham Hale	50,000	1,200	(363)	(140)	697
4. Hornsey Central	50,000	1,200	(363)	(140)	697
5. Tynemouth Rd/Laurels/St Anns	50,000	1,200	(363)	(140)	697
6. Turnpike Lane or Wood Green	50,000	1,200	(363)	(140)	697
Total	**270,000**	**6,480**	**(1,960)**	**(756)**	**3,764**

If the model were approved, there would be a staggered opening of the new facilities. We have created a high level financial model to estimate the financial consequences of this approach. The opening date assumptions have been incorporated into the financial model and are as follows:

- Tynemouth Road and the Laurels already funded
- Lordship Lane open in 2007/08
- Tottenham Hale open in 2009/10
- Hornsey Central open in 2009/10
- St Ann's refurbishment open 2009/10 (before new building ready)
- Turnpike Lane or Wood Green open 2010/11
- North Middlesex open 2011/12
- Whittington open 2011/12.

Our financial model is based on our 5 year Operating Plan where we are assuming the TPCT having circa £7.1m recurring monies available for new

investments in 2008/09. The table below shows an analysis of the net financial change each year. If we were to adopt this model, we would be using some £3.7m of this money to fund the infrastructure of the new buildings. This strategy would therefore commit the bulk of Haringey TPCT's investments to improving primary care over the next 5 years.

Table 4 Phased affordability of the super health centre model

Income v Expenditure	**2007/ 08**	**2008/ 09**	**- Year - 2009/ 2010**	**2010/ 2011**	**2011/ 2012**	**Full Year Total Roll Fwd**
Available Income	880	7,150	7,150	5,939	5,242	**8,030**
New Expenditure						
NMH	0	0	0	0	(488)	**(488)**
Whittington	0	0	0	0	(488)	**(488)**
Lordship Lane/Tottenham Hale	(480)	0	(217)	0	0	**(697)**
Hornsey Central	0	0	(697)	0	0	**(697)**
Tynemouth Rd/Laurels/St Anns	(400)	0	(297)	0	0	**(697)**
Turnpike Lane or Wood Green	0	0	0	(697)	0	**(697)**
Total	(880)	0	(1,211)	(697)	(976)	**(3,764)**
Net Surplus / (Deficit)	**0**	**7,150**	**5,939**	**5,242**	**4,266**	**4,266**
Available for Other Investments	*0*	*7,150*	*5,939*	*5,242*	*4,266*	***4,266***

6.2 Variation in resource allocation

We have described earlier in the document how the current resources for primary care are not equitably distributed across practices. We are committed to offering practices a 'level playing field' on which to perform. We will seek to address these issues in delivering this strategy whilst being mindful of the

contractual constraints and implications of moving funds from practices. In doing this, we will involve practices and the Local Medical Committee as fully as possible.

Looking to the future, we will explore and set up phased ways to move towards 'fair shares' allocation and budgets based on need. This applies to primary care provision, prescribing and secondary care commissioning.

7. Conclusion

We have set out a picture of large-scale system change in this document in order to take primary care from its current status into a modernised and sustainable form, which will provide the strong and safe services Haringey needs. We are confident that we will be able to deliver a significant programme of growth over the next 10 years. We are working closely with our partners including the Local Authority to make our services more integrated and seamless. Overall we feel that our primary care strategy will be a major contribution to creating a healthier Haringey, by providing access to world-class health care and advice when people need it and regardless of where people live in the borough. We hope that you are as excited as we are by the possibilities that are open to us and will work with us to deliver the potential of this vision.

8. Consultation process and questionnaire

We intend to consult widely on this strategy. We have already drawn on previous consultations and on views of some stakeholders including clinicians during the pre-consultation phase and are now keen to hear more views from the people of Haringey, all our stakeholders including those working in health services. The consultation period is from 28th June to 19th October 2007. This section tells you how you can let us know what you think.

If you, or someone you know, would like this document or a summary of this document in another language or format, or if you need the help of an interpreter, please call 020 8442 6859.

