haringey strategic partnership

NOTICE OF MEETING

Health and Well-Being Partnership Board

MONDAY, 22ND OCTOBER, 2007 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Richard Sumray (Haringey Teaching Primary Care Trust), (Chair) Councillor Bob Harris (Haringey Council) (Vice-Chair), Tracey Baldwin (HTPCT) Councillor Gideon Bull, Stephen Clarke (Homes for Haringey), Councillor Isidoros Diakides, Councillor Dilek Dogus, Robert Edmonds (Haringey Association of Voluntary and Community Organisations), Christina Gradowski (HTPCT), Catherine Herman (HTPCT), Sue Hessel (Haringey Association of Voluntary and Community Organisations), Cecilia Hitchen (LBH), David Hooper (North Middlesex Hospital Trust), Stanley Hui (HAVCO), Carl Lammy (BEH Mental Trust), Narendra Makanji (Whittington Hospital Trust), Lesley Mishrahi (HTPCT), Marion Morris (LBH), John Morris (LBH), Simon O'Brien (Met Police), Mun Thong Phung (LBH), Tom Brown (LBH), Sean Walker (Haringey Probation Service).

AGENDA

1. MINUTES (PAGES 1 - 6)

To confirm the minutes of the meeting held on 12 June 2007.

2. WELCOME, APOLOGIES AND SUBSTITUTIONS

To receive apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at Item 15 below).

4. REVISED TERMS OF REFERENCE (PAGES 7 - 16)

5. WELL-BEING STRATEGIC FRAMEWORK (PAGES 17 - 150)

6. WORKSHOP TO DISCUSS RESTRUCTURE OF SUB-GROUPS TO HEALTH AND WELL-BEING STRATEGIC PARTNERSHIP BOARD (PAGES 151 - 156)

7. PRIMARY CARE STRATEGY (PAGES 157 - 164)

Due to the size of the Primary Care Strategy Document the summary document has been attached rather than the full version.

Please find a link to the full document below:

http://www.haringey.nhs.uk/about_us/consultations/index.shtm

8. BARNET, ENFIELD, HARINGEY CLINICAL STRATEGY

To receive a verbal update on this issue.

9. REFRESH OF LAA TARGETS (PAGES 165 - 182)

10. NEIGHBOURHOOD RENEWAL FUNDING AND COMMUNITIES FOR HEALTH UPDATE (PAGES 183 - 194)

11. INFORMATION ITEM (PAGES 195 - 294)

- Sport and Physical Activity Strategy 2006-10

12. WELL LONDON PROGRAMME/NOEL PARK

To receive a verbal update on this item.

13. NORTHUMBERLAND PARK FAMILIES INTO WORK

To receive a verbal update on this item.

14. ANY OTHER BUSINESS

15. ITEMS OF URGENT BUSINESS

To considered any new items admitted under Item 4 above.

16. PROPOSED DATES OF FUTURE MEETINGS

To agree the following dates for future meetings:

Thursday 13 December 2007, 7pm
Tuesday 4 March 2008, 7pm

17. FUTURE AGENDA ITEMS

Partners should submit proposed agenda items for the next meeting of the Board (13 December 2007) to the Committee Secretariat by 30 November 2007.

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Agenda Item 1

haringey strategic partnership

for health and social care

MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD
TUESDAY 12 JUNE 2007

MEMBERS PRESENT AT MEETING

AGENCY	REPRESENTATIVE
Haringey Council	Cllr B Harris
Haringey Council	Mun Thong Phung
Haringey Council	Cllr Dogus
Haringey Council	Cllr Diakides
Haringey Council	John Morris
Haringey Council	Cecilia Hitchen
Haringey Council	Marion Morris
Haringey TPCT	Tracey Baldwin
Haringey TPCT	Vicky Hobart
Haringey TPCT	Cathy Herman
BEH MHT	John Newbry-Helps
HAVCO	Robert Edmonds
HAVCO	Stanley Hui
HFRA	Sue Hessel

OTHERS PRESENT AT MEETING:

AGENCY	REPRESENTATIVE
Haringey Council	Nicolas Mattis
Haringey Council	Zena Brabazon

1. APPOINTMENT OF CHAIR OF HWBPB FOR 2007/8 (Agenda Item 1):

It having been agreed that the position of Chair of the Board should rotate between the Council and the HTPCT it was moved, seconded and

RESOLVED

That Mr Richard Sumray be appointed as Chair of the Board for 2007/8.

2. APPOINTMENT OF VICE-CHAIR OF HWBPB FOR 2007/8 (Agenda Item 2):

It was moved, seconded and

RESOLVED

That Councillor Bob Harris be appointed as Vice-Chair of the Board for 2007/8.

The new Chair, Mr Sumray, being absent from the meeting, Councillor Harris took the Chair for the meeting.

3. APOLOGIES FOR ABSENCE (Agenda Item 3):

AGENCY	REPRESENTATIVE
HTPCT	Christina Gradowski

	Richard Sumray Dr Ann-Marie Connolly – substituted by Vicky Hobart
Whittington Hospital	Narendra Makanji
BEH MHT	Carl Lammy – substituted by John Newbry-Helps

The Board was informed that consideration of the membership of the Board, including representation from Homes for Haringey, would be left until the next meeting, after which a review of the HSP and its Theme Boards would have been undertaken (see minute 7 below).

4. URGENT BUSINESS (Agenda Item 4):

The Chair agreed to accept an item on the Haringey Annual Health Report 2006 (to be taken as item 16 of the Agenda) (see minute 9 below).

5. DECLARATION OF INTERESTS (Agenda Item 5):

None.

6. MINUTES (Agenda Item 6):

RESOLVED

That the minutes of the 14 December 2006 and 15 February 2007 be approved and signed by the Chair.

7. GOVERNANCE (Agenda Item 7):

The Board was informed that the HSP would be holding a seminar on 29 June 2007, the aim of which was to review the governance arrangements for all Theme Boards. The Board was advised that this, along with the provisions to be outlined in the Well-Being Framework Strategy to be discussed at Agenda Item 9 (see minute 10 below), would have a significant impact on the Board's future terms of reference and membership. The Board was also advised that an ad-hoc sub-group, led by the Council's Director, Adult, Culture, and Community Services, would be established to reshape the terms of reference before it was brought back to the Board for final approval at its next meeting.

8. HSP RESPRESENTATIVE (Agenda Item 8):

RESOLVED

That Mr Phung being its representative on the HSP for 2007/8.

The Chair varied the order of the agenda to hear Item 16 at this point of the proceedings.

9. ITEMS OF URGENT BUSINESS: (Agenda Item 16) **HARINGEY ANNUAL HEALTH REPORT 2006**:

The Board received a presentation outlining the annual report on the health of the population within Haringey. The Board was informed that this contributed to health surveillance functions by updating local understanding of population and demography, measures of illness, and death rates for all age groups and across all causes. Having highlighted a number of indicators suggesting health inequalities

were not narrowing hast enough to hit targets by 2010, the presentation outlined the challenges and opportunities that were likely in the future in respect of tackling the Borough's health issues. In order to address this, the Board was presented with six recommendations outlined in the report.

In discussing the presentation, the Board noted that GP practices in relation to health required focus in order to enhance services. Concern was raised over the monitoring of ethnic minorities and the Board was informed that specific data was available which would be used for strategic planning purposes. The Board was informed that because there would be an increasingly elderly population cohort which would have wide implications for health services a strategic needs assessment would be carried out. The Board was also informed that the Well-Being Framework Strategy would capture many of the issues identified by the report in respect of joint planning and partnership working around those issues including in respect of dealing with obesity. The Board also noted the challenges arising from the weighted allocation of resources across the Borough in terms of patient workloads which it was hoped would be dealt with by way of the Primary Care Strategy which the PCT were currently working to establish.

RESOLVED

That the presentation be noted and the recommendations contained in the report be approved.

10. STRATEGIC PRIORITIES FOR THE BOARD (i) UDPATE ON DRAFT WELL-BEING STRATEGY (Agenda Item 9):

The Board was informed that the Well-Being Chair's Executive Board had progressed this strategy to the extent that the seven outcomes of *Our Health, Our Care, Our Say* had been manifested within the draft strategy as future priority aims for the Board. This would impact on the Board's terms of reference.

The Board would be responsible for the implementation of the strategy once finalised and it was noted that joint ownership for the delivery of the strategy would be required which would require Board Members to champion the priorities to the other HSP Theme Boards. This would streamline the strategy's aims and enhance accountability in respect of its deliverability.

The Board noted that the sub-group structures that reported to it would need to be reshaped in order to ensure they addressed the outcomes of the strategy more effectively. Membership of these groups would need to be reviewed to ensure representation from users and carers groups, and to better reflect the diversity of the Borough which would also serve to enhance a bottom-up line of engagement in the strategy. The Board was informed that the further developments to the strategy would be co-ordinated by the Council's Partnerships Team to ensure consistency and a sharing of information between partner agencies of which the Board comprised.

RESOLVED

(i) That the Board agreed to the ownership of the framework strategy
(ii) That the Board agreed to refer the monitoring of priorities which fall outside of the Board's direct responsibility to the HSP Performance Management Group.

(iii) That the Board agreed to structure the framework strategy around the OHOCOS outcomes and that they would become the outcomes of the Board's terms of reference.

(iv) That the Board agreed to a review of its sub-groups once the ownership and structure had been agreed.

11. STRATEGIC PRIORITIES FOR THE BOARD (ii) CLINICAL STRATEGY (Agenda Item 10):

The Board was informed that consultation on the clinical strategy would launch on 28 June 2007 and continue until 19 October 2007. This process would be the major component of work on the strategy over the next two months, in addition to discussions between the PCT and the Council around transport issues arising from options contained within the strategy. The Board would be updated at future meetings.

12. STRATEGIC PRIORITIES FOR THE BOARD (iii) FUTURE WORK PROGRAMME (Agenda Item 11):

A schedule of proposed items for strategic discussion at future meetings was tabled along with key dates, a forward plan of key decisions for the Board to undertake. The Board was reminded of its responsibilities in respect of the Local Area Agreement block targets in addition to those listed on the schedule. The Board indicated that it wished to see discussion on provision for the elderly, in respect of housing needs, and on an income maximisation strategy.

RESOLVED

That the Board noted the forward plan, along with the additional work plan in respect of LAA targets, elderly housing needs, and income maximisation.

13. UPDATE ON IMPLEMENTATION OF SMOKEFREE LEGISLATION (Agenda Item 12):

The Board was given a brief update in addition to the circulated and noted progress on enforcement work, marketing, and stop smoking service activities. The Board was informed that further work would be carried out with children's centres in respect of smoking in the home. In addition, work with NDC projects would be undertaken in the run up to the implementation of the smoke free legislation, including tackling smoking in the Turkish communities which would require culturally specific intervention.

RESOLVED

That the Board noted progress on work relating to the implementation of smoke free legislation.

14. PREPARATION FOR THE HSP AWAY DAY (Agenda Item 13):

The Board considered its key messages to be raised at the forthcoming HSP Seminar to be held on 29 June 2007 and noted that the development and implementation of the Well-Being Framework Strategy would be a key message, with the requirement for robust joint working across the Theme Boards that this strategy would require.

15. WRITTEN PARTNER UPDATES FOR NOTING (Agenda Item 14):

RESOLVED

That the Board noted the update reports received from the following sub-groups:

- Joint Services Priorities Group
- Supporting People Partnership

16. ANY OTHER BUSINESS (Agenda Item 12):

- The Board received a tabled report outlining a summary of the responses to consultation on the Government's Commissioning Framework for Health and Well-Being. These were noted by the Board.

17. DATES FOR MEETINGS IN 2007/8 (Agenda Item 14):

RESOLVED

That the Board agreed to the schedule of meetings for 2007/8 as follows:

- Monday 22 October 2007, 7pm
- Thursday 13 December 2007, 7pm
- Tuesday 4 March 2008, 7pm

18. FUTURE AGENDA ITEMS (Agenda Item 15):

Board Members were reminded to submit proposed agenda items for the next scheduled meeting to the Committee Secretariat no later than 14 September 2007.

The meeting ended at 20:30 hours.

_____

RICHARD SUMRAY
Chair
…….

Date:

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Agenda Item 4

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

Date: 22 October 2007

Report Title: Revised Terms of Reference for the Well-being Partnership Board

Report of: Mun Thong Phung
Director of Adult, Culture and Community Services

Summary

The Well-being Partnership Board (WBPB) is required to update its Terms of Reference on an annual basis.

These were last agreed by the WBPB on 4 September 2006 and were originally scheduled for review and adoption at the WBPB of 12 June 2007. However, this discussion was postponed as the Well-being Strategic Framework was still in development.

Revised Terms of Reference for 2007-08 are now attached for consideration by the WBPB. These reflect:

- The restructuring of the WBPB to ensure the successful implementation of the 2007 Well-being Strategic Framework.
- The in-principle agreement at a partnership seminar on 5 October 2007, attended by representatives from the local authority, health and the voluntary sector, to restructure WBPB sub groups as outcome-focused groups. The next step is to work out the detail.

Recommendations

That the WBPB discuss and adopt the revised Terms of Reference.

For more information contact:
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WELL-BEING PARTNERSHIP BOARD (WBPB)

DRAFT TERMS OF REFERENCE

Revised version for discussion and agreement by the WBPB on 22 October 2007

1. Purpose

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and opportunities for a healthier lifestyle.

Haringey's **Well-being Partnership Board** (WBPB) will lead in promoting and delivering a Healthier Haringey by:

- improving the health and quality of life of people who live and work in Haringey and reducing health inequalities
- setting a strategic framework, including outcomes and objectives, through which joint priorities can be delivered and through which statutory responsibilities can be carried out
- agreeing joint, overarching priorities for the wider well-being agenda through an annual statement which will guide the work of the Board in the light of the most recent information and developments

2. Rationale

The WBPB is a strategic body forming part of the Haringey Strategic Partnership (HSP). The HSP has established six priority outcomes which are set out in the Sustainable Community Strategy. The WBPB contributes to all six outcomes and has adopted them as its priorities:

Sustainable Community Strategy Priorities	**Well-being Partnership Board Outcomes**
People at the heart of change	Improved quality of life Making a positive contribution Freedom from discrimination or harassment Maintaining personal dignity and respect
An environmentally sustainable future	Improved quality of life Economic well-being
Economic vitality and prosperity shared by all	Improved quality of life Economic well-being
Safer for all	Improved quality of life Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment Maintaining personal dignity and respect
Be people and customer focused	Making a positive contribution

The WBPB will address the need to:

- shift from the narrow focus of treating illness to promotion of the broader concept of well-being, in line with the requirements of the Department of Health's 2006 White Paper *Our Health, Our Care, Our Say*

- create a sustainable framework for local action on health and well-being, so that partnership working is strengthened and there is greater clarity over who is responsible for agreeing and delivering local health and well-being targets, in line with the requirements of the Department for Communities and Local Government's 2006 White Paper, *Strong and Prosperous Communities* and the associated Local Government Involvement in Public Health Bill.

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

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

3. Outcomes, objectives and targets

Our Health, Our Care, Our Say **(OHOCOS) Outcome**	**WBPB Objective**	**Key Performance Indicators**
Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey	• Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in age, all-cause mortality (LAA Target) • Increase physical activity in the borough (LAA Target) • Increase the number of smoking quitters in N17 (LAA Target) • Clients receiving a review (PAF D40) • Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA)
Improved quality of life	To promote opportunities for leisure, socialising and 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	• Increasing the number of older people attending day opportunities programmes (LAA Target) • The number of physical visits per 1000 population to public libraries (CPA C2c PLSS 6) • Increase adult education take-up • The percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56) • The number of those aged 18 and over helped to live at home (PAF C29; C30; C31; C32) • Increase the number of breaks received by carers (LAA Target) • Reduce the proportion of adults saying they are in fear of being a victim of crime (LAA Target) • Households receiving intensive homecare per 1,000 population (PAF C28 BVPI 53)
Making a positive contribution	To encourage opportunities for active living including getting involved, influencing decisions and volunteering	• Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year (LAA Target) • Increase the number of volunteers recruited as part of day opportunities for older people (LAA Target)
Increased choice and control	To enable people to live independently, exercising choice and control over their lives	• The number of adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (PAF C51) • Acceptable waiting times for assessments (PAF D55 BVPI 56) • Acceptable waiting times for care packages (PAF D56 BVPI 196) • Increasing 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 (LAA Target)

3. Outcomes, objectives and targets

***Our Health, Our Care, Our Say* (OHOCOS) Outcome**	**WBPB Objective**	**Key Performance Indicators**
Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment	• Percentage of adults assessed in the year whose ethnicity was 'not stated' in RAP return A6 (key threshold) • Percentage of adults with one or more services in the year whose ethnicity was 'not stated' in RAP return P4 (key threshold)
Economic well-being	To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs	• Increase the number of residents on Incapacity Benefit for 6 months or more helped into work of 16 hours per week or more for at least 13 weeks (LAA Target) • Increase the number of people from priority neighbourhoods helped into sustained work (LAA Target) • Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)
Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care and prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur	• Availability of single rooms (PAF D37) • Numbers of relevant staff in post who have had training in addressing work with vulnerable adults. • Written guidance on personal and/or sexual relationships between people who use in-house or purchased care services

4. Core business

The WBPB will:

- Carry out all statutory duties required by government including formally approving Section 31 partnership agreements and confirming the statutory transfer of funds between agencies
- Respond, as a partnership, to new government initiatives, directives and legislation
- Contribute to the implementation and review of the Community and Neighbourhood Renewal Strategies and to monitor progress on agreed actions
- Monitor and review our overarching Well-being Strategic Framework (WBSF) based on the seven *Our Health, Our Care, Our Say* (OHOCOS) outcomes to help us shift from the narrow focus of treating illness and providing care to vulnerable people and towards the promotion of well-being for all
- Work with the other local thematic partnerships to champion the priorities of the WBSF, and to ensure there is joint ownership and delivery of the framework
- Agree the structure and terms of reference of sub groups and Partnership Board falling within the well-being structure
- Monitor the implementation of projects delegated to the well-being sub groups
- Consider, comment on and endorse, as appropriate, strategic documents from other Partnership Boards or sub groups in the well-being or wider HSP structure that require a joint multi-agency well-being response
- Monitor the effectiveness of the Partnership Boards and sub groups and other joint planning arrangements within its structure through receipt of an annual report or other agreed mechanisms
- Monitor progress on Local Area Agreement (LAA) targets
- Refresh and agree future LAA targets and priorities in line with the Sustainable Community Strategy and the WBSF
- Actively engage service users and carers, with specific emphasis on traditionally hard to reach groups, and give support to enable participation from all relevant stakeholders
- Actively encourage the contribution of all stakeholders to the wider well-being agenda, e.g. leisure, environment, housing, community safety, regeneration, education and children's services, ensuring that well-being activities are appropriately considered in their planning, including other HSP theme partnerships
- Share information, best practice and experience
- Share performance management frameworks where appropriate and possible
- Integrate, wherever appropriate, the plans and services of partner organisations including the use of Health Act 1999 flexibilities
- Account for actions and performance through regular reports to the HSP via the joint commissioning group which manages finance and performance of the WBPB

5. Operational Protocols

Membership
The membership of the Well-being Partnership Board will:

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

Chair
The WBPB will select a chair from either Haringey Council or Haringey Teaching Primary Care Trust – on rotation - to serve for a maximum of three years. The individual can change within the three-year period. After serving the maximum three years of service, there must be a gap before that same individual can serve in the same capacity again.

Vice Chair
The WBPB will elect a vice chair from either Haringey Council or Haringey Teaching Primary Care Trust – whichever is not currently providing the chair – to serve for a maximum of three years. The individual can change within the three-year period. After serving the maximum three years of service, there must be a gap before that same individual can serve in the same capacity again.

The appointment of the chair and vice chair will be reviewed on an annual basis.

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

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

WBPB Membership

Agency	Number of representatives
Local Authority to include representatives from: Urban Environment, Safer Communities, Children and Young People and Adult, Culture and Community Services	9
Haringey Teaching Primary Care Trust (HTPCT)	6
North Middlesex University Hospital NHS Trust	1
Whittington Hospital NHS Trust	1
Barnet, Enfield and Haringey Mental Health Trust	1
Haringey Association of Voluntary and Community Organisations (HAVCO)	2
Haringey Police	1
Haringey Probation	1
College of North East London	1
Voluntary/Community sector representative	1
TOTAL	**24**

Well-being Chairs Executive (WBCE)
The WBPB is supported by an executive group consisting of the Chief Executive of the HTPCT, the Director of Adult, Culture and Community Services of Haringey Council, chairs of sub groups, as outlined below, and policy support. The WBCE meets monthly and its responsibilities include:

- agenda setting for the quarterly WBPB which will then be agreed by the chair and vice chair of the WBPB
- finance and performance management of the WBPB sub groups.

Sub Groups of the Haringey Well-being Partnership Board
The WBPB and the WBCE will be supported by subsidiary bodies known as outcome-focused sub groups and a joint commissioning group with responsibility for finance and performance.

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

Meetings

- Meetings will be held four times a year with additional, special meetings if required
- A meeting of the Well-being Partnership Board will be considered quorate when at least six members are present, providing that two representatives each of the Council and the Teaching Primary Care Trust, including the following, are in attendance:
  - one Councillor, Haringey Council
  - one Non Executive Director, Haringey Teaching Primary Care Trust
- Attendance by non-members is at the invitation of the chair
- The agendas, papers and notes will be made available to members of the public when requested, but meetings will not be considered as public meetings
- Members will elect a chair and vice chair from Haringey Council and Haringey Teaching Primary Care Trust – on rotation – to serve for a maximum of three years
- Members will develop and agree protocols for the conduct of members and meetings

These representatives are responsible for disseminating decisions and actions required back to their own organisation, ensuring compliance with any actions required and reporting back progress to the HSP.

Agendas
Agendas and reports will circulated at least five working days before the meeting, after the agenda has been agreed by the chair and vice chair. Additional late items will be at the discretion of the chair.

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

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

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

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Well-being Partnership Board (WBPB)

Date: **22 October 2007**

Report Title: **Haringey's first Well-being Strategic Framework**

Report of: **Mun Thong Phung, Director, Adult, Culture and Community Services; Haringey Council**

Summary

Haringey's first Well-being Strategic Framework, (WBSF) its Implementation Plan and Equalities Impact assessment are attached.

To support the Sustainable Community Strategy (SCS), the Well-being Partnership Board (WBPB) agreed to develop the WBSF to provide the Haringey Strategic Partnership (HSP) policy direction for improving well-being for adults in Haringey. The Framework brings together the diverse programmes taking place to improve health and well-being in the borough. The proposed *priorities* have primarily been taken from existing plans and strategies.

The Framework will help us to:

- Clarify our immediate priorities for improving well-being locally
- Deliver the key floor target and threshold performance indicators
- Deliver other locally agreed targets (such as for the Local Area Agreement)
- Identify inspection requirements and any gaps (such as for the Comprehensive Performance Assessment)
- Provide a framework for agreeing proposals for new initiatives

The WBSF is organised around the outcomes of the Government White Paper *Our Health, Our Care, Our Say* (OHOCOS) which the WBPB has also adopted as its own outcomes.

Recommendations

That the WBPB adopts the WBSF

For more information contact:
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1. Introduction

1.1 A project group with representatives from the Council, Haringey Teaching Primary Care Trust and the voluntary sector was established to develop the Framework.

1.2 A draft was produced and circulated to all partners during the discussion period 29 June 2007 – 7 September 2007. An accessible version was produced for

the Learning Disabilities Partnership Board. Comments were received and incorporated in the draft. There may be some slight additional revisions after the WBPB meeting of 22 October because of the timetables of thematic partnerships.

1.3 An Equalities Impact Assessment was carried out and found no adverse impact on equalities. The EIA is attached.

1.4 The seven outcomes of OHOCOS and a description of what they cover is shown below:

OHOCOS Outcome	Description
Improved health	Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
Improved quality of life	Access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.
Making a positive contribution	Active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision-making.
Exercising choice and control	Through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
Freedom from discrimination or harassment	Equality of access to services. Not being subject to abuse.
Economic well-being	Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
Personal dignity	Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

1.5 Haringey's SCS was refreshed in 2007. The agreed outcomes of the SCS 2007 – 2016 are:

- People at the heart of change
- An environmentally sustainable future
- Economic vitality and prosperity shared by all
- Safer for all
- Healthier people with a better quality of life
- People and customer focused

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1.6 The following table shows the links between the priorities of the SCS and the WBPB/ WBSF outcomes.

Sustainable Community Strategy Priorities	Well-being Partnership Board and WBSF Outcomes
People at the heart of change	Improved quality of life Making a positive contribution Freedom from discrimination or harassment Maintaining personal dignity and respect
An environmentally sustainable future	Improved quality of life Economic well-being
Economic vitality and prosperity shared by all	Improved quality of life Economic well-being
Safer for all	Improved quality of life Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment Maintaining personal dignity and respect
Be people and customer focused	Making a positive contribution

2. Ownership of the Well-being Strategic Framework

2.1 The Framework identifies seven key outcomes and whilst the WBPB has **an input into all of them** and some priorities and actions identified are its responsibility, **other priorities and actions are the remit of the other thematic partnerships which sit under the HSP**. Hence, it is proposed that there is joint ownership for the **delivery** of the WBSF, with the WBPB members having responsibility for championing the priorities to the other thematic partnerships, and liaising with them on the follow up/ negotiation of delivery of actions through their membership of other partnership boards.

2.2 Responsibility for the monitoring of the priorities and actions of the WBSF that do not fall under the WBPB lies with the HSP's Performance Management Group.

3. Implementation of the WBSF

3.1 The implementation of the WBSF is being discussed by the sub groups of the WBPB.

4. Recommendations

4.1 That the WBPB adopts the WBSF.

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haringey strategic partnership

Haringey's Strategic Framework

for Improving Adults' Well-being

2007-2010

Executive Summary

This Well-being Strategic Framework incorporates priorities from existing plans and strategies to bring together the diverse programmes taking place to improve well-being in the borough.

The Framework is the responsibility of the Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP), which is primarily responsible for the social aspects of well-being. The WBPB's remit is to work to promote social well-being.

This Framework has adopted the following broad definition of well-being:

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.

The **aim** of this Framework is **'To promote a healthier Haringey by improving well-being and tackling inequalities.'** The **vision** for Haringey is that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life.'**

The Framework is based on the following seven outcomes for improving well-being:

- **Improved health and emotional well-being**
- **Improved quality of life**
- **Making a positive contribution**
- **Increased choice and control**
- **Freedom from discrimination or harassment**
- **Economic well-being**
- **Maintaining personal dignity and respect**

The Framework is intended to support **all people aged 18 years and over in Haringey**. It covers all aspects of their lives represented by the seven outcomes. It identifies priorities for the three year period from 2007-2010 and lays the foundation for rethinking our approach to promoting well-being in Haringey. The key priorities identified within each outcome will be reviewed on an annual basis and will inform future plans.

Priorities (shown overleaf), objectives, supporting programmes and initiatives, and related targets have been identified for each outcome; these are detailed in the accompanying Implementation Plan.

Summary of user focused outcomes and Haringey Priorities 2007 – 2010

Improved Health and Emotional Well-being	Improved Quality of Life	Economic Well-being	Making a Positive Contribution	Increased Choice and Control	Freedom from Discrimination or Harassment	Maintaining Personal Dignity and Respect
•Improve access to effective primary, community and other health care services •Reduce physical inactivity •Improve diet and nutrition •Reduce the number of people who smoke, and the number of people exposed to second-hand smoke •Prevent premature deaths from suicide, accidents and injuries •Reduce the harm caused by drugs and alcohol •Improve sexual health •Improve mental health •Protect people from environmental and communicable threats to health	•Promote libraries as centres of learning, social, economic and cultural life •Enhance future facilities for improving well-being •Reduce fear of crime •Work to increase access to information technology (IT) for everyone •Improve transport in the borough so that people are able to get out and about •Improve sports and leisure provision •Enhance home care •Provide support for unpaid carers, including preparing for when they are no longer able to care •Develop a greater range of social activities within the community •Enable people to undertake life-long learning opportunities	•Increase the number of young people leaving school and entering employment or training •Maximise the supply of good quality affordable housing available to homeless people •Reduce fuel poverty •Ensure that vulnerable people have decent, energy efficient homes •Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems •Prevent homelessness wherever possible •Increase the numbers moving from worklessness into employment	•Create opportunities for having a say in decision making •Promote user involvement and engagement in service commissioning and delivery •Increase opportunities for volunteering	•Ensure service users and carers have a say, and are involved in developing their care plans •Provide appropriate care in the community •Promote the use of direct payments as widely as possible •Further access to employment through individual budgets •Support individuals with long-term conditions in self-management •Develop housing related support services for vulnerable people	•Provide services in a fair, transparent and consistent way •Address stigma associated with long-term conditions such as mental health problems and sexual ill health •Support victims and witnesses of crime •Prevent and reduce domestic violence •Prevent and reduce hate crime and harassment •Address anti-social behaviour	•Improve access to small items of equipment to enable people to live independently in their own homes •Increase the choice and availability of community meals •Protect vulnerable adults from abuse

1 Introduction

1.1 Understanding Well-being

Many factors combine to affect the well-being of individuals and communities. Although commonly considered factors such as access to and use of health care services have an impact on well-being, they are also determined by individual circumstances and one's local environment. Factors such as where people live, inherited characteristics, income, education, life experiences, behaviours and choices and relationships with friends and family all have considerable impact on well-being.

As a result, there is no universally agreed definition of well-being. Pollard and Lee describe well-being as 'a complex, multi-faceted construct that has continued to elude researchers' attempts to define and measure it'[1]. The Local Government Act 2000 does not provide a definition of well-being *per se*, but does frame the concept as follows:

> 'Every local authority are to have power to do anything they consider is likely to achieve any one or more of the following [well-being] objects – (a) the promotion or improvement of the economic well-being of their area, (b) the promotion or improvement of the social well-being of their area, and (c) the promotion or improvement of the environmental well-being of their area.'[2]

This power to promote the economic, social and environmental well-being of their local communities is known as the 'well-being power'. In addition, local authorities work with Primary Care Trusts (PCTs), which also have a responsibility for promoting the health and well-being of their residents.

For the purposes of this Framework, the following broad definition of well-being has been adopted:

> **Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.**

[1] Pollard, Elizabeth L and Lee, Patrice D. 2003. 'Child Well-Being: a systematic review of the literature', *Social Indicators Research*, Vol. 61, No. 1, p. 60, quoted in Galloway, Susan. 2006. 'Quality of Life and Well-being: Measuring the benefits of culture and sport', Scottish Executive Publications http://www.scotland.gov.uk/Publications/2006/01/13110743/0

[2] Local Government Act. 2000. Section 2.1a-c, Crown Copyright.

1.2 The National Context for Improving Well-being

Improving well-being is a complex agenda that requires close partnership working across sectors and policy areas. This has been recognised by the Government in a number of policy initiatives over the past few years.

The 2003 report 'Tackling Health Inequalities: A Programme for Action'[3] identified a key role for both national government and Local Strategic Partnerships in addressing the wider determinants of health inequalities.

The 2004 White Paper *Choosing Health: making healthier choices easier*[4] emphasised the role of partnerships across communities, including local government, the NHS, business, the voluntary sector and faith communities in securing better access to healthier choices, especially for those in the most disadvantaged groups.

In 2005 the Government put forward *Independence, Well-being and Choice*[5], a Green paper which laid out a new vision for social care for the next 10 – 15 years. This vision includes greater choice and control for service users to enable them to maintain independence, as well as a new focus on preventative, low level services. It contains seven outcomes for improving the health and well-being of everyone: Improved Health and Emotional Well-being; Improved Quality of Life; Making a Positive Contribution; Increased Choice and Control; Freedom from Discrimination or Harassment; Economic Well-being; and, Maintaining Personal Dignity and Respect.

The Department of Health's 2006 White Paper *Our Health, Our Care, Our Say* shifts from the narrow focus of treating illness to promotion of the broader concept of well-being. It requires local areas to promote outcomes that address health inequalities, inclusion and well-being across the range of public services that affect people's lives (i.e. beyond health and social care to housing, education, careers, transport and leisure). With this comes the need to move from hospital-based to community-based healthcare. Integral to this is greater partnership working between local authorities, PCTs and the community and voluntary sector.

In 2006 the Department for Communities and Local Government published the local government White Paper, *Strong and Prosperous Communities*, which was closely followed by the *Local Government and Public Involvement in Health Bill 2007*. The Bill supports the aim of the White Paper to create a sustainable

[3] Department of Health. Tackling Health Inequalities: a programme for action. 2003. http://www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf

[4] Department of Health. *Choosing Health: making healthier choices easier*. 2004 http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENTID=4094559&chk=H29Li6

[5] Department of Health. *Independence, Well-being and Choice*. 2005 http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=QpboYy

framework for local action on health and well-being, so that partnership working is strengthened and there is greater clarity over who is responsible for agreeing and delivering local health and well-being targets.

In addition, the Bill includes calls for formal arrangements for Directors of Public Health to be jointly appointed and held jointly accountable by the chief executives of both local authorities and PCTs. The Bill also proposed that a new statutory partnership for health and well-being under the Local Strategic Partnership be set up and a new duty for PCTs and local authorities to cooperate so that a truly integrated approach to delivery of local government and NHS priorities is achieved[6].

There is also a much more prominent position for Local Area Agreements (LAAs)[7] - three year agreements between local authorities, their partners and central government to promote partnership working to provide better services for local people. The themes covered by the LAA for 2007-2010 are: healthier communities and older people; children and young people; stronger and safer communities; and, economic development. All of these issues will have an impact on improving well-being.

In 2007 the Department of Health issued a consultation document entitled *Commissioning Framework for Health and Well-being*, which aims to promote well-being 'including social care, work, housing and all other elements that build a sustainable community'. It defines well-being as:

> '[the] subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional (happiness), and development and activity dimensions'[8] .

In addition, in summer 2007 the Department of Health issued an e-consultation on its *Outcomes and Accountability Framework for Health and Social Care*. This framework is intended to further align health and social care performance indicators and place more of an emphasis on local need in target-setting. Local authorities and primary care trusts will be able to select local outcomes and supporting indicators from a menu of 40 set by the Department of Health. The seven outcomes in *Our Health, Our Care, Our Say* are at the core of the outcomes framework.

London's preparation and hosting of the 2012 Olympic and Paralympic Games will provide a further stimulus and vehicle for promoting and improving well-being, particularly in relation to health, quality of life, volunteering and young people.

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[6] Haringey set up the Well-being Partnership Board in July 2005 to do this.
[7] ODPM Local Area Agreements Guidance: Round three and refresh of rounds one and two. March 2006
[8] Felce and Perry 1995; Danna and Griffin 1999; Diener 2000

1.3 The Local Context for Improving Well-being

Haringey's Sustainable Community Strategy (discussed in section 6) addresses all aspects of this wider concept of well-being. The Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP), is primarily responsible for the social aspects of well-being.

We recognise that improving well-being in Haringey will not just be delivered by the WBPB but will also be covered by the work of the other theme boards under the HSP. Linking with the other partnership boards will add value and avoid duplication. The areas highlighted below are examples of work carried out by other partnership boards that are essential ingredients to creating a healthier borough.

- **Better Places Partnership Board** is responsible for better and safer local transport and traffic management and environmental quality.

- **Children's and Young People's Strategic Partnership Board** is responsible for the welfare of children and young people and will link with the WBPB around the transition to adulthood for all aspects of life through universal and targeted services to achieve key targets such as reducing teenage pregnancy.

- **Enterprise Partnership Board** is responsible for achieving economic well-being through the strategic planning and provision of training and jobs.

- **Safer Communities Partnership Board** is responsible for issues surrounding drugs and alcohol misuse related crime, as well as having a role in ensuring the protection of vulnerable adults.

- **Integrated Housing Partnership Board** is responsible for meeting current and future housing needs.

1.4 Purpose of this Framework

This overarching framework identifies the strategic priorities for improving well-being in Haringey and will help us to:

- Identify the strategic direction for improving well-being locally by clarifying our immediate priorities
- Clarify who is responsible for agreeing and delivering local well-being targets
- Deliver the key floor target and threshold Performance Indicators
- Deliver other locally agreed targets (such as for the Local Area Agreement)

- Identify inspection requirements and any gaps (such as for the Comprehensive Performance Assessment)
- Provide a framework for agreeing proposals for new initiatives (e.g. from the Neighbourhood Renewal Fund or other funding streams)
- Strengthen working relationships between organisations which support people in Haringey
- Strengthen links between the thematic partnerships which sit underneath the HSP

The Framework is underpinned by detailed service specific plans and strategies to improve well-being, some being partnership documents, others organisation specific. Logically, plans and strategies addressing well-being should stem from it. However, as this is the first strategic vision for well-being in the borough, the existing strategies and plans, which are meant to flow from it, have been used to formulate the Framework itself. Once it is in place, future well-being plans and strategies will be written using it as a starting point.