Your views on our vision for primary care

We need your views on the changes we want to make to local health services. There are a number of ways you can have your say.
You can:

- Return the questionnaire and post it to
  Charlotte Murat
  Haringey Teaching PCT
  B1 St Ann's Hospital
  St Ann's Road
  London N15 3TH
- Or you can fill out the form online via our website www.haringeypct.nhs.uk
- Or ring us on our **consultation hotline 020 8442 6859**
- Or email us primarycare@haringey.nhs.uk
- Or attend one of the public meetings – details below.

The changes we want to make

We want to establish 6 super health centres for Haringey, supported by services provided from a smaller number of general practices. These would provide:

- General Practice services (e.g. GPs and practice nurse clinics)
- Community health services (e.g. physiotherapy)
- Services currently only available in hospital (e.g. diagnostic testing such as ultrasound and MRI)
- Other services which support healthy living (e.g. keep fit sessions).

They would be open much longer than they are currently (for example 8am to 8pm) and up to 24 hour access would be available for urgent health needs.

Your views

1. Will these changes meet the needs of you and your family?

2. How would these changes affect you and your family?

3. What are your views on where we would like to locate the 6 super health centres?

4. Are there any particular services/facilities you would want to see provided in your local super health centre?

5. How would these changes affect your journey to your GP?

6. Are there any other things you want to tell us about the proposed changes?

7. Would you be interested in joining a patient focus group to develop your local super health centre? Please print your contact details below

About you

Please give us the following information to help us understand who has responded to our consultation. All information given will be used in accordance with the Data Protection Act 1998.

1. I am responding as

	A representative of an organization
	An individual

2. Are you a

	Patient
	Carer
	Local resident
	PCT employee
	Other health professional
	Other – please state

3. Are you

	Male
	Female

4. What age group are you in?

	Under 16		46-55
	16-25		56-65
	26-35		66-75
	36-45		Over 76

5. What is your ethnic group?

White	
	British
	Irish
	Other white background (please state)
Mixed	
	White and Black Caribbean
	White and Black African
	White and Asian
	Other Mixed background (please state)
Asian or Asian British	
	Indian
	Pakistani
	Bangladeshi
	Other Asian background (please state)

Black or Black British	
	Caribbean
	African
	Other Black background (please state)
Chinese or other ethnic group	
	Chinese
	Other ethnic group (please state)

6. How did you find out about these proposals?

7. Your name and address (you do not have to give this information)

8. Your postcode (you do not have to give this information)

9. Your email address (you do not have to give this information)

10. If you want your feedback in this form to be confidential please tick here ☐

11. If you would like to go on our mailing list for future information please tick (make sure you have given us your contact details) ☐

Thank you for completing this questionnaire. Your views will help us to decide on the location and type of services we want to develop. We will let you know the outcome of the consultation through our newsletter, which will be sent to everyone responding to our questionnaire once the consultation process has finished.

Details follow of the public meetings we have planned at which you can give us your views on this strategy:

Date/Time	Event	Location
5 July 12.00-17.00	Public Patient Involvement Forum	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ
21 July 10.30-13.30	Lordship Lane open day	Lordship Lane Health Centre, 239 Lordship Lane, N17 6AA
23 July 14:00 - 16:30	Public meeting	Cypriot Community Centre – Main Hall Earlham Grove – Wood Green N22 5HJ
23 July 19:30 – 21.30	Local Area Assembly	Fortismere School, North Wing, Creighton Avenue, London N10 1NS
24 July 18:00 - 20:30	Public Meeting	The Cypriot Community Centre Main Hall Earlham Grove, Wood Green N22 5HJ
September	Other Local Area Assemblies	To be confirmed

9. Glossary and abbreviations

Acute care: Treatment required for a short period of time, usually for a severe but brief illness and usually required admission to hospital

A&E: Accident and Emergency

BME: Black and minority ethnic communities

Commissioning: The full set of activities that local authorities and primary care trusts undertake to make sure that services meet the health and social care needs of individuals and communities.

Community services: refer to health and social care services that are provided in the community, in local clinics or people's homes as opposed to in large hospitals

Connecting for Health: is an agency of the Department of Health which supports to NHS to deliver better care to patients by bringing in new computer systems and services.

CT: stands for computer tomography. CT uses special x-ray equipment to obtain image data from different angle round the body, and then uses computer processing of information to show a cross section of body tissues and organs. CT scans can be used to diagnose problems such as cancers, cardiovascular disease, infectious disease, trauma and musculoskeletal disorders

General Medical Services (GMS): A type of contract that PCTs can have with primary care providers. It is a nationally negotiated contract that sets out the core range of services provided by GPs and their staff. Other types of contract include **Personal Medical Services (PMS)** and **Alternative Provider of Medical Services (APMS)**

GP: General Practitioner

Healthcare Commission: The Healthcare Commission is the independent inspection body for the NH S and independent healthcare.

IT: Information Technology

Local Area Agreement: A three-year agreement setting out the priorities for a local area in certain policy fields as agreed between central government and a local area.

Local authority: Democratically elected local body with responsibility for discharging a range of functions as set out in local government legislation.

Long term conditions (LTCs): those conditions (e.g. diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.

MRI Magnetic Resonance Imaging (MRI) tests use magnetic fields to build images of soft tissues in the body. MRI is used for diagnosing and/or measuring the extent of disease.

National Service Framework: policies that set out standards of care for issues such as cancer, coronary heart disease, mental health and diabetes or for care groups such as children and older people.

NICE: the National Institute for Health and Clinical Excellence, is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Overview and Scrutiny Committee: A committee made up of local government councillors concerned with NHS and social care matters.

Primary care: the collective term for all services which are people's first point of contact with the NHS

Practice Based Commissioning (PBC): gives GPS direct responsibility for achieving best value within the funds that the PCT has to pay for hospital and other care for their practice's population. Through PBC, front line clinicians are being provided with the resources and support to become more involved in commissioning decisions

Primary Care Trusts (PCTs): Freestanding statutory NHS bodies with responsibility for delivering healthcare and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions.

Provider: A generic term for an organisation that delivers a healthcare or care service.

Quality and Outcomes Framework: Part of the contract that PCTs have with GPs. It is nationally negotiated and rewards best practice and improving quality.

Super health centre: An emerging model of delivering a wide range of primary care and other related services at a designated site or sites as described in this document.

Telemedicine: using information technology to help deliver clinical care at a distance e.g. 2 clinicians using video-conferencing to discuss a case

Teaching Primary Care Trust: Teaching Primary Care Trusts were set up to offer development and employment opportunities within health care for local people, in recognition of the links between economic disadvantage and ill- health and the need for health care organisations to recruit and retain high quality staff

This glossary includes definitions taken from the Commissioning Framework for Health and Well-being, Department of Health, 2007

10. References

Ashworth M, Armstrong D. (2006) The relationship between general practice characteristics and quality of care: a national survey of quality indicators used in the UK Quality and Outcomes Framework 2004-5. BMC Family Practice 2006, 7:68

Barnet, Enfield and Haringey Clinical Strategy http://www.behfuture.nhs.uk/

BMA Health Policy and Economic Research Unit (2006) Survey of GP practice premises, London (Quoted from London Strategy)

Campbell J, Ramsay J, Green J. (2001) Practice size: impact on consultation length, workload and patient assessment of care. British Journal of General Practice, 51: 644-650

Campbell JL. (1996) The reported availability of general practitioners and the influence of practice list size. British Journal of General Practice 46:465-468

Chronic disease management: A compendium of information. London.

Department of Health (2006) Briefing Paper, The Access/Relationship Trade off: how important is continuity of primary care to patients and their carers.

Department of Health (2006) Direction of Travel for Urgent Care: A discussion document

Department of Health (2006) Our health, our care, our say: a new direction for community services

Department of Health (2004) Choosing Health: making healthy choices easier, Haringey TPCT (2007) Haringey Health Report 2006

Department of Health (2007) Commissioning Framework for Health and Well-being

Department of Health (2004) Living in Britain: The General Household Survey 2002 (on ONS website)

Department for Education & Skills & Department of Health (2004) National Service Framework for Children, Young People and Maternity Services

Foster (2003) Availability of Mental Health services in London. GLA.