2 Policy Statement

2.1 Aim

The **aim** of this Framework is:

To promote a healthier Haringey by improving well-being and tackling inequalities.

2.2 Vision

Our **vision** for Haringey is that:

All people in Haringey have the best possible chance of an enjoyable, long and healthy life.

This vision will be applied to any service that people in Haringey come into contact with.

To make this happen, we will ensure that:

- Organisations communicate better with each other and with residents themselves
- Plans for delivering services for adults aged 18 years and over take their needs, views and preferences into account
- The diversity of all Haringey's communities and the different aspirations of individuals are valued and responded to appropriately

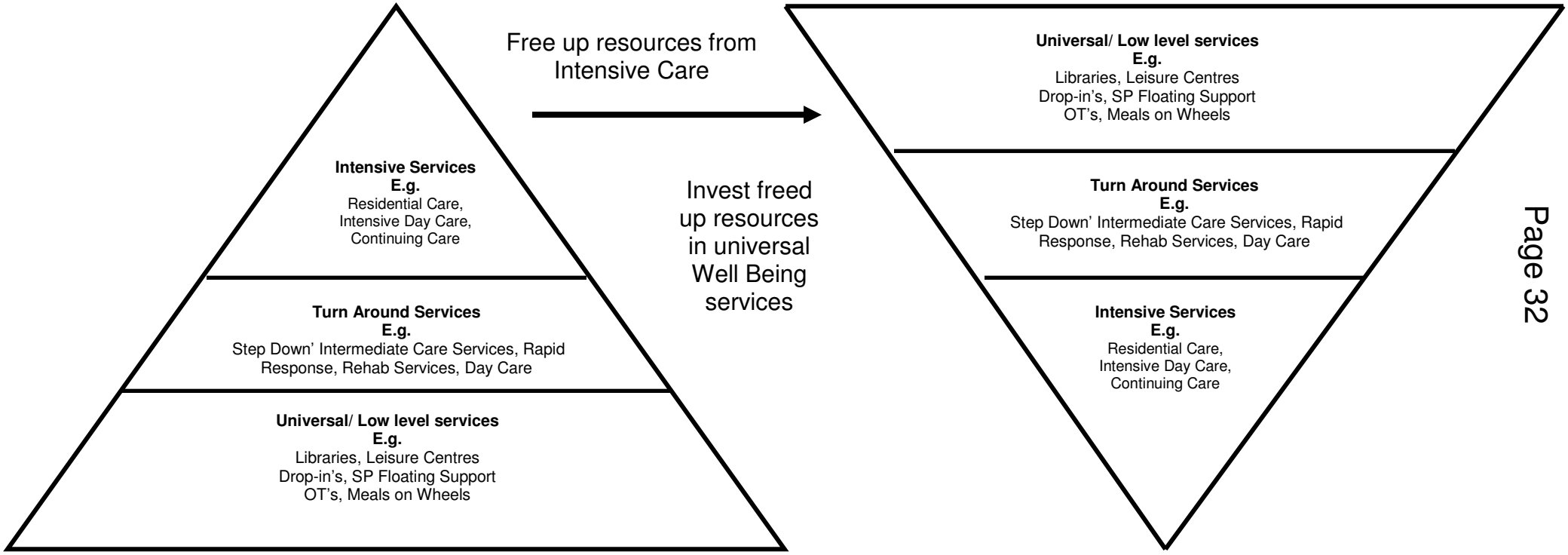
2.3 Outcomes and objectives 2007-2010

The Framework is based on the seven outcomes for promoting a healthier Haringey agreed by the WBPB, which is comprised of representatives from the Council, Haringey Teaching Primary Care Trust (HTPCT), Barnet, Enfield and Haringey Mental Health Trust and representatives from the voluntary and community sector. *Our Health, Our Care, Our Say* provides a description of each outcome; we have used these to develop local objectives relating to each outcome which are shown below:

No.	User Outcomes	Haringey Objectives
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 leisure, socialising and 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 and prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur

People will have different priorities at different times of their lives and so will not necessarily identify with all of the outcomes all of the time. However, most will identify with at least one of the outcomes and others may identify with them all. The following table shows how we aim to improve well-being by shifting resources from intensive services to invest in universal well-being services.

Delivering Independence, Well-being and Choice



The cornerstone of our approach depends on joint agency ability to free up resources from intensive services and move them to universal/ low level services. We seek to deliver independence, well-being and choice within all services.

The ethos of OHOCOS involves a shift away from the treatment of illness and providing care towards preventative and early intervention services. This includes meeting the needs of carers who have a key role in the well-being of others. It is important that universal services are open and accessible to everyone in the community, including people with disabilities, vulnerable adults and communities whose first language is not English. The ability to use universal services is a way of de-stigmatising interventions for some groups of vulnerable people.

2.4 Scope of Framework

The Framework is aimed at supporting **all people aged 18 years and over living in Haringey**. It covers all aspects of their lives represented by the seven outcomes. It identifies priorities for the three year period from 2007-2010 and lays the foundation for rethinking our approach to promoting a healthier Haringey. The key priorities identified within each outcome will be reviewed on an annual basis and will inform future plans.

Lead officers have been identified for each outcome (see Appendix A for details). Further information on the development and consultation carried out for this Framework is in Appendix B and Appendix C.

3 Links with the Sustainable Community Strategy

The Framework builds on our responsibilities contained within the Local Government Act 2000. This gives the HSP the power to promote the economic, social, and environmental well-being of the local community through the Sustainable Community Strategy, which provides the overarching direction for the borough.

Extensive consultation was undertaken during 2006 to develop the new Sustainable Community Strategy for 2007-2016. Its vision is:

A place for diverse communities that people are proud to belong to

The outcomes of the Sustainable Community Strategy are:

- **People at the heart of change**
- **An environmentally sustainable future**
- **Economic vitality and prosperity shared by all**
- **Safer for all**
- **Healthier people with a better quality of life**
- **People and customer focused**

The table below shows the links between the priorities of the Sustainable Community Strategy and the outcomes of Well-being Strategic Framework.

Sustainable Community Strategy Priorities	Well-being Partnership Board Outcomes
People at the heart of change	Improved quality of life Making a positive contribution Freedom from discrimination or harassment Maintaining personal dignity and respect
An environmentally sustainable future	Improved quality of life Economic well-being
Economic vitality and prosperity shared by all	Improved quality of life Economic well-being
Safer for all	Improved quality of life Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment Maintaining personal dignity and respect
Be people and customer focused	Making a positive contribution

4 Links With Partners' Key Priorities

4.1 Council Plan

The Council Plan sets out how the Council will further improve its services to meet the needs of Haringey's residents. It outlines how the Council will contribute to Haringey's Sustainable Community Strategy. The Plan has been developed within the Community Strategy policy framework and all the priorities address what residents told us is important to them. The table overleaf illustrates how the Council priorities map onto the outcomes of the Well-being Partnership Board.

Well-being	Council Priorities

Partnership Board Outcomes	
Improved health and emotional well-being	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Improved quality of life	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Making a positive contribution	• Encouraging lifetime well-being, at home, work, play and learning • Delivering excellent, customer focussed, cost effective services
Increased choice and control	• Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Freedom from discrimination or harassment	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning
Economic well-being	• Making Haringey one of London's greenest boroughs • Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Maintaining personal dignity and respect	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning

4.2 Haringey Teaching Primary Care Trust

The work of HTPCT is integral to the achievement of the aims of the WBSF. The WBSF is informing HTPCT's Commissioning Strategy Plan and Operating Framework. The Framework also informs HTPCT's emerging Primary Care Strategy, *Developing World Class Primary Care in Haringey*, which focuses on *improving the health of our population, including reducing inequalities and maximising independence*.

5 Measuring Well-being

The HSP recognises that well-being is closely linked to health and that substantial differences in health between different neighbourhoods are determined by broader inequalities. These inequalities are evident locally as the life expectancy experienced by our population remains lower than for England as a whole. Whilst overall people in Haringey are living longer, healthier lives than they did 20 years ago, this is not enough to close the gap on national figures. Tackling these will have a beneficial impact on the overall health and well-being of our residents.

The key floor target for well-being in the borough, and the target to which the Well-being Partnership Board and the Framework will work, is to reduce inequalities in life expectancy by 2010 as follows:

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 Local Area Agreement (LAA) provides an opportunity to focus plans and resources to improve health and well-being, particularly in deprived areas, and to develop opportunities to enable people to adopt more healthy choices and ways of living. Therefore, Haringey's LAA includes an overarching theme of 'improving health and well-being' in the borough.

5.1 What are the Mandatory Targets We Must Meet?

From April 2007 the LAA requires Haringey to meet the following mandatory targets relating to poor health which significantly impact on well-being:

- Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in all-age, all-cause mortality.

- 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 HTPCT's Local Delivery Plan trajectories for 2010.

- 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.

5.2 Other Targets for Improving Well-being

Haringey's Other LAA Targets

The following stretch and optional targets from the LAA will contribute to the mandatory LAA target to reduce health inequalities between the most deprived neighbourhoods and the district average:

- Smoking cessation
- Increase the number of physically active adults
- Energy efficient and safe homes for vulnerable people
- Healthy schools status

In addition to the mandatory targets relating to improving health and well-being shown above, the LAA includes many other initiatives to improve the health and well-being of people in the borough. Please see Appendix D for a list of the targets included in the LAA 2007-2010. A revised LAA is being developed for 2008 onwards.

Healthcare Commission Core Standards
The Healthcare Commission, the health watchdog in England, is responsible for ensuring that healthcare services are meeting standards in a range of areas, including safety, cleanliness and waiting times. Each year in October the Healthcare Commission publishes the annual performance rating for each organisation. This rating has two parts: quality of services and use of resources.

Achievement of the following core standards particularly important to ensuring the aim and vision of the Well-being Strategic Framework are achieved:

- **Core Standard C22** - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships. In addition, healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local director of public health's annual report informs their policies and practices.

- **Core Standard C23** - Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

5.3 Outcomes, Related Key Targets and Priorities

Each of the seven well-being outcomes has been linked with a key target which will encapsulate success in each area. These are included on Page 19; other

targets related to the well-being outcomes are included in the Implementation Plan which accompanies the Framework. Each outcome has a list of priorities linked to existing documents and is shown in Section 6. We have also included Overview and Scrutiny Reviews where relevant.

5.4 Implementation Plan

Accompanying this document is a separate Implementation Plan. Priorities, supporting programmes and initiatives, and related targets have been identified for each outcome; these are detailed in the Implementation Plan. They have been drawn from existing plans and strategies and are based on what we know about the demographic profile of Haringey's adult residents and key facts that relate to their current well-being. These key facts are shown in Appendix E.

5.5 Resources

As the Framework pulls together existing plans and strategies relating to well-being in the borough, resources have already been identified to deliver the programmes and initiatives included in it. Funding from mainstream budgets and other financial resources, such as the Neighbourhood Renewal and the Safer and Stronger Communities Funds, provide the resources for these existing plans and strategies, and therefore provide the funding needed to ensure the delivery of the of the outcomes of the Framework.

User Outcomes	Key Targets
Improved Health and Emotional Well-being	• Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in all-age, all-cause mortality (LAA Target) • Increase physical activity in the borough (LAA Target) • Increase the number of smoking quitters in N17 (LAA Target) • Clients receiving a review (PAF D40) • Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA)
Improved Quality of Life	• Increasing the number of older people attending day opportunities programmes (LAA Target) • The number of physical visits per 1000 population to public libraries (CPA C2c PLSS 6) • Increase adult education take-up • The percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56) • The number of those aged 18 and over helped to live at home (PAF C29; C30; C31; C32) • Increase the number of breaks received by carers (LAA Target) • Reduce the proportion of adults saying they are in fear of being a victim of crime (LAA Target) • Households receiving intensive home care per 1,000 population (PAF C28 BVPI 53)
Making a Positive Contribution	• Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year (LAA Target) • Increase the number of volunteers recruited as part of day opportunities for older people (LAA Target)
Increased choice and control	• The number of adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (PAF C51) • Acceptable waiting times for assessments (PAF D55 BVPI 56) • Acceptable waiting times for care packages (PAF D56 BVPI 196) • Increasing 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 (LAA Target)
Freedom from discrimination or harassment	• Percentage of adults assessed in the year whose ethnicity was 'not stated' in RAP return A6 (key threshold) • Percentage of adults with one or more services in the year whose ethnicity was 'not stated' in RAP return P4 (key threshold)
Economic Well-being	• Increase the number of residents on Incapacity Benefit for 6 months or more helped into work of 16 hours per week or more for at least 13 weeks (LAA Target) • Increase the number of people from priority neighbourhoods helped into sustained work (LAA Target) • Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)
Maintaining personal dignity and respect	• Availability of single rooms (PAF D37) • Numbers of relevant staff in post who have had training in addressing work with vulnerable adults. • Written guidance on personal and/or sexual relationships between people who use in-house or purchased care services

6 Priorities 2007-2010

6.1 Outcome 1: Improved Health and Emotional Well-being

Objective 1: To promote healthy living and reduce health inequalities in Haringey

Our Health Our Care Our Say **Description**
• Enjoying good physical and mental health (including protection from abuse and exploitation)
• Access to appropriate treatment and support in managing long-term conditions independently
• Opportunities for physical activity

Although overall people in Haringey are living longer, healthier lives than they did 20 years ago, on average they still die younger than people in England as a whole. In addition, there are substantial differences in health between neighbourhoods within the borough.

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

- Life circumstances (the opportunities we have in life, including our general socio-economic, cultural and environmental conditions)
- Lifestyle (the choices we are able to make about how we live and how these impact on our health)
- Access to services (our ability to have the same access to services whatever our background, age, or where we live)

There are many factors which contribute to being healthy, such as regular exercise, healthy eating and stopping smoking. Being active and taking regular exercise helps people to have more energy, as well as making them feel and look better. It also boosts people's confidence. Healthy eating is also important to living a fitter and healthier life. It reduces the risks associated with heart disease, certain types of cancers, diabetes and high blood pressure, and can help people achieve or maintain a healthy weight. Stopping smoking is one of the best things people can do to improve their health. The body repairs the damage done almost immediately. Within 10 years, the risk of a heart attack falls to the same as someone who has never smoked. Drinking sensibly is important at any age but the effects of alcohol abuse increase with age.

Mental well-being is an equally significant part of people's health. Our mental health enables us to form and sustain relationships and to manage our lives. It also affects our capacity to cope with change and transitions, such as having a

baby or losing a loved one. Mental health is central to our health and well-being because how we think and feel also has a strong impact on our physical health. Mental illness is a significant problem for the health and well-being of people in Haringey, and partners are determined to work together to improve mental health in the borough.[9]

In addition, anyone in a sexual relationship, regardless of his or her age, should be aware of the risks of sexually transmitted illnesses and know how to minimise exposure to them.

[9] Joint Mental Health Strategy 2005-08

Related Documents
Adult Drug Treatment Plan 2007-08
Alcohol Related Harm Reduction Strategy 2005-08
Changing Lives – The Children and Young People's Plan 2006-09
Contaminated Land Strategy 2005
Domestic Violence Strategy 2004-2008
Drug and Alcohol Action Team User Involvement Strategy 2006-08
Drug Related Death Strategy 2005-08
Experience Counts 2005-2010
Environmental Services Enforcement Policy 2005 (under review)
Food and Nutrition Strategy (in development)
Greenest Borough Strategy (in development)
Haringey Local Development Scheme 2007
Haringey Policing and Performance Plan 2007-08
Haringey Sexual Health Strategy 2005-07
Haringey Teaching Primary Care Trust Local Delivery Plan 2005/6-2007/8
Haringey Teaching Primary Care Trust Primary Care Strategy (consultation ends 19 October 2007)
Haringey Teenage Pregnancy Strategy 2001-2010
Harm Reduction Strategy 2006-08
Healthy and Equal: Improving the Health of People with Profound and Multiple Learning Disabilities Scrutiny Review 2007
Infant Mortality Action Plan 2007-10
Joint Mental Health Strategy 2005-08
LAA Action Plan 2007-10
Life Expectancy Action Plan 2007-10
London Fire Service Haringey Plan 2007-08
London Borough of Haringey Air Quality Management Area Action Plan 2004
Mental Health Carers Strategy (TBC)
Obesity Strategy 2007-10 (in development)
Older People's Mental Health Strategy (in development)
One in Four of Us: Report of the Scrutiny Review of Access to General Mental Health and Early Intervention Services 2006
Open Spaces Strategy 2006-10
Private Sector Housing Strategy 2007-08
Private Sector Housing Strategy 2008-12
Safer Communities Strategy 2005-08
Sport and Physical Activity Strategy 2006-10
Strategy Report for the North Central London TB Steering Group 2005
Supporting People Strategy 2005-10
Young Persons Substance Misuse Grant Commissioning Plan 2007-08
Youth Justice Plan 2006-07

Improved Health and Emotional Well-being Priorities 2007-2010

1) Improve access to effective primary, community and other health care services

Supporting Programmes/Initiatives

- Improve equity in the management of disease leading to premature mortality by:
  - Ensuring that practice-based disease registers are complete and accurately maintained
  - Ensuring that clinical management of patients with high blood pressure, high blood cholesterol, heart failure and diabetes is based on national guidelines and the needs of patients, including those with mental health problems
- Increase the uptake rates of cervical and breast screening, including amongst non-English speaking communities
- Improve equity of access to health services by:
  - Developing needs-based approaches to commission primary care services, building on an equity audit of resource allocation to GP practices
  - Reducing the number of residents who are not registered with a GP
  - Improving access to better quality primary care and uniformity of quality across the borough
- Reduce the waiting time from referral to a GP to treatment
- Develop a strategy to reduce the number of women booking late in their pregnancy for ante-natal care

2) Increase physical activity

Supporting Programmes/Initiatives

- Increase participation in sport and recreational physical activity and encourage an active lifestyle
- Encourage participation in sport and physical activity amongst those groups who traditionally use sports and leisure facilities across the borough less than others
- Provide a range of opportunities in Haringey Parks and Open Spaces for active and passive recreation which can contribute to improved mental and physical health and well-being
- Use the 2012 preparations to raise awareness and stimulate increased participation

3) Improve diet and nutrition

Supporting Programmes/Initiatives

- Update the Haringey Food and Nutrition Strategy including:
  - The promotion of 5 portions of fruit and vegetables per day
  - Focus on groups with high levels of need (e.g. people living on low incomes, those with cardiovascular disease, diabetes and cancer)
- Manage existing cases of overweight and obesity by developing a range of

interventions, including weight management programmes and care pathways and guidelines
- Prevent overweight and obesity developing in the community by promoting healthy eating and physical activity

4) Reduce the number of people who smoke and the number of people exposed to second-hand smoke

Supporting Programmes/Initiatives

- Implement the ban on smoking in public places from July 1st 2007, including:
  - Advising local businesses and employers about the ban
  - Developing workplace based support for employees to quit
  - Working through Children Centres to protect the children from the harmful effects of smoke in the home
- Increase uptake of HTPCT smoking cessation services, particularly amongst deprived communities
- Reduce the number of women who smoke during pregnancy

5) Prevent premature deaths from suicide, accidents and injuries

Supporting Programmes/Initiatives

- Develop a suicide prevention strategy incorporating mental health promotion, risk reduction amongst key population groups, and reducing the availability of suicide methods
- Develop safer routes to school, and traffic safety measures
- Ensure that housing interventions include accident prevention measures such as fire safety, and removing the causes of trips and falls
- Focus fire safety and security measures in the private rented sector

6) Reduce the harm caused by drugs and alcohol

Supporting Programmes/Initiatives

- Continued Test Purchase Operations, and closure of crack houses in partnership with Police, Drug Alcohol Action Team (DAAT), treatment agencies and the Anti-social Behaviour Action Team (ASBAT)
- Roll out of local questionnaire in addition to KIN questionnaire via Safer Neighbourhood teams and Mori Poll
- Focus on improving the drug treatment journey with provider agencies – engagement, retention (care planning), successful discharge and re-integration
- Commission and imbed a new crack-cocaine/poly-drug use service
- Increase effective outreach as part of crack-cocaine/poly-drug use service
- Increase psychosocial interventions (counselling, motivational interviewing, cognitive behavioural therapy, etc)

- Expand GP Shared Care Scheme
- Develop a North London Inpatient facility for drug and alcohol misusers
- Continue to implement the Drug Use Screening Tool, which enables early identification of substance misuse amongst young people across the local agencies working with vulnerable young people
- Commission cross-borough hospital based alcohol interventions pilot (Haringey & Barnet)

7) Improve sexual health

Supporting Programmes/Initiatives

- Improve access to sexual health services for education, prevention, diagnosis and treatment
- Increase the number of young people who access the offer of a test for Chlamydia, and go on to complete treatment if required
- Prevent unwanted pregnancy and sexually transmitted infections by promoting safer sexual behaviour through:
    - Personal, social and health education in schools and colleges
    - For young people (4YP) services for young people
    - Appropriate advice and referrals from sexual health and primary care services
    - Targeted HIV prevention programmes for Black African communities and gay men/men that have sex with men
- Reduce teenage conceptions and unwanted pregnancy

8) Improve mental health

Supporting Programmes/Initiatives

- Develop and implement strategies to promote good mental health, as indicated in the Haringey Mental Health Strategy 2005-08
- Review current service provision and identify future needs to improve older people's mental well-being
- Reduce the stigma associated with poor mental health for people with mental health problems and their carers, including work with local media and voluntary and community organisations
- Improve the level and quality of mental health services provided by primary care services, including the establishment of complete registers of patients with serious mental illness in GP practices
- Increase support to people with mental health problems to reduce the risks of offending
- Identify and treat mental health problems early, as they arise, by:
    - Providing early intervention services for individuals with a first episode of psychosis
    - Increasing the effective follow-up of individuals discharged from hospital using enhanced care programme approach and shared care packages
- Further develop care pathways and guidelines to ensure that treatment and care services for individuals with mental health

problems are effective in enabling them to live as independently as possible
- Develop a new model of mental health services to ensure that people are less likely to be admitted to hospital

9) Protect people from environmental and communicable threats to health

Supporting Programmes/Initiatives

- Systematically investigate and mitigate against the possible risk to human health from land contamination in Haringey
- Increase the uptake of immunisation against Flu amongst individuals aged over 65 years, and other vulnerable groups
- Identify and treat/manage cases of TB, HIV infection and other infectious diseases in order to improve health outcomes and prevent onward transmission
- Ensure enforcement of health and safety and food standards legislation in local workplaces, retail and leisure facilities in Haringey
- Reduce air pollution by encouraging less reliance on motor vehicles for transportation

6.2 Outcome 2: Improved Quality of Life

Objective 2: To promote opportunities for leisure, socialising and 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

Our Health Our Care Our Say **Description**

- Access to leisure, social activities and life-long learning and to universal, public and commercial services
- Security at home
- Access to transport
- Confidence in safety outside the home

Many factors combine to improve a person's quality of life.

Access to leisure and social activities, and life-long learning enable people to enjoy their lives to the full and to achieve their personal and career aims. We think culture has an intrinsic value, providing opportunities for self expression, self fulfilment and encouraging excellence. Culture also has instrumental value, contributing to economic vitality, educational attainment, health, faith and a cohesive community. This translates into a variety of activities and facilities, including sports and leisure, museums and galleries, archives, libraries, the visual and performing arts such as media, film, theatre, public spaces, and spaces of heritage.

Although for many people learning is associated with schools or colleges and academic achievement at a young age, in reality learning is a life-long process. People want opportunities to take up and continue learning all through their lives for many different reasons, including to:

- Get the job they want and progress with it
- Develop their skills and knowledge
- Raise their achievement generally
- Reach their potential
- Improve confidence
- Make friends
- Have fun!

Having a wide range of opportunities on offer is not enough as some people report that getting around Haringey on foot or by public transport can be difficult. It can be hard to get on buses and trains, cross busy roads, negotiate common obstacles that block pavements, walk far without needing a rest, or find a public toilet. As well as providing a mobile library service for those who need to use it, we plan to make it easier for people to get out and about by working to reduce the

difficulties people experience.

Empowering people to live independently for as long as possible and feel safe and secure in their local communities is important for improving their quality of life. We are committed to providing help at home where needed and helping carers who look after a relative or friend who, because of their disability, illness or age, cannot manage at home without help. Though the Residents' Survey indicates that between 2005 and 2006 fear of crime amongst those surveyed has reduced, we want to continue to reassure people. We will further increase people's confidence by working with vulnerable people, the police, housing providers, the voluntary and community sector and others.

Related Documents
Carers Strategy 2005-08
CCTV Strategy and Development Plan (in development)
Changing Lives – The Children and Young People's Plan 2006-09
College of North East London Development Plan 2005-08
Cultural Strategy (in development)
Day Opportunities Strategy – Older People (in development)
Experience Counts 2005-10
Haringey Adult Learning Services Plan (in development)
Haringey Culture, Libraries and Adult Learning Business Plan 2007
Haringey Policing and Performance Plan 2007-08
Hate Crime and Harassment Strategy 2007-08
Home Care Strategy 2006
Local Development Scheme 2007
Mental Health Day Opportunities Strategy 2006
Open Spaces Strategy 2006-10
Report of the Scrutiny Review of the Community Safety Role of CCTV 2007
Safer Communities Strategy 2005-08
Safer Haringey Communications Plan (in development)
Sport and Physical Activity Strategy 2006-10
Supporting People Strategy 2005-10

Improved Quality of Life Priorities 2007-2010

1) Promote libraries as centres of learning, social, economic and cultural life

Supporting Programmes/Initiatives

- Make libraries accessible to all by:
  - Refurbishing libraries so they comply with the Disability Discrimination Act
  - Providing mobile and housebound library services
  - Providing large print materials, and books on cassette or CD

2) Enhance future facilities for improving well-being

Supporting Programmes/Initiatives

- Establish standards for open space, sports and play provision
- Sustain Parks and Open Spaces investment programme by greater than £1m per annum
- Ensure Local Development Framework and other planning guidance enhance well-being

3) Enable people to undertake life-long learning opportunities

Supporting Programmes/Initiatives

- Develop taster courses to encourage initial involvement in learning and promote a range of appropriate progression routes in accredited courses
- Use learner/staff/partnership feedback to develop a new range of appropriate courses that meet the needs of older people
- Provide information, advice and guidance and job search support from our learner resource bases, while offering outreach services to other community services
- Strengthen the choice of accredited learning routes to encourage progression to level 2 provision

4) Develop a greater range of social activities within the community

Supporting Programmes/Initiatives

- Increase day opportunities for older people
- Continue the Art Brought to Book programme in the borough
- Promote literacy and encourage creativity by hosting author visits and providing premises for writing groups at libraries
- Provide reminiscence groups in the libraries and museums to contribute to the quality of life of older people

5) Reduce fear of crime

Supporting Programmes/Initiatives

- Develop engagement through Neighbourhood Panels and Key Informer Networks to agree priorities
- Develop the RESPECT agenda locally
- Implement the CCTV Strategy and communicate successes
- Deploy high visibility patrols in priority areas at busiest times
- Develop a Safer Communities Communications Plan
- Make capital improvements (e.g. lighting) in partnership with other budget holders
- Provide crime prevention advice and equipment to vulnerable groups

6) Work to increase access to information technology (IT) for everyone

Supporting Programmes/Initiatives

- Provide facilities for people of all ages to have training in and access to the Internet
- Expand People's Network Programme facilities for all ages, offering free access to the Internet and also providing office software and printing facilities

7) Improve transport in the borough so that people are able to get out and about

Supporting Programmes/Initiatives

- Develop the service based transport scheme for those using day opportunities in Older People and Learning Disabilities Services
- Implement the Community Transport in Haringey Scheme, a door-to-door transport service for people who find it difficult to access mainstream public transport
- Continue user and carer involvement in Mobility Forum which informs quarterly meetings with Transport for London
- Promote walking and cycling by providing appropriate facilities, improving safety, and developing attractive routes

8) Improve sports and leisure provision

Supporting Programmes/Initiatives

- To assist each member of the community, particularly young people, to maximise their educational attainment and opportunity for life-long learning through participation in sport and physical activity
- To develop a range of quality and accessible recreational opportunities and sporting facilities available to all
- To improve access to local provision so that participants can enjoy activities that are of high quality and in a safe and secure environment
- Access opportunities created by 2012 to develop new and/or refurbished facilities and activity programmes

9) Enhance home care

Supporting Programmes/Initiatives

- Introduce a new monitoring system for home carers
- Provide specialist training to home care staff to ensure they can support people with high care needs such as dementia
- Develop user-focussed outcome based home care provision
- Further develop re-ablement services

10) Provide support for unpaid carers, including preparing for when they are no longer able to care

Supporting Programmes/Initiatives

- Develop information for carers and improve the way we communicate with them
- Offer culturally appropriate assistance and support for the cared-for person to enable their carers to meet their own health, leisure, employment and education needs
- Develop a commissioning strategy for carers

11) Increase opportunities for people to live independently in their own homes

Supporting Programmes/Initiatives

- Increase the number of day opportunities
- Support people in the move from temporary to permanent accommodation
- Help older people to retain mobility and independence by providing professional advice and training through libraries, giving practical guidance on remaining mobile

6.3 Outcome 3: Making a Positive Contribution

Objective 3: To encourage opportunities for active living including getting involved, influencing decisions and volunteering

Our Health, Our Care, Our Say **Description**
• Active participation in the community through employment or voluntary opportunities • Maintaining involvement in local activities and being involved in policy development and decision-making

Many Haringey residents want to be able to take part in community activities they enjoy and to make a valued contribution to life in Haringey. Creating opportunities for getting people involved and volunteering can play an important role in improving physical and mental health. People with disabilities have the right to participate in the community on equal terms. The Disability Discrimination Act 2005[10] requires public authorities to encourage participation by disabled persons in public life.

For some people volunteering is an opportunity to put something back into society; for others it provides a chance to have new experiences, learn new skills and may be a stepping stone to a better life. Government recognises the importance of involving local people and the local voluntary and community sector in shaping services and priorities, and invests in the infrastructure to support the development of a vibrant voluntary and community sector. In addition, the importance of developing the role and capacity of the voluntary sector was highlighted by front-line social care staff in a consultation on implementing *Our Health, Our Care, Our Say* in Haringey held in September 2006.

According to a 2005 survey informing the Haringey Infrastructure Development Plan, voluntary and community groups need support in governance development, funding and finance, IT and community websites, information and policy resources as well as workforce development. Voluntary and community sector representatives need training to engage more effectively in shaping and influencing policy. According to Department of Health Practice Guidance August 2006, there is an expectation that statutory □organizations will develop and maintain volunteering within their □organizations, the NHS in particular.

In order to encourage opportunities for people to make a positive contribution locally, we have developed the *Haringey Compact 2006*: *Working Better Together*, which provides a framework agreement for Haringey's voluntary, community and public sector organisations to promote positive engagement and

[10] Disability Discrimination Act 2005 http://www.opsi.gov.uk/acts/acts2005/20050013.htm

good working relations between and across the sectors. The Community Involvement Statement in Haringey's LAA has also outlined how the community is engaged in setting and delivering local outcomes.

Related Documents
Community Link Proposal 2007
Day Opportunities Strategy – Older People (in development)
Experience Counts 2005-10
Haringey Compact 2006
Haringey Infrastructure Development Plan 2005
HAVCO Business Plan 2005-08
User Engagement Strategy (forthcoming)
Sport and Physical Activity Strategy 2006-10

Making a Positive Contribution Priorities 2007-2010

1) Create opportunities for having a say in decision making

Supporting Programmes/Initiatives

- Establish local Voluntary and Community Sector Forum to meet quarterly from November 2007
- Improve representation of BME[11] /community groups on the HSP
- Fully involved second tier organisations
- Involve users and carers in influencing policies

2) Promote user involvement and engagement in service commissioning and delivery

Supporting Programmes/Initiatives

- Develop Local Involvement Network (LINkS)
- Enhance partnership approach to enable user involvement
- Consultation Group meets regularly

3) Increase opportunities for volunteering

Supporting Programmes/Initiatives

- Build the capacity of Voluntary and Community Sector to be effective in involving volunteers, including providing training
- Develop a Volunteer Centre in Haringey that coordinates local volunteering
- Promote volunteering opportunities led by older people
- Engage opportunities and programmes being developed for the 2012 Olympics to increase volunteering in the sports and leisure sector
- Use V-base (www.doit.org.uk) to promote volunteering opportunities
- Expand and improve the Community Volunteer Wardens service
- Increase the number of special constables
- Improve voluntary and community sector infrastructure
- Promote community ownership, participation and involvement in the development and delivery of facilities and programmes for sport and physical activity
- Develop and implement a joint volunteering strategy across all sectors

[11] BME – Black and minority ethnic

6.4 Outcome 4: Increased Choice and Control

Objective 4: To enable people to live independently, exercising choice and control over their lives

Our Health, Our Care, Our Say **Description**
• Maximum independence • Access to information • Being able to choose and control services • Managing risk in personal life

There are times in everyone's lives when they need help and support. Some people need support because they have ill health or a disability; often friends or family provide it. However, sometimes support is needed from agencies such as the Council or the voluntary or independent sector.

We are developing a wide range of community based services which will provide earlier and better targeted support to prevent or delay ill health, and improve well-being and social inclusion for everyone.

We work to ensure that people have choice and control over the services they receive at all times. It is important that we coordinate and provide truly self-directed care, allowing people the greatest choice possible in the care they choose to receive.

This does not mean that people are expected to do everything for themselves, but they are expected to have the biggest say in what they do and take responsibility for how they live their lives. We will help them achieve this while supporting those people who need practical help and advice so that they remain as independent as possible.

Services will emphasise the needs of the person as a whole through being:

- Person-centered – tailored to the person's circumstances and enabling them to fulfill their potential
- Proactive – intervening to prevent problems and help people maintain their independence
- Seamless – working with all professionals to improve coordination

We are committed to providing up-to-date information and advice for people, including information on housing, social care services, health, leisure, life-long learning, and transport. Information should be available in a range of accessible formats, such as large print, audio tape, disc or Braille.

Related Documents
Experience Counts 2005-10
Expert Patient Programme Evaluation May 2007
Rehabilitation and Intermediate Care Strategy (in development)
Report of the Scrutiny Review of Intermediate Care Services 2006
Joint Mental Health Strategy 2005-08
Supporting People Strategy 2005-10

Increased Choice and Control Priorities 2007-2010

1) Ensure service users and carers have a say, and are involved in developing their care plans

Supporting Programmes/Initiatives

- Continue outcome-based home-care
- Continue quality assurance monitoring with service users to ensure assessments are person-centered and agreed as far as possible with service users and carers

2) Provide appropriate care in the community

Supporting Programmes/Initiatives

- Develop intermediate care options
- Reduce the number of people using residential care

3) Promote the use of direct payments as widely as possible

Supporting Programmes/Initiatives

- Implement ACCS Commissioning Strategy for Adults which has Direct Payments at its centre.
- Increase support for people using direct payments
- Increase service user choice of provider by agreement of an agency rate for direct payments

4) Further access to employment including the use of individual budgets

Supporting Programmes/Initiatives

- Further the project using individual budgets to support people with learning disabilities into employment

5) Support individuals with long-term conditions in self-management

Supporting Programmes/Initiatives

- Enable individuals with long-term conditions to develop self-management skills through the expert patient programme

6) Develop housing related support services for vulnerable people

Supporting Programmes/Initiatives

- Develop extra care housing support options including using assistive technology
- Sustain people in tenancies
- Ensure that vulnerable people have access to a flexible range of housing and support options

6.5 Outcome 5: Freedom from Discrimination or Harassment

Objective 5: To ensure equitable access to services and freedom from discrimination or harassment

Our Health, Our Care, Our Say **Description**
• Equality of access to services
• Not being subject to abuse

We are committed to reflecting the full diversity of the community we serve and to promoting equality of opportunity for everyone. We aim to ensure equal access to our services by all citizens on the basis of need and to provide services in a manner that is sensitive to the individual whatever their background. Partners are working together to ensure that equal opportunities is a key guiding principle in all of our work. All policies go through an Equalities Impact Assessment, in which the effects it might have on people depending on their racial group, disability, gender, age, belief or sexuality are evaluated and plans to minimise any negative effects are made.