Goldberg D & Huxley P (1992) Common mental disorders: A biosocial model, Routledge

London Strategy, Report from London user group Your Health, Your Care, Your Say

Majeed A, Gray J, Ambker G, CarrollK, Bindman A B. (2003) Association between practice size and quality of care of patients with ischaemic heart disease: cross-sectional study. BMJ; 326:371-372

Saultz JW, Lochner J. (2005) Interpersonal continuity of care and care outcomes: a critical review. Annals of Family Medicine Vol3: 159-166

S M Campbell, M Hann, J Hacker, C Burns, d Oliver, A Thapar, N Mead, D Gelb, Safran, M O Roland (2001) Identifying predictors of high quality care in English general practice: observational study. BMH Vol 323: 1-6

Van den Hombergh P et al. (2005) Saying 'goodbye' to single-handed practices; what do patients and staff lose or gain? Family Practice; 22: 20-27

haringey strategic partnership

Agenda Item

Haringey Strategic Partnership – 19 July 2007

Subject: Implementing the HSP Review: Progress update

FOR INFORMATION

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1. Purpose

1.1 To update the HSP on progress made in implementing recommendations of the independent HSP Review (endorsed at HSP meeting of 22 March 2007) and to highlight the next steps over the coming months.

2. Summary

2.1 Progress in implementing the recommendations of the HSP Review is set out in the attached table for easy reference.

2.2 For each of the key recommendations and objectives, the table provides a brief explanation of the work completed to date or in development and the next steps with expected completion timescales.

2.3 Good progress overall is being achieved with all the implementation steps being actioned. It is expected that all the main actions and work will be completed by the end of October 2007.

3. Background

3.1 The findings of the HSP Review were agreed at the HSP meeting of 20 December 2006. The Review outlined six key areas for further development by the HSP to allow the Partnership to move forward. These were:

1. Clarify the scope and role of the HSP
2. Strengthen the strategic vision of the HSP
3. Develop stronger links between the HSP, Haringey's Sustainable Community Strategy and Local Area Agreement
4. Develop a clearer partnership framework
5. Improve the Partnership's membership and meetings
6. Tighten HSP support and organisation

3.2 Following the Review, an Action Plan was drawn up which set out how the detailed recommendations would be implemented. This Action Plan was endorsed at the HSP meeting of 22 March 2007.

Report of Zena Brabazon, Head of Partnerships
Date: 10 July 2007

HSP Review implementation plan – progress update at July 2007

The HSP Review contained six broad recommendations and, under each of these, identified key objectives, implementation stages and success criteria that would indicate that change had successfully been delivered. The objectives and implementation stages are shown in the tables below along with progress made to date and the next steps.

Key recommendation & Objectives	Implementation Steps	Progress to date	Next steps
1. Clarify the scope and role of HSP			
Establish greater clarity about the purpose and role of the HSP Forge a clearer profile and identity for the LSP	Refresh of the LSP's terms of reference – what is the HSP's role, how does it fit within broader partnership framework, what is its role in relation to the sustainable communities plan and the LAA etc.	• Reviewed terms of reference for HSP and number of theme boards • Signed off LAA and new Sustainable Community Strategy (SCS)	• All thematic boards to be fully reviewed by end of Sept 07
	Create a simple identity for HSP and single contact point and source of information (this links to recommendations below about a secretariat and HSP handbook)	• Introduced new methods of communication: HSP newsletter in development, system of HSP Alerts (for officers) • HSP Co-ordinators Network strengthened as main body of support for the Partnership • Updated HSP web pages • Dedicated HSP Clerk appointed, serving all theme boards	• Developing HSP communication strategy with focus on web-based communications by Oct 07