Hate crime and harassment are of concern to many members of our local community. Not only do hate crime and harassment impact on individual victims and their families, often heightening the victims' distress by undermining their sense of identity and community, hate crime and harassment can also undermine communities by raising fear amongst people with similar identities. Hate crime and harassment can also lead to, or exacerbate, increased racial and other inter-community tension.

Services already exist in Haringey that address hate crime and harassment. The Anti-Social Behaviour Action Team (ASBAT) manages all cases of hate crime and harassment. ASBAT is able to work with the victims to gather evidence and it has the ability to protect victims with civil injunctions and other remedies.

According to the Second Domestic Violence Strategy 2005[12]:

> "In Greater London, the Metropolitan Police Service attend around 300 domestic violence incidents every 24 hours. Domestic violence accounts for 16% of all homelessness acceptances, is a feature in the lives of three-quarters of children on the child protection register, is a significant factor in disputed child contact cases and is the underlying reason behind many other social policy issues. The cost of domestic violence to the London Region of the NHS is £195.31 million."

[12] Greater London Authority: *The Second London Domestic Violence Strategy.* 2005 http://www.london.gov.uk/mayor/strategies/dom_violence/strategy2.jsp

Locally, wards in the east of the borough are by far the worst affected by domestic violence. Contributing factors are higher levels of deprivation and high density housing, as well as the fact that many of the services aimed at domestic violence victims are situated in the east, leading to higher reporting from that side of the borough.

Related Documents
Anti-social Behaviour Strategy 2004 (under review)
Domestic Violence Strategy 2004-08
Enforcement Strategy – Safer and Cleaner (in development) March 2008
Haringey Council Equalities Public Duties Scheme 2007-10
Haringey Policing and Performance Plan 2007-08
Haringey Sexual Health Strategy 2005-07
Haringey Teaching Primary Care Trust Local Delivery Plan 2005/6-2007/8
Hate Crime and Harassment Strategy 2007-08
Joint Mental Health Strategy 2005-08
Life Expectancy Action Plan 2007-10
Local Area Agreement – Safer and Stronger and Respect Agenda 2007-08
Safer Communities Communication Plan (in development)
Safer Communities Strategy 2005-08
Victim Support National Office Strategic Plan 2005-08

Freedom from Discrimination or Harassment Priorities 2007-2010

1) Provide services in a fair, transparent and consistent way[13]

Supporting Programmes/Initiatives

- Continue to ensure that all new policies and strategies are subject to Equalities Impact Assessments
- Effectively monitor service provision to ensure that services are provided to all client groups in an equitable manner
- Develop the capacity of partner organisations to undertake Health Equity Audits as a tool to ensure health inequalities are addressed through service planning

2) Address stigma associated with long-term conditions such as mental health problems and sexual ill health

Supporting Programmes/Initiatives

- Work with employers to reduce stigma for people with mental health problems and promote access to employment
- Widen non-stigmatising access to services
- Widen participation at HIV Drop in

3) Support victims and witnesses of crime

Supporting Programmes/Initiatives

- Provide individual support for witnesses through Victim and Witness Support
- Increase the use of 'expert witnesses'
- Improve publicity for victim and witness services
- Increase the use of the Victim Support service by young people through the employment of a young people's outreach worker
- Increase the use of the Victim Support service by Haringey's diverse communities through recruitment of volunteers from these communities

4) Prevent and reduce domestic violence

Supporting Programmes/Initiatives

- Strengthen the provision of our one-stop domestic violence services at Hearthstone

5) Prevent and reduce hate crime and harassment

Supporting Programmes/Initiatives

- Coordinate and improve responses to hate crime and harassment
- Develop long-term prevention programme
- Encourage reporting and recording
- Improve responses to hate crime and harassment, and referrals between agencies

[13] This links with the priorities on increasing access to health care and leisure services under Outcome 1: Improved Health and Emotional Well-being

6) Address anti-social behaviour (ASB)

Supporting Programmes/Initiatives

- Maintain high standards of response to ASB across the borough
- Develop support for vulnerable families and neighbourhoods
- Maintain the balance between early intervention/use of Acceptable Behaviour Contracts and full legal powers
- Develop early intervention and prevention programmes
- Improve delivery of enforcement services to meet public priorities

6.6 Outcome 6: Economic Well-being

Objective 6: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Our Health, Our Care, Our Say **Description**
• Access to income and resources sufficient for a good diet, accommodation and participation in family and community life
• Ability to meet costs arising from specific individual needs

Haringey has particularly high levels of worklessness, which, despite a number of significant interventions, have persisted. High levels of worklessness bring a high cost to the borough resulting in a weaker local economy, high levels of ill-health, crime, substance abuse, low levels of attainment at school, and family breakdown leading to higher demands for social housing and social services support.

In 2006 the Enterprise Partnership Board adopted a new strategic approach to tackling worklessness in the borough. This approach has two main tenets to achieve long-term change: we need to **stem the flow of new workless** and **increase the numbers moving from worklessness into employment.** We need to deliver larger interventions which have a narrower focus on core populations and employment and skills interventions focussed on:

- Those in contact with Haringey Council and other public services
- Young people
- Incapacity Benefit claimants
- Workers in low-paid/low-skilled employment

Complementing this work is the Welfare to Work Strategy, which aims to improve the ease of access to employment and mainstream provision for disabled people resident in Haringey.

In addition to issues with employment, Haringey faces severe housing challenges. There is a shortage of social housing and of affordable homes. The level of over-crowding in the borough is very high as are the numbers of households in temporary accommodation.

The east of the borough is very deprived with areas of poor quality housing and concentrations of low income households. The level of homeless applications is very high and around 90% of applications are from Black and Minority Ethnic (BME) communities. Many households contain people who are vulnerable due to age or disability, mental health or because they have young children.

Haringey has developed a range of responses to improve housing, including:

- Introducing the Prevention and Options service aimed at preventing homelessness.
- Developing new housing options including long-term private sector tenancies as well as ensuring an appropriate number of Homes for Haringey and housing association lettings go to households prevented from becoming homeless.
- Reducing the numbers of households in temporary accommodation by offering alternative settled accommodation and converting temporary accommodation to permanent housing.
- Entering into a preferred partnership arrangement with six housing associations.

We also recognise the detrimental effects of fuel poverty in the borough. To combat this problem a number of steps have been taken, including employing a Fuel Poverty Officer, signing up to the Nottingham Declaration, which formally states our intentions with regard to climate change and carbon emissions, and working in partnership to refer eligible individuals to schemes which provide home insulation.

Related Documents
Economic Regeneration Strategy (forthcoming)
Energy Efficiency Strategy (in development)
Home Care Strategy 2006
Homelessness Strategy 2007-08
Homelessness Strategy 2008-12 (in development)
Housing Strategy 2007-08
Housing Strategy 2008-12 (in development)
Joint Mental Health Strategy 2005-08
Move On Strategy 2006-07
Temporary Accommodation Reduction Strategy 07/08-09/10
The Haringey Guarantee 2007
Welfare to Work for the Disabled Strategy 2005-15
Worklessness Statement 2006

Economic Well-being Priorities 2007-2010

1) Increase the number of young people leaving school and entering employment or training

Supporting Programmes/Initiatives

- Develop enhanced vocational programmes in secondary schools for Year 10 & 11 students
- Run employment advice and brokerage at College of North East London

2) Increase the numbers moving from worklessness into employment

Supporting Programmes/Initiatives

- Develop and deliver two flagship employment and skills programmes:
  - The London Councils Neighbourhood Renewal Fund/European Social Fund Co-financing Programme 2006-08
  - Tackling Worklessness - "A Haringey Guarantee"
- Further develop partnerships with public/private sector employers and community/voluntary organisation to identify needs and offer a range of solutions, including customised courses, web-based learning and Learn Direct

3) Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems resident in Haringey

Supporting Programmes/Initiatives

- Work with Jobcentre Plus to create supported employment
- Ensure disabled people have access to employment and skills programmes
- Develop a programme of disability awareness training for providers and employers to be delivered by disabled people
- Develop social firms made up of disabled people

4) Prevent homelessness wherever possible

Supporting Programmes/Initiatives

- Consolidate performance and the implementation of the Prevention and Options Service, further developing the role of the Prevention and Options Visiting Officer

5) Maximise the supply of good quality affordable housing available to homeless people

Supporting Programmes/Initiatives

- Increase the supply of private rented homes through the Assured Shorthold Tenancy (AST) scheme
- Bring private rented properties back into use
- Ensure the move on of vulnerable people to appropriate accommodation

6) Reduce fuel poverty

Supporting Programmes/Initiatives

- Ensure residents have better measures to insulate their homes by referring eligible individuals to relevant local schemes

7) Ensure that vulnerable people have decent, energy efficient homes

Supporting Programmes/Initiatives

- Carry out security checks as part of the Here to HELP scheme
- Carry out fire safety checks in people's homes
- Provide home modifications, such as mending stairway railing, to help older people avoid slips, trips and falls

8) Address the psycho-social, as well as the physical, barriers to work faced by incapacity benefit recipients, helping customers better manage their own health condition and refocus on their potential for work

Supporting Programmes/Initiatives

- Prepare a strategic response to meet the challenges and opportunities presented by the rollout of the *Pathways to Work* (DWP) programme 2008
- Increase the number of front-line staff with access to the *Better Off Calculation* software (IBIS-Jobcentre Plus) to perform in work/benefit comparison calculations for current claimants considering return to work
- Increase the capacity of condition management programmes to help support job-seeking and return to work aspirations

6.7 Outcome 7: Maintaining Personal Dignity and Respect

Objective 7: 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

***Our Health, Our Care, Our Say* Outcome**
• Keeping clean and comfortable
• Enjoying a clean and orderly environment
• Availability of appropriate personal care

Some vulnerable people are abused and exploited by relatives, neighbours, unpaid carers or professionals and are often reluctant to take action so they can be protected. We work to combat this abuse and ensure that all service users are treated with the utmost respect at all times.

To make sure that this happens we have adopted the following aims:

- To promote and enhance people's independence, safety and quality of life
- To provide services that meet each individual's specific needs
- To provide services in a fair, transparent and consistent way
- To provide services which are effective and meet clear standards
- To ensure service users and carers have a say, and are involved in planning

We want to ensure that all people in residential care are treated with dignity and respect. One way of working toward this goal is to make sure that those in residential care are assured the privacy afforded by a single room. Our standard practice is to ensure that all people living in our residential and nursing homes have single rooms, except in the following circumstances:

- Where we place a couple together
- If a service user or their family specifically opt for a shared room in order to secure their home of choice. In these instances we make the placement on the basis that as soon as a single room is available, the person is placed in it.

Another way in which people have dignity and respect is through their social relationships, and for most people that includes personal and sexual relationships. We want to ensure that service users have every opportunity to have fulfilling personal relationships should they so wish. We want to help people who know, live with, or work with service users to be clear about what support they can or should be offering. We work to ensure that service users are free from unsafe or abusive sexual contact. This means that we must provide access to the knowledge, support and skills people need to protect themselves so that

they are able to access as full and enjoyable personal and sexual relationships as possible.

Related Documents
Adult Protection Strategy (under review)
Experience Counts 2005-10
Food and Nutrition Strategy (in development)
Sexual Rights, Relationships and Health: Haringey Policy Guidelines for Supporting People with Learning Difficulties 1995 (under review)

Maintaining Personal Dignity and Respect 2007-2010

1) Improve access to small items of equipment to enable people to live independently in their own homes

Supporting Programmes/Initiatives

- Extend the availability of small items of equipment through extended use of drop-in services and partnership with local retail units

2) Increase the choice and availability of community meals

Supporting Programmes/Initiatives

- Increase choice by developing an ambient tea-time service for those who want it
- Develop the frozen meal delivery service for those who want it and are able to heat their own meals

3) Protect vulnerable adults from abuse

Supporting Programmes/Initiatives

- Prevent abuse occurring wherever possible and deal with it appropriately and effectively if it does occur
- Ensure all relevant staff receive training for working with vulnerable adults
- Implement the Bogus Caller Initiative targeting vulnerable Adults prone to bogus callers
- Develop a Safeguarding Adults Board
- Revise the Sexual Rights, Relationships and Health Policy Guidelines to include all client groups

7 Monitoring the Framework

The WBPB, one of the thematic boards of the HSP, has a key role to play in delivering the Framework. While the WBPB has an input into all seven of the outcomes and some priorities and actions identified are its responsibility, other priorities and actions are the remit of the other thematic partnerships which sit under the HSP. For example:

- Fear of crime - Safer Communities Partnership
- Building new homes – Integrated Housing Partnership
- Keeping our green spaces attractive – Better Places Partnership
- Tackling worklessness and other aspects of economic well-being – Enterprise Partnership.

Whilst the well-being of children falls under the remit of the Children and Young People's Strategic Partnership, there is an element of crossover between the Children and Young People's Partnership and the WBPB as children and young people cannot be seen as separate from the adults they live with, and in time their needs will fall under the remit of the WBPB. Transition to adulthood presents all young people and their families with many challenges and it is important to ensure that we work together to ensure that this is a smooth process.

Consequently, while the WBPB is responsible for the **implementation plan** of the Well-being Strategic Framework, it is not **solely** responsible for its delivery. Hence, there is joint ownership for the **delivery** of the Framework. Each supporting programme and initiative in the Well-being Strategic Framework is assigned to a lead agency which is responsible for its **delivery**, and a lead thematic partnership, which is responsible for **monitoring performance**.

Responsibility for the monitoring of the priorities and supporting programmes and initiatives of the Framework that **do not** fall directly under the remit of the WBPB lie with the HSP's Performance Management Group.

We have also developed a Well-being Scorecard, which incorporates all targets included in the Implementation Plan; the Scorecard is updated on a quarterly basis. The HSP Boards will receive quarterly performance reports showing progress against outcomes. Performance will be illustrated using a traffic light system with trend analysis and progress against trajectories. Good performance will be highlighted alongside action to address any under-performance.

Commitments to achieve joint targets will need to be reflected in each partner agency's plans to ensure a joined up approach to delivery.

The WBPB has five sub-groups, organised around the seven outcomes of the Well-being Strategic Framework. The chairs of each of these sub-groups have been identified as lead contacts for each of the outcomes (see Appendix A). They will be responsible for ensuring that the supporting programmes and initiatives are implemented. Each of the sub-groups supporting the WBPB as well as the other thematic boards of the HSP will be responsible for their contributions through the detailed plans and strategies linked to each outcome which underpin this overarching Framework.

The Well-being Strategic Framework is accompanied by an Implementation Plan, which describes the supporting programmes and initiatives to be undertaken to achieve each outcome and shows how we will measure that we have achieved them. We have set clear success indicators, which are Specific, Measurable, Achievable, Realistic and Timed (SMART).

In addition we will be:

- Monitoring the improvement in life expectancy
- Monitoring the priorities in the Framework
- Consulting residents
- Working with groups and organisations representing local people

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Quality of Life and Well-being: Measuring the benefits of culture and sport, 2006 Scottish Executive Publications
Strong and Prosperous Communities, the Local Government White Paper (2006)
Tackling Health Inequalities: a programme for action (2003) Department of Health

Glossary for Framework and Implementation Plan

ACCS:	Adult, Culture and Community Services Directorate, Haringey Council.
ASB:	Anti-social behaviour
ASBAT:	Anti-Social Behaviour Action Team
AST:	Assured Shorthold Tenancy
BEHMHT:	Barnet, Enfield and Haringey Mental Health Trust
BME:	Black and Minority Ethnic
BMI:	Body Mass Index
BV:	Best Value
CASSR:	Councils with Adult Social Services Responsibilities
CCTV:	Closed circuit television
CfH:	Communities for Health – a funding stream to support the DH Choosing Health Agenda
CIPFA:	Chartered Institute of Public Finance and Accountancy
CoNEL:	College of North East London
CPA:	Comprehensive Performance Assessment
CSCI:	Commission for Social Care Inspection
CYPPB:	Children and Young People's Strategic Partnership Board
DAAT:	Drug and Alcohol Action Team
DASS:	Director of Adult Social Services
DfES:	Department for Education and Skills (former government Department)
DH:	Department of Health
ESF:	European Social Fund
GLA:	Greater London Authority
HAVCO:	Haringey Association of Voluntary and Community Organisations
HC:	Haringey Council
HEA:	Health Equity Audit
HfH:	Homes for Haringey - a Board made up of residents, councillors and independent experts.
HSCP:	Haringey Safer Communities Partnership
HSP:	Haringey Strategic Partnership
HTPCT:	Haringey Teaching Primary Care Trust
JCP:	Job Centre Plus
KMC:	Ken McAnespie Consultancy
KPI:	Key Performance Indicators
LAA:	Local Area Agreement
LDP:	Local Delivery Plan
LINks:	Local Involvement Networks (a new body planned to take over and extend the functions of Patient and Public Involvement Forums in April 2008)
LPSA:	Local Public Service Agreement (replaced by LAA in 2006)
LSP:	Local Strategic Partnership
MORI:	Ipsos MORI, a research organisation
MPS:	Metropolitan Police Service
NRF:	Neighbourhood Renewal Fund
OHOCOS:	Our Health, Our Care, Our Say- *White Paper, Department of Health, January 2006.*

PAF:	Performance Assessment Framework
PCP:	Person centred planning
PE:	Physical education
PLSS:	Public Library Service Standards
PSA:	Public Service Agreement
QUEST:	Quality scheme for sport and leisure
RAP:	Referrals, Assessments and Packages of Care in Adult Personal Social Services
SOAs:	Super Output Areas - *a statistical geography published by the Office for National Statistics. They are made up of three hierarchical layers: lower, middle and upper that all fit within the Borough boundary. It is intended that SOAs will replace electoral wards as the basis for small area statistics.*
SMART:	Specific, Measurable, Achievable, Realistic and Timed
SP:	Supporting People
TBD:	To be developed
TNS:	A research organisation
V-base:	Volunteering management software
VCS:	Voluntary and Community Sector
WBPB:	Well-being Partnership Board
WBSF:	Well-being Strategic Framework

Appendix A Lead Contacts for Each Outcome

Subgroup	Well-being Partnership Board Outcomes	Joint Leads
1	• Improved health and emotional well-being	• Joint Director of Public Health
2	• Improved quality of life • Economic well-being	• Assistant Director, Recreation Services, Adult, Culture and Community Services, Haringey Council • Assistant Director, Housing, Urban Environment, Haringey Council
3	• Making a positive contribution	• Director of HAVCO • Chair of the HAVCO Well-being Theme Group
4	• Increased choice and control • Freedom from discrimination or harassment • Maintaining personal dignity and respect	• Assistant Director, Adult Services, ACCS, Haringey Council • Director of Nursing and Operations, Adult and Older People, HTPCT
5	• Joint Commissioning Group	• Director of Finance, HTPCT • Assistant Director, Commissioning and Strategic Services, Adult, Culture and Community Services, Haringey Council

Appendix B Development of the Framework

In June 2005 the WBPB was established. It agreed the definition of well-being as follows:

> **Well-being is the term used to describe the activities of the statutory and voluntary agencies to promote the quality of life for adults in Haringey. This includes access to appropriate accommodation, health and care services, leisure and educational activities and options for maintaining a healthy lifestyle.**

In September 2005 the WBPB agreed an aim, vision, outcomes and objectives, all of which provide strategic direction regarding well-being.

In February 2006 we held 'A Healthier Haringey' event which helped us identify relevant priorities, many of which have been included in the Life Expectancy Plan. It was developed to help us address health inequalities and meet the key floor target locally.

During 2006 we contributed to the development of the new Sustainable Community Strategy which has led to it including the following outcome for 2007-2016: 'Healthier people with a better quality of life'.

In December 2006 the Well-being Chairs Executive agreed to develop this Well-being Strategic Framework to bring together the diverse programmes taking place to improve health and well-being in the borough.

In January 2007 a project group with representatives from the Council, Haringey Teaching Primary Care Trust and the voluntary sector was set up to develop the Framework. The Council's Head of Policy and Performance attended meetings of the project group and provided guidance and assistance on performance management.

Haringey's LAA, which was signed off in March 2007, included "Improving health and well-being" as a cross-cutting theme. This means that all blocks of the LAA must work to support this aim.

In May 2007 the Well-being Chairs Executive, made up of the chairs of the sub-groups reporting to the WBPB, agreed a new definition of well-being to be used for the Framework. It is:

> **Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services;**

access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.

Following this, in June 2007 the WBPB agreed that the seven outcomes included in *Our Health, Our Care, Our Say* would supersede those it agreed in September 2005 and that the Framework would be shaped around these outcomes and locally agreed objectives.

As well-being is cross-cutting in nature, many of the outcomes, objectives and priorities covered by the Framework are not necessarily the remit of the WBPB and are instead the responsibility of other boards. Therefore, other boards were asked to take responsibility for various aspects of the Well-being Strategic Framework.

The project group also ensured that an Equalities Impact Assessment was completed and consulted stakeholders as described below.

Appendix C Consultation about the Framework

The Framework flows from the Sustainable Community Strategy, for which residents and other stakeholders were extensively consulted throughout the summer of 2006.

Whilst developing our priorities for improving well-being locally we have involved users and carers in the following ways:

- Better Living for Older People Conference (2004) attended by 450 older people
- Reference group of 33 older people (2004-05) who identified priorities for action which are included in Experience Counts
- Healthier Haringey Event (2006) for staff and voluntary sector organisations to determine local priorities to meet the Choosing Health Agenda
- Consultation event (2006) with users and carers to discuss priorities for inclusion in the LAA
- Event (2007) to discuss the Department of Health draft Commissioning Framework for Health and Well-being
- Presentation of Annual Public Health reports for discussion at the HAVCO Well-being Theme Group, and at Local Area Assemblies (the 2004 report focussed on Mental health, the 2005 report focussed on Children and Young People, the 2006 report focussed on health surveillance and primary care)

Using feedback from residents and other stakeholders from the Sustainable Community Strategy consultation, the consultations with service users and carers mentioned above, and working with the priorities already identified in existing plans and strategies, the project group agreed key priorities under each outcome of the Framework (see section 8).

Drafts of the Framework were circulated to the Well-being Partnership Board and the sub-groups that report to it. Drafts were also circulated to the other theme boards under the Haringey Strategic Partnership, (including an accessible version to the Learning Disability Partnership Board), the voluntary and community sector well-being theme board, senior managers within HTPCT, the Council, and Barnet, Enfield and Haringey Mental Health Trust. A questionnaire was circulated with the Framework drafts in which stakeholders were asked to comment on the proposed priorities and actions. The feedback was used to develop the final Framework.

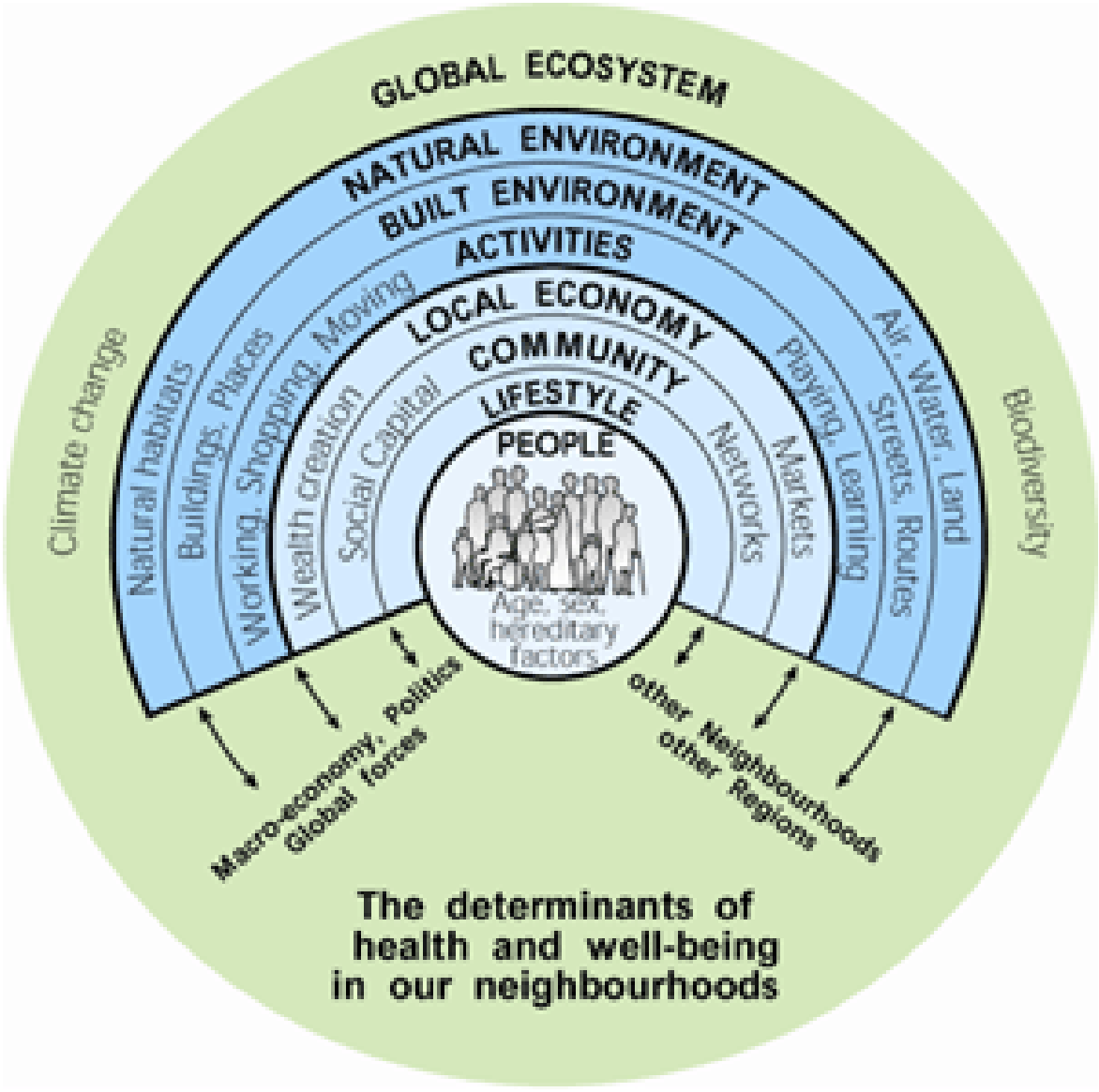
Appendix D Local Area Agreement Targets 2007-2010

The LAA will focus on the following well-being initiatives:

- Increasing the number of schools achieving “healthy school” status
- Increasing the percentage of 19-year-olds with level 2 qualifications
- Reducing the proportion of young people aged 16 to 18 not in education, employment or training (NEET)
- Reducing personal robbery
- Reducing the number of violent crimes across Haringey’s communities with specific reference to domestic violence
- Reducing litter & detritus in Super Output Areas
- Increasing the number of Green Flag award parks and green space and public satisfaction
- Increasing recycling participation within Super Output Areas
- Increasing the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the last year
- Increasing the number of smoking quitters living in N17
- Increasing the proportion of adults undertaking at least 30 minutes of moderate intensity physical activity on 3 or more days per week
- Improving living conditions for vulnerable people
- Increasing the number of people from the 12 ‘worst wards’ helped into sustained work
- Increasing the number of people on Incapacity Benefits more than 6 months helped into sustainable employment
- Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy
- Increasing 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
- Improving access to a range of day opportunities for older people by:
  (a) Increasing the number of volunteers provided as part of day opportunities
  (b) Increasing the number of older people attending day opportunities programmes
- Increasing the number of breaks received by carers

Appendix E Setting the Scene for the Framework

Well-being is a broad concept, encompassing everything from access to health and social care, access to and use of leisure and cultural facilities, employment and housing. The diagram below illustrates the multiple facets of well-being[14]:



[14] Based on the Whitehead and Dahlgren (1991) diagram as amended by Barton and Grant (2006) and the UKPHA Strategic Interest Group (2006)

Below is a demographic profile of Haringey's adult residents and some key facts that relate to each of the well-being outcomes.

Demographic Profile

- In 2006 Haringey's population was 224,500, a 0.1% increase on the mid-2004 population of 224,300[15].
- The Haringey population continued to be evenly balanced in terms of gender with there being 112,700 males compared to 111,800 females – a ratio of 50:50.
- 18.5% of those living in Haringey are age 14 and under; 77.9% are age 18 and over; 16.8% are aged 55 and over; and, 9.4% are aged 65 and over[16].
- The fastest growth rate (in terms of age) was amongst the 85 to 89 age group at 7.7%.
- There was a 2.9% reduction in the 20 to 24 age group and there was no change in the number of people between the ages of 50 to 74.
- The working-age population increased slightly to 155,400 over the year – a growth rate of 0.06%.
- Nearly half of Haringey's 224,500 people come from ethnic minority backgrounds. Many of the ethnic groups in Haringey are white. When we include 'other white' born in Eastern Europe and the Middle East, White Irish and 'other white' born in the UK and Ireland in our definition of black and ethnic minorities then almost 49% (48.94%) of Haringey's population is from black and ethnic minority communities. This is the 6th highest proportion in London.
- Haringey is both economically and socially polarised. 50% of Super Output Areas (SOAs)[17] in the Tottenham parliamentary constituency are amongst the 10% most deprived in the country. However, fewer than 10% of SOAs in Hornsey and Wood Green parliamentary constituency are amongst the 10% most deprived in the country.

Improved Health and Emotional Well-being

- There is a difference of eight years in life expectancy for men living in one of the most deprived wards in Haringey (Bruce Grove – 70.5 years) compared to men living in one of the most affluent wards (Muswell Hill – 78.2 years) based on 1999-2003 data.
- There is only a weak relationship between female life expectancy and deprivation, and this is not statistically significant.

[15] 2005 mid-year population estimates: Full Briefing August 2006, Haringey Council
[16] 2005 mid-year population estimates, Office for National Statistics
[17] Super Output Areas (SOAs) are a statistical geography published by the Office for National Statistics. They are made up of three hierarchical layers: lower, middle and upper that all fit within the Borough boundary. It is intended that SOAs will replace electoral wards as the basis for small area statistics.

- In 2003 the rate for strokes (9.74 per 100,000 population) remained higher than both the London and England & Wales averages of 9.74 and 8.92 per 100,000 population respectively[18].
- In 2002 the death rate for cancer in Haringey was 181 per 100,000 compared to 186 for London as a whole.
- Infant mortality in Haringey (2002) was 6.9 per 1000 live births compared to 5.7 in London.
- 6.49% of Haringey babies weighed less than 2,500 grams at birth compared to the national figure of 6.20%. The percentage of low birth weight babies in Haringey is decreasing, but not as quickly as it is nationally.
- The rate of teenage conceptions is above the national average and has steadily increased during the 1990s. The latest data (2001-2003) show a Haringey conception rate to women aged 15-17 of 74.4 per 1000 compared to 42.8 for England and Wales.
- Mental Health admissions for Haringey are much higher than in London and surrounding boroughs. However, admissions account for a fraction of those who actually suffer with mental illness.
- In the 2005-2006 financial year there were 1182 individuals in structured drug treatment representing a 16% increase from the previous year.
- In 2005-2006 there were 911,000 visits to Council Leisure Centres; the target for 2006-2007 is to have over a million visits.
- 22.9% of Haringey residents surveyed as part of the Active People Survey participated in moderate physical activity for at least 30 minutes at least three times per week in 2006

Improved Quality of Life

- 1.3 million items of library stock were checked out in 2006-2007.
- There are were over 28,000 active library borrowers from April 2006-April 2007.
- There were 36,500 visits to Bruce Castle in 2006-2007.
- Over 4000 children came to Bruce Castle in 2006-2007 as part of organised class visits.
- The Haringey Adult Learning Service (HALS) had over 2700 enrolments in 2006-2007.
- Crime was the top personal concern in the Council's 2006 annual Residents' Survey. It was mentioned by just over half of all respondents.
- Haringey continues to perform well in relation to burglary with consistent reductions over the last three financial years[19]; there were 1360 burglaries in July to December 2006, which represents a 2.6% decrease on January to June 2006.
- In July to December 2006 there were 821 personal robbery offences.

[18] Data from the Office for National Statistics

[19] Unless otherwise stated, crime data included below is from the Partnership Data Report, which is produced by the Safer Communities Partnership

This represents a 5.7% decrease on the previous six months and a decrease of 19.4% when compared with the same period in 2005; robbery offences have been showing a long-term decreasing trend.

- In July to December 2006 there were 1969 violent offences[20]. This represents a 9.3% decrease on the previous six-month period.
- Adult social care services in Haringey support 550 people using day care services and deliver over 10,000 hours of home care per week
- There are approximately 16,000 carers in the borough, of which 1000 are on the Haringey Council register.

Making a Positive Contribution

- 16% of respondents in the 2006 Annual Residents' Survey say that they have been a volunteer in the last year.
- Of the Haringey residents surveyed in the 2006-2007 HAVCO Volunteering Baseline Survey, 339 engaged in formal volunteering for an average of more than 2 hours per week during the year, out of which 230 are from hard-to-reach groups, including black and minority ethnic backgrounds.
- There are about 700 voluntary and community organisations in Haringey, a majority of which are small with fewer than 2 employees.
- Haringey Area Assemblies attract an average of over 50 attendees[21].

Increased Choice and Control

- Adult social care services in Haringey look after 650 people in residential or nursing homes and help 30-40 new people every week to get the support they need

Benefits for people who need help with personal care, getting around or who are unable to work:

i) Attendance Allowance

- In August 2004, the claim rate for Attendance Allowance [22] was 13.5% (or 2,865 people), which is unchanged from the position at August 2003.
- This claim rate is higher than the London average of 12.7% and lower than the England average of 14.6%.
- 67.9% of claimants are female while 32.1% are male.

[20] 'Violent offences' include British Crime Survey (BCS) comparator offences of Actual Bodily Harm, Grievous Bodily Harm, and Common Assault, whether domestic, knife enabled or otherwise.

[21] Area Assemblies provide residents with an opportunity to question leading Members of the Council's Cabinet. They serve as a forum where residents can raise local matters of concern and where the Council and other service providers can communicate important matters/issues with local residents.

[22] A benefit for people over the age of 65 who are so severely (physically or mentally) disabled that they need a great deal of help with personal care or supervision

- Across Haringey, the highest claim rates are in the following areas: Harringay, Hornsey, Northumberland Park and White Hart Lane.

ii) Incapacity Benefit and Severe Disablement Allowance

- At May 2006, the Incapacity Benefit and Severe Disablement Allowance claim rate was 8.1% (or 12,530 people); this is down slightly from a rate of 8.2% (or 12,700 people) at May 2005.
- This claim rate is higher than both the London and England averages of 6.4% and 7.1% respectively.
- 42.9% of claimants are female while 57.1% are male. 5.9% of claimants are aged 16 to 24; 43.1% are aged 25 to 44; 43.3% are aged 45 to 59; and 7.6% are 60 and over.
- Across Haringey, the highest claim rates are in Super Output Areas in the following wards: Bruce Grove, Hornsey, Noel Park and Woodside.

Freedom From Discrimination or Harassment

- The police dealt with 1792 domestic violence offences in Haringey in 2006-2007[23].
- Based on national averages the costs of domestic violence for Haringey are[24]:

	£ million
Criminal justice	4.32
Health care physical	5.18
Mental health	0.75
Social services	0.97
Housing & refuges	0.67
Civil legal costs	1.33
All services costs	13.22
Employment	11.36
Human	72.61
Total	**97.19**

- During the period 2003-2004, hate crime and harassment reported to the Police in Haringey dropped by 46%. This was a significant drop and seemed unrelated to any initiatives. In the period 2003-2004, homophobic and race hate incidents reported to the Police in Haringey dropped by 19.6%, whereas incidents in all but one of the neighbouring boroughs actually increased[25].

- These decreases prompted the Safer Haringey Partnership to commission the Centre for Criminology at Middlesex University to investigate the extent and

[23] Data supplied by Haringey Council's Domestic Violence Co-ordinator
[24] Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8th June 2005
[25] A. Goodman et al, 'Hate Crime in Haringey' Middlesex University, 2005, quoted in Haringey's Hate Crime and Harassment Strategy 2007-08

nature of hate crime and harassment in the borough and the possible causes of under-reporting.

Economic Well-being

Employment/unemployment

- Haringey ranks as one of the most deprived boroughs in the country with 7.7% of the economically active population (i.e. those working or actively seeking work) unemployed in March 2006. This is more than twice the UK average of 3.6%.
- In March 2006, there were 8,245 Haringey residents claiming Job Seekers Allowance, which at a rate of 7.7%, is considerably higher than the rate for London (4.6%) and is over twice as high as the rate for Great Britain (3.6%)[26].
- Northumberland Park has the highest unemployment rate out of all wards in London at 19.3% - this is 5.0 percentage points higher than the 2nd highest ranking London ward (Harlesden ward in Brent - 14.3%)[27].
- Results from the 2001 Census suggest that long-term unemployment is a serious issue facing Haringey. Over 50% of unemployed Haringey residents have not worked for over 2 years or have never worked.

Universal Benefits

i) Income Support

- In May 2006, the Income Support claim rate was 10.8% (or 16,760 people); this is down slightly from May 2005.
- This rate of 10.8% is higher than both the London and England averages of 7.6% and 5.7% respectively.
- 68.3% of Income Support claimants are female while 31.7% are male.
- The rates are highest in the east of the borough.

ii) Pension Credit

- In May 2006, the Pension Credit claim rate was 40.7% (or 10,080 people); this is up from a rate of 39.8% (or 9,870 people) at May 2005.
- This rate is significantly higher than both the London and England averages of 28.1% and 24.5% respectively.
- 56.7% of claimants are female while 43.3% are male.
- The highest claim rates are in the east of the borough.

iii) State Pension

- In May 2006, the State Pension claim rate was 94.0% (or 23,280 people); this is down slightly from a rate of 94.3% (or 23,360 people) at May 2005.
- This claim rate is higher than the London average of 91.7% and lower

[26] Data from Greater London Authority and Office for National Statistics
[27] ibid

than the England average of 97.8%.

- 61.9% of claimants are female while 38.1% are male.
- Across Haringey, the take up of State Pension is lowest in Super Output Areas in the following wards: Hornsey, St Ann's and White Hart Lane.

iv) Job Seekers Allowance (JSA)

- In October 2006, 7.7% (or 8200 people) of Haringey's economically active population[28] was on JSA; this is down from a claim rate of 7.8% at October 2005.
- Haringey's JSA claim rate of 7.7% is slightly higher than the London average of 4.5% and more than twice the England average of 3.3%.

v) Disability Living Allowance

- In May 2006, 4.2% (or 9,390 people) residents were claiming Disability Living Allowance; this is up slightly from a claim rate of 4.1% (or 9,150 people) at May 2005.
- This rate is higher than the London average of 3.7% but lower than the England average of 4.5%. 50.7% of claimants are female while 49.3% are male.
- 10.5% claimants are under 16; 6.0% are aged 16 to 24; 27.5% are aged 25 to 44; 27.6% are aged 45 to 59; and 28.4% are 60 and over.
- 84.6% of people been doing so for over 2 years. The comparable rates for London and England are 84.5% and 86.1% respectively.
- Across Haringey, the highest claim rates are in Super Output Areas in the following wards: Bounds Green, Bruce Grove, Fortis Green, Harringay, Hornsey, Noel Park, Tottenham Green, Tottenham Hale, White Hart Lane and Woodside.

Housing Stock in Haringey

- According to the 2001 Census, 45.8% of the dwellings in Haringey are owner occupied, compared with two-thirds of housing in all of England and Wales. This is a higher rate of ownership than similar boroughs in London.
- A higher percentage of Haringey residents live in rented accommodation (50.6%) than the average for England and Wales (31%)[29].
- It is estimated that 31% of households in Haringey are living in unsuitable housing.
- The most common reasons for unsuitability are major disrepair and unfitness (17,144 households) and overcrowding (6,310 households)[30].

[28] 'Economically active population' - people in work or actively seeking work, excluding economically active full-time students
[29] 2001 Census Data
[30] Housing Needs Survey 2005 update

- At the end of 2005-06 there were just over 5,600 households living in temporary accommodation; this is one of the highest levels in the country[31].

Fuel Poverty

- There are 40,000 excess winter deaths in the UK.
- 9,000 households in Haringey are without central heating.
- There has been an overall improvement in energy efficiency from 2004-05 of 2.8% across all tenures.
- In 2005 over 1000 households received insulation and home security measures via the 'Here to HELP' scheme run by British Gas; the Council has a contract to continue the scheme until March 2008.

Maintaining Personal Dignity and Respect

Adult Social Care Services in Haringey:

- Supports 4,500 people using our safe and sound community alarm service.
- Delivers over 400 meals on wheels every day.
- Took 5,000 emergency referrals in 2005-06.
- Nearly three-quarters (74%) of relevant adult social care had had training to identify and assess risks to vulnerable adults in 2006-07.
- In 2006-07 there were 158 referrals for the protection of vulnerable adults (POVA).
- Of these, 96 were for older people; 22 were for people with learning disabilities; 12 were for people with physical and sensory disabilities; and, 28 were for people who use mental health services.

[31] Housing Investment Programme and Housing Data

Haringey's Well-being Strategic Framework Implementation Plan

2007 – 2010

Outcome Summary

Our Health, Our Care, Our Say **(OHOCOS) Outcome**	**Description from OHOCOS**	**Haringey Objective**	**Key Performance Indicators**
Improved health and emotional well-being	• Enjoying good physical and mental health (including protection from abuse and exploitation). • Access to appropriate treatment and support in managing long-term conditions independently. • Opportunities for physical activity.	To promote healthy living and reduce health inequalities in Haringey	• Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in age, all-cause mortality (LAA Target) • Increase physical activity in the borough (LAA Target) • Increase the number of smoking quitters in N17 (LAA Target) • Clients receiving a review (PAF D40) • Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA)
Improved quality of life	• Clients receiving a review (PAF D40) • Access to leisure, social activities and life-long learning and to universal, public and commercial services. • Security at home. • Access to transport. • Confidence in safety outside the home.	To promote opportunities for leisure, socialising and 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	• Increasing the number of older people attending day opportunities programmes (LAA Target) • The number of physical visits per 1000 population to public libraries (CPA C2c PLSS 6) • Increase the number of 'Green Flag' Parks from 7 to 12 (LAA target) • Increase adult education take-up • The percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56) • The number of those aged 18 and over helped to live at home (PAF C29; C30; C31; C32) • Increase the number of breaks received by carers (LAA Target) • Reduce the proportion of adults saying they are in fear of being a victim of crime (LAA Target) • Households receiving intensive home care per 1,000 population (PAF C28 BVPI 53)

Outcome Summary

Our Health, Our Care, Our Say **(OHOCOS) Outcome**	**Description from OHOCOS**	**Haringey Objective**	**Key Performance Indicators**
Making a positive contribution	• Active participation in the community through employment or voluntary opportunities. • Maintaining involvement in local activities and being involved in policy development and decision-making.	To encourage opportunities for active living including getting involved, influencing decisions and volunteering	• Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year (LAA Target) • Increase the number of volunteers recruited as part of day opportunities for older people (LAA Target) • Increase sports adults volunteering from 2.7% to 5% (CPA Culture Block Target)
Increased choice and control	• Maximum independence • Access to information. • Being able to choose and control services. • Managing risk in personal life.	To enable people to live independently, exercising choice and control over their lives	• The number of adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (PAF C51) • Acceptable waiting times for assessments (PAF D55 BVPI 56) • Acceptable waiting times for care packages (PAF D56 BVPI 196) • Increasing 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 (LAA Target)

Outcome Summary

Our Health, Our Care, Our Say **(OHOCOS) Outcome**	**Description from OHOCOS**	**Haringey Objective**	**Key Performance Indicators**
Freedom from discrimination or harassment	• Equality of access to services. • Not being subject to abuse.	To ensure equitable access to services and freedom from discrimination or harassment	• Percentage of adults assessed in the year whose ethnicity was 'not stated' in RAP return A6 (key threshold) • Percentage of adults with one or more services in the year whose ethnicity was 'not stated' in RAP return P4 (key threshold)
Economic well-being	• Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. • Ability to meet costs arising from specific individual needs.	To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs	• Increase the number of residents on Incapacity Benefit for 6 months or more helped into work of 16 hours per week or more for at least 13 weeks (LAA Target) • Increase the number of people from priority neighbourhoods helped into sustained work (LAA Target) • Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)
Maintaining personal dignity and respect	• Keeping clean and comfortable. • Enjoying a clean and orderly environment. • Availability of appropriate personal care.	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	• Availability of single rooms (PAF D37) • Numbers of relevant staff in post who have had training in addressing work with vulnerable adults. • Written guidance on personal and/or sexual relationships between people who use in-house or purchased care services

Lead Agency Colour Coding Key

Lead Agency	Colour Coding
Adult, Culture and Community Services, HC	
Chief Executive's Service, HC	
Children and Young People Services, HC	
Urban Environment, HC	
Voluntary Sector Lead	
Haringey Teaching Primary Care Trust (HTPCT)	
Barnet, Enfield & Haringey Mental Health Trust	
Joint Lead (more than one agency)	

HC = Haringey Council

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Sustainable Community Strategy Links:
Healthier People with a Better Quality of Life

Council Priorities Links:
Creating a Better Haringey: Cleaner, Greener and Safer
Encouraging Lifetime Well-being, at Home, Work, Play and Learning
Promoting Independent Living While Supporting Adults and Children When Needed

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve access to effective primary, community and other health care services	• Improve equity in the management of disease leading to premature mortality by: ○ Ensuring that practice-based disease registers are complete and accurately maintained ○ Ensuring that clinical management of patients with high blood pressure, high blood cholesterol, heart failure and diabetes is based on national guidelines and the needs of patients, including those with mental health problems	• Reduce mortality rates from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between Haringey and the population as a whole (DH PSA)	• HTPCT[1] Local Delivery Plan 2005/6-2007/8 • Life Expectancy Action Plan 2007-10	HTPCT	WBPB[2]

[1] HTPCT – Haringey Teaching Primary Care Trust
[2] WBPB – Well-being Partnership Board

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve access to effective primary, community and other health care services (CONT)	• Increase the uptake rates of cervical and breast screening, including amongst non English-speaking communities	• Reduce mortality rates from cancer by at least 20% in people under 75, with a reduction in the inequalities gap between Haringey and the population as a whole of at least 6% (DH PSA1) • Increase the uptake of breast cancer screening amongst women aged 50 to 70 years (LDP) • Increase the uptake of cervical cytology screening amongst women aged 25 to 64 years (LDP)	• HTPCT Local Delivery Plan 2005/6-2007/8	HTPCT	WBPB
	• Improve equity of access to health services by: ○ Developing needs-based approaches to commission primary care services, building on an equity audit of resource allocation to GP practices ○ Reducing the number of residents that are not registered with a GP	• As set out in Developing World Class Primary Care in Haringey (TBD)	• HTPCT Developing World Class Primary Care in Haringey (consultation ends 19 October 2007)	HTPCT	WBPB
	• Reduce the waiting time from referral by a GP to treatment	• Ensure that by 2008 no one waits more than 18 weeks from GP referral to hospital treatment (LDP)	• HTPCT Local Delivery Plan 2005/6-2007/8	HTPCT	WBPB

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve access to effective primary, community and other health care services (CONT)	• Develop a strategy to reduce the number of women booking late in their pregnancy for ante-natal care	• Reduce the gap in infant mortality by at least 10% between 'routine and manual groups' and the population as a whole by 2010 (LPSA target)	• Children and Young People's Plan 2006-09 • Infant Mortality Action Plan 2007-10	HTPCT	CYPPB[3]
Reduce physical inactivity	• Increase participation in sport and recreational physical activity and encourage an active lifestyle	• To increase the proportion of adults taking part in sport and recreational physical activity for 30 minutes on at least 3 days a week by 4%, from 22.9% to 26.9% (LAA Target)	• LAA Action Plan 2007-10	HTPCT and HC – Adult, Culture and Community Services Directorate, Recreational Services	WBPB

[3] CYPPB – Children and Young People's Partnership Board

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Reduce physical inactivity (CONT)	• Encourage participation in sport and physical activity amongst those community groups who traditionally use sports and leisure facilities across the Borough less than others	• To increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5% National Benchmarking Service) • To increase the proportion of older people's (60+) use of our leisure centres by 5% per annum from 101,000 to 116,920 (National Benchmarking Service) • To increase the proportion of disabled people's use of our leisure centres by 5% from 96,000 to 111,132 (National Benchmarking Service) • To increase the proportion of people from lower socio economic groups' use of our leisure centres by 2% from 112,000 to 118,855 (National Benchmarking Service) • To increase Sports and leisure use equally across BME communities and reduce the differential by 2% from 4% to 2% • To increase parks and open space use across BME communities and reduce the differential by 3% from 10.3% to 7.3%	• Sport and Physical Activity Strategy 2006-10 • Experience Counts 2005-10	HTPCT and HC – Adult, Culture and Community Services Directorate, Recreational Services	WBPB

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Reduce physical inactivity (CONT)	• Provide a range of opportunities in Haringey Parks and Open Spaces for active and passive recreation which can contribute to improved mental and physical health and well-being • Use the 2012 preparations to raise awareness and stimulate increased participation	• To increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66 • To increase the percentage of residents visiting a park at least once per month by 3% from 88.3% to 91.3%	• Open Spaces Strategy 2006-10 • Greenest Borough Strategy (in development)	HC – Adult, Culture and Community Services Directorate, Recreational Services	Better Places Partnership Board
Improve diet and nutrition	• Update the Haringey Food and Nutrition Strategy including: ○ Promotion of 5 portions of fruit and vegetables per day ○ Focus on groups with high levels of need e.g. people living on low incomes, and those living with cardiovascular disease, diabetes and cancer • Manage existing cases of overweight and obesity by developing a range of interventions, including weight management programmes and care pathways and guidelines	• Reduce health inequalities between Haringey and the England population by narrowing the gap in age, all-cause mortality (LAA Target) • Reduce mortality rates from circulatory diseases in people under 75, so that the gap between the national rate and the rate for Haringey is narrowed by 2010 (LAA Target)	• Food and Nutrition Strategy (in development) • Obesity Strategy 2007-10 (in development)	HTPCT; HC – Children's Service	WBPB

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve diet and nutrition (CONT)	• Prevent overweight and obesity developing in the community by promoting healthy eating and physical activity	• Increase over time the number of people aged 15-75 years on a GP register with a BMI recorded, and decrease over time the number of people aged 15-75 years on a GP register recorded as having a BMI of 30 or greater • Halt the year on year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole		HTPCT; HC – Children's Service	WBPB
Reduce the number of people who smoke, and the number of people exposed to second-hand smoke	• Implement the ban on smoking in public places from July 1st 2007, including: ○ Advising local businesses and employers about the ban ○ Develop workplace based support for employees to quit ○ Work through Children Centres to protect the children from the harmful effects of smoke in the home	• Reduce adult smoking rates to 21% or less with a reduction in prevalence among routine and manual groups to 26% or less (DH PSA3 / DfES PSA3)	• HTPCT Local Delivery Plan 2005/6-2007/8 • Life Expectancy Action Plan 2007-10	HC[4] - Enforcement Services, Urban Environment	Better Places Partnership Board and CYPPB

[4] HC – Haringey Council

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Reduce the number of people who smoke, and the number of people exposed to second-hand smoke (CONT)	• Increase uptake of HTPCT smoking cessation services, particularly amongst deprived communities	• Increase the number of smokers who set a quit date and successfully quit and four weeks follow up with NHS stop-smoking services (LDP) • Achieve 150 additional quitters from N17 (Tottenham) between 2007/8 and 2009/10 (LAA Target)	• HTPCT Local Delivery Plan 2005/6-2007/8	HTPCT	WBPB
	• Reduce the number of women who smoke during pregnancy	• Decrease the % of women known to be smokers at the time of delivery down to 5% by April 2008 (LDP)	• HTPCT Local Delivery Plan 2005/6-2007/8 • Children and Young People's Plan 2006-09 • Infant Mortality Action Plan 2007-10	HTPCT	CYPPB
Prevent premature deaths from suicide, accidents and injuries	• Develop a suicide prevention strategy incorporating mental health promotion, risk reduction amongst key population groups, and reducing the availability of suicide methods	• Reduce mortality from suicide and undetermined injury by at least 20% by 2010 (PSA05)	• Joint Mental Health Strategy 2005-08 • HTPCT Local Delivery Plan 2005/6-2007/8	HTPCT; HC – Adult, Culture and Community Services Directorate	WBPB

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Prevent premature deaths from suicide, accidents and injuries (CONT)	• Develop safer routes to school, and traffic safety measures	• Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% and the number of children killed or seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities (PSA 5)	• Haringey Local Development Scheme 2007	HC – Street Scene, Urban Environment	Better Places Partnership Board
	• Ensure that housing interventions include accident prevention measures such as fire safety, and removing the causes of trips and falls • Focus fire safety and security measures in the private rented sector	• Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care (PAF C72 / LAA Target) • Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care per 10,000 population (PAF C73 / LAA Target) • Decrease the number of accidental dwelling fires (sub-target of Decent Homes Outcome) (LAA Target) • Increase domestic fire safety and reduce arson (LAA Target)	• London Fire Service Haringey Plan 2007-08 • Private Sector Housing Strategy 2007-08 • Private Sector Housing Strategy 2008-12 (in development)	HC – Enforcement Service, Urban Environment	Integrated Housing Partnership

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Reduce the harm caused by drugs and alcohol	• Continued Test Purchase Operations, and closure of crack houses in partnership with Police, Drug Alcohol Action Team (DAAT), treatment agencies, and the Anti-social Behaviour Action Team (ASBAT) • Roll out of local questionnaire in addition to KIN questionnaire via Safer Neighbourhood teams and Mori Poll • Focus on improving the drug treatment journey with provider agencies – engagement, retention (care planning), successful discharge and re-integration • Commission and imbed a new crack-cocaine/poly-drug use service • Increase effective outreach as part of crack-cocaine/poly-drug use service • Increase psychosocial interventions (counselling, motivational interviewing, cognitive behavioural therapy, etc) • Expand GP Shared Care Scheme	• Increase the percentage of Problematic Drug Users (PDU) entering drug treatment to 1475 (2007/08) (LAA Target) (1182 Local Delivery Plan Target) • Increase the percentage of Problem drug users being retained in treatment for 12 weeks or more to 75% (2007/08) (LAA Target) • 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/treatment within 10 days (LAA Target)	• Adult Drug Treatment Plan 2007-08 • Alcohol Related Harm Reduction Strategy 2005-08 • Drug Related Death Strategy 2005-08 • Drug and Alcohol Action Team User Involvement Strategy 2006-08 • Haringey Policing and Performance Plan 2007-08 • Harm Reduction Strategy 2006-08	DAAT [5] (comprises partners across health, MPS, Local Authority, Probation, etc)	HSCP[6] – Safer Communities Executive Board

[5] DAAT – Drug and Alcohol Action Team
[6] HSCP – Haringey Safer Communities Partnership

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Reduce the harm caused by drugs and alcohol (CONT)	• Develop a North London Inpatient facility for drug and alcohol misusers • Continue to implement the Drug Use Screening Tool, which enables early identification of substance misuse amongst young people across the local agencies working with vulnerable young people • Commission cross-borough hospital based alcohol interventions pilot (Haringey & Barnet)	• Reduce chronic ill health caused by alcohol, resulting in fewer alcohol related accidents and hospital admissions • Reduce public perception of local drug dealing and drug use as a problem measured using Mori question 4: 'Thinking about your local area, how much of a problem do you think people using or dealing drugs' (LAA Target)	• Safer Communities Strategy 2005-08 • Supporting People Strategy 2005-10 • Youth Justice Plan 2006 • Young Persons Substance Misuse Grant Commissioning Plan 2007-08	DAAT [7] (comprises partners across health, MPS, Local Authority, Probation, etc)	HSCP[8] – Safer Communities Executive Board
Improve sexual health	• Improve access to sexual health services for education, prevention, diagnosis and treatment	• Increase access to GUM services so that 100% of patients are offered an appointment within 48 hours of contacting the service by March 2008 (LDP) • Increase the number of NHS funded terminations of pregnancy undertaken at up to and including nine completed weeks gestation (LDP)	• Haringey Sexual Health Strategy 2005-07 • HTPCT Local Delivery Plan 2005/6-2007/8	HTPCT	WBPB

[7] DAAT – Drug and Alcohol Action Team
[8] HSCP – Haringey Safer Communities Partnership

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve sexual health (CONT)	• Increase the number of young people who accept the offer of a test for Chlamydia, and go on to complete treatment if required	• Increase the uptake of Chlamydia screening amongst young people aged 15-24 years to ensure that over 4760 young people of this age group accept the offer of a test in 2007/8 (LDP)	• Haringey Sexual Health Strategy 2005-07	HTPCT	WBPB
	• Prevent unwanted pregnancy and sexually transmitted infections by promoting safer sexual behaviour, through: ○ Personal, social and health education in schools and colleges ○ For young people (4YP) services for young people ○ Appropriate advice and referrals from sexual health and primary care services • Targeted HIV prevention programmes for Black African communities and gay men/men who have sex with men	• Reduce the number of new diagnoses of Gonorrhoea (LDP) • Improve the provision of information and advice on family planning methods and services (LDP)	• Haringey Sexual Health Strategy 2005-07 • HTPCT Local Delivery Plan 2005/6-2007/8	HTPCT	WBPB
	• Reduce teenage conceptions and unwanted pregnancy	• Reduce the under –18 conception rate by 50% as part of a broader strategy to improve sexual health (PSA)	• Haringey Teenage Pregnancy Strategy • HTPCT Local Delivery Plan 2005/6-2007/8	HC – Children and Young People's Service	CYPPB

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve mental health	• Develop and implement strategies to promote good mental health, as indicated in the Joint Mental Health Strategy 2005-08	• Adults aged 18-64 with mental health problems helped to live at home (PAF C31)	• Joint Mental Health Strategy 2005-08	HTPCT – Mental Health Services; HC – Adult, Culture and Community Services Directorate, Adult Services	WBPB
	• Review current service provision and identify future needs to improve older people's mental well-being	• Older People helped to live at home per 1,000 aged 65 and over (PAF C32) • The number of delayed transfers of care per 100,000 population aged 65 or over (PAF D41)	• Older People's Mental Health Strategy (in development)	HTPCT – Mental Health Services; HC – Adult, Culture and Community Services Directorate, Adult Services	WBPB
	• Improve the level and quality of mental health services provided by primary care services, including the establishment of complete registers of patients with serious mental illness in GP practices	• Increase the proportion of individuals with serious mental illness on GP registers who have a comprehensive care plan agreed between individuals, their family and/or carers as appropriate (QOF indicator)	• Joint Mental Health Strategy 2005-08	HTPCT	WBPB

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Improve mental health (CONT)	• Increase support to people with mental health problems to reduce the risks of offending	• Increase referral to treatment agencies • Extend forensic nursing service in custody from 5pm – 9pm from May 07	• LAA Delivery Plan • Safer Communities Strategy 2005-08	BEHMHT	HSCP
	• Identify and treat mental health problems early, as they arise, by: ○ Providing early intervention services for individuals with a first episode of psychosis ○ Increasing the effective follow up of individuals discharged from hospital using enhanced care programme approach (CPA) and shared care packages	• Increase the number of people under adult mental illness specialities on enhanced care programme approach (CPA) receiving follow up within seven days of discharge from hospital (LDP)	• LAA Delivery Plan • HTPCT LDP	BEHMHT[9]; HTPCT	WBPB
	• Further develop care pathways and guidelines to ensure that treatment and care services for individuals with mental health problems are effective in enabling them to live as independently as possible • Develop a new model of mental health services to ensure that people are less likely to be admitted to hospital	• Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA) • Adults with mental health problems helped to live at home per 1000 population aged 18 – 64 (PAF C31)	• Joint Mental Health Strategy 2005-08	HTPCT; HC – Adult, Culture and Community Services Directorate, Mental Health Services	WBPB

[9] BEHMHT – Barnet, Enfield and Haringey Mental Health Trust

WBSF Outcome 1 – Improved Health and Emotional Well-being

Objective - To promote healthy living and reduce health inequalities in Haringey

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency/ Agencies	Lead Thematic Partnership
Protect people from environmental and communicable threats to health	• Systematically investigate and mitigate against the possible risk to human health from land contamination in Haringey	• Investigate 10% of 217 Haringey sites of potential concern with respect to land contamination in 2007-2008	• Contaminated Land Strategy 2005 • Environmental Services Enforcement Policy 2005	HC-Enforcement	Better Places Partnership Board
	• Increase the uptake of immunisation against Flu amongst individuals aged over 65 years, and other vulnerable groups	• Increase the uptake of flu immunisation amongst individuals aged over 65 years to 70%. (LDP Target)	• HTPCT Local Delivery Plan 2005/6 -2007/8	HTPCT	WBPB
	• Identify and treat/manage cases of TB, HIV infection and other infectious diseases in order to improve health outcomes and prevent onward transmission	• London-specific targets being developed through the London Strategic Health Authority	• Haringey Sexual Health Strategy 2005-07 • Strategy Report for the North Central London TB Steering Group 2005	HTPCT; Health Protection Agency	WBPB
	• Ensure enforcement of health and safety and food standards legislation in local workplaces, retail and leisure facilities in Haringey • Continue successful implementation of *Scores on the Doors* scheme	• Inspect for food hygiene standards 100% of all high risk food premises in the borough	• Environmental Services Enforcement Policy 2005	HC-Enforcement	Better Places Partnership Board

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Sustainable Community Strategy Links:

People at the Heart of Change
Economic Vitality and Prosperity Shared by All
Safer for All
Healthier People with a Better Quality of Life

Council Priorities Links:

Creating a Better Haringey: Cleaner, Greener and Safer
Encouraging Lifetime Well-being, at Home, Work Play and Learning
Promoting Independent Living While Supporting Adults and Children When Needed

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Promote libraries as centres of learning, social, economic and cultural life	• Make libraries accessible to all by: (a) Refurbishing libraries so they comply with the Disability Discrimination Act (b) Providing mobile and housebound library services (c) Providing large print materials, and books on cassette or CD	• Public Library standards on access PLSS 1, 2 & 6 (CPA C2 Cipfa) • Compliance with the public library service standards (BV 220) • Library stock PLSS 5, 9 &10 (CPA C11) • Increase the number of physical visits per 1000 population to public libraries (CPA C2c PLSS 6)	• Cultural Strategy (in development) • Haringey Culture, Libraries and Adult Learning Business Plan 2007	HC – Adult, Culture and Community Services Directorate, Culture, Libraries and Learning Service	WBPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Enhance future facilities for improving well-being	• Establish standards for open space, sports and play provision • Sustain Parks and Open Spaces investment programme by greater than £1m per annum • Ensure Local Development Framework and other planning guidance enhance well-being	• Planning Policy Guidance adopted by March 2008	• Local Development Scheme 2007	HC – Adult, Culture and Community Services Directorate, Recreational Services	Better Places Partnership Board
Enhance future facilities for improving well-being (CONT)					
Enable people to undertake life-long learning opportunities	• Develop taster courses to encourage initial involvement in learning and promote a range of appropriate progression routes in accredited courses • Use learner/ staff/ partnership feedback to develop a new range of appropriate courses that meet the needs of older people • Provide information, advise and guidance and job search support from our learner resource bases, while offering outreach services to other community services	• Adult and Community Learning enrolments: 1812 • Learn direct enrolments: 500 • Skills for Life tests: 143 • Entry to Employment (E2E): 53 starters • Apprenticeships: 25 • Information, Advice & Guidance: Advice instances 872 • Information episodes:4,356	• Haringey Adult Learning Services Plan (in development) • Carers Strategy 2005-08 • College of North East London Development Plan 2005-08 • Experience Counts 2005-10	HC – Adult, Culture and Community Services Directorate, Culture, Libraries and Learning Service	WBPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Enable people to undertake life-long learning opportunities (CONT)	• Strengthen the choice of accredited learning routes to encourage progression to level 2 provision			HC – Adult, Culture and Community Services Directorate, Culture, Libraries and Learning Service	WBPB
Develop a greater range of social activities within the community **Develop a greater range of social activities within the community (CONT)**	• Increase day opportunities for older people • Continue the Art Brought to Book programme in the borough • Promote literacy and encourage creativity by hosting author visits and providing premises for writing groups at libraries • Provide reminiscence groups in the libraries and museums to contribute to the quality of life of older people	• Improve access to a range of day opportunities for older people – 610 attendees by 2009-10 (LAA Target)	• Experience Counts 2005-10 • Day Opportunities Strategy - Older People (in development) • Mental Health Day Opportunities Strategy	HC – Adult, Culture and Community Services Directorate Older People's Service; Age Concern	WBPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Reduce fear of crime	• Develop engagement through Neighbourhood Panels and Key Informer Networks to agree priorities • Develop the RESPECT agenda locally • Implement the CCTV Strategy and communicate successes • Deploy high visibility patrols in priority areas at busiest times • Develop a Safer Communities Communications Plan • Make capital improvements (e.g. lighting) in partnership with other budget holders • Provide crime prevention advice and equipment to vulnerable groups	• Three priorities established jointly per ward every 6 months. • Reduction in the proportion of adults saying they are in fear of being a victim of crime (LAA Target) • Deliver on LAA mandatory perception targets – surveyed annually • Communications Strategy draft by November 07 and finalised by January 08 • Safer and Stronger Communities Fund capital fund allocated by September 07	• CCTV Strategy and Development Plan (in reviewed) • Safer Communities Strategy 2005-08 • Haringey Policing and Performance Plan 2007-08 • Safer Haringey Communications Plan (in development) • Hate Crime and Harassment Strategy 2007-08	HC – Safer Communities Service; MPS	HSCP

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Work to increase access to information technology (IT) for everyone	• Provide facilities for people of all ages to have training in and access to the Internet • Expand People's Network Programme facilities for all ages, offering free access to the Internet and also providing office software and printing facilities	• % of static libraries providing access to electronic information resources connected to the Internet PLSS 3 (CPA C3a) • Total number of electronic workstations with access to the Internet and the libraries catalogue (available for public use through both static and mobile libraries, and other service outlets available to users per 10,000 pop PLSS 4 (CPA C3b)	• Experience Counts 2005-10	HC – Adult, Culture and Community Services Directorate, Culture, Libraries and Learning Service	WBPB
Improve transport in the borough so that people are able to get out and about	• Develop the service based transport scheme for those using day opportunities in Older People and Learning Disabilities Services	• Uptake of Community Transport Scheme	• Unitary Development Plan 2006	HC – Urban Environment Directorate HC – Urban	Better Places Partnership Board

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Improve transport in the borough so that people are able to get out and about (CONT)	• Implement the Community Transport in Haringey Scheme, a door-to-door transport service for people who find it difficult to access mainstream public transport • User and carer involvement in Mobility Forum informs quarterly meetings with Transport for London • Promote walking and cycling by providing appropriate facilities, improving safety, and developing attractive routes	• Increase the number of adults walking by 2%, from 13.3% to 15.3%, and cycling by 0.4% from 3.1% to 3.5%		Environment Directorate	Better Places Partnership Board
Improve sports and leisure provision	• To assist each member of the community, particularly young people, to maximise their educational attainment and opportunity for life-long learning through participation in sport and physical activity	• To increase the percentage of year 9 pupils in membership of a sports club or attending a regular organised session from 38.8% to 46.4% • To increase the number of 5-16 year olds in school sports partnerships that are participating for 2 hours per week in PE and school sport by 20% from 80% to 100%	• Sport and Physical Activity Strategy 2006-10 • Children and Young People's Plan 2006-09	HC – Adult, Culture and Community Services Directorate, Recreational Services	CYPPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Improve sports and leisure provision (CONT)	• To develop a range of quality and accessible recreational opportunities and sporting facilities available to all	• To achieve QUEST accreditation on 3 leisure centres • To increase the number of 'Green Flag' parks in the Borough by 5, from 7 to 12 (LAA Target) • To ensure that 75% of the population are within 20 minutes walk of 3 out of 6 different facility types, one of which has a quality assurance standard • To increase leisure centre adult usage by 7.5 % from 846,000 to 912,000 user visits (3 year target) • To increase the number of Active Card members by 30% from 5556 to 7621 (3 year target) • To increase the number of concessionary Active Card members by 21% from 2990 to 3717 (3 year target)	• Sport and Physical Activity Strategy 2006-10 • Open Spaces Strategy 2006-10	HC – Adult, Culture and Community Services Directorate, Recreational Services	Better Places Partnership Board

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Improve sports and leisure provision (CONT)	• To improve access to local provision so that participants can enjoy activities that are of high quality and in a safe and secure environment • Access opportunities created by 2012 to develop new and/or refurbished facilities and activity programmes	• To improve resident perception of sports and leisure provision by 3% from 43% to 46% [TNS survey] • To improve resident perception of parks and open spaces provision by 5 from 52 to 57 (TNS survey) • To improve resident satisfaction with sports and leisure provision by 8% from 47% to 55% - 3 year target [MORI survey] • To improve resident satisfaction with Parks and Open Spaces by 5% from 72% to 77% (MORI survey) • To reduce Parks and Open Spaces users' fear of crime, and increase satisfaction with security those feeling safe or very safe) by 4% from 70.19% to 74% (KMC survey)	• Sport and Physical Activity Strategy 2006-10 • Open Spaces Strategy 2006-10	HC – Adult, Culture and Community Services Directorate, Recreational Services	Better Places Partnership Board

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Enhance home care	• Introduce a new monitoring system for home carers • Provide specialist training to home care staff to ensure they can support people with high care needs such as dementia • Develop user-focussed outcome based home care provision • Further develop re-ablement services	• The percentage of respondents to a survey of older people receiving home care asked 'Do your care workers do the things that *you* want done?' who answered 'They *always* do the things I want done' (PAF D71) • The number of delayed transfers of care per 100,000 population aged 65 or over (PAF D41) • Percentage of respondents to older people receiving home care survey claiming they were 'extremely satisfied' or 'very satisfied' with help from Social Services in their own home (PAF D52) • Households receiving intensive home care per 1,000 population (PAF C28)	• Home Care Strategy 2006 • Experience Counts 2005-10	HC – Adult, Culture and Community Services Directorate; Age Concern	WBPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Provide support for unpaid carers, including preparing for when they are no longer able to care	• Develop information for carers and the way we communicate with them • Offer culturally appropriate assistance and support for the cared-for person to enable their carers to meet their own health, leisure, employment and education needs • Develop a commissioning strategy for carers	• Increase the number of carers receiving a specific carer's service as a percentage of clients receiving community based services (PAF C62 / LAA Target) • Percentage of the carers' grant spend for black and minority ethnic carers (2.1CS053 2714)	• Carers Strategy 2005-08 • Experience Counts 2005-10 • Joint Mental Health Strategy 2005-08	HC - Adult, Culture and Community Services Directorate HC - Children and Young People's Service **Both directorates leading	WBPB, CYPPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase opportunities for people to live independently in their own homes	• Increase the number of day opportunities	• Increase access to day opportunities (LAA Target) • Older People helped to live at home per 1,000 aged 65 and over (PAF C32) • Younger physically disabled people helped to live at home per 1,000 aged 18-64 (PAF C31) • People with learning disabilities helped to live at home per 10,000 adults in population aged 18-64 (PAF C30) • Older people helped to live at home per 1,000 population aged 65 or over (PAF C32)	• Experience Counts 2005-10 • Day Opportunities Strategy - Older People (in development)	HC – Adult, Culture and Community Services Directorate; Age Concern	WBPB
	• Support people in the move from temporary to permanent accommodation	• Service users who are supported to establish and maintain independent living (SP KPI 1) • Service users who have moved on in a planned way from a temporary living arrangement (SP KPI 2)	• Supporting People Strategy 2005-10	HC – Adult, Culture and Community Services Directorate	WBPB

WBSF Outcome 2 – Improved Quality of Life

Objective: To promote opportunities for leisure, socialising and 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

Priorities for 2007 - 2010	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase opportunities for people to live independently in their own homes (CONT)	• Help older people to retain mobility and independence by providing professional advice and training through libraries, giving practical guidance on remaining mobile	• Older people helped to live at home per 1,000 population aged 65 or over (PAF C32)	• Experience Counts 2005-10	HC – Adult, Culture and Community Services Directorate, Recreational Services; Culture, Libraries and Learning Service	Better Places Partnership Board

WBSF Outcome 3 – Making a Positive Contribution

Objective: To encourage opportunities for active living including getting involved, influencing decisions and volunteering