	Identify strategies or initiatives that are 'owned' by the HSP rather than the collection of the partners that make up its membership	• SCS and LAA owned by HSP • New performance management system and processes in development across all theme boards • Development of thematic frameworks and strategies linked to overarching SCS e.g. WBSF	• Develop 'golden thread' of linked strategies to SCS.
2. Strengthen the strategic vision for HSP			
Identification of fewer, high-level priorities A stronger focus on cross-cutting issues.	Based on the Sustainable Community Strategy and LAA, identify a small number of high level priorities that the HSP believes that it is uniquely placed to add value to and drive through delivery.	• Working group on NEETs estabished • HSP Seminar identified key priorities based on LAA targets	• Feedback from NEETs working group due to go to HSP • Paper to be drafted to next PMG on progress in identification of top 3 priorities – Sept 07
	Agree priorities that maximise the benefit of having such a broad based partnership that has the scope to look at genuinely cross-cutting issues, e.g. Worklessness/NEETs and climate change.		
	Plan workload (both of meetings and action in between meetings) to ensure a meaningful input is made to addressing the issues identified.	• Initial forward programme of work for HSP developed	• Forward programme of work for HSP and theme boards to be informed by agreed priorities
	Develop appropriate outcome measurements that enable the HSP to identify the impact its intervention is having.	• SCS - Scorecard drafted • LAA – risk based assessment in development	• Continue to capture qualitative information and performance data to enable assessment of outcomes
	Review appropriateness of priorities on an annual basis – has sufficient progress been made to move focus onto another area?		• To be undertaken – 'Refresh' LAA following CSR in Autumn 07
3. Stronger links between HSP, SCS and LAA			
Strengthened performance management. A clear link between Sustainable Community Strategy, HSP Priority Areas	Identify the data required to enable the HSP to maintain a strategic overview of performance.	• SCS and LAA monitoring arrangements under development – building on skills of SCS, LAA	• Tighten reporting and governance arrangements to ensure consistency across HSP and theme
	Identify the sources of data and the steps required to ensure timely collection and reporting of information.		

and LAA – a 'golden thread' of priorities and targets.		and Corporate Partnership and Performance teams	boards – ongoing • Completion of gaps in performance measures and evidence base for 'refreshed' LAA – Nov 07
	Develop an appropriate (simple) format for presenting the information and agree how the HSP will respond to the information (e.g. focus on exception reporting, expect further explanation if performance significantly off target etc.)	• Format developed for HSP reporting	• Format to be rolled out across theme boards by Oct 07
	Establish a culture of accountability whereby partners take responsibility for ensuring that effective performance management flows from the monitoring activities that the HSP undertakes.	• 'Culture of accountability' re-enforced by PMG structure	• Lines of communication and accountability to be improved between theme boards and HSP
	HSP members have access to timely and relevant performance monitoring and management information.	• PM info produced in advance of all theme group and HSP meetings	• Each HSP meeting and theme board meeting
	Review the Sustainable Community Strategy and LAA targets and priorities in the context of the White Paper's proposal that the LAA should act as the delivery vehicle for the SCS, with the HSP providing the partnership vehicle for achieving that.		• LAA refresh following outcome of CSR in Autumn 07 will provide opportunity for further review – Autumn 07 deadline
4. A Clearer Partnership Framework			
There is a clear and transparent partnership framework that sets out the relationships between the HSP and a series of Theme Groups. Responsibility for activity is delegated as far as possible to Theme Groups, leaving the HSP to focus on cross-cutting issues or issues that it is not possible to resolve at a Theme Group level.	Agree the overall number of Theme Groups to best reflect priorities of HSP (taking into account requirements for specific groupings e.g. crime reduction partnership and children and young people's strategic partnership). There should be no more than five in total. All partnership groupings should fit within these structures.	• Review of HSP structure completed and Integrated Housing Board added to existing arrangements	• Review April 2008 for new HSP year
	Identify appropriate membership and chairs.	• Completed for HSP and some theme boards • Holistic look at membership across HSP and all theme	• PMG to review membership by Oct 07