Sustainable Community Strategy Links:
People and Customer Focused

Council Priority Links:
Encouraging Lifetime Well-being, at Home, Work, Play and Learning
Delivering Excellent, Customer Focused, Cost Effective Services

Priorities	Supporting Programmes/ Initiatives	Targets(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Create opportunities for having a say in decision making	• Establish local Voluntary and Community Sector Forum to meet quarterly from November 2007	• 25 community representatives engaged across the HSP[10] and sub-boards, elected by November 2007	• Haringey Compact 2006 • HAVCO Business Plan 2005-08[11] • Community Link Proposal 2007	HAVCO	HSP[12]
	• Improve representation of BME[13] / community groups on the HSP • Fully involved second tier organisations	• 25 BME / community groups represented as part of the HSP (HSP re-structuring) • 3 trainings for BME / community representatives held to engage across the Local Strategic Partnership (LSP) and sub-boards • Increase number of community organisations represented as part of the LSP re-structuring	• Haringey Compact 2006 • HAVCO Business Plan 2005-08	HC – Policy, Performance, Partnership and Communication; HAVCO	HSP

[10] HSP – Haringey Strategic Partnership
[11] HAVCO – Haringey Association of Voluntary and Community Organisations
[12] LSP – Local Strategic Partnership
[13] BME – Black and minority ethnic

WBSF Outcome 3 – Making a Positive Contribution

Objective: To encourage opportunities for active living including getting involved, influencing decisions and volunteering

Priorities	Supporting Programmes/ Initiatives	Targets(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Create opportunities for having a say in decision making (CONT)	• Involve users and carers in influencing policies	• Percentage of residents who feel they can influence decisions affecting their local area Mori question 30 (LAA Target) • Users and carers representation on Well-Being Partnership sub-groups: ○ 4 carers on Carers Partnership Board ○ Review participation of users with HIV to improve involvement ○ Continue attendance of service users from cross-provider services at DAAT board and work groups	• User Engagement Strategy (forthcoming)	All agencies	WBPB/HSP
Promote user involvement and engagement in service commissioning and delivery	• Develop Local Involvement Network (LINks) • Enhance partnership approach to enable user involvement • Consultation Group meets regularly	• LINks up and running by April 2008	• Haringey Compact 2006 • User Engagement Strategy (forthcoming)	HAVCO – Delivery Agent for Links; HTPCT; HC – Corporate Partnerships	WBPB

WBSF Outcome 3 – Making a Positive Contribution

Objective: To encourage opportunities for active living including getting involved, influencing decisions and volunteering

Priorities	Supporting Programmes/ Initiatives	Targets(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase opportunities for volunteering	• Build the capacity of Voluntary and Community Sector to be effective in involving volunteers • Develop a Volunteer Centre in Haringey that coordinates local volunteering • Promote volunteering opportunities led by older people • Engage opportunities and programmes being developed for the 2012 Olympics to increase volunteering in the sports and leisure sector • Use V-base (www.doit.org.uk) to promote volunteering opportunities • Expand and improve the Community Volunteer Wardens service	• 50 voluntary and community organisations capacity built • Increase in the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year (LAA Target) • Increasing the number of volunteers provided as part of day opportunities for older people (LAA Target)	• Day Opportunities Strategy – Older People (in development) • Haringey Infrastructure Development Plan 2005 • HAVCO Business Plan 2005-8 • Experience Counts 2005-10	HAVCO	HSP; WBPB

WBSF Outcome 3 – Making a Positive Contribution

Objective: To encourage opportunities for active living including getting involved, influencing decisions and volunteering

Priorities	Supporting Programmes/ Initiatives	Targets(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase opportunities for volunteering (CONT)	• Increase the number of special constables • Improve voluntary and community sector infrastructure • Promote community ownership, participation and involvement in the development and delivery of facilities and programmes for sport and physical activity	• Increase the number of adults volunteering for at least 1 hour per week by 2.3% from 2.7% to 5% (Recreational Services Target)	• Sport and Physical Activity Strategy 2006-10	HC – Adult, Culture and Community Services Directorate	WBPB
	• Develop and implement a joint volunteering strategy across all sectors	• Strategy in place by 2008	• Haringey Compact 2006	All Agencies	WBPB

WBPB Outcome 4 – Increased Choice and Control

Objective: To enable people to live independently, exercising choice and control over their lives

Sustainable Community Strategy Links:
Healthier People with a Better Quality of Life

Council Priority Links:
Encouraging Lifetime Well-being, at Home, Work, Play and Learning
Promoting Independent Living While Supporting Adults and Children When Needed

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Ensure service users and carers have a say, and are involved in developing their care plans	• Improve the involvement of people in care planning by increasing the number of person-centred care plans • Implement the findings of the pilot on PCP and transition for which Haringey was one of the pilots	• Describe the arrangements in place for person-centred transitional planning and summarise how this has improved in 2006-07 (2219 4.1LD091-Self Assessment) • Ensure all cases of children with disabilities are transferred at age 16 from Children's to Adult Services according to agreed protocol. • Ensure all 16 year old children with a disability have a PCP	• Protocol for the transfer of case responsibility between the Disabled Children's Team and the Learning Disability Partnership 2007	HC – Adult, Culture and Community Services Directorate	WBPB

WBPB Outcome 4 – Increased Choice and Control

Objective: To enable people to live independently, exercising choice and control over their lives

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Provide appropriate care in the community	• Develop intermediate care options • Reduce the number of people using residential care	• Number of intermediate care beds funded by the council (1.2OP004 – 1.200P008) • Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care (PAF C72 / LAA Target) • Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care per 10,000 population (PAF C73 / LAA Target)	• Experience Counts 2005-10 • Rehabilitation and Intermediate Care Strategy (in development)	HC – Adults, Culture and Community Services Directorate; Age Concern	WBPB
Promote the use of direct payments as widely as possible	• Place Direct Payments/ Individual Budgets at the centre of the Adult Social Services Commissioning Strategy • Expand the in house support service for people wishing to have a Direct Payment/Individual Budget • Develop an agency rate for Direct Payments to enable people to access Direct Payments without having to be come an employer • Develop the Direct Payment	• Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised) (PAF C51)	• Experience Counts 2005-10 • Joint Mental Health Strategy 2005-08	HC – Adult, Culture and Community Services Directorate	WBPB

WBPB Outcome 4 – Increased Choice and Control

Objective: To enable people to live independently, exercising choice and control over their lives

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
	User Group to provide representative consultative forum for driving forward the 'in control' agenda • Expand the use and take up of Direct Payments by Carers				
Further access to employment through individual budgets	• Develop an Individual Budget Pilot following best practice from the National Pilots	• To be done after the national Individual Budget pilot reports	• Experience Counts 2005-10 • Joint Mental Health Strategy 2005-08	Adult, Culture and Community Services Directorate	WBPB
Support individuals with long-term conditions in self-management	• Enable individuals with long-term conditions to develop self-management skills through the expert patient programme	• To run 12 courses in 2007/8 (6 sessions over 6 weeks, including one for people with mental health problems and 5 in languages other than English	• Expert Patient Programme Evaluation May 2007	HTPCT	WBPB
Develop housing related support services for vulnerable people	• Develop extra care housing support options including using assistive technology	• Number of new people who use services aged 65 and over provided in 2006-07 with one or more items of Telecare equipment in their own homes (or equivalent, such as extra care/warden housing) (2156)	• Rehabilitation and Intermediate Care Strategy (in development)	HC – Adult, Culture and Community Services Directorate	WBPB
Develop	• Sustain people in tenancies	• Service users who are	• Supporting People	HC – Adult, Culture	WBPB

WBPB Outcome 4 – Increased Choice and Control

Objective: To enable people to live independently, exercising choice and control over their lives

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
housing related support services for vulnerable people (CONT)		supported to establish and maintain independent living (SP KPI 1) • Service users who have moved on in a planned way from a temporary living arrangement (SP KPI 2)	Strategy 2005-10	and Community Services Directorate, Supporting People Service	
	• Ensure that vulnerable people have access to a flexible range of housing and support options	• Increase the proportion of vulnerable single people supported to live independently (LAA Target) • Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA Target)	• Supporting People Strategy 2005-10 • Joint Mental Health Strategy 2005-08	HC – Adult, Culture and Community Services Directorate, Supporting People Service; HTPCT	WBPB

WBPB Outcome 5 – Freedom from Discrimination or Harassment

Objective: To ensure equitable access to services and freedom from discrimination or harassment

Sustainable Community Strategy Links:
Safer for All
Healthier People with a Better Quality of Life

Council Priorities Links:
Creating a Better Haringey: Cleaner, Greener and Safer
Encouraging Lifetime Well-being, at Home, Work, Play and Learning

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Provide services in a fair, transparent and consistent way[14]	• Continue to ensure that all new policies and strategies are subject to Equalities Impact Assessments • Effectively monitor service provision to ensure that services are provided to all client groups in an equitable manner • Develop the capacity of partner organisations to undertake Health Equity Audits as a tool to ensure health inequalities are addressed through service planning	• Ratio of the percentage of learning disabled adults receiving services that are from minority ethnic groups related to the percentage of the population that are from minority ethnic groups. (2216 5.3LD166 – Self Assessment) • What analysis has the council undertaken with people who use services under the Disability Discrimination Act 2005 about equality of access to its different services, and has a scheme been published? (5.6GN167 – Self Assessment) • HTPCT to undertake 2 HEAs in 2007/08	• Haringey Council Equalities Public Duty Scheme 2007-10 • Life Expectancy Action Plan 2007-10 • HTPCT Local Delivery Plan 2005/6-2007/8	All Agencies	HSP

[14] This links with the priorities on increasing access to health care and leisure services under Outcome 1: Improved Health and Emotional Well-being

WBPB Outcome 5 – Freedom from Discrimination or Harassment

Objective: To ensure equitable access to services and freedom from discrimination or harassment

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Address stigma associated with long- term conditions such as mental health problems and sexual ill health	• Reduce the stigma associated with poor mental health for people with mental health problems and their carers, including work with local media and voluntary and community organisations	• Continue *Inclusive Solutions* work with employers to reduce stigma for people with mental health problems and promote access to employment • Continue to promote physical and mental well-being in deprived communities by providing access to services, including preventative services, in non-stigmatising settings such as community centres and libraries	• Joint Mental Health Strategy 2005-08 • Haringey Sexual Health Strategy 2005-07 • Mental Health Carers Strategy 2007	HC – Adult, Culture and Community Services Directorate; BEHMHT; HTPCT	WBPB
Support victims and witnesses of crime	• Provide individual support for witnesses through Victim and Witness Support • Increase the use of 'expert witnesses' • Improve publicity for victim and witness services • Increase the use of the Victim Support service by young people through the employment of a young people's outreach worker	• Contact every witness of crime in the Borough prior to coming to court • Contact vulnerable witnesses three to four weeks prior to court case • Contact and visit every victim of race hate crime in the borough	• Safer Communities Strategy 2005-08 • Victim Support National Office Strategic Plan 2005-08 • Safer Communities Communications Plan (in development)	HC – Safer Communities Service; MPS; Victim Support	HSCP
Support victims	• Increase the use of the Victim			HC – Safer	HSCP

WBPB Outcome 5 – Freedom from Discrimination or Harassment

Objective: To ensure equitable access to services and freedom from discrimination or harassment

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
and witnesses of crime (CONT)	Support service by Haringey's diverse communities through recruitment of volunteers from these communities			Communities Service; MPS; Victim Support	
Prevent and reduce domestic violence	• Strengthen the provision of our one-stop domestic violence services at Hearthstone	• An increase in the percentage rate of sanctioned detections of domestic violence (LAA Target) • A reduction in repeat for domestic violence offences (LAA Target) • An increase in reporting Hearthstone through the health services (LAA Target)	• Domestic Violence Strategy 2004-08 • Haringey Policing and Performance Plan 2007-08 • Safer Communities Strategy 2005-08	MPS; HC – Safer Communities Service	HSCP
Prevent and reduce hate crime and harassment	• Coordinate and improve responses to hate crime and harassment • Develop long-term prevention programme • Encourage reporting and recording • Improve responses to hate crime and harassment, and referrals between agencies	• Hate Crime Steering Group in place - to be reviewed March 08 • Alternative reporting mechanism piloted from July 07 • Partnership plan for working with schools in place by Sept 07	• Hate Crime and Harassment Strategy 2007-08	HC - Safer Communities Service, ASB Partnership Board	HSCP
Prevent and reduce hate		• Referral protocol in place July 07, reviewed in October		HC - Safer Communities	HSCP

WBPB Outcome 5 – Freedom from Discrimination or Harassment

Objective: To ensure equitable access to services and freedom from discrimination or harassment

Priorities	Supporting Programmes/ Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
crime and harassment (CONT)		07 • Multi-agency training programme by March 08 • Increase reporting by 10% by March 2008		Service, ASB Partnership Board	
Address anti-social behaviour (ASB)	• Maintain high standards of response to ASB across the borough • Develop support for vulnerable families and neighbourhoods • Maintain the balance between early intervention/use of Acceptable Behaviour Contracts and full legal powers • Develop early intervention and prevention programmes • Improve cleanliness and reduce environmental crimes • Improve delivery of enforcement services to meet public priorities	• Respond to serious cases within 24 hours • Parenting Worker in ASBAT to work with 5 key families 07/08 • Develop Good Neighbour Agreements (3 pilots in 07/08) • Maintain 100% success in court • Deliver awareness raising to schools in partnership with Victim Support • Run a series of targeted environmental clean up campaigns 07/08 • Deliver a new out-of-hours, rapid response enforcement programme – August 07	• Safer Communities Strategy 2005-08 • Anti-Social Behaviour Strategy • Local Area Agreement – Safer and Stronger and Respect Agenda 2007-08 • Enforcement Strategy – Safer and Cleaner (in development) – March 2008	HC – Anti-Social Behaviour Action Team; MPS; Enforcement Team	HSCP

WBPB Outcome 6 – Economic Well-being

Objective: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Sustainable Community Strategy Links:
Economic Vitality and Prosperity Shared by All
People at the Heart of Change
Healthier People with a Better Quality of Life
An Environmentally Sustainable Future

Council Priority Links:
Making Haringey One of London's Greenest Boroughs
Encouraging Lifetime Well-being, at Home, Work, Play and Learning
Promoting Independent Living While Supporting Adults and Children When Needed

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase the number of young people leaving school and entering employment or training	• Develop enhanced vocational programmes in secondary schools for Year 10 & 11 students	• 250 Key Stage 4 pupils enrolled on enhanced vocational courses, a further 20 receiving extra support to prevent them becoming not in education, employment or training	• Worklessness Statement • The Haringey Guarantee 2007 • Economic Regeneration Strategy (forthcoming)	HC – Urban Environment	Enterprise Partnership Board
	• Run employment advice and brokerage at CONEL[15]	• Enhanced offer to 60 CoNEL students, 25 sustained full-time jobs	• Worklessness Statement • The Haringey Guarantee 2007	HC – Economic Regeneration Service	Enterprise Partnership Board

[15] CONEL – College of North East London

WBPB Outcome 6 – Economic Well-being

Objective: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase the numbers moving from worklessness into employment	• Develop and deliver two flagship employment and skills programmes: ○ The London Councils Neighbourhood Renewal Fund/European Social Fund Co-financing Programme 2006-08 ○ Tackling Worklessness - "A Haringey Guarantee" • Further develop	• Support 175 people into sustained jobs • Support 150 people into work placements • Run 8 job fairs • Support 280 people into jobs (NRF/ESF[16] Target) • Support 250 people to access employability training, outreach, information, advice and guidance, skills assessment, vocational training, personal development • Reduce the claimant count in 12 worst wards by 2 percentage points (LAA Target)	• The Haringey Guarantee 2007 • Worklessness Statement	JCP, HC – Economic Regeneration Service JCP, HC –	Enterprise Partnership Board

[16] NRF/ESF – Neighbourhood Renewal Fund/European Social Fund

WBPB Outcome 6 – Economic Well-being

Objective: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Increase the numbers moving from worklessness into employment (CONT)	partnerships with public/private sector employers and community/voluntary organisation to identify needs and offer a range of solutions, including customised courses, web-based learning and Learn Direct	• 180 people who have been claiming an incapacity benefit for 6 months or more helped by the London Borough of Haringey into sustained employment of at least 16 hours per week for 13 consecutive weeks or more (LAA Target) • 110 people who have been claiming Jobseekers Allowance for 6 months or more helped by the London Borough of Haringey into sustained[2] employment of at least 16 hours per week for 13 consecutive weeks or more (LAA Target) • 120 Lone Parents helped by the London Borough of Haringey into sustained employment of at least 16 hours per week for 13 consecutive weeks or more (LAA Target)		Economic Regeneration Service	Enterprise Partnership Board

WBPB Outcome 6 – Economic Well-being

Objective: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems	• Work with Jobcentre Plus to create supported employment • Ensure disabled people access employment and skills programmes • Develop a programme of disability awareness training for providers and employers to be delivered by disabled people • Develop social firms made up of disabled people	• Jobcentre Plus contract in respect of 14 places of supported employment • 17% of people in SSCF and NRF/ESF funded employment programmes to have a disability • Set up Inclusive Solutions, new social enterprise of disabled people, to carry out disability awareness training	• Worklessness Statement 2005-15 • The Haringey Guarantee 2007 • Welfare to Work for the Disabled Strategy 2005-15	HC - Economic Regeneration Service	Enterprise Partnership Board / Welfare to Work Partnership Board
Prevent homelessness wherever possible	• Consolidate performance and the implementation of the Prevention and Options Service, further developing the role of the Prevention & Options Visiting Officer	• Proportion of households accepted as homeless who have been previously accepted as homeless within last two years (BV 214)	• Homelessness Strategy 2007-08 • Homelessness Strategy 2008-12 (in development) • Housing Strategy 2007-08 • Housing Strategy 2008-12 (in development)	HC – Urban Environment Directorate	Integrated Housing Partnership

WBPB Outcome 6 – Economic Well-being

Objective: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Maximise the supply of good quality affordable housing available to homeless people	• Increase the supply of private rented homes through the Assured Shorthold Tenancy (AST) scheme • Bring private rented properties back into use • Ensure the move on of vulnerable people to appropriate accommodation	• Deliver decent homes by 2010 in areas receiving Neighbourhood Renewal Funding (LAA Target) • Ensure that the reduction in the number of non-decent social sector dwellings is more than 50% of the total reduction in the number of non-decent social sector dwellings since 2001 (LAA Target) • Households who considered themselves as homeless, who approached the local housing authority's housing advice service and for whom advice/intervention resolved their situation per 1,000 households (BV 213) • Proportion of households accepted as homeless who have been previously accepted as homeless within last two years (BV 214)	• Temporary Accommodation Reduction Strategy 07/08-09/10 • Housing Strategy 2007-08 • Move On Strategy 2006-07	HC – Urban Environment Directorate	Integrated Housing Partnership
Reduce fuel poverty	• Ensure residents have better measures to insulate their homes by referring eligible individuals to relevant local schemes	• Improved living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)	• Energy Efficiency Strategy (in development)	HC – Urban Environment Directorate	Integrated Housing Partnership

WBPB Outcome 6 – Economic Well-being

Objective: To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency / Agencies	Lead Thematic Partnership
Ensure that vulnerable people have decent, energy efficient homes	• Carry out security checks as part of the Here to HELP scheme • Carry out fire safety checks in people's homes • Provide home modifications, such as mending stairway railing, to help older people avoid slips, trips and falls	• Improved living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)	• Energy Efficiency Strategy (in development) • Home Care Strategy 2006	HC – Urban Environment Directorate; Age Concern	Integrated Housing Partnership

WBPB Outcome 7 – Maintaining Personal Dignity and Respect

Objective: 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

Sustainable Community Strategy Links
Healthier People With a Better Quality of Life

Council Priorities Links:
Creating a Better Haringey: Cleaner, Greener and Safer
Encouraging Lifetime Well-being, at Home, Work, Play and Learning

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency	Lead Thematic Partnership
Improve access to small items of equipment to enable people to live independently in their own homes	• Extend the availability of small items of equipment through extended use of drop-in services and partnership with local retail units	• Percentage of items and equipment and adaptations delivered within 7 working days (social services) (PAF D54) • Health items of equipment delivered within 7 working days	• Experience Counts 2005-10	HC – Adult, Culture and Community Services Directorate; Age Concern	WBPB
Increase the choice and availability of community meals	• Increase choice by developing an ambient tea-time service for those who want it • Develop the frozen meal delivery service for those who want it and are able to heat their own meals	• Consult all users about whether they are prepared to pay for an ambient meal either at breakfast or tea-time or both • Refer all relevant people to the frozen meals service	• Food and Nutrition Strategy (in development)	HC – Adult, Culture and Community Services Directorate	WBPB

WBPB Outcome 7 – Maintaining Personal Dignity and Respect

Objective: 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

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency	Lead Thematic Partnership
Protect vulnerable adults from abuse	• Prevent abuse occurring wherever possible and deal with it appropriately and effectively if it does occur • Ensure all relevant staff receive training for working with vulnerable adults • Implement the Bogus Caller Initiative targeting vulnerable adults prone to bogus callers • Develop a safeguarding adults board • Revise the Sexual Rights, Relationships and Health Policy Guidelines to include all client groups	• Adults and older people receiving a review as % of those receiving a service (PAF D40) • Numbers of relevant staff in post in Councils with Adult Social Services Responsibilities (CASSRs) as at 31 March who had had training addressing work with vulnerable adults (7.2GN189) • Proportion of relevant adult social care staff in post in CASSRs at 31 March who had had training to identify and assess risks to vulnerable adults (7.2GN190) • Estimate the percentage of staff employed by the independent sector registered care services in your council area that have had some training on protection of vulnerable adults that is either funded or commissioned by the CASSR (7.2GN191) • Numbers of relevant staff in post who have had training in	• Adult Protection Strategy 2005-06 (under review) • Sexual Rights, Relationships and Health: Haringey Policy Guidelines for Supporting People with Learning Difficulties 1995 (under review)	HC – Adult, Culture and Community Services Directorate, Older People's Services; MPS; HTPCT	WBPB

WBPB Outcome 7 – Maintaining Personal Dignity and Respect

Objective: 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

Priorities	Supporting Programmes / Initiatives	Target(s)	Related Plans and Strategies	Lead Agency	Lead Thematic Partnership
Protect vulnerable adults from abuse (CONT)		addressing work with vulnerable adults. • Written guidance on personal and/or sexual relationships between people who use in-house or purchased care services		HC – Adult, Culture and Community Services Directorate, Older People's Services; MPS; HTPCT	WBPB

Haringey's Well-Being Strategic Framework (WBSF)
Equality Impact Assessment
October 2007

Introduction

This Equalities Impact Assessment consists of six sections. These are:

1. Aims - This section identifies the aims and purpose of the WBSF

2. Information and Evidence - This section sets out the relevant information considered in carrying out the assessment.

3. Assessment of likely impact - This section assesses whether the WBSF will have significant consequences for any particular equalities groups.

4. Consideration of alternatives - This section considers ways to minimise any adverse impacts found in the assessment.

5. Monitoring and Reviewing Arrangements

6. Publishing the Impact Assessment

1. Identifying the aims

1.1 The aims of the Well-Being Strategic Framework

The purpose of the WBSF is to bring together in one coherent strategic framework the many existing diverse strategies for improving well-being in Haringey. It incorporates priorities and strategies from existing local and national plans and strengthens partnership working to further the well-being agenda. The Framework is not itself a strategy and does not contain substantive new strategy development.

WBSF is centred upon the seven outcomes in the government White Paper, *Our Health, Our Care Our Say (OHOCOS)*.[1] The outcomes, which are listed below, are used in inspections by the Commission for Social Care Inspection (CSCI).

The seven outcomes are:

1. Improved health and emotional well-being
2. Improved quality of life
3. Making a positive contribution
4. Increased choice and control
5. Freedom from discrimination or harassment
6. Economic well-being
7. Maintaining personal dignity and respect

The Framework is intended to support all people aged 18 years and over in Haringey. Its aim is **'To promote a healthier Haringey by improving well-being and tackling inequalities.'** The vision is that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life.'** This vision will be applied to any service that people in Haringey come into contact with by ensuring that:

- Organisations communicate better with each other and with residents themselves
- Plans for delivering services for adults aged 18 years and over take their needs, views and preferences into account
- The diversity of all Haringey's communities and the different aspirations of individual people are valued and responded to appropriately

Well-being is a complex multi-faceted concept with many different definitions. For the purposes of the WBSF, the following broad definition of well-being has been adopted:

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.

The Framework is the responsibility of the Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP), which is primarily responsible for improving well-being. Haringey Council's Adult Culture and Community Services (ACCS) Directorate has taken the lead in organising the development of the WBSF by setting up a joint project group with representation from throughout Haringey Council, Haringey Teaching Primary Care Trust (HTPCT), Haringey Association of Voluntary and Community Organisations (HAVCO) and other voluntary and community organisations. A discussion draft

[1] *Our Health, Our Care, Our Say,* White Paper, Department of Health 2006
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

and accompanying implementation plan was presented to thematic partnerships for discussion between June and September 2007. The final draft is being presented to the WBPB on 22 October 2007.

The Implementation Plan uses the same OHOCOS outcomes to organise the delivery of the targets from the related strategies which make up/ are included in the WBSF. The resulting integrated composite of priorities and targets should contribute to more effective delivery and monitoring of the well-being agenda.

The Framework identifies priorities for the three year period from 2007-2010 and lays the foundation for rethinking the approach to promoting well-being in Haringey. The Framework will also provide a context for the future development of new strategies.The key priorities identified within each outcome will be reviewed on an annual basis and will inform future plans. The Framework is underpinned by detailed service specific plans and strategies to improve well-being, some are partnership documents, others organisation specific. Logically, plans and strategies addressing well-being should stem from it. However, as this is the first strategic vision for well-being in the borough, the existing strategies and plans, which are meant to flow from it, have been used to formulate the Framework itself. Once it is in place, future well-being plans and strategies will be written using it as a starting point.

1.2 Links with the Sustainable Community Strategy

The Framework builds on the responsibilities contained within the Local Government Act 2000. This gives the HSP the power to promote the economic, social, and environmental well-being of the local community through the Sustainable Community Strategy, which provides the overarching direction for the borough. The vision of the new Sustainable Community Strategy for 2007-2016 is:

A place for diverse communities that people are proud to belong to.

The table below shows the links between the priorities of the Sustainable Community Strategy and the outcomes of Well-being Strategic Framework.

Sustainable Community Strategy Priorities	Well-being Partnership Board Outcomes
People at the heart of change	Improved quality of life; Making a positive contribution; Freedom from discrimination or harassment; Maintaining personal dignity and respect; Increased choice and control.
An environmentally sustainable future	Improved quality of life Economic well-being
Economic vitality and prosperity shared by all	Improved quality of life Economic well-being
Safer for all	Improved quality of life, including personal safety Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment Maintaining personal dignity and respect
Be people and customer focused	Making a positive contribution; Increased choice and control.

1.3 Local Area Agreement 2007-2010

The LAA is an essential part of the delivery mechanism for the Sustainable Community Strategy. The LAA is one of the key drivers to help focus, measure and improve performance.

Improving the health and well-being of Haringey residents is a cross-cutting theme in Haringey's LAA. It provides an opportunity to direct plans and resources to improve health and well-being enabling its residents to adopt healthy choices and ways of living.

In addition to the mandatory targets around decreasing health inequalities in the borough, a targeted approach focuses on people living in deprived areas, those with mental health problems, and older people. We have prioritised the following major determinants of health inequalities in the borough:

- Smoking
- Lack of physical activity
- Quality of housing
- Low income

2. Relevant information and evidence considered in carrying out assessment

2.1 Haringey's demographic profile

- In 2006 Haringey's population was 224,500; a 0.1 per cent increase on the mid-2004 population of 224,300[2]
- Haringey is an outer London borough with inner London challenges. It ranks as one of the most deprived boroughs in the country with 7.7 per cent of the economically active (i.e. those working or actively seeking work) population unemployed in March 2006. This is more than twice the Great Britain average of 3.6 per cent
- Between 2006 and 2011 the GLA estimates suggest that Haringey will be home to 7,500 more people of working age (20-64 years), and nearly 1,700 more people aged over 50. There will be a substantial increase in children aged under 5 (up by 960) and the number of children aged 5 to 19 years may decrease slightly
- 18.5% of those living in Haringey are age 14 and under; 77.9% are age 18 and over; 16.8% are aged 55 and over; and, 9.4% are aged 65 and over[3]
- There was a 2.9 per cent (500) reduction in the 20 to 24 age group and there was no change in the number of people between the ages of 50 to 74
- The number of 65-74 year olds is expected to decrease by 4.6% or 530 fewer residents over the next five years to 2011
- The fastest growth rate (in terms of age) was amongst the 85 to 89 age group at 7.7 per cent (100)
- The working-age population increased slightly to 155,400 over the year - a growth rate of 0.06 per cent (100)
- The Haringey population continued to be evenly balanced in terms of gender with there being 112,700 males compared to 111,800 females – a ratio of 50:50
- Haringey is one of the most ethnically and culturally diverse in the country, with over half its population coming from a black or minority ethnic background.
- 66 per cent of the population is from the White ethnic group, 7% from the Asian ethnic group and 20% from the Black ethnic group, compared to 71%, 12% and 11% respectively in London as a whole
- Approximately 193 languages are spoken in the borough
- 10% of the total population is made up of refugees and asylum seekers
- Haringey is both economically and socially polarised. It is the fifteenth most deprived Borough in England, and the 5th most deprived in London
- 50 per cent of Super Output Areas (SOAs)[4] in the Tottenham Parliamentary Constituency (east of the borough) are amongst the 10% most deprived in the country. However, fewer

[2] 2005 mid-year population estimates: Full Briefing August 2006, Haringey Council
[3] 2005 mid-year population estimates, Office for National Statistics
http://neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=276756&c=Haringey&d=13&e=13&g=335694&i=1001x1003x1004&m=0&enc=1

than 10% of SOAs in Hornsey and Wood Green (west of the borough) Parliamentary Constituency are amongst the 10% most deprived in the country
- A majority of service users live in the east of the borough rather than the west (based on 2005-6 data).
- The police dealt with 1792 domestic violence offences in Haringey in 2006- 2007[5].
- Based on national averages the costs of domestic violence for Haringey are £ 97.19 million in total[6]
- 952 people in Haringey were living in a same-sex relationship in 2001[7]
- There were 31 civil partnerships in Haringey in December 2005, when civil partnerships became legal[8] and 188 in 2006[9]

2.2 Comparing Haringey with England as a whole

- Haringey has a relatively young population, although the number of people aged 75 or more is set to increase. This is the age group which has most complex health needs. More people from Black and Minority Ethnic (BME) communities moving to older age groups have specific needs
- There is more violent crime, but average for London
- GCSE achievement is below England as a whole and there are more teenage pregnancies (well above the London average)
- More older people are supported at home than the national average
- It is estimated there is less binge drinking and obesity, and better diet
- Life expectancy is low for men and women. Residents are more likely to die of smoking, and heart disease and stroke compared to England as a whole, infant deaths are higher
- Road injuries and deaths are high, as they are in most of London
- People of Haringey are more likely to be feeling in poor health than in England as a whole
- There are fewer patients recorded by GPs as having diabetes and some other long term conditions than average.
- Although, overall, people in Haringey are living longer healthier lives than they did 20 years ago, on average they still die younger than people in England as a whole. In addition, there are substantial differences in health between neighbourhoods within the borough.

2.3 Local Area Agreement 2007-2010 and Equalities

LAA Mandatory Targets

From April 2007 the LAA requires Haringey to meet the following mandatory targets relating to poor health which significantly impact on well-being:

- Reduce health inequalities between Haringey and the England population by narrowing the gap in all-age, all-cause mortality.
- 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 Haringey Teaching Primary Care Trust's Local Delivery Plan trajectories for 2010.

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[4] Super Output Areas (SOAs) are a statistical geography published by the Office for National Statistics. They are made up of three hierarchical layers: lower, middle and upper that all fit within the Borough boundary. It is intended that SOAs will replace electoral wards as the basis for small area statistics.

[5] Data supplied by Haringey Council's Domestic Violence Co-ordinator

[6] Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8 June 2005

[7] http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=276756&c=Haringey&d=13&e=16&g=335694&i=1001x1003x1004&m=0&enc=1&dsFamilyId=201

[8] http://www.gro.gov.uk/Images/CP_PR_31Jan06_tcm69-31882.pdf

[9] http://www.statistics.gov.uk/downloads/theme_population/Tables_2_to_5_Area.xls

- 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.

Other Targets for Improving Well-being

Haringey's Other LAA Targets

The following stretch and optional targets from the LAA will contribute to the mandatory LAA target to reduce health inequalities between the most deprived neighbourhoods and the district average:

- Increase smoking cessation
- Increase the number of physically active adults
- Improve living conditions for vulnerable people, making housing energy efficient and safe
- Increase the number of schools with healthy schools status

An Equalities Impact Assessment was done on the LAA by Haringey Council's Equalities Team.[10] The information in this section is taken from that EIA:

The EIA states that the four blocks of the LAA and the mandatory targets and indicators may impact on particular equalities groups, however they have been set by government and are based on national priorities and agendas. One way in which equalities impacts are controlled is by ensuring that any targeting is balanced by borough wide indicators so that any displacement is controlled for. The mandatory targets have undergone a review by the Equalities Team and are not considered discriminatory. The targets in the LAA linked to specific strands and/or which focus on specific demographic areas were also reviewed by the Equalities Team for their equalities impact.

The following examples of targets have been identified in the LAA EIA as having positive equalities impacts:

Geographical target-setting; ethnicity, religion, gender and disability from LAA Healthier Communities and Older People Block

Encouraging smoking cessation in N17 (stretch target)

N17 has been selected as a specific focus because:

- N17 has the areas of highest deprivation in the borough and indeed in the country. Smoking rates are higher in more deprived areas. This links to relatively high smoking rates and smoking related mortality and morbidity. The report *Tobacco in London: The preventable burden* [11] suggests that every year in Tottenham there are:
    - 130 deaths related to smoking
    - 600 hospital admissions
    - at a cost of nearly £1.4m (as at 2004)
- Nationally as at 2004 32% of manual workers smoked compared to 21% of those in non-manual occupations. [12] One of the national targets to tackle the underlying determinants of ill health and health inequalities is to reduce adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less.
- Recent estimates from GP practices suggest that people registered with GP practices in N17 have a smoking prevalence of 28% whereas people registered with other Haringey practices have a prevalence of around 25%.

Gender

[10] http://harinet.haringey.gov.uk/index/council/strategiesandpolicies/local_area_agreement.htm#teia

[11] Callum C & White P, Tobacco in London: The preventable burden. Smokefree London & London Health Observatory, March 2004.

[12] Chief Medical Officers Annual Report, Second Hand Smoke Kills, 2002

Safer and Stronger Communities Block
Sanctioned detection rate for domestic violence offences
Reasons why this target was selected are:

- Recorded domestic violence offences have steadily increased over 2003-2005 (calendar years) with totals of 3,032 in the year 2003, 3,388 in 2004 and 3,706 in 2005. Of all violent crime types, particular emphasis is placed upon domestic violence due to the low-levels of this offence being both reported and recorded.
- The majority of victims are women. In the period January to June 2006 there were 528 (82.9%) female victims compared to 109 male victims.
- Of the 1124 cases of domestic violence, Hearthstone Haringey's domestic violence advice and support centre last year, 95%of perpetrators were men and 97% of victims were women.
- 2.5% of domestic violence cases in 2006 were same sex relationships.
- Domestic violence is a crime that has long term impacts on all family members especially on children's well-being, mental health and education and the victim's mental and physical health.
- Domestic violence also occurs in all communities but for some victims it is harder to report and seek help due to cultural or legal factors for example Muslim women who are asylum seekers.

Domestic violence impacts across all of the equalities groups, thus highlighting the importance of addressing this issue. This stretch target goes some of the way to doing this.

Age
Targets which will positively affect older people

- Percentage of adults participating in at least 30 mins of moderate intensity sport and active recreation.
- Improve access to a range of day opportunities
- Improved living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe.

Sexuality

- 2.5% of Domestic violence cases reported in 2006 were of same sex partners. One mandatory LAA target of increasing the use of the Hearthstone Domestic Violence service by under-represented communities, including same-sex couples should have a positive impact.