There are clear links and communication between the Theme Groups and between the Theme Groups and the HSP. The Theme Groups reflect the priorities of the HSP.		boards being undertaken	
	Ask each Theme Group to carry out a review of its own structures – if they have not already done so recently - with the aim of streamlining as far as possible the number of meetings. Set a common deadline for completion.	• 3 theme boards completed	• Review to be completed for remaining theme boards by Oct 07
	Generate a clear diagram showing the different Theme Groups and how they feed into the LSP. Generate similar diagrams for each Theme Group and their sub-groups. These should be included in the HSP handbook – see below.	• Work underway	• To be completed by Oct 07
	Each Theme Group to agree clear terms of reference identifying membership, what areas / issues they lead on, key strategic documents they hold responsibility for and on which LAA targets they will lead. These should be included in the HSP handbook – see below.	• 3 theme boards completed	• Underway – to be completed by Oct 07
	Design and produce a regular summary of issues dealt with by each Theme Group for circulation to HSP members and Theme Group Chairs. This should be short with clear contact points if more information is sought.	• Update system in place	• New
	Develop protocols for referral of issues from Theme Boards to the HSP or another Theme Group. These should include an overview of what type of issue should be referred (i.e. of such significance/ controversy that the HSP needs to be involved; or of such a cross-cutting nature that it needs addressing by the full HSP).	• Theme Coordinators Network strengthened, providing initial read-across between theme groups	• Protocols to be developed
5. Improve membership and meetings			
Establish effective links with the business sector. Ensure that the membership of the HSP continues to be appropriate (both in terms of numbers and balance of representation). Secure greater clarity about which 'mode' the HSP is in when dealing with specific agenda items / issues.	Identify options for strengthening the role of the business sector, building on existing contacts and partnerships with the sector. Link this with the review of Theme Groups, as set out above.		• To be developed
	Identify against each agenda item whether it is for 'information', 'discussion' or 'decision', and do not routinely discuss information items.	• In progress	• By Oct 07
	Following the review of Theme Groups, revisit the membership of the HSP. Some people may attend in more than one role (e.g. as Head of their organisation, but also as Chair of a Theme Group) and there needs to be clarity and transparency about this. Where organisations	• 'At a glance' holistic read across of membership undertaken	• To be reviewed by PMG, Oct 07

	have more than one representative, review whether this supports the effective running of the HSP and whether a wider representation of those organisations could be secured in other ways (e.g. through Theme Groups or through specific agenda items / meetings).		
6. Tighten support, organisation and performance management			
Secure a well-run partnership which receives timely and high quality reports, has access to up-to-date and relevant performance management data and background and policy information. Ensure that HSP members are very clear about their roles, understand the terms of reference of the HSP and observe agreed protocols. Enable HSP members and stakeholders to easily access information about the HSP, how it is run and how it links with other partnerships in the Borough.	Establish a discrete secretariat role, headed by a senior-level person, that clearly services the HSP as a partnership. This will involve identifying appropriate resources (revenue and potential secondments) from within the HSP.	• New Partnerships Team in place	
	Review partnership protocols – ensure there is clarity about how to deal with substitutions, potential conflicts of interest etc.	• HSP terms of reference revised	• Protocols to be more rigorously enforced
	Design an induction programme for all new members.		• To be developed by October 2007
	Produce an HSP handbook that includes all core information about the HSP (i.e. terms of reference, partnership protocols, membership, links to Theme Groups, secretariat details, protocol in raising agenda items etc.)	• Handbook developed	• Handbook to be updated by Oct 2007
	Consider setting up a co-ordinating management board, accountable to the full HSP, that will drive forward delivery of actions and performance manage the HSP. This would free up the HSP to concentrate on setting the strategic framework and priorities.	• PMG established with clear terms of reference and meeting schedule agreed.	

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haringey strategic partnership

Agenda Item

Haringey Strategic Partnership – 19 July 2007

Subject: Thematic Partnerships Updates

FOR INFORMATION

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1. Purpose

1.1 To present summary updates of the work streams, activities and recent decisions undertaken by each of the thematic partnerships.

2. Recommendations

2.1 To note the updates from each thematic partnership and for board members to comment as appropriate.

Thematic Partnerships Updates

3. Better Places Partnership

3.1 The Better Places Partnership Board (BPP) met on 25th June. It was agreed that the Chair should be Cllr Brian Haley for 2007/08 but the decision on the Vice Chair was delayed to the next meeting.

3.2 The Board received and agreed the Better Places NRF/SSCF delivery report and received a presentation on the Local Area Agreement.

3.3 It was agreed that a review of the Terms of Reference and the membership be carried out, with comments being sought from members of the BPP. Following this consultation, recommendations on these revisions will be made to the next BPP which is scheduled to take place on 1st October.

3.4 The Board also considered its outline strategic objectives and agreed that work on developing a framework is progressed for the next meeting of the Board.

4. Children and Young People's Strategic Partnership (CYPSP)

4.1 The May meeting focussed on joint commissioning and *Changing Lives 2007/08.* A joint presentation from the PCT and the Children & Young People's Service outlining the vision and proposed process for joint planning and commissioning of services for children & young people. A progress report will be submitted to the Board in the autumn. The group task was on NEETS and there was a presentation to begin

the session. This helped to raise some important questions relating to sources of support; young people who drop out, and young people's aspirations and expectations. A number of challenges and threats associated with tackling NEETS were identified and it was noted that answers and solutions to many of the questions raised in the presentation would be achieved by way of the NEETS Action Plan. The Board also considered a report from HAVCO on a recent audit of the skills and knowledge of people in the private and voluntary sector workforce on safeguarding and protecting children and young people.

4.2 At the next meeting held on 9th July, the Lead Member for Children & Young People, Councillor Santry, was confirmed as Chair. The Vice Chair was confirmed as Sue Baker, a non-executive Director of the Haringey TPCT. The strategic focus for this meeting was on youth and youth services. There was a short presentation on the youth service in Haringey and several partners circulated information on the services they provide for young people. A summary of the current national guidance and the various strands contributing to the youth agenda was provided. This was followed by wide ranging discussion about young people's needs and services which highlighted a number of issues, such as how to provide an appropriate range of services, how to engage young people in services and how to encourage and develop citizenship with young people.

5 Enterprise Partnership

The Enterprise Partnership Board met on 5th June and received progress reports on:

A new Regeneration Strategy for the Borough

5.1 A new Regeneration Strategy is being developed and will be a subset of the new Sustainable Community Strategy and a principal component in delivering the objective 'economic vitality and prosperity shared by all'. It will be launched at a conference in October 2007.

Bernie Grant Centre

5.2 The centre is due to complete at the end of July 2007 with fit out and testing during August and September. It will be opened to students at the beginning of September and the wider public at the end of September.

City Growth

5.3 North London Business reported on the delivery of City Growth. A review of the one year board arrangements is taking place with a view to appointing a longer term board for a period of three years.
The approved components of City Growth Haringey are:

* Cluster builder consultancy and projects

Consultants hired with sector expertise and contacts to build 'cluster action teams' for each of 5 sectors, and develop a business plan for each built around a financially sustainable project.

* Marketing Tottenham
Responding to findings in the LEGI bid, that Tottenham suffers from a poorer image than is reality, this project will be a strategic marketing and PR programme for Tottenham. The objective is to reposition Tottenham in the hearts and minds of businesses, visitors and residents.

* E-Commerce web portal
88% of HCG businesses have 4 employees or less and most cannot afford an e-commerce enabled website or the marketing around it. This website will provide a powerful vehicle giving Haringey businesses greater access to market with their on-line shop. It will also supply a sustainable income stream for HCG.

* Support staff for marketing and website

The Haringey Guarantee

5.4 The DWP have agreed an enabling measure from the LAA – people on work placements can now undertake full-time work trials for up to 6 weeks without any of their benefits being affected. Previously placements could only last a maximum of 16 hours per week. This will allow us to develop more practical and relevant work placements better benefiting both employers and residents. A second Evaluation Report to March 2007 has been produced which shows:

- 527 people accessing the programme, 444 of whom are from B & ME communities, 77 are lone parents
- 332 individual action plans/work programmes developed
- 250 young people on enhanced vocational courses with a further 20 identified as of great risk of becoming NEET receiving extra support
- 46 people on work placements – 18 organisations taking placements, 43 volunteering – 35 organisations taking volunteers
- 52 people securing sustained employment
- 187 people "Guarantee ready" - referring on to placements, job brokerage etc
- 6 neighbourhood employment and training initiatives including job fairs
- 172 organisations/businesses have engaged with the programme with 32 employers across all sectors signatories to the Haringey Guarantee
- Employment advisers now operating from council settings, 6 GP surgeries servicing the neighbourhoods and in CONEL

5.5 Reviews of all projects have been undertaken with agreed revised outcomes and outputs where appropriate. Quality systems have been developed - projects will need to demonstrate that they can consistently meet Haringey Guarantee quality standards. In addition, Beneficiary Panels established and a Local Research Team recruited.