3. Assessment of likely impact

Measuring Well-being
The HSP recognises that well-being is closely linked to health and that substantial differences in health between different neighbourhoods are determined by broader inequalities. These inequalities are evident locally as the life expectancy experienced by our population remains lower than for England as a whole. Whilst overall people in Haringey are living longer, healthier lives than they did 20 years ago, this is not enough to close the gap on national figures. Tackling these will have a beneficial impact on the overall health and well-being of the borough's residents.

The key floor target for well-being in the borough, and the target to which the Well-being Partnership Board and the Framework will work, is to reduce inequalities in life expectancy by 2010 as follows:

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 Local Area Agreement (LAA) provides an opportunity to focus plans and resources to improve health and well-being, particularly in deprived areas, and to develop opportunities to

enable people to adopt more healthy choices and ways of living. Therefore, Haringey's LAA includes an overarching theme of 'improving health and well-being' in the borough.

LAA EIA states:
Some stretch targets were weighted towards particular groups such as BME groups or those with disabilities, however the government required borough wide indicators to be included for these targets so there is no negative impact or perverse incentive across the borough as a whole. For example the smoking cessation target focussing specifically on N17 includes a borough wide indicator to ensure that this does not reduce overall quitters rates across the Borough. Also the target to increase physical activity impacts positively on all equalities groups as it aims to increase levels of physical activity across Haringey, with a specific focus on the east of the borough, targeting those from priority groups (i.e. women, BME groups, people with a limiting disability, people from lower socio-economic groups and older people) who are amongst the least active.

All targets however are addressing an identified need and in this way are having a positive equalities impact and assisting in reducing inequality for a range of areas and communities. For example, the wards selected for the assisting people from disadvantaged groups and wards into sustained work target, those from the SSCF Worklessness Programme, suffer from severe deprivation and suffer the worst labour market position relative to the rest of the Borough. These wards also contain the highest levels of claimants. By targeting specific equalities groups such as women, BME groups and disabled people with significantly lower than average employment rates, the worklessness programme will not only address the needs of the most disadvantaged but will also have the greatest impact in reducing the overall claimant count in the borough.

The three wards selected for the litter and detritus target, Northumberland Park, Noel Park and Bruce Grove generally have higher levels of litter and detritus than the rest of the borough and are therefore the focus of this stretch target. There will be a positive impact on a number of equalities groups as these super output areas have large populations of young people, particular minority ethnic groups and those on Incapacity Benefits/Severe Disablement Allowance.

By increasing the uptake of Council Tax and Housing Benefit amongst eligible individuals, this target will have a positive impact on those deprived groups including ethnic minority groups and older people for example that are entitled to benefits but are not yet receiving them. This target is clearly addressing groups in greatest need by directing assistance at those who are not receiving their entitlements.

Summary of likely equalities impact

Initiatives and programmes to address inequalities are integrated into all of the seven user focused outcomes and are expected to improve outcomes for disadvantaged groups as summarised in the following table.

No.	Outcome	Objective	Likely Equalities Impact
2	Improved quality of life	To promote opportunities for leisure, socialising and 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	Will impact positively on all, especially groups such as women, particularly from certain ethnic minority groups, older people and disabled people.
1	Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey	This will produce improved outcomes for all, especially those groups who live in the east of the borough who presently suffer inequality in health and emotional well-being.
3	Making a	To encourage opportunities for	Older people, women and disabled

	positive contribution	active living including getting involved, influencing decisions and volunteering	people in particular will benefit.
4	Increased choice and control	To enable people to live independently, exercising choice and control over their lives	Older people and disabled people in particular will benefit.
5	Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment	Everyone will benefit, especially groups which have historically suffered discrimination and harassment on grounds of race, sex, disability, religion, age and sexuality.
6	Economic well-being	To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs	Will benefit all especially the most economically disadvantaged by impacting positively on people on low income and in poor accommodation across the borough.
7	Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care and prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur	Quality and culturally appropriate personal care will benefit all, Preventing abuse will benefit all, especially older people and disabled people

Outcome 5 *Freedom from discrimination or harassment* and its related objective specifically addresses the need to ensure equitable access to services and freedom from discrimination or harassment.

Consultation.

Whilst developing our priorities for improving well-being locally we have involved service users and carers in the following ways:

- *Better Living for older People* conference (2004) attended by 450 older people
- Reference group of 33 older people (2004-5) who identified priorities for action which are included in *Experience Counts* and will now be taken account of further in the *Intermediate Care and Rehabilitation Strategy*
- *Healthier Haringey Event* (2006) for staff and voluntary sector organisations to determine local priorities to meet the *Choosing Health* Agenda
- Consultation event (2006) with users and carers to discuss priorities for inclusion in the LAA
- Event (2007) to discuss the DH draft *Commissioning Framework for health and well-being*

Extensive consultation was also undertaken during 2006 to develop the new Sustainable Community Strategy for 2007-2016. In June 2007 the draft WBSF was circulated to all the thematic partnerships of the WBPB, and the HAVCO well-being theme group. Comments were invited and incorporated into the final version. An accessible version was produced and presented to the Learning Disabilities Partnership Board.

Conclusions of assessment

The WBSF is not expected to have an adverse impact on any groups nor lead to direct or indirect discrimination. Overall, it will have a positive impact on the borough as a whole by

improving health outcomes for all and by addressing the health inequalities identified in WBSF through actions and targets aimed at those groups with the most needs in specific health areas.

- Many of the existing strategies and plans which it brings together, for example the LAA, have already successfully gone through an EIA. Future strategies and plans on well-being, which come under the aegis of the Framework, will be developed with the aim and vision of the Framework in mind and will themselves be equality impact assessed. In fact, implemented and monitored as planned, the Framework's aim **'To promote a healthier Haringey by improving well-being and tackling inequalities'** and the vision that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life'** should be met.
- Value can be added to the effective development, delivery and monitoring of the national and local well-being agenda, including equalities, by bringing all the well-being work of all the major partners in the borough together.
- Equalities issues are cross-cutting and complex, particularly where multiple inequalities are involved and require a partnership approach to future planning. Where well-being is concerned the WBSF should enhance this and ensure that equalities issues are mainstreamed across the work of the partners for the benefit of the borough's residents.
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4. Ways of minimising adverse impact

Not applicable

5. Monitoring and reviewing arrangements

The EIA will be reviewed as part of the annual review of the WBSF. The actual impact of the WBSF on equalities groups will be monitored using the Council's or an appropriate equalities monitoring framework. Where negative impacts are identified or outcomes fall significantly short of targets, corrective measures will be taken. When new strategies are developed within the framework they will each have their own EIA done.

6. Publish and communicate

This EIA will be published on the Council website. A summary version and an accessible version of the WBSF will be produced and will be widely available.

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haringey strategic partnership

Well-being Partnership Board (WBPB)

Date: 22 October 2007

Report Title: Workshop to discuss restructure of sub-groups to support WBPB

Report of: Mun Thong Phung, Director, Adult, Culture and Community Services, Haringey Council

Summary

As part of the development of the WBSF, it was decided to review the subgroups which fit under the WBPB, to ensure that the structure is fit for purpose for its implementation. Following June's Well-being Chairs Executive, it was noted that some of the Well-being sub-groups had not been meeting whilst others had been very active. The aim of the workshop was to review the existing sub-groups structure and agree/disagree/amend the proposed structure.

The proposed structure seeks to reflect the seven outcomes adopted by the WBPB by aligning sub-groups in a more outcome focussed approach.

The participants of the workshop broadly agreed to restructure the groups and the terms of reference and membership should be agreed at the appropriate outcome focused group, to be ratified at December's Partnership Board. A revised structure chart, incorporating participants' comments, will be presented at December's WBPB.

Recommendations

For the Well-being Partnership Board to note progress and comment on the proposed structure.

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1. Background

Following June's Well-being Chairs Executive, it was noted that some of the Well-being sub-groups had not been meeting whilst others had been very active. It was agreed by the Executive that where sub-groups were not adding value to support the Well-being Partnership Board, they would be suspended pending review of the new structure. The aim of the workshop was to review the existing sub-groups structure and agree/disagree/amend the proposed structure. Attendance consisted of those who currently sit on existing sub-groups and were best placed to comment on the proposal put before them (see Appendix 1 for a diagram of the current Well-being structure)

2. The Proposal

The whole concept of the well-being agenda is to shift from the narrow focus of treating illness to a more preventative, holistic approach of achieving well-being. Since the adoption by the WBPB of the seven outcomes stated in the White Paper (*Our, Our Care, Our Say*) it was felt that the Well-being Sub Groups structure should reflect these seven outcomes and become more outcome focussed in its approach.

This has been reflected in the proposed Well-being structure (see Appendix 2). The proposal which the attendees had to deliberate was threefold:

1) Overarching groups are now outcome focussed in order to ensure delivery of the Well-being agenda and priorities.
   To cut down the number of groups, four outcome focussed groups and a Joint Commissioning Group which manages finance and performance were suggested:

Group	**Outcome**
Group 1	• Improved health & emotional well-being
Group 2	• Improved quality of life • Economic well-being
Group 3	• Making a positive contribution
Group 4	• Increased choice & control • Freedom from discrimination & harassment • Maintaining dignity & respect
Group 5	• Joint commissioning

2) Check to see if the right sub-groups are placed under the correct outcome focussed group.
3) Who should form the group membership of the outcome focussed groups.

3. Feedback on Proposal

All those present agreed in principle to the proposed structure. However, below is a summary of points made by the participants:

Area	Concern
Omissions/Additional areas to be considered	• Where would health issues that have not been covered sit? e.g. dental health; Culture and Well-being; effective transition from younger people to adults
Fear of groups working in silos	• Group 3 (Making a Positive Contribution) could possibly be in danger of being labelled as the voluntary sector group • Joint Commissioning group needs to ensure they are in contact with sub-groups and are not completely cut off. • Links across sub-groups need to be clearly defined • Structure is too hierarchal and needs to be more of matrix set up
Representation	• Ensure that service users and carers are included in all groups • Chairs of outcome focussed groups, to rotate between Haringey Council, HTPCT and the Voluntary Sector • In order to ensure continuity of planning, structure should highlight where permanent / occasional representatives should sit within the various groups.

4. Conclusions and Next Steps

- Outcome groups were broadly accepted; with the terms of reference and membership to be agreed at the appropriate outcome focused group, and be ratified at December's Partnership Board.
- In addition, it was noted that the structure chart does not mark the boundary of sub-groups or outcomes, but rather provides clarity and direction. The two-dimensional structure chart is a starting point but does not reflect the complexity and inter-relationships of the various sub-groups. The structure chart will be reviewed and a new model to represent the linkages between the groups will be presented at December's Well-being Partnership Board.

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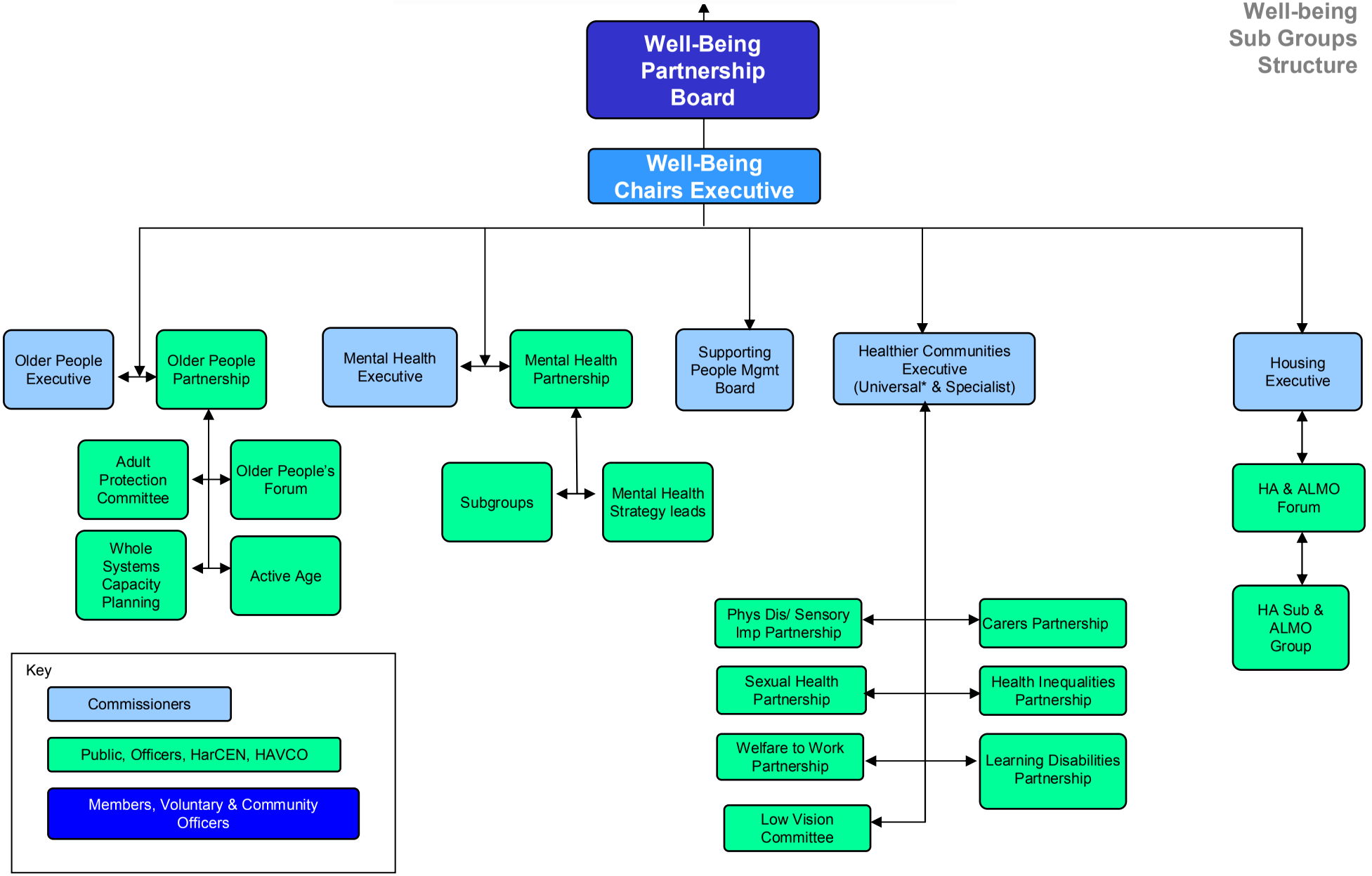
Appendix 1

Original
Well-being Sub Groups Structure



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Appendix 2

Proposed
Well-being
Sub Groups
Structure

Well-Being Partnership Board

Well-Being Chairs Executive

- •Improved health & emotional well-being
  - Health Inequalities
  - Sexual Health Partnership Board
  - DAAT
  - Mental Health Partnership Board
- •Improved quality of life •Economic well-being
  - Sports & Physical Activity Board
  - Carers Partnership Board
  - Mobility Forum
  - Supporting People Management Board
  - Welfare to Work
- •Making a positive contribution
  - HAVCO Well-being Theme Group
  - User & Carers Forums
  - LINks
- •Increased choice & control •Freedom from discrimination & harassment •Maintaining dignity & respect
  - Safeguarding Adults Board
  - Equalities
  - Older Peoples Partnership
  - Learning Disabilities Partnership
  - Low Vision
  - Physical Disabilities Partnership
  - Active Age
- •Joint commissioning
  - Whole System Capacity Group
  - SP Commissioning

Key

- Members, Voluntary & Community Sector, Officers
- Outcome Focused Groups
- Sub Groups
- Statutory Partnership

A Consultation Document
Summary

Developing World Class Primary Care in Haringey

d class, high quality,
and community services
dents. By working in
tients, the public, the
others, these services
to improving the health
ncluding reducing
ximising independence.

field and Haringey Primary Care
been working together to plan
tronger health care services for
ughs. Our plans are set out in
ent *Your health, Your future*
fer, closer www.behfuture.
order to take advantage of the
escribed in the clinical strategy,
ed to make changes to the
ovide primary care services in

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.

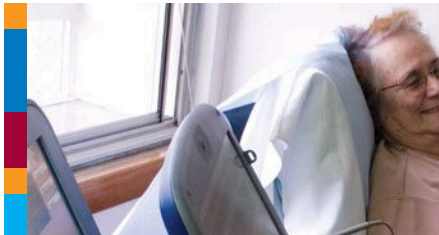
place…

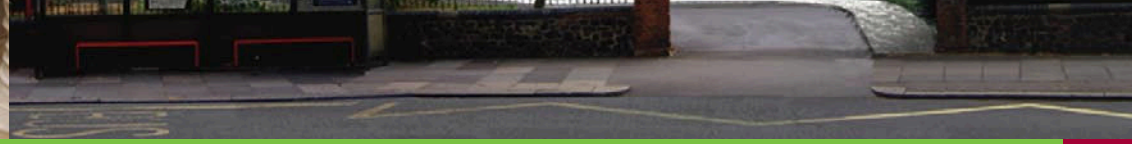
In Haringey our GPs now work within 4 geographical areas, West, Central, South East and North East Haringey. GPs are already developing new services in the community. They are also heavily involved in planning and making decisions about the funding of local hospital services. New kinds of health care 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.

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 it 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.





The new services in primary care will include:	
Health promotion and traditional health services (GPs, nurses, allied health professionals) working in partnership.	Procedures e.g. endoscopy and minor/day case surgery
Diagnostic facilities	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. 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.

What will a super health centre be like?

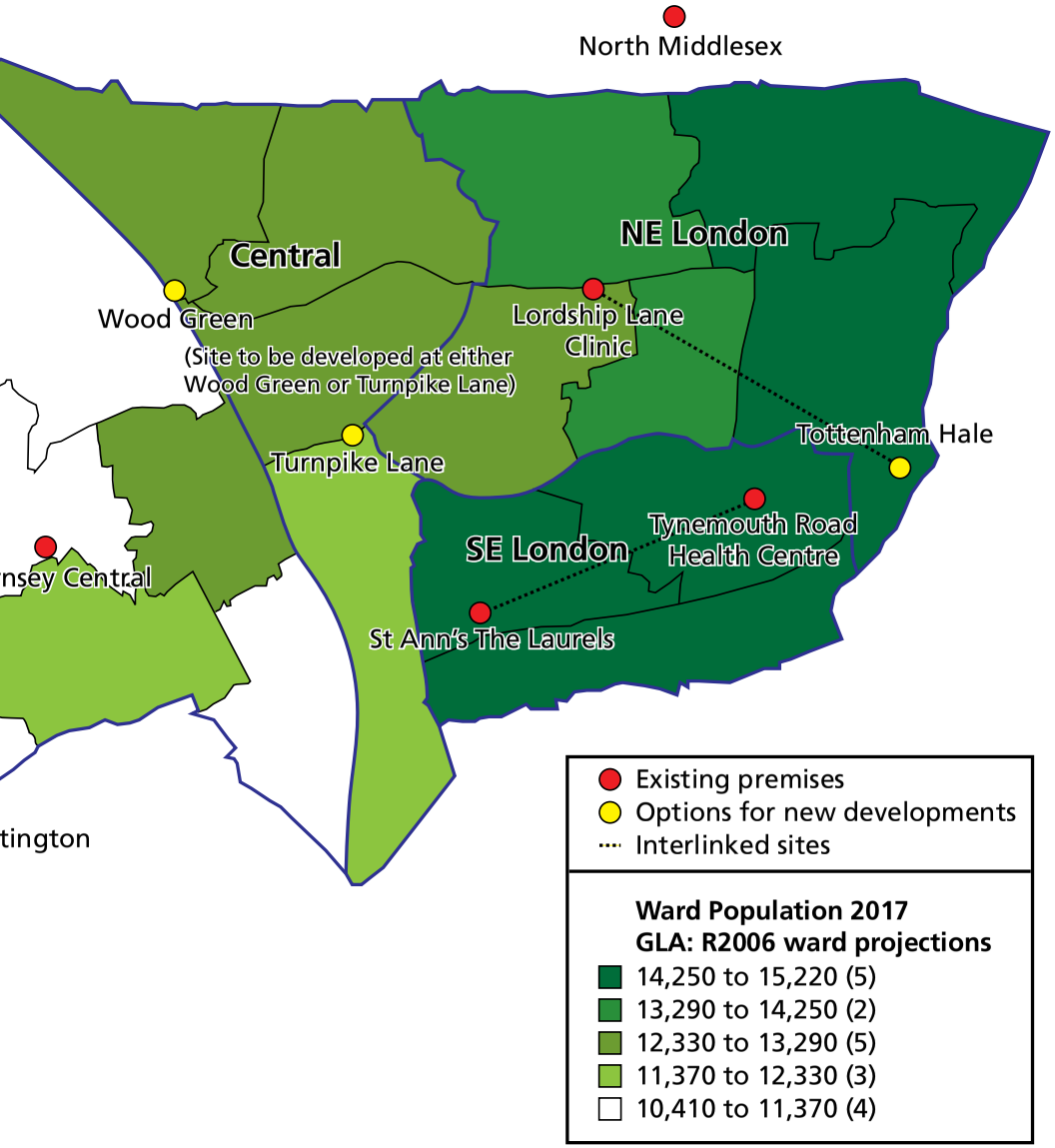
A super health centre would offer the following kinds of services and opening hours.

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.

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



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.

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 and 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.

	Location
ient ent	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ
Lane	Lordship Lane Health Centre, 239 Lordship Lane, N17 6AA
	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ
a	Fortismere School, North Wing, Creighton Avenue, London N10 1NS
	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ
a es	To be confirmed

pdates, events and meetings

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.

please tear off along the dotted line

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

4. Are there any particular services/facilities you would want to see provided 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 change

7. Would you be interested in joining a patient focus group to develop your

d in accordance with the Data Protection Act 1998.

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

This document is available in a number of other languages and formats (for example Braille, audio or easy to read formats). If you (or someone you know) would like this document in another language or format or if you need the services of an interpreter please contact us. The contact details are set out below.

Albanian

Ky dokument është në dispozicion në një numër gjuhësh dhe formatesh tjera (për shembull Braille, audio apo formate për lexim të lehtë). Nëse ju (apo dikuksh që ju njihni) doni këtë dokument në një gjuhë apo format tjetër, apo nëse ju duhen shërbime të përkthimit me gojë, ju lutem na kontaktoni. Hollësitë e kontaktit jepen më poshtë.

French

Ce document est disponible dans un nombre d'autres langues et de formats (par exemple le braille, l'audio ou les formats de lecture facile). Si vous (ou quelqu'un que vous connaissez) souhaitez obtenir ce document dans une autre langue ou format ou si vous avez besoin des services d'un interprète, veuillez nous contacter. Vous en trouverez les coordonnées ci-dessous.

Kurdish

Ev dokuman bi gelek zimanên din û bi van formatan peyda dibe: (nivîsên ji bo kesên ku çavên wan nabînin, li ser qasetê an bi formatên ku xwendina wan hêsan e). Heke ku hun an (keseke/î ku hun dizanin) vê dokumanê bi zimanekî din an bi formateke din dixwazin, an jî, heke ku ihtiyaca we bi tercûmanekî heye, ji kerema xwe, bi me re bikevin têkiliyê. Detayên têkiliya bi me re li jêr tên dayîn.

Somali

Warqaddani waxa la heli karaa iyadoo ku qoran luqado kare oo ku daabacan qaaban kale (tusaale ahaan, cod ama farta loogu talagalay dadka indhaha la,, iyadoo ah cod ama qaabab sahal loo akhriyi karo). Haddii adiga (ama cid aad taqaannaa) ay rabto warqaddan oo ku qoran luqad kale ama ku daabacan qaab kale ama haddii aad rabto adeegga turjubaan kuu afceliya fadlan nala soo xidhiidh. Meesha nalagala soo xidhiidhayaa hoos ayay ku qorantahay.

Turkish

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Email: primarycare@haringey.nhs.uk

Visit: www.haringey.nhs.uk

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haringey strategic partnership

Well-being Partnership Board (WBPB)

Date: 22 October 2007

Report Title: Refresh of Local Area Agreement (LAA) Targets 2008

Report of: Mun Thong Phung, Director, Adult, Culture and Community Services, Haringey Council

Summary

LAAs are concerned with local services and increasing economic prosperity for local people. They are three year agreements with priorities agreed between all the main public sector agencies working in the area and with Central Government, in our case Government Office for London (GOL).

Local Strategic Partnerships are being asked, through consultation with wider stakeholders and negotiation with Government Offices, to select from the 200 national indicators (yet to be published) a base set of up to 35 improvement targets. In addition there will be 17 statutory educational and early years' targets, these improvement targets will, subject to agreement with Government, make up the new LAA.

In September 2007, the HSP was asked by GOL to provide an initial list of 35 indicative targets for Haringey of which seven were proposed by the Well-being Chairs Executive on behalf of the WBPB. They were drawn from the Well-being Strategic Framework. The list of 35 targets also includes a further two targets which fall jointly under the Well-being Partnership Board and the Children and Young People's Strategic Partnership.

Recommendations

For the Well-being Partnership Board to note progress and comment on the proposed targets.

For more information contact:

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1. Introduction

LAAs are concerned with local services and increasing economic prosperity for local people. They are three year agreements with priorities agreed between all the main public sector agencies working in the area and with Central Government, in our case Government Office for London (GOL). The LAA translates the priorities in the local Sustainable Community Strategy into local improvement targets. Therefore each LAA is expected to be different and encompass the issues which are relevant to the local area.

LAAs are a part of the new performance system for local government, which aims to significantly reduce the burden on local authorities. There will also be a new Comprehensive Area Assessment (CAA) which will replace the Comprehensive Performance Assessment (CPA) as well as sweeping away most existing performance indicators and reporting systems and replacing them with a new, single set of performance indicators stemming from the Comprehensive Spending Review 2007 (CSR 07).

In the past LAAs have been divided into four thematic 'blocks' to which funding streams were tied. Whilst these four themes will remain as a guide to ensure the full range of national priorities are considered in negotiation about which targets to include in the LAA, funding will no longer be restricted within the themes. This will provide local partners with new flexibility over how resources are allocated to best fit with local circumstances. The themes have been slightly amended to include environmental concerns and are now as follows:

- Children and Young People
- Safer & Stronger Communities
- Healthier Communities and Older People
- Economic Development **and the Environment**

Local Strategic Partnerships are being asked, through consultation with wider stakeholders and negotiation with Government Offices, to select from the 200 national indicators (yet to be published) a base set of up to 35 improvement targets. In addition there will be 17 statutory educational and early years' targets, these improvement targets will, subject to agreement with Government, make up the new LAA.

2. Initial progress

In September 2007, the HSP was asked by GOL to provide a list of 35 indicative targets for Haringey. The list was informed by:

- The Sustainable Community Strategy
- Key strategic priorities of the HSP at the HSP Seminar on 29th June
- Specific LAA priority targets identified by partners at the HSP Seminar on 29th June
- Priorities identified by the Council's Corporate Performance team
- Priorities from each of the HSP's Theme Boards

- Priorities of individual partner agencies
- Need to specifically target deprivation in particular wards and neighbourhoods in the Borough

In September 2007, the HSP was asked by GOL to provide an initial list of 35 indicative targets for Haringey of which seven were proposed by the Well-being Chairs Executive on behalf of the WBPB. They were drawn from the Well-being Strategic Framework. The list of 35 targets also includes a further two targets which fall jointly under the Well-being Partnership Board and the Children and Young People's Strategic Partnership. These are shown below:

1. Reduce alcohol related harms across health and crime
2. Increase opportunities for people to live independently
3. Reduce physical inactivity
4. Reduce the number of people who smoke, and the number of people exposed to second-hand smoke
5. Reduce premature mortality
6. Provide support for unpaid carers, including preparing for when they are no longer able to care
7. Develop housing related support services for vulnerable people
8. *Improve sexual health*
9. *Protect children and adults by increasing immunisation rates*

A full list of the 35 targets are shown in Appendix A; many of which although they have been proposed by other thematic partnerships will help improve well-being in the borough.

Once agreed with GOL, the final 35 targets, together with the 17 statutory early years/education targets, will represent the priorities for improvement agreed between central government and all members of the Haringey Strategic Partnership from 2008.

Further updates on progress towards deciding our new LAA targets will be presented at future meetings of the WBPB.

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Haringey Strategic Partnership - Proposed Target Areas for 2008/09 LAA

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
1	All	Community Cohesion	Percentage of people who feel that their local area is a place where people from different backgrounds get on well together	77% felt that their local area is a place where people from different backgrounds get on well together of which a fifth (19%) say they definitely agree. This is just about average for London 78% inner London & 74% outer London.	Haringey is a multi-cultural borough with many diverse communities, Community cohesion is a priority in our Community Strategy.	People at the heart of change	Community Cohesion
2	All	Empower local people to have a greater choice and influence over local decision making and a greater role in public service delivery	Percentage of residents expressing satisfaction with the local area as a place to live	61% are satisfied with their local area as a place to live including 1 in 10 who say they are very satisfied (10%) but 1 in 5 say they are dissatisfied and a similar proportion are neutral. Lower than that recorded in outer London boroughs (66%) and across London as a whole (68%)	We want people to receive high quality, customer focused and accessible services that give value for money, respond to people's need and meet their aspirations. Involving customers improves services and strengthens the bias for active citizenship and civic pride.	People and customer focused	Social Inclusion
3	All	Increased participation	Increased resident participation and involvement. The number of volunteers provided as part of day opportunities.	Our tracker survey identified that 33% of residents are satisfied with the opportunities for participation in local decision making compared with 32% outer London and 27% inner London. 41% agreed that they could influence decisions affecting their local area, slightly below the outer London average of 42%.	Creating opportunities for civic engagement and volunteering is a priority in our Community Strategy, It is key in our aim of tackling social isolation and exclusion. Partners identified this as a key area.	People and customer focused	Social Inclusion

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
4	Better Places	A cleaner environment	BV199- reducing litter and detritus on relevant land BV89 Satisfaction with street cleanliness (survey)	Levels of satisfaction at 49% are below national levels. BV199 cleanliness has improved significantly in 2007/08 to around 17%, now above average but still well below national top quartile of 7% and London top quartile 15%	One of our residents top concerns and LAA Stretch target in 3 super output areas. This is a key priority in our community strategy.	People at the heart of change	Sustainability- CO2 emissions, refuse and recycling
5	Better Places	A greener environment	Increase in the number of green flag award parks and green space and public satisfaction (LAA stretch target)	We want our performance to remain at high levels and to ensure that access to good quality green space is available to all.	Protecting and enhancing our open space creating parks and open space which people respect and enjoy is a key commitment in Haringey's Community Strategy	People at the heart of change	Sustainability- CO2 emissions, refuse and recycling
6	Better Places	Increase environmental sustainability	Proportion of waste going to landfill. BV82 Percentage of household waste recycled or composted Energy efficiency of buildings across partner agencies Renewable sourcing	Performance on recycling has improved with 19% (above London average) of household waste recycled (and 4% composted) in 2006/07 exceeding our statutory target.	Reducing the borough's environmental footprint and tackling climate change is a key priority within our Community Strategy as well as a national priority.	An environmentally sustainable future	Sustainability- CO2 emissions, refuse and recycling
7	Children and Young People's Strategic Partnership	Ensure that young people known to the YOS, their parents/carers receive a parenting intervention	20% Assessment and a minimum of two structured sessions.	61% of residents think that parents not taking responsibility for the behaviour of their children is a fairly or very big problem (worse than London average)	This is the same as the new YJB target which the YOS will be measured on and highlights the need to enable parents to take a greater role in being responsible for the children's behaviour. Because it covers all young people known to the YOS, it covers those children and young people at the beginning of offending and therefore plays an important role in stopping this behaviour before it becomes entrenched. Fits in with Respect Task Force's focus on parents as key to reduce children and young people's anti-social behaviour. Linked to priority 11 in Changing Lives.	Safer for all	Improving life chances for young people Social inclusion Children and young people

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
8	Children and Young People's Strategic Partnership	Improve child health	Reducing the rate of infant mortality with particular emphasis on reducing the proportion of expectant and new mothers who report smoking, increasing breastfeeding initiation and booking early for ante natal care	8.1 deaths of infants under one per 1,000 in the period 2003-2005. This is the highest rate in London. Good progress on smoking cessation, breastfeeding initiation but smoking in pregnancy has worsened and is below target.	Priority for CAPPS. Haringey Infant Mortality Action Plan agreed by Board. Targets on smoking during pregnancy and breast feeding reported to each CYPSP meeting. Linked to priority 4 in Changing Lives.	Healthier people with a better quality of life	Health Children and young people Improving life chances for young people
9	Children and Young People's Strategic Partnership	Reduce Teenage Pregnancy	Reduce the under –18 conception rate by 50% as part of a broader strategy to improve sexual health (SPA)	Conception rate of 67.5 per 1,000 under 18's compared with an average of 47.9 for London and 41.6 for England. Latest figure 61.8 The teenage conception rate decreased throughout 2004 to 2006 following implementation of the teenage pregnancy strategy and 4YP programme. Achievement of future targets remains challenging as the teenage conception rate was on a steep upward trajectory when the targets were set.	Conception rates are comparably high in Haringey, reduction in teenage pregnancy is both a priority for HSP and GOL, Priority for CYPSP. Targets on numbers of conceptions reported to each CYPSP meeting. Teenage pregnancy has a major impact on the health, well-being and life chances of young people and families, contributing to health and other inequalities. Reducing teenage pregnancy is a priority in the Children's Plan, linked to priority 7 in Changing Lives.	Healthier people with a better quality of life	Health Children and young people Improving life chances for young people
10	Children and Young People's Strategic Partnership	Improve access to services for young people and parents that support them to be more economically active.			Government priorities include encouraging people into work. Initiatives such as extended schools, increase in provision of childcare and benefits such as WAFT are encouraged to support parents in working/ returning to work. Priority 18 in Changing Lives	Economic vitality and prosperity shared by all	Child poverty Improving chances for young people

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
11	Children and Young People's Strategic Partnership	Reduce childhood obesity	Halting the rise in childhood obesity	Stretch target on Healthy Schools. Good progress made over 2006/07. Currently have 21 schools that have achieved healthy schools status.	Obesity increases the risk of an individual experiencing poor health and well-being. Preventing obesity by increasing physical activity and balanced diets requires action across the partnership. Our initial data suggests that childhood obesity is a priority in Haringey (11% of reception children and 22% of year 6 children being obese in 2006), obesity being more prevalent amongst children living in deprived areas and from particular BMS communities. Linked to priority 5 in Changing Lives.	Healthier people and a better quality of life	Improving life chances for young people Health Children & Young People
12	Enterprise partnership Board/ Children and Young People's Strategic Partnership	Reduce the number of young people between the ages of 16 and 19 who are not in education, employment or training, especially those looked after by the local authority.	Reducing 16-18 year olds not in education, employment and training (NEETs) Targets on % Children looked after for 12 months or more achieving 5+GCSE's A*-C; % Children looked after for 12 months or more achieving 5+GCSE's A*-G and % of LAC aged 16+ who left care in the year with 1+ GCSE at grades A*-G reported regularly to CYPSP. Annual statistical return to DCSF includes information on number of young people who have been looked after for a year or more who are not in education, employment or training.	Haringey's NEETs at July 2007 are 13.2%. Haringey's NEETs are considerably higher than those in comparator boroughs. Extracts from NEET data reported by neighbouring boroughs in June '07 are Barnet 4.2%, Enfield 6.9% and Waltham Forest 6.3%.	Priority 19 in Changing Lives. NETS is major priority for Haringey, where rates remain above national averages. Future life chances for young people who are not employed or in education / training are poor, as are those of any of their children when they become parents. Government wants to see improved educational attainment rates for all young people and especially those who are looked after, supported by Every Child Matters programme and legislation such as the Children Act 1989 and Children Leaving Care Act 2001 Council has responsibility as corporate parent to these young people.	Economic vitality and prosperity shared by all	Child poverty Improving chances for young people

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
13	Enterprise partnership Board	Reduce Worklessness	Increasing the overall employment rate of the working age population. Reducing the benefit claim rate amongst people claiming Job Seekers Allowance, Incapacity Benefit and Income Support who also live in the wards identified as having the worst labour market position.	Haringey's employment rate at 66.2% (05/06) is slightly below the London average of 68.6% (middle quartile) and the England average of 74.4% but has increased by 4.2 percentage points over the past year. Although recent Labour Force survey results have shown a real leap forward in this area from 63.1% in Quarter 3 2005 to 72.9% in Quarter 1 2007, we need to understand if this improvement is real and what the contributory factors are.	These are the three main benefits in relation to worklessness and will provide a sharper focus than concentrating on working age benefits as a whole, which include benefits, such as Carers Allowance, where increasing the take up could be seen as a positive outcome. Together, Job Seekers Allowance, Incapacity Benefits and Income Support make up 92 per cent of the working age benefit caseload in Haringey.	Economic vitality and prosperity shared by all	Worklessness is a GOL priority for London with employment and enterprise as a target area for Haringey. This is also identified as a priority in the Haringey Community Strategy.
14	Enterprise partnership Board	Maximising Income	Increasing the number of in-work families claiming Working Families Tax Credit and Child Tax Credit.	The take up of Working Families Tax Credit and Child Tax Credit in London is the lowest in the country. The take up in Haringey is even lower. Promoting the take-up of this benefit will incentivise work and help those on low earnings to lift themselves further away from poverty.	The take up of Working Families Tax Credit and Child Tax Credit in London is the lowest in the country. The take up in Haringey is even lower. Promoting the take-up of this benefit will incentivise work and help those on low earnings to lift themselves further away from poverty.	Economic vitality and prosperity shared by all	Worklessness is a GOL priority for London with employment and enterprise as a target area for Haringey.
15	Enterprise partnership Board	Increasing economic vitality	Increasing the number of newly registered VAT enterprises. Increasing the self employment rate.	This is not generally seen as an area of poor comparative performance. Self Employment at 20.5% was top quartile and business start ups per 10,000 at 46.9 was middle quartile.	HSP priority	Economic vitality and prosperity shared by all	Worklessness is a GOL priority for London with employment and enterprise as a target area for Haringey.