The Partnership is to be expanded in 2007/08 to include other partners/providers contributing to LAA outcomes. The Scheme is now delivering in 12 priority wards. The JCP Workstep contract (managed by Economic Regeneration) is now integrated with the Guarantee. A co-ordinated approach to Employer Engagement is being developed with Economic Regeneration and Guarantee partners. A new publicity strategy is being developed and will include a Haringey Guarantee Quarterly Newsletter, good news stories and possible seminars.

5.11 The Board will meet again on 3rd October 2007.

6. Integrated Housing Board

6.1 The inaugural meeting of the new Integrated Housing Theme Board is set for 23rd July.

7. Safer Communities Executive Board (SCEB)

7.1 The Board met on 25th June and endorsed the Chief Executive of Haringey Council as Chair and the Borough Commander as Vice-Chair. Revised Terms of Reference were also agreed, as was a first Risk Register for the partnership.

7.2 The Police give an update of terrorism issues at every board meeting and generally stress that we must all remain vigilant. However, since the board meeting, terrorism alert has returned to its highest levels.

7.3 Performance for the year 06/07 over 05/06 was recorded as extremely good. Highlights include:

- 4,500 fewer victims
- 1 in 4 offenders prosecuted
- Significant drops in recorded robberies and violent crimes (1,400 fewer violent crimes)
- 100% success in court for the Anti-social behaviour Action Team
- Record numbers of drug using offenders entering treatment (1,345), just beating the actual annual target
- 10% decrease in the number of young offenders

7.4 A significant amount of work is underway to address those Not in Education, Employment and Training (NEETs) and Connexions updated the board on progress. The board has an ongoing interest in this because of the strong links between employment, skills and crime.

7.5 The Government Office for London presented the findings of their evaluation on London Week of Peace, which focused on 4 boroughs including Haringey. Overall, the outcome was positive but it was stressed that the focus of this event is primarily community cohesion and not crime reduction. The issue of Haringey's support should, therefore, be addressed across the whole HSP in future years.

7.6 Haringey will be a pilot for Community Justice Courts. This follows pilots in Liverpool and Salford near Manchester. A partnership discussion will be held in early September for key stakeholders to receive a fuller introduction on what the pilot will entail. The model is used extensively in the USA.

7.7 The SCEB continues to develop its data sources, analytical reporting and project evaluation. A professional resource is being brought in to draw up a new Communications Strategy for the partnership with linked engagement and marketing.

8. Well-being Partnership

8.1 The Well-being Partnership Board met on 12th June and agreed a change of Chair and Vice Chair for 2007/08. Richard Sumray is to serve as Chair and Councillor Harris as Vice-Chair. Both will rotate on a yearly basis, and Councillor Harris will take the Chair in 2008/09.

8.2 The Board agreed that a discussion draft of the Well-being Strategic Framework (WBSF) and Implementation Plan, along with a questionnaire to record comments, would been circulated to the HSP thematic partnerships (and sub-groups) and the HAVCO Well-being Theme Group. The discussion period is from 29th June to 7th September, after which time the Framework will be revised and a final draft presented to the October meeting. Following this the sub-group structure of the Board will be reviewed to ensure it is fit-for-purpose to deliver the seven user-focussed outcomes of the Framework.

8.3 The Board also received a presentation on the latest Annual Health Report. The report can be accessed at: http://www.haringey.nhs.uk/publications/public_health/index.shtm

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Report compiled by Zena Brabazon, Head of Partnerships
Date: 10 July 2007

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