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
16	Enterprise partnership Board	Increase the number of unemployed people assisted in their skills development	The number of adults gaining basic skills; adults achieving a Skills for Life qualification and entered employment, adults achieving a Skills for Life qualification at entry Levels 1-3 or above and entered employment, adults achieving a level one qualification (not Skills for Life) and entered employment, adults achieving a Skills for Life qualification at entry levels 1-3 or above in the workplace. The number of adults who are supported in a achieving at least a full first level two qualification or equivalent; adults achieving a full level two qualification and entered employment, adults achieving a full first level two qualification and entered employment, adults achieving a full first level two or level three qualification in the workplace.		40% of Haringey residents have Level 1 or below skills and low skills are recognised as a significant barrier to sustainable employment. With the growing knowledge economy people with low or no skills need to up skill to gain employment.	Economic vitality and prosperity shared by all	Worklessness is a GOL priority for London with employment and enterprise as a target area for Haringey.
17	Integrated Housing Board	Increase Housing Supply	50% of all additional housing to be affordable, this includes all additional housing not just that secured through planning obligations Average time taken to re-let an available local authority permanent dwelling Progress against statutory housing targets (New builds, conversions and voids)	Average re-let times 2006/07 37 days, at June 2008 36.2 days. This is below average and bottom quartile performance for London.	Haringey has high levels of housing need and homelessness and tackling housing need is a key priority in our sustainable community strategy. The needs of our communities should be at the heart of decision making. We want to see clear benefits resulting from development and regeneration. We will continue to increase the availability of affordable housing and decent housing and foster the development of sustainable mixed communities. Haringey has high levels of overcrowding and we will need larger size properties to address this need,	People at the heart of change	Social Inclusion

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
18	Integrated Housing Board	Increase Decent Homes	BV184 Percentage of Local Authority homes classified as non decent. Achieve decent homes standard for all social housing	42.58% of LA homes non-decent at 1 April 2007 (bottom quartile)	Haringey's most disadvantaged groups are not benefiting as they should from health improvements. Wider factors such as sub standard or inadequate housing have negative impacts upon health. It is a key priority in our community strategy to both meet the decent homes standard and to improve the borough's housing stock in general, especially for our most vulnerable households.	Healthier People with a better quality of life	Community Cohesion and Immigration Social Inclusion
19	Integrated Housing Board	Reducing Households in Temporary accommodation	Reduction in the number of households in temporary accommodation and prevent homelessness in a sustainable way for households approaching the local authority with a housing issue	Current number of households in temporary accommodation is 5,500	The reduction of temporary accommodation is a government target and it is a key priority in our community strategy to increase the levels of safe, settled and affordable housing.	Healthier People with a better quality of life	People in temporary accommodation
20	Integrated Housing Board	Ensure that vulnerable people have decent, energy efficient homes	Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)	The proportion of local authority homes which were non decent at 1st April is 42.58%	It is a key priority for the Haringey Strategic Partnership to improve wellbeing and assist people to remain safe, warm and independent in their own home. Ensuring that our homes are energy efficient and that people have access to affordable warmth are also key priorities.	Healthier people and a better quality of life Environmentally sustainable future	Social inclusion
21	Safer Communities	Increase victim support	An increase in the uptake of victim support services by children and young people.	TBA	We know that if children and young people who are victims of youth crime are not supported and assisted to recover from this, some young people are at high risk of becoming young offenders themselves. Therefore to stop this cycle we need to put protective measures in place – hence the important of this target. This links very well to the Met-wide Operation Curb, to the prevention of serious youth crime, and to reduce the number of young people joining gangs. All are priorities for the Police. The YOS will work closely with Victim Support to ensure all children and young people who are a victim of youth crime are offered a service that is safe and confidential. Linked to priority 11 in Changing Lives.	Be Safer for all	Respect/ Cohesion Improving life chances for young people Social inclusion (including resettlement of offenders)

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
22	Safer Communities	Reduce drug related crime	X (Number) of Problem Drug Users (PDUs) to be housed in Supported Housing schemes X (Number) of PDUs to be placed in HfH tenancies X (Number) of PDUs to be housed via DAAT Rent Deposit scheme X (Number) of PDUs entering ETE (Kinesis, CONEL, Progress 2 Work, etc)	People using or dealing drugs is a significant concern for over a quarter of residents as are teenagers hanging around on the streets.	This covers drugs and alcohol; the 'support' part also covers assistance to gain employment. Housing and employment appear to be the two most important strengthening factors that enable rehabilitation to be successful. Economic Regeneration and regional partners developing a project re families into work; this will improve cross-cutting work to implement a multi-systemic approach including housing, treatment, skills, employment etc. Supporting People agree stable housing is crucial to this group of people, to enable the support/wrap around services to these people, including treatment, health, skills/ employment etc. There is an issue for Haringey in providing effective wrap around support service to ex offenders and substance misusers in general and that unless this is done the whole social inclusion, community cohesion, crime agenda cannot be addressed. The London Resettlement Strategy work will help support this target, as will the Government's new Draft Drugs Strategy. This is a cross-partnership target that covers more than one strand in the LAA.	Safer for all Healthier people with a better quality of life.	Improving life chances for young people Community cohesion Social inclusion
23	Safer Communities	Reduce Domestic Violence:	Reduce repeat victimisation Reduce homicides caused by DV Increase reporting of DV	Repeat domestic violence victimisation - as at 06/07 was 201 incidents. There were 2139 incidents of DV which resulted in sanctioned detections	Haringey has had several homicides through DV over past year or so and these cause considerable trauma for children and the extended family – effects on health	Safer for all Healthier people with a better quality of life.	Improving life chances for young people Community cohesion Social inclusion Violence against the person

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
24	Safer Communities	Reduce harm caused by illegal drugs	Increase the participation of problem drug users in drug treatment programme by 100% by 2008 (from a 1998 baseline) and increase year on year the proportion of users successfully sustaining or completing treatment programmes	49% of residents considered people using or dealing drugs a very or fairly big problem. The 06/07 target of 1,343 problem drug users in treatment was achieved and 68% were retained in treatment for 12 wks + close to 70% target. Target of 75% set for 2007/08.	People using or dealing drugs is a significant concern for over a quarter of residents.	Safer for all	Health Social inclusion Improving life chances for young people
25	Safer Communities	Reduce premature deaths from accidents and injuries (focus on children and young people under 25)	Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% and the number of children killed or seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities (PSA 5) Decrease the number of accidental dwelling fires (sub-target of Decent Homes Outcome) (LAA Target) Increase domestic fire safety and reduce arson (LAA Target) School Travel Plans	117 people killed or seriously injured in 2006 up from 94 in 2005 but a reduction on the 131 in 2004. 3 year average of 114 for 2004-06 shows positive trajectory. 19 children killed or seriously injured in 2004, 15 in 2005 and 16 in 2006 average nationally 22. Satisfactory progress being made in this area and on track to meet Mayor of London's tougher targets.	Priority 8 in Changing Lives. Road safety is an on-going priority with a special focus from the Mayor's Road Safety Plan aimed at reducing casualties by 50% by 2010.	Safer for all	Improving life chances for young people Health Children & Young People

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
26	Safer Communities	Reduce overall crime	Overall Crime rate Reducing the proportion of young offenders and prolific and other priority young offenders who re-offend. Reduce knife, gun and gang crime committed by young people	Reduction of 10.6% in British Crime Survey comparator crimes in 06/07. 5% reduction in burglary, 6% in personal robbery, 15% in Assaults & 10.7% in Vehicle Crime. However Haringey remains a high crime area and stats per 1,000 households are much higher than England and NRF LA averages Burglaries 28.2 Eng Avg 13.8 NRF LAs Avg 19.3 Robberies 9 Eng Avg 1.9 and NRF LAs Avg 3.4 Vehicle Crimes 22.3 Eng Avg 13.5 and NRF LAs Avg 17.9 59.2% young offenders re-offending in 2006/07	Crime has been steadily decreasing in Haringey but it still remains a key concern for our residents and the reduction of crime is a priority in the Community Strategy. Linked to priority 11 in Changing Lives.	Safer for all	Violence against the person
27	Safer Communities	Reduce the number of first time entrants to the youth justice system	(YJB will provide % or numbers) Identifying children and young people at risk of offending or involvement in anti-social behaviour, completing assessments and effective interventions to reduce the risks and strengthen the protective factors.		Plays an important role in youth crime prevention – again pulling children and young people away from offending behaviour at an early stage when this is more likely to be successful – with the support of the partners. This is very important for the Government, our SCEB partnership, local residents and businesses. It also lessens the need for the higher cost (to agencies + to victims), resource-intensive services for the more serious young offenders. We would look to refer young people receiving reprimands for interventions, and encourage Safer Neighbourhood Police teams and Safer Schools Police Officers to refer more children and young people for interventions – would need a criteria for both of these. Linked to priority 11 in Changing Lives.	Safer for all	Improving life chances for young people Community cohesion Social inclusion (including resettlement of offenders)

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
28	Well-Being	Reduce alcohol related harms across health and crime.	Actual targets to be developed – according to both local and national alcohol strategies		Alcohol misuse is a strong factor in health inequalities and a driver for certain key priority crimes (ASB, Violent crime, Domestic Violence etc). It is also a factor in harm to children – both through parents abusing alcohol (CP issues) and young people binge drinking – affecting mental and physical health plus educational attainment. Alcohol abuse also results in unemployment, loss of family and general economic problems – leads to social exclusion and damages the wider area economic development. Street drinkers and young people abusing alcohol rapidly bring an area into disrepute and the resultant anti-social behaviour encourages low level of crime to take hold.	Safer for all Healthier people with a better quality of life.	Health Violence against the person Improving life chances for young people
29	Wellbeing Partnership	Increase opportunities for people to live independently	Older people helped to live at home per 1,000 population aged 65 or over (PAF C32) Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised) (PAF C51) Percentage of items and equipment and adaptations delivered within 7 working days (social services) (PAF D54) Number of older people attending day opportunities programmes	Paf C32 93.1 Band 4 good but trend currently moving in wrong direction Paf C51 138 Band 4 good, target of 150 for March 2008 Paf D54 88.4% Band 5, target of 90% for 2007/08	The White Papers *Modernising Social Services, Valuing People and Our Health, Our Care, Our Say* set out the Government's aims to promote the independence and social participation of users of social care services. Supporting people in their own homes is a key part of this agenda.	Healthier people with a better quality of life	Health Social inclusion
30	Wellbeing Partnership	Reduce physical inactivity	Increase the proportion of adults taking part in sport and recreational physical activity for 30 minutes on at least 3 days a week by 4%, from 22.9% to 26.9% (LAA Target) Reduce premature mortality with specific emphasis on circulatory disease and cancer (FL) increasing male life expectancy		The *Choosing Health* White Paper and other research identify the relationship between reducing physical inactivity and ill health and premature mortality. Haringey's Life Expectancy Action Plan has highlighted that within Haringey, an estimated 78% of adults are insufficiently active.	Healthier people and a better quality of life	Health

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
31	Wellbeing Partnership	Reduce the number of people who smoke, and the number of people exposed to second-hand smoke	Increase the number of smokers who set a quit date and successfully quit and four weeks follow up with NHS stop-smoking services (LDP) Achieve 150 additional quitters from N17 (Tottenham) between 2007/8 and 2009/10 (LAA Target) Reduce premature mortality with specific emphasis on circulatory disease and cancer (FL) increasing male life expectancy	Mortality rates for cancer (122.1) and circulatory diseases (114.1) are above the average for London (116.9 & 96.8) and England (119 & 90.5).	The *Choosing Health* White Paper and other research identify the relationship between smoking and ill health and premature mortality. Furthermore, Haringey's Life Expectancy Action Plan states that lower life expectancy for men and women in Haringey compared to England and Wales is statistically significant.	Healthier people and a better quality of life	Health
32	Wellbeing Partnership	Reduce premature mortality	TBC- possibly combining all age all cause mortality, CVD and cancer mortality.	Life expectancy is lower in Haringey compared to both England & Wales particularly for males where at least 3 years below the average for London and up to 10 years lower in particular wards.	Analysis for Haringey's Life Expectancy Action Plan suggests that lower life expectancy for men in Haringey compared to England and Wales is statistically significant, and that the gap in male life expectancy for men in deprived compared to affluent wards is nearly 8 years. The action plan sets out interventions across the partnership that will contribute to reducing this gap. This is a key priority in the Well-Being Strategic Framework.	Healthier people with a better quality of life	Health
33	Wellbeing Partnership	Provide support for unpaid carers, including preparing for when they are no longer able to care	Increase breaks for Carers Increase the number of carers receiving a specific carer's service as a percentage of clients receiving community based services (PAF C62)	PAF C62 6.8% 2006/07 below IPF neighbours average of 13% and England average of 11%. July 07 year projection to 9.4%, below target but in band 4 (good). This is an improvement on 06/07.	Under the Carers' (Recognition and Services) Act 1995, Carers' and Disabled Children Act 2000 and Work and Families Act 2006, carers have a right to support with their education, leisure, training and employment needs as well as support to enable their caring role.	Healthier people with a better quality of life	Health
34	Wellbeing Partnership	Develop housing related support services for vulnerable people	Increase the proportion of vulnerable single people supported to live independently who as a result do not need to be accepted as homeless . Reduce housing related delayed discharges from hospital as part of joint Mental Health Strategy and for older people and all vulnerable groups		This is one of the specific objectives of the Supporting People Programme.	Healthier people with a better quality of life	Social Inclusion

No.	Thematic Board	Haringey Target/ Priority	Indicator	Performance	Rationale	Sustainable Community Strategy Priority	GOL priorities for London
35	Wellbeing Partnership/Children and Young People's Strategic Partnership	Improve sexual health	Increase access to GUM services so that 100% of patients are offered an appointment within 48 hours of contacting the service by March 2008 (LDP) Increase the number of NHS funded terminations of pregnancy undertaken at up to and including nine completed weeks gestation (LDP) Increase the uptake of Chlamydia screening amongst young people aged 15-24 years to ensure that over 4760 young people of this age group accept the offer of a test in 2007/8 (LDP)	Increase the uptake of Chlamydia screening amongst sexually active 15-24 year olds - 06/07 out-turn 600.	Adoption of safer sexual practices and access to effective sexual health services can prevent unwanted pregnancy and sexually transmitted infections, and improve health and well-being. Much of this work takes place outside traditional health care settings eg in schools and community settings. Linked to priority 7 in Changing Lives.	Healthier people and a better quality of life	Improving life chances for young people Health Children & Young People
36	Wellbeing Partnership/Children and Young People's Strategic Partnership	Protect children and adults by increasing immunisation rates	Increase uptake of the childhood immunisation schedule. Increase the uptake of flu immunisation amongst individuals aged over 65 years to 70%.		Immunisation is a cost-effective way of protecting individuals from infectious diseases. IT problems with the child health surveillance system, and parental concerns over the publicised link between MMR and autism, may have resulted in a fall in immunisation uptake leaving a large number of children at risk of avoidable but potentially serious diseases. Increasing uptake will require action across the partnership eg in collaboration with children's and adult's services.	Healthier people and a better quality of life	Health

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NEIGHBOURHOOD RENEWAL FUND 2007/08
(31st August 2007)

NRF Projects	Project Manager	Well-being Objectives					RAG Status					Finances			Project Objectives/Target 07/08	Year to date	Comments
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Issues	Resources	Budget	Timescale	Overall Status	Total Budget 07/08	Spend (+ Committed) To Date	Budget Left to Spend			
Accessing Employment through Individual Budgets	Beverley Tarka	✔					G	G	G	G	G	£16,605	£11,908	**£4,697**	Increase the income of 15 households by an average of £10 per week	**10**	This is currently being sustained with a Job coach visiting the work place of all 10 Service Users in work and carrying out Job evaluations and booking training time. 10 people with learning disabilities supported into paid employment and 5 person in voluntary placement will be working towards paid employment.
															To support 15 people with a learning disability into paid employment.	**10**	
Appropriate Adult Training for B Tech Award (Crucial Steps)	Ify Adenuga	✔					G	G	G	G	G	£15,926	£8,505	£7,421	Recruitment target - 50 Training	**30**	Concentrating on Northumberland Park area. Skills covered: IT, word processing, literacy, internet/email and Numeracy skills. Partnership with Mind in Haringey continues and a number of parents (of the young people representing at the local police stations) joining the training to partake in making the difference to create safer community as well as be a role model for their teenage children. 15 of them have expressed interest in re-enforcing their employability skills to move into employment.
Benefits Outreach (Age Concern)	Imelda Mullins	✔					G	G	G	G	G	£47,096	£23,075	**£24,021**	No of sessions to target is 100	**57**	Complimentary to the existing Community Legal Services Quality Marked benefits advice service. Enable a targeted information, advice and welfare rights outreach campaign toward those harder to reach communities.
															No of referrals to target is 280	**286**	
															No of people to train is 4	**1**	
Black and Minority Ethnic Carers Respite Service	Faiza Rizvi		✔	✔	✔		G	G	G	G	G	£20,000	£10,700	**£9,300**	Plan, develop and deliver 12 support group meetings.	**5**	Annual conference took place on the 15th June 07. Mun Thong Phung, the Director of Adult Culture & Community Services and cabinet member Bob Harris for Adult Social Care and Well-being addressed the audience. It is planned to distribute Therapy Vouchers in December 07. The project has encouraged BME Carers to exchanged each others details and a number of carers have developed support mechanism for each other. Also BME Carers have been consulted and provided with information on Direct Payment systems, Breast Cancer Care, Carers Services in haringey, Children & young people services
															250 carers to attend group support meetings	**326**	
															One annual conference	**1**	
															75 Carers to receive alternative therapy treatment in support group	**12**	
															50 Carers to receive therapy vouchers	**0**	
Community Income (BME Carers Support Service)	Faiza Rizvi	✔					G	G	G	G	G	£32,000	£15,389	**£16,611**	150 families to be supported through advice and case work support	**80**	Approximately 10 clients have benefited from an increase in household income by an average of £10, this ranges from clients receiving Sure Start Maternity Grant, disabled premium, housing benefit discretionary payment, Carers allowance, Milk and Health food tokens, Community care grant, Attendance Allowance etc
															Inform and support 150 families in applying for relevant benefits	**95**	
Cycling Club	Beverley Tarka	✔	✔				G	G	G	G	G	£10,000	£6,250	**£3,750**	200 people with Learning Difficulties, plus families, friends and volunteers to participate in cycling activities.	**133**	Cycle club launched on 22nd May 07 in partnership with Lordship Recreation and Lordship Users Forum at Broadwater Farm community centre. Approximately 150 people attended the launch and participated in cycling and other sports activities ISSUE: In terms of increasing households by an average of £10 per week, only increased income for one service user for work. The club will also begin to open at weekends in October.
Happy Opportunities (PHASCA)	Lena Hartley	✔	✔				A	G	G	G	G	£18,000	£7,816	**£10,184**	To improve the health outcome for 50 adults who are 50+	**50**	Flyers distributed and advertised on the internet/radio/library/local supermarket, community centres and local newspapers. Tutors recruited for money management, healthy eating, life skills, one-to-one counselling. Sessions held to date in Self Esteem & Yoga. September sessions will include A) Money management B) Streamline choice of utility provider, C) Looking at the shelf life of items in the supermarket before purchasing D) Teaching participants a skill to do with their hands so they can earn at least £10 a week extra. ISSUE: We will focus on increasing income by £10 a week and/or reducing outgoings by £10 a week minimum.
															To increase income opportunities in the local community especially from Noel Park, Bruce Grove and Northumberland Park for 30 adults	**0**	

NEIGHBOURHOOD RENEWAL FUND 2007/08
(31st August 2007)

NRF Projects	Project Manager	Well-being Objectives					RAG Status					Finances			Project Objectives/Target 07/08	Year to date	Comments
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Issues	Resources	Budget	Timescale	Overall Status	Total Budget 07/08	Spend (+ Committed) To Date	Budget Left to Spend			
Haringey Forum for Older People Age Concern Haringey	Manuela Toporowska				✔		G	G	G	G	G	£56,170	£24,101	**£32,069**	10 Executive Committee meetings;	**3**	Concerns and needs expressed by Polish and Somali Elders at Reaching Out meetings held in July presented to Older People's Partnership Board Meeting on 7 August. Also Active Age 15 March 07 report recommendations put to Leisure Services Business Manager at same Board Meeting. Age Equality Lobby 18 April 07 Report sent to 700 Forum members with information about how to lobby their MPs; report also sent as evidence regarding Age Discrimination to Help the Aged and Age Concern London. Newsletter Sub-group met to plan content and layout of September edition.
															Sustain membership at current (end of Mar 07) levels estimated at 550	**700**	
															3 Newsletters	**1**	
Health in Mind (HTPCT)	Vanessa Bogle Physical Activity	✔	✔				A	G	G	A	A	£88,984	£37,271	**£51,713**	Physical Activity Referral Scheme, (200 participants)	**41**	The Scheme has been well received by the GP practices who strongly feel that this Scheme will assist them in helping their practice population to manage a range of long-term conditions including obesity, type II diabetes, high blood pressure, etc.
															5 weekly Health Walks - 30 min moderate intensity walks (300 participants)	**80**	In order to improve the uptake of this programme the Co-ordinator will focus on promoting the Scheme further during the month of September. Predicting an increase in these figures as GP practices in the target wards are aware of the programme, and for those patients who do not meet the entry criteria for the Physical Activity Referral Scheme, practitioners are able to recommend the Group Health Walks as a physical activity option for them. ISSUE: Year to date targets lower than expected
	Debbie Wilkins Healthy Eating	✔	✔				G	G	A	G	G	£148,306	£34,202	**£114,104**	Shape-Up Programme - Targets: 140 participants per year	**65**	Outreach Work - 2 more community groups have been contacted and will be running a cook and eat at the Haven Day Centre and a Shape-Up at the Spotlight Women's Group. These will be in addition to the programmes that are currently being run.
															Cook and Eat Programme - Target: 60-90 participants per year	**93**	
	Dorian Cole Mental Health (Haringey Therapeutic Network)	✔	✔				G	G	G	G	G	£133,475	£34,879	**£98,596**	Haringey Therapeutic Network Groups, 146 new contacts.	**41**	The Mental Health Library service and the Haringey Therapeutic Network has promoted and now established a service for the three NRF areas Bruce Grove, Noel Park and Northumberland Park. Quantative data is collected including reason for referral, age, gender, ethnicity, type of intervention and outcome.
															Employment Support Groups: 90 new contacts	**53**	
															Health in Mind Library Work, Graduate workers: 150 new contacts	**63**	
Home Support Workers & Outreach Street Drinkers (HAGA)	Damon Knight		✔	✔		✔	G	G	G	G	G	£78,400	£38,880	**£39,520**	Offer a service about alcohol misuse and service provision to 100 people with chaotic alcohol misuse problems	**40**	This has been providing advice and information about to chaotic drinkers or those affected by chaotic drinking. The service is currently averaging about eight new referrals a month. This has been boosted by us developing closer links with Haringey Housing Joint Assessment Team, formerly known as Vulnerable Adults Team
															Reduce alcohol problems and make positive lifestyle changes for 100 people in their own homes and/or on the street	**50**	This has been done in engagement with local neighbourhood schemes, the police and community groups. There has been significant decreases in chaotic street drinking from the traditional client group. Concentrated this activity in Bruce Grove, Seven Sisters and St. Ann's wards and will develop this in other wards most notably Northumberland Park in the next quarter
Income Maximisation Strategy	David Hennings	✔					G	G	G	G	G	£30,000	£27,200	**£2,800**	The "final final" consultants' report was delivered on 31 May 2007. The report has already informed development work on the Income Maximisation Strategy; circulation of an initial first draft of the latter has been delayed, but will follow at a date to be decided following further consideration of the strategy's implementation at LBH Chief Executive's Management Board in late August 2007.	**Project Completed**	Urban Environment are now leading on this project, to deliver the *Economic Vitality and Prosperity Shared by All,* priority of the Sustainable Community Strategy through income maximisation. The approach is to: support residents into sustained employment where possible, improve take-up of in-work tax credits, and to improve benefit take-up and other support services for those who are not able to work. A position statement will be backed up by an action plan setting out 10 core projects to deliver income maximisation, built on existing work underway, for example, the Haringey Guarantee, and try to hit more than one objective of the Council, eg. improving advice services fits with the Excellent Services theme of Improving Customer Care, and driving up take up of Disability Living Allowance will reduce pressure on adult care package funding.

NEIGHBOURHOOD RENEWAL FUND 2007/08
(31st August 2007)

NRF Projects	Project Manager	Well-being Objectives					RAG Status					Finances			Project Objectives/Target 07/08	Year to date	Comments
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Issues	Resources	Budget	Timescale	Overall Status	Total Budget 07/08	Spend (+ Committed) To Date	Budget Left to Spend			
Libraries for Life	Diana Edmonds	✔	✔				G	G	A	G	G	£198,000	£74,397	**£123,603**	Reducing obesity and improving diet and nutrition - Dietary and nutritional advisory sessions = 300 people to have attended sessions	**300+**	The success of our "nutrition for kids" programme has continued throughout August. In Stroud Green an event focusing specifically on encouraging healthy and fun eating for children was held on 9th August, attracting 24 attendees. The event involved information about the nutritional value of different fruits and vegetables, and provision of information on nutrition including quick and simple recipes for kids.
															Library Walker's programme = 40 people per week undertaking regular walks	**9 per week (avg)**	The Library Walkers programme continues to run weekly from five of our libraries, with trainer-led walks taking place on different days of the week. Numbers are increasing again as the wet weather recedes, and we are now averaging 9 people per session, per week. Planning a promotional walk around the borough in the coming months to give the programme a boost.
															50 people per week participating in mother-and-child exercise programmes	**TBC**	
															Outreach programme to provide health information to 100 people by the mobile service per month by end of July	**24 (up to June)**	In conjunction with the Mobile Library Service, we are encouraging the provision of health information to those who are housebound or who may have difficulty accessing standard library facilities. Unfortunately, planning to expand this service has been put on hold due to
															Reducing the number of people who smoke, information and support sessions involving health-checks to 50 people.	**TBC**	These continue to be supported by monthly information and support sessions, involving health-checks and practical advice. These took place weekly in August, with an average of 16 people attending each session.
															Smoking cessation classes to 20 attendees per class	**25 per class (avg)**	We are continuing to run our smoking cessation classes, open to both Haringey Council staff and the general public, held within libraries in the Borough in partnership with Haringey NHS. An average of 25 people per class attended these sessions.
															Counselling advice to people with mild mental heath problems (3 sessions per week,10 people per session), help people with mental health issues gain employment (5 people per session, per week).	**45 per week (avg)**	Mental Health Suite operates from Wood Green Central Library, from which 2 trained counsellors provide advice to people with mild mental heath problems. The popularity of the service continues to increase, with each councillor now seeing an average of 15 people per session, per week. The programme was recently extended to Marcus Garvey and now attracts 10 people per session.
															Supporting people with alcohol and drug issues - Improve access and advice on alcohol and drug related issues (Monthly advisory sessions, 5 people per session, per week)	**8 per session (avg)**	Partnership with DASH (Drugs Advisory Service Haringey) to improve access and advice on alcohol and drug related issues. Numbers have increased in August from an average of 5 to 8 attendees per session. Sessions will run until the New Year when the demand for the programme will be evaluated and additional session implemented accordingly.
Out and About: Befriending and Community Development	Ashraf Choudry		✔	✔	✔		G	G	G	G	G	£36,750	£17,736	**£19,014**	20 volunteers (240 for the year)	**89**	Helping socially isolated older people to maintain a more independent life by providing social contact and helping to rebuild confidence.
															80 (960 for the year) older people befriended/home visits per month;	**320**	
															50 (600 for the year) telephone contacts per month.	**522**	

NEIGHBOURHOOD RENEWAL FUND 2007/08
(31st August 2007)

NRF Projects	Project Manager	Well-being Objectives					RAG Status					Finances			Project Objectives/Target 07/08	Year to date	Comments
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Issues	Resources	Budget	Timescale	Overall Status	Total Budget 07/08	Spend (+ Committed) To Date	Budget Left to Spend			
Reaping the Benefits	Bernadette Riganti	✔					G	G	G	G	G	£98,000	£39,155	**£58,845**	400 people to be provided with detailed welfare benefits and/or debt advice and on going casework and support	**211**	Reaping The Benefits was launched in March 2007, following recruitment to our debt and welfare benefits coordinator posts. Initial targets required the project to contact over 1400 residents in the most deprived wards in Haringey offering benefits checks and advice. We met this objective by distributing over 5000 leaflets publicizing our CAB advice services door to door in Northumberland Park, Noel Park and Bruce Grove Wards. We also promoted the service with community groups, GP and health clinics, schools, voluntary sector organisations and at community meetings. Face to face advice is now provided via appointment and drop in sessions at 6 outreach venues. Since the project started in March 2007, we have provided detailed welfare benefits and debt advice and ongoing casework and support to 211 clients. These clients have presented 523 separate problems – eg. clients could come with benefits, debt and tax issues. Working through the complexity of problems, which may require several repeat advice sessions, leads to high quality outcomes. This is being measured in money gains, both in terms of increased benefits and reduced
Reducing smoking prevalence	Elisa Thompson		✔				G	G	A	G	G	£100,000	£12,809	**£87,191**	100% of employers of deprived and high-smoking prevalence communities identified and offered workplace-based smoking cessation support by March 2007	**TBC**	An advisor employed within the stop smoking team is currently developing the Stop Smoking Work Place Initiative. Businesses have been approached offering differing levels of involvement with the service, and comprehensive mail out (via e mail) was sent to encourage uptake. Resources for the 'protecting children from exposure to smoke in the home' project, have been printed, and a comprehensive distribution of these resources will be taking place.
Salsa Club (Scorpion Salsa Group)	Natalia Blazina		✔				G	G	G	G	G	£9,200	£6,130	**£3,070**	Increase physical activity for at least 200 participants through 2-3 classes a week	**167**	On average 25 participants registered per each class (Wood Green, Tottenham, Hornsey YMCA). Started working with Haringey Therapeutic Network to involve people with Mental Health problems in the Salsa club.
Tackling Fuel Poverty	John Mathers	✔	✔				G	G	G	G	G	£55,000	£41,554	**£13,446**	1000 households to receive an energy efficiency survey.	**TBC**	Software received and data for mail merge requested from Council Tax Team. As soon as this is received a postal survey form and a copy of the energy efficiency advice leaflet will be sent to 3000 households selected at random.
															250 households living in properties losing the least amount of heat to receive advice and information.	**TBC**	The Home Heat Loss survey has been analysed and a database showing how much heat every single property within the borough has been generated. From this database lists have been prepared of the properties losing both the most and least heat. Letters have been drafted and sent to Corporate Communications for sending out to all these properties. Included in the mailing is information on the 'here to HELP' scheme, the Warm Front scheme and application forms for both. Baring Insulation sent over a list of the properties that they had surveyed as part of the 'here to HELP' scheme. Baring Insulation will be able to commence installing the heating and security measures to these properties. This will improve conditions in the private rented sector, which typically houses the most vulnerable and is where conditions are often worst.
															250 households living in properties losing excessive amounts of heat to receive advice and information.	**TBC**	
															500 residents to receive heating and/or insulation measures via the Warm Front Scheme.	**250+**	
															500 residents to receive heating and/or insulation measures.	**TBC**	
															500 energy efficient light bulbs to be given out at promotional events.	**500+**	A huge number of energy saving light bulbs, thermometer cards, water hippos and information booklets were given away over the two days.
															250 residents to attend a promotional event.	**250+**	A stall was held at the Haringey Green Fair on 29th and 30th June 2007 in conjunction with Homes for Haringey, the North East London Energy Efficiency Advice Centre and Baring Insulation.
															100 households to receive a customer satisfaction survey.	**TBC**	
															50 households to receive a benefit entitlement check.	**TBC**	The data necessary for the mailing of all residents within the borough in receipt of means tested benefits and hence eligible for Warm Front grants has been received from Benefits and Local Taxation - Friday 31st August 2007. Letters will be sent out from Monday 10th September onwards. This will result in 32,000 people receiving information on Warm Front grants and is expected to massively boost take up of the grants.

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(31st August 2007)

NRF Projects	Project Manager	Well-being Objectives					RAG Status					Finances			Project Objectives/Target 07/08	Year to date	Comments
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	Issues	Resources	Budget	Timescale	Overall Status	Total Budget 07/08	Spend (+ Committed) To Date	Budget Left to Spend			
															20 households without central heating to have a central heating system installed	TBC	
The six8four Centre	Paul Knight	✔	✔				G	G	G	G	G	£78,823	£31,193	**£47,630**	250 referrals in a year. 90% participating in Physical Activity, 75% to undertake training/capacity building in preparation for college or employment.	270	Working in partnership with the NHS "Health in mind" walks with a qualified fitness instructor around the borough. Staff training in th e"Fit for life" council initiative to increase health awarness. Staff at the centre also training as "smoking cessation" instructors to help service users to give up smoking. In partnership with Street League there is an established mens and womens football team that train twice a week and play matches every month thus considerably increasing peoples physical activity. There is a qualified aeorobic instructor attending bi weekly to offer aerobics classes for women. There is a well-being group at the centre offering advice and information on diet, smoking, sexual awareness, exercise and fitness and guest speakers come to talk at these groups. there is a lifestyle group every week that focuses on exercise and health. There is a sounding out group that encourages service users to explore their mental distress.
															Increase household income to address fuel poverty in 100 households	23	There is a specialist housing officer who attends the centre every month to offer housing advice at a workshop at the centre. Service users at the centre are involved in groups and training activities and are paid incentive money for work carried out. 75% of service users who attend daily are in receipt of an extra £10 per week to carry out work or training (eg catering, cleaning and computing) via the centre. This helps build confidence and skills which enable people to return to paid or unpaid work
Welfare to Work	Bill Slade	✔					G	G	G	G	G	£40,898	£25,103	**£15,795**	Deliver 40 sustainable jobs	22	Delivery of sustainable jobs and voluntary work placements for disabled people is not done directly by this post/project but as a result of the facilitating and co-ordinating activity. Across all provision we have 195 people engaged in various employment related programmes outside of statutory provision, most of which are mainstream. Currently we have 28 people on voluntary work programmes and 22 people supported in employment across provision.
Total												**£1,311,633**	**£528,253**	**£783,380**			

Key Targets/Objectives for NRF Projects 07/08

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NRF Projects	Project Description	Well-being Objectives					Community Strategy [Key Outcomes]						LAA Mandatory Targets				LAA Stretch Targets										Floor Targets
		Achieve Economic Wb	Be Healthy	Positive Contribution	Be Independent	Stay Safe	People at the Heart of Change	Environmentally Sustainable Future	Economic Vitality & Prosperity Shared by all	Safer for all	Healthier People with a better quality of life	People & Customer Focused	LAA Mandatory 1	LAA Mandatory 2	LAA Mandatory 3	LAA Mandatory 5	Stretch Target (1)	Stretch Target (2)	Stretch Target (3)	Stretch Target (4)	Stretch Target (5)	Stretch Target (6)	Stretch Target (7)	Stretch Target (8)	Stretch Target (9)	Stretch Target (10)	
Accessing Employment through Individual Budgets	The project provides intensive, individually tailored support for people with learning disabilities to access paid work.	✔							✔								✔						✔				**DWP PSA 8:** Increase the employment rate **DfES PSA 13:** Increase the number of adults with the skills required for employability, **DH PSA 4:** To improve health outcomes for people with long term conditions, **DWP PSA4:** Increase employment rates of disadvantaged groups
Appropriate Adult Training for B Tech Award (Crucial Steps)	Trainees literacy and Numeracy skills will be assessed followed by induction training and agreement of Training Plan signed in partnership with Crucial Steps.	✔							✔									✔									**DWP PSA 8:** Increase the employment rate, **DfES PSA 13**: Increase the number of adults with the skills required for employability
Benefits Outreach (Age Concern)	Advice and welfare rights outreach campaign toward those harder to reach communities.	✔							✔						✔				✔					✔				**HO PSA 6:** Increase voluntary and community engagement, especially amongst those at risk of social exclusion, **LPSA 8:** To help older people live independently in the community.
Black and Minority Ethnic Carers Respite Service	Culturally appropriate support service to Black and Minority Ethnic carers. The funding facilitates BME carers to network and provide support.		✔	✔	✔						✔	✔								✔								**DH PSA4:** To improve health outcomes for people with long term conditions; **LPSA:** Identified carers' receiving assessments.
Community Income (BME Carers Support Service)	Provide benefit information advice, support in benefit form completion, and review tribunal representation and advocacy service in Haringey.	✔							✔						✔				✔									**HO PSA 6:** Increase voluntary and community engagement, especially amongst those at risk of social exclusion
Cycling Club	Extending the cycling project started in partnership between Haringey Mencap and Haringey Learning Disabilities Day Opportunities.	✔	✔						✔		✔										✔							**DH PSA1:** Life expectancy, **DH PSA 4:** To improve health outcomes for people with long term conditions, **DWP PSA4:** Increase employment rates of disadvantaged groups
Happy Opportunities (PHASCA)	Combined approach to get people fit and back to work concentrating in Noel Park, Bruce Grove and Northumberland Park.	✔	✔						✔		✔			✔			✔					✔						**DH PSA1:** Life expectancy; **DWP PSA 8:** increase the employment rate; **DfES PSA13:** Increase the number of adults with the skills required for employability.
Haringey Forum for Older People Age Concern Haringey	Development and support of an independent forum to enable the engagement and representation of older peoples' views especially the harder to reach.				✔						✔	✔	✔									✔						**LPSA8:** Helping older people live independently in the community; **Home Office PSA6:** Increase volunteering in community engagement; **LAA:** Empowerment of local people
Health in Mind (HTPCT)	Project is made up of 3 elements to increase physical activity, healthy eating and household income. Delivered in partnership between the TPCT and Haringey Council.	✔	✔						✔		✔		✔	✔	✔		✔				✔		✔				**DH PSA1:** Life expectancy, **DH PSA 2:** Reduce inequalities in life expectancy, **DH PSA 4:** To improve health outcomes for people with long term conditions, **DCMS PSA 3:** increase take-up of cultural and sporting opportunities, **DWP PSA 8:** increase the employment rate, **DfES PSA 13:** Increase the number of adults with the skills required for employability
Home Support Workers & Outreach Street Drinkers (HAGA)	The project offers home support for people who are unable or unwilling to access mainstream services, but want to make changes to their drinking lifestyle.		✔	✔		✔				✔	✔		✔	✔	✔								✔				**DH PSA2:** Reduce inequalities in life expectancy; **ODPM** Homelessness Target; **DH PSA1** substantially reduce mortality rates.
Income Maximisation Strategy	To conduct a review of Haringey's advice services, to inform the development of an Income Maximisation Strategy for the HSP which aims to reduce financial hardship in Haringey by maximising disposable incomes.	✔							✔						✔				✔					✔			-
Libraries for Life	Funding for creation and sustainment of activities complementary to the NRF programme within the borough's libraries. This involves extended opening hours and a range of activities for all ages and communities.	✔	✔						✔		✔								✔						✔	✔	**DH PSA2:** Reduce Inequalities in Life Expectancy; **BV117:** To increase attendance at libraries, **DfES PSA7 + PSA10:** Education -Raising Attainment
Out and About: Befriending and Community Development	Placement of volunteer befrienders with older people who are socially excluded or who are at risk of social exclusion. The project will continue to develop and share good practice in volunteering.		✔	✔	✔						✔	✔										✔					**LPSA8:** Helping older people live independently in the community; Home Office **PSA6:** Increase volunteering in community engagement; Home Office target **PSA9:** Improvements in race equality and community cohesion across a range of indicators as part of the government's agenda on equality and social inclusion
Reaping the Benefits	The project aims to target people in the Super Output Areas with mental health issues to offer benefits checks.	✔							✔						✔				✔								**LPSA 8:** helping older people live independently in the community
Reducing smoking prevalence	Support successful implementation of the ban on smoking in public places. It comprises three components: workplace initiatives in line with NICE guidance, protecting children from secondhand smoke in the home, and development of a tobacco control strategy for Haringey.		✔								✔		✔	✔											✔		**DH PSA1:** Life expectancy, **DH PSA2:** Reduce Inequalities in Life Expectancy, **PSA 3:** increase take-up of cultural and sporting activities
Salsa Club (Scorpion Salsa Group)	The project runs dance/salsa classes for elderly in Haringey (Tottenham, Bruce Grove). Classes are a combination of exercise, music, self-expression and socialising at the same time.		✔								✔			✔							✔						**DH PSA1:** Life expectancy, **PSA 3:** increase take-up of cultural and sporting activities
Tackling Fuel Poverty	Reduce fuel poverty in the most vulnerable households in the borough by enabling a more strategic approach to affordable warmth work and through targeting of resources using thermal imaging.	✔	✔				✔		✔		✔				✔											✔	**DH PSA1:** Life expectancy, **ODPM PSA7:** Increase the proportion who live in homes that are in decent condition
The six8four Centre	Support for Services offered from the centre. Clients accessing the centre are offered social support, activity programmes, training and are beginning to explore work opportunities.	✔	✔						✔		✔				✔	✔					✔						**DH PSA2:** Reduce Inequalities in Life Expectancy, **DH PSA4:** Improve Health Outcomes for People with Long Term Conditions DCMS, **PSA 3:** increase take-up of cultural and sporting opportunities
Welfare to Work	Improve access to employment and promote social inclusion for disabled people (joint funded through Enterprise and Well-being themes).	✔							✔				✔	✔			✔	✔									**DWP PSA8:** Increase the employment rate; **DfES PSA13**: Increase the number of adults with the skills required for employability, **DfES PSA14:** By 2010 increase participation in higher education.

LAA Mandatory 1:	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)
LAA Mandatory 2:	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 for 2010. Measure = cardiovascular disease mortality rate in under 75s per 100,000 population.
LAA Mandatory 3:	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.
LAA Mandatory 5:	Supporting People Outcome Increasing 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).

LAA Stretch Target 1	Increase the number of disabled people helped into sustained work
LAA Stretch Target 2	An improvement by 2007/08 of at least one percentage point in the overall employment rate for those living in the Local Authority wards with the worst labour market position that are also located within the Local Authority District in receipt of NRF
LAA Stretch Target 3	Increase the number of residents on incapacity benefit for 6 months or more, for 16 hours for 13 weeks
LAA Stretch Target 4	Increase the number of breaks received by carers

LAA Stretch Target 6	Increase the number of day opportunities for older people by increasing the number of volunteers and increasing the number of older people attending day opportunities programmes
LAA Stretch Target 7	Reduce premature mortality rates from heart disease and stroke related diseases
LAA Stretch Target 8	Increase the proportion of adults taking part in sport and recreation physical activity for at least 30 minutes on at least 3 days a week;
LAA Stretch Target 9	Increase the number of smoking quitters in N17;

Key Targets/Objectives for NRF Projects 07/08

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LAA Stretch Target 5	Increase the proportion of those aged 16 and over taking part in sport and physical activity

LAA Stretch Target 10	Improve homes for vulnerable people by ensuring that housing is energy efficient and safe

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Key Targets/Objectives for NRF Projects 07/08

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Out and About: Befriending and Community Development	Placement of volunteer befrienders with older people who are socially excluded or who are at risk of social exclusion. The project will continue to develop and share good practice in volunteering.		✔	✔	✔						✔	✔										✔					**LPSA8:** Helping older people live independently in the community; Home Office **PSA6:** Increase volunteering in community engagement; Home Office target **PSA9:** Improvements in race equality and community cohesion across a range of indicators as part of the government's agenda on equality and social inclusion
Reaping the Benefits	The project aims to target people in the Super Output Areas with mental health issues to offer benefits checks.	✔							✔						✔				✔								**LPSA 8:** helping older people live independently in the community
Reducing smoking prevalence	Support successful implementation of the ban on smoking in public places. It comprises three components: workplace initiatives in line with NICE guidance, protecting children from secondhand smoke in the home, and development of a tobacco control strategy for Haringey.		✔								✔		✔	✔										✔			**DH PSA1:** Life expectancy, **DH PSA2:** Reduce Inequalities in Life Expectancy, **PSA 3:** increase take-up of cultural and sporting activities
Salsa Club (Scorpion Salsa Group)	The project runs dance/salsa classes for elderly in Haringey (Tottenham, Bruce Grove). Classes are a combination of exercise, music, self-expression and socialising at the same time.		✔								✔			✔							✔						**DH PSA1:** Life expectancy, **PSA 3:** increase take-up of cultural and sporting activities
Tackling Fuel Poverty	Reduce fuel poverty in the most vulnerable households in the borough by enabling a more strategic approach to affordable warmth work and through targeting of resources using thermal imaging.	✔	✔				✔		✔		✔				✔											✔	**DH PSA1:** Life expectancy, **ODPM PSA7:** Increase the proportion who live in homes that are in decent condition
The six8four Centre	Support for Services offered from the centre. Clients accessing the centre are offered social support, activity programmes, training and are beginning to explore work opportunities.	✔	✔						✔		✔				✔	✔					✔						**DH PSA2:** Reduce Inequalities in Life Expectancy, **DH PSA4:** Improve Health Outcomes for People with Long Term Conditions DCMS, **PSA 3:** increase take-up of cultural and sporting opportunities
Welfare to Work	Improve access to employment and promote social inclusion for disabled people (joint funded through Enterprise and Well-being themes).	✔							✔				✔	✔			✔	✔									**DWP PSA8:** Increase the employment rate; **DfES PSA13:** Increase the number of adults with the skills required for employability, **DfES PSA14:** By 2010 increase participation in higher education.

LAA Mandatory 1:	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)
LAA Mandatory 2:	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 for 2010. Measure = cardiovascular disease mortality rate in under 75s per 100,000 population.
LAA Mandatory 3:	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.
LAA Mandatory 5:	Supporting People Outcome Increasing 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).

LAA Stretch Target 1	Increase the number of disabled people helped into sustained work
LAA Stretch Target 2	An improvement by 2007/08 of at least one percentage point in the overall employment rate for those living in the Local Authority wards with the worst labour market position that are also located within the Local Authority District in receipt of NRF
LAA Stretch Target 3	Increase the number of residents on incapacity benefit for 6 months or more, for 16 hours for 13 weeks
LAA Stretch Target 4	Increase the number of breaks received by carers
LAA Stretch Target 5	Increase the proportion of those aged 16 and over taking part in sport and physical activity

LAA Stretch Target 6	Increase the number of day opportunities for older people by increasing the number of volunteers and increasing the number of older people attending day opportunities programmes
LAA Stretch Target 7	Reduce premature mortality rates from heart disease and stroke related diseases
LAA Stretch Target 8	Increase the proportion of adults taking part in sport and recreation physical activity for at least 30 minutes on at least 3 days a week;
LAA Stretch Target 9	Increase the number of smoking quitters in N17;
LAA Stretch Target 10	Improve homes for vulnerable people by ensuring that housing is energy efficient and safe

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Communities for Health Fund 07/08 (CfH)

CfH Projects	Project Description	Project Manager	RAG Status					Finances			Project Objectives/Target 07/08	Year to date
			Issues	Resources	Budget	Timescale	Overall Status	Total Budget 07/08	Spend To Date	Budget Left to Spend		
Chlamydia Screening Media Campaign Exposure	A co-ordinated media campaign to promote and raise awareness of and to encourage the target group to take advantage of the Chlamydia Screening Programme (CSP). The media campaign will utilise a range of media to take the key messages to the target group. Funding for salaries, documentary & production costs, promotion & distribution, radio adverts, fliers and posters etc.	Aysha Tegally	G	G	G	A	G	£31,194	£0	**£31,194**	1 x 5 minute documentary-style film about Chlamydia and the CSP	
											4 x 60- 90 second adverts, both the film and adverts will be uploaded to YouTube, MySpace and a specially created website, the film and advert can be downloaded to mobile phones	
											A dedicated website to upload films and adverts to, the site will also link to the Enfield and Haringey CSP website	
											A flier and poster campaign	
											4 x 30-60 second radio adverts to be played on community radio stations	
											1 x 8 page Under Exposure supplement in Exposure;	
Chlamydia Screening For Haringey Residents aged 15-24 years Ethiopian Community Centre - United Kingdom	The aim of the project is to increase the level of awareness of Chlamydia among young people and in particular BME males aged between 15 - 24 years to facilitate their engagement in the screening programme by taking a test. Other aims include the prevention of Sexually Transmitted Infections (STI) in young people through one to one, peer and small group discussions to initiate behavioural change in their sexual practice. Funding for salaries, training and development, travel expenses, publicity, monitoring and evaluation etc.	Alem Gebrehiwot	G	G	G	G	G	£33,500	£0	**£33,500**	Targets to be achieved will be to promote annual testing with these target groups through a range of community based outreach interventions, working towards reaching 4,800 young BME men who have been tested for Chlamydia in 2007/2008 in Haringey. This will be achieved through community outreach work which will involve networking with other service providers directly to inform them about the programme and seek their agreement for the engagement of their service users in the programme. It will also target local football teams, basket ball teams, athletic teams, fitness centres and other sport activities and other Community Based Organisations (CBOs).	**0**
Timebank Haringey Haringey Timebank	To develop a time bank initiative in LB Haringey. Groundwork will employ a time broker to develop a locally focused time bank for Haringey. The time broker will set up a steering group to help develop and manage the activities. The time bank will involve socially excluded groups, especially from deprived communities and take referrals from specialist mental health agencies. Funding for salaries, publicity materials, social events, travel costs, utilities, insurance, CRB check etc	Sandra Hoisz	G	G	G	G	G	£30,332	£2,658	**£27,674**	50 new people engaged in volunteering activity through time bank who will then benefit from help/support through time bank	**Early Stages**
FUNDING FOR THESE PROJECTS WERE FINALISED IN JULY 2007												
Total	**Total budget available**	**£100,000**						**£95,026**	**£2,658**	**£92,368**		

Communities for Health Fund 07/08 (CfH)

Comments/Updates
Project has not started due to project manager on Maternity Leave. Agreement has been made for the Chlamydia Screening Programme to commence in November 2007 on the return of the project manager. Project Manager has agreed that funding will be spent in the current financial year (i.e. by 31st march 2008).
Half of the funding has been sent through payments for processing, once ECCUK receives these funds the project will commence. The funding will be mostly for salaries and publicity.
Initial Target Area has been identified: Northumberland Park and White Hart Lane Wards. The time broker post was advertised in August, 4 people applied and 3 were interviewed. The post was offered to one of the candidates who turned it down because the commute would have exceeded 2 hours. The post has not been offered to anyone else. Groundwork's Senior Project Co-ordinator is currently taking the project forward in partnership with the Neighbourhood Manager for South Tottenham. An experienced time broker has agreed to support the project in an advisory capacity to help develop the timebanking infrastructure. 2 Timebank London events attended. Timebank UK network joined. Stakeholders for the project steering group have been identified.

Version V1	Status Draft	Author Denise Sourris Interim Business manager Adult Services Olive Komba-Kono Adult Protection Coordinator Adult Services
Document objectives: Sets out the multi agency framework for with regards to Safeguarding Adults, in line with government legislation and up to date guidance		
Intended Recipients: All staff in Adults, Culture, Community Services; Partner Agencies across Haringey		
Group/Persons Consulted: Safe guarding adults Board		
Monitoring Arrangements:		
Equalities Impact Assessment:		
Training/Resource Implications: Ongoing training is in place with regards to safe guarding adults, the new policy and procedure should be incorporated into that training		
Approving Body and Date Approved	Directorate Management Team	
Date of Issue		
Review Date		
Contact for Review		
Director's signature		

Safeguarding Adults Policy and Procedure

Contents:

1. Foreword:

"Abuse is a violation of an individual's human and civil rights by any other person or persons." [1]

People living in Haringey have the right to live a life free from abuse and neglect. It is the responsibility of each agency in Haringey working with vulnerable adults to ensure that these adults are protected from any type of abuse. Each agency has a responsibility to assess when a vulnerable adult may be at possible risk of harm and to work and to work with them, their families and any carers to reduce this risk.

This document represents a collaboration between the agencies in the Borough with a responsibility for working with vulnerable adults: statutory, health, the policy the voluntary sector and the private sector, to provide a joint policy framework by which we work in partnership to safe guard vulnerable adults from abuse. The policy and procedures are based on 'No Secrets'[2] and 'A National Framework of Standards for good practice and outcomes in Adult Protection work.'[3]

Haringey Adult Services are responsible for the co-ordination and development of the policy and procedures for safeguarding vulnerable adults in their local community. This policy would however be ineffective without input and ownership from all partner agencies.

Haringey's multi-agency safeguarding adults' policy and procedures represents the commitment across the agencies in Haringey to promote a safer Haringey.

2. Policy
2.1 Introduction:

[1] No Secrets – Department of Health (2000)
[2] No Secrets – Department of Health (2000
[3] A National Framework of Standards for good practice and outcomes in Adult Protection work.'[3] ADSS 2005

This document sets out the policies and procedures Haringey Council staff need to adhere to with relation to Safeguarding Vulnerable adults from abuse. The policies have been developed to promote good practice requirements across the different agencies in the Borough.

Effective communication and an understanding of each agencies roles and responsibilities are crucial to the implementation of this policy. These policies and procedures have not been developed in isolation; they represent a unified approach to safeguarding adults across Haringey.

As a statutory organisation Haringey Council has a duty of care to promote the best interest of all the Adults it supports. Haringey's Multi-agency Safeguarding Adults Policy and Procedures exist so that any suspected abuse of a vulnerable adult is reported; vulnerable adults at risk are protected from further abuse; clear guidance and support is provided to those reporting abuse; procedures and guidance are in place for those investigating alleged abuse; ensure that effective monitoring and recording systems are in place to collect evidence; promote the rights of vulnerable adults and protect them from abuse and ensure that there is a robust assessment process in place that will safeguard adults from abuse.

2.2 Vulnerable Adults Statement of the Rights

Abuse exists in various forms and can be perpetuated by one or more people. Whatever the abuse or the setting, abuse is not acceptable and a violation of a persons basic human right.

There are people living in Haringey who may be at greater risk of abuse because of their age, the nature of their disability or circumstances. Some adults are unable to live their life without the assistance of others. Each Adult living in Haringey has the right to receive support and live a life free of abuse and neglect.

Haringey Safeguarding Adults Partnership has a Zero-Tolerance Policy to abuse. In no circumstance is abuse accepted or tolerated. All agencies across Haringey will work in collaboration to ensure that this policy is adhered to.

Vulnerable Adults in Haringey have the **Right to**:

- Safety and the provision of adequate care and support. Including protection from all forms of violence including physical punishment, intimidation, belittling, and lack of respect, harassment and sexual assault.

- Independence.
- Make decisions about their own life, even if this may involve activities where there is an element of risk.
- The protection of the law, including the right to money and property that is legally theirs.
- Lead a life free from discrimination and have their own rights upheld regardless of ethnic origin, sexuality, impairment or disability, age and religion or cultural background.
- Privacy.
- Appropriate information about keeping themselves safe and exercising their rights.
- Advocacy and assistance in making decisions regarding their abuse, where their Mental Capacity would prevent them from fully participating in the investigations.
- Be involved in all necessary decision making in the event of abuse, including the right to decide how to proceed and who they decide to confide in.
- Decline the intervention of statutory organisations after having made an informed decision regarding their circumstances, where risk has been identified.
- Report any abuse and/or neglect and for that allegation to be recorded and taken seriously, including the right to call the police in circumstances where a crime has been committed.
- Bring a formal complaint under the relevant complaints procedures if they are not satisfied with the initial investigations.

2.3 Multi-agency statement of Commitment:

All agencies and organisations that worked in partnership to develop the Multi-agency Safeguarding Adults Policy and Procedure in Haringey are committed to making sure it is effective by:

- Raising awareness that vulnerable adults can be subjected to abuse.
- Giving a clear message that preventing abuse from happening, or protecting a vulnerable adult from further abuse if abuse has taken place is **everyone's** responsibility.
- Making sure that Safeguarding Adults policies and procedures are widely available and easily understood, especially by those people they are designed to help.
- Promoting best practice to minimise abuse through the collaboration of all agencies/organisations.
- Making sure that all staff have sufficient knowledge and understanding of their roles and responsibilities in regard to Haringey's Multi-agency Safeguarding Adults Policy and Procedures through the relevant training for implementing the procedures in their work.
- Promoting the early recognition of abuse and prevention of further abuse.

- Making sure that there is consistent and effective response to any concerns, allegations or disclosure of abuse. Supporting staff in reporting and investigating allegations of adult abuse.
- Contributing towards Safeguarding adult's investigations, Strategy Meetings and Safeguarding plans.
- Making sure that, where intervention is necessary, staff pursue action in a way that causes the least disruption to the vulnerable adult's way of life.
- Preventing the risk of the abuse reoccurring.
- Recognising that adults identified as vulnerable have a right to confidentiality.
- Working in a preventative manner to protect vulnerable adults from abuse and/or neglect.
- Making sure that if during a Safeguarding Adults Referral or Investigation, any concerns about the safety and well-being of a child or young person arise these concerns should be referred immediately to Haringey Councils Children and Young People's Service.

2.4 Purpose:

In Haringey, the Haringey Safeguarding Adults Board is tasked with responsibility of ensuring that vulnerable adults are free from abuse and neglect. This multi-agency policy and procedure is the framework by which the board's strategies are implemented across the Borough. This policy does not stand alone and should be read in the context of other local operational procedures, the legislative framework and good practice requirements set out by regulators. The framework provides a good practice guidance to local agencies that have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse.[4]

This policy and procedure should provide all staff working in voluntary, community, statutory and private agencies/organisation throughout the Borough the means to identify incidences of abuse and be able to respond in a way that safeguards that adult, in line with the good practice requirements. Each agency has a responsibility to respond sensitively and coherently to reported incidents or allegations of abuse/neglect. It is imperative that there is a consistent approach across the Borough.

The primary aim for all agencies is to prevent abuse. Where preventative strategies fail, agencies should ensure that robust procedures are in place and are closely followed in dealing with incidents of abuse.

2.5 Scope:

[4] No Secrets": DOH 2000- Section 1.5

This policy and procedure applies to staff working in: Haringey Council Adult, Culture and Community Services, Haringey Partnership Trust, Haringey Primary Care Trust, Haringey Mental Health Trust, Haringey Police, Haringey Legal Services, Commission for Social Care Inspection, The Probation Service, The Crown Prosecution Service, Haringey Ambulance Service NHS Trust, the Fire and Rescue Service and contracted and independent providers of care.

This policy and procedures applies to all vulnerable adults, resident in the London Borough of Haringey, aged 18 and over.

2.6 Policy Framework:

The Department of Health and Home Office issued the publication "No Secrets: Guidance on developing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse" in March 2000. Haringey's Safeguarding Adults Policy adheres to the contents of "No Secrets".

Haringey is currently working towards meeting the 11 standards set out in the Association of Director of Adult Social Services (ADASS): "A National Framework of standards for good practice and outcomes in Adult Protection work". The 11 standards are:

Standard 1: Each local authority has established a multi-agency partnership to lead Safeguarding Adults work.

Standard 2: Accountability for and ownership of Safeguarding Adults work is recognised by each partner organisation's executive body.

Standard 3: The Safeguarding Adults policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the Safeguarding Adults Partnership, and its member organisations.

Standard 4: Each partner agency has a clear, well-publicised policy of Zero Tolerance of abuse within the organisation.

Standard 5: The "Safeguarding Adults" partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.

Standard 6: All citizens can access information about how to gain safety from abuse and violence, including information about the local Safeguarding Adults procedures.

Standard 7: There is a local multi-agency Safeguarding Adults policy and procedure describing the framework for responding to all adults "who is or may be eligible for community care services" and who may be at risk of abuse or neglect.

Standard 8: Each partner agency has an internal set of guidelines, consistent with the local multi-agency "Safeguarding Adults" policy and procedures, which set out the responsibilities of all workers to operate within it.

Standard 9: The multi-agency Safeguarding Adults procedures detail the following stages: Alert, Referral, Decision, Safeguarding Assessment Strategy, Safeguarding Assessment, and Safeguarding plan, Review, Recording and Monitoring.

Standard 10: The safeguarding procedures are accessible to all adults covered by the policy.

Standard 11: The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its membership, monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

2.7Defining who is at risk:

What is the definition of a Vulnerable Adult?

A Vulnerable Adult is any adult over the age of 18 "who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation". [5]

The term "community care services" in this document includes all social and health care services in any context. This includes adults with Mental Disability, Physical Disability, Learning Disability, Illness and Frailty. [6]

The term "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development. [7]

For young people or children under the age of 18, who may be at risk of abuse, or significant harm, Haringey's Safeguarding Children Procedures should be referred to.

There will be certain circumstances when it will be appropriate for the Children and Young People's Directorate to work jointly with Adult Services to

[5] No Secrets": DOH 2000: Section 2.3
[6] ("No Secrets": DOH 2000: Section 2.4)

[7] No Secrets": DOH 2000 Section 2.18

safeguard a young person, for example a young person who is aged 17 years old and is in transition.

2.8What constitutes Abuse?

Abuse can take place in a number of different ways and in any setting. Fundamentally abuse violates an individuals human and civil rights. [8]

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. [9]

Abuse can constitute "a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to a vulnerable adult". [10]

Abuse of a vulnerable adult may be obvious e.g. where this is a visible injury, but in many instances the evidence may be subtle.

Abuse is an ill treatment that causes significant harm and can result in the deterioration of a person's physical, emotional, social or behavioural development. Neglect and poor professional practice can be considered abuse. This may take the form of isolated incidents of poor practice through to ill treatment or gross misconduct.

2.9Definitions of Abuse:

The definitions of Abuse found in this policy are in accordance with "No Secrets" definitions.

Physical Abuse: includes hitting, slapping, pushing, kicking, misuse of medication or inappropriate sanctions or restraint.

Sexual Abuse: includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured in to consenting.

Psychological Abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

[8] ("No Secrets": DOH 2000- Section 2.5)
[9] ("No Secrets": DOH 2000- Section 2.6)
[10] ("No Secrets": DOH 2000- Section 2.6)

Financial or material abuse: includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission: includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Discriminatory abuse: includes racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Other types of abuse could include:

Institutional Abuse: including neglect and poor professional practice: this can range from isolated incidents of poor or unsatisfactory professional practice to pervasive ill treatment or gross misconduct. It includes the mistreatment or abuse by a regime or individual/s within an institution e.g. a hospital, care home or day centre. It occurs where the individual's wishes or dignity are consistently or repeatedly compromised to ensure the smooth running of an institution or organisation. Any types of the abuse mentioned above can occur within institutions and could include poor care standards, misuse of medication, inappropriate restraint, lack of privacy etc.

Peer Abuse: including abuse of one vulnerable adult by another vulnerable adult, both of whom are service users within a care setting.

2.10 Indicators of Abuse:

An indicator of abuse should not be taken to mean that abuse is or has occurred. Indicators of abuse should act as a trigger for a robust assessment of the individual's circumstances and situation. Allegations of abuse need to be substantiated with evidence. It is therefore essential that care is taken not to entirely depend upon these indicators. Missing these indicators on the other hand could have serious consequences for the vulnerable adult. Indicators of possible abuse need to be used as tools to support professional practice and judgement.

The following warning signs are good indicators of abuse:

- Bruises, falls and injuries
- Signs of neglect such as clothes being dirty, malnutrition
- Poor care either at home or in residential or nursing home or hospital
- Changes in someone's financial situation: problems with their finances, depletion of funds, change in ownership etc.
- Changes in behaviour such as loss of confidence, anxiety, aggression.

2.11 Who can be Perpetrator?

Anyone potentially could be a perpetrator of abuse. Anybody in any relationship with a vulnerable adult, who exploits their position of trust, could be the perpetrator of abuse.

Vulnerable Adults can be abused by a wide range of people including:

- Family
- Friends
- Neighbours
- Professional staff
- Paid carers
- Informal carers
- Volunteers
- Other Service Users
- Associates
- People who deliberately exploit vulnerable people
- Strangers.

The roles, powers and duties of the various agencies in relation to the alleged perpetrator will vary.[11]

2.12 The Carer as Alleged Perpetrator:

Carers provide support to sick and disabled people that saves the state approximately £57 billion every year.[12] However it is also important to recognise that a carer may also be a perpetrator of abuse. Raising such awareness will help to ensure that carers will receive assistance and support to reduce the likelihood of them committing an abusive act.

It may be that the carer's response or attitudes indicate that something is the matter. The abusive behaviour may stem from an individual response to a given situation rather than as a result of the situation itself.

There are various factors that could affect the relationship to breakdown between a carer and the vulnerable adult. The factors include:

- Dependency on the vulnerable adult (e.g. financial)
- Alcohol/substance misuse
- Conflicting responsibilities
- Poor family relationships over the years
- Low income/ poor housing/ financial difficulties
- Carer had to change his/her lifestyle
- Isolation/ no family support/ no support from other agency/ no social life
- No personal private space
- Caring responsibility has been imposed
- Carer has abused in the past or has been abused
- Personal ambition is affected
- Carer under extreme stress

[11] No Secrets: DOH 2000- Section 2.12
[12] Carers UK 2002, Without Us: Calculating the value of carers' support

- History of Mental health problems

Abuse can manifest in various ways and include:

- Silence in the home
- Lack of consideration of vulnerable adult's needs
- Refusing the vulnerable adult to have an opinion
- Aggression or volatile behaviour
- Carer rejecting other help
- Carer shows apathy, withdrawal, depression, hopelessness or suspicion
- Not allowing the vulnerable adult to be visited without the carer present;
- Any of the other types of abuse already listed

Aggravating factors could include:

- Reversal of the usual parent/child roles
- Incontinence or difficult behaviour, especially if perceived as deliberate
- Communication problems e.g. hearing, speech or memory
- Violence is the norm
- Vulnerable person is rejecting or ungrateful;
- Disturbed sleep
- Carer feels exploited
- Carer feels guilty about expressing their feelings around the caring role
- Carer experiences a cultural conflict in their caring role
- Carer lacks the knowledge required to provide appropriate care

2.13 Circumstances in which abuse can happen:

Abuse can take place in any context.[13]

.Abuse can occur in the following settings:

- Nursing Home
- Residential Care Home
- In Hospital
- Day care centre
- In a custodial situation
- In their own home
- In other places assumed as being safe
- In public places
- Living alone or with a relative.

2.14When abuse constitutes a crime:

[13] No secrets: DOH 2000- section 2.14)

Various definitions of abuse are actions that may constitute a criminal offence. Such actions include: assault (whether physical or psychological), sexual assault (including rape), theft, fraud or other forms of financial exploitation, discrimination on grounds of race, gender or disability and false imprisonment. In this respect, vulnerable adults are entitled to the protection of the law in the same way as other members of the public.

Criminal acts carried out by strangers are not usually defined as abuse but in some cases it may be appropriate to use Haringey's Multi-agency Safeguarding Adults Policy and Procedures to ensure that the vulnerable adult receives the services and support that they need.

In addition to this the Mental Capacity Act 2005 which came in to force in April 2007, introduces a new criminal offence of ill treatment or neglect of a person who lacks Mental Capacity (e.g. Adults suffering from dementia)

When reports about alleged abuse suggest that a criminal offence has been committed, it is important as part of Haringey's Safeguarding Adults procedures, to immediately refer the incident to the police as a matter of urgency. The police will advise on the necessary further action, level of urgency and the process for undertaking any subsequent criminal investigation.

Criminal Investigation by the Police must be prioritised. Through the Safeguarding Adults process, liaison with the police may allow for other action to take place whilst the criminal investigation continues. However it may be that no action is taken by the Council because the police need to complete their own investigation and any action could jeopardise that investigation. The decision must be made in liaison with the police, who will advise what action should be taken.

Criminal Offences are dealt with by the State- the Police investigate and then in liaison with the Crown Prosecution Service decisions are made whether or not to prosecute. The Crown Prosecution Service has to apply two tests- whether there is a realistic prospect of conviction, and if so, whether it is in the public interest to proceed.

2.15 Domestic Violence:

Although not formally classified as a type of abuse, all staff must be aware that adult abuse can occur within a domestic context. There can be overlap between Safeguarding Adults incidents and cases of domestic violence.

Domestic violence has been defined as "any incident threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality"[14]

[14] Metropolitan Police Racial and Violent Crimes Task Force

"Causing or allowing the death of a child or vulnerable adult" has now become a criminal offence. The perpetrator and victim do not need to co-habit in order for an allegation of domestic violence to be made because: "a person is to be regarded as a "member" of a particular household, even if he does not live in that household, if he visits it so often and for such periods of time that it is reasonable to regard him as a member of it." [15]

2.16 Child Protection:

There will be cases where Domestic Violence or abuse of a vulnerable adult also involves a child, or puts a child at risk of significant harm. In these situations a referral should be made to the Haringey Child Protection Referral and Assessment Team on 020 8489 1856/1805/1806 (Hornsey)
Or
02084895402/5403/5404 (Tottenham).

If there are children in a household and there is concern/evidence of Domestic Violence, the welfare of the child must always be paramount. That child or children may themselves be subject to violence or other forms of harm. Children who witness Domestic violence are at risk of significant harm, in that this is a form of psychological abuse and should be logged via a referral to the Children and Young People's directorate on the afore mentioned telephone numbers. Should a referral be made concerning the welfare of a child or children it is good practice to inform the parents/carers that a referral has been made? There are circumstances where that information may put the child at greater risk of harm, or in some instances of Domestic Violence could further harm the adult. Extra care should be taken in these cases and a professional judgement should be made about the best interest of the child and safety of the adult. For further information on such circumstances it may be useful to consult the London Child Protection Procedures which can be found at **www.londonscb.gov.uk.**

Young people in transition who are considered to be at risk of significant harm will be supported through the Children and Young Peoples service via the Safeguarding Children Protocols. Adult Services will work jointly with the Children and Young People's Service to ensure that the young person is safeguarded and effective transition plans are in place.

Where a Child is Looked After by the Local Authority, and is in transition to Adult Services, The Looked After Children Procedures will run in parallel to the Transition planning. Any safeguarding issues will be worked jointly via the Children and Young People's Service and Adult Services. The young person (s) will be subject to children safeguarding protocols until that young person (s) is made safe. Once a child is over the age of 18 this procedure should then be followed. It should not be assumed that if a child or young person has

[15] Domestic Violence, Crime and Victims Act, 2004

been subject to child protection concerns they will automatically be considered as subject to safeguarding adult's procedures. Each case should be assessed in line with these procedures and risk properly identified and recorded with actions planned.

2.17Risks Arising From Self Neglect

In cases where there is risk arising from significant neglect due to capacity then the Haringey Multi-agency Safeguarding Adult Policy and Procedure should be applied. In particular, if a vulnerable adult does not have the capacity to meet their needs, or consent to services/care that will ensure those needs are met due to: mental health, a brain injury or learning disability. The procedure should also be followed if a vulnerable adult does have mental capacity but has refused essential services, without which their health and safety needs can not be met.

In cases where a vulnerable adult does have capacity, then that adult has the right to make their own choice about the care they wish to receive or not receive. All endeavours should be made to provide that person with as much relevant information as possible to assist them in making an informed choice.

Where agencies are unable to implement services to reduce or remove risks the reasons for this should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist and help the vulnerable adult.

The vulnerable adult, carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact the relevant agency at any time in the future for services. In cases of high risk, consideration should be given to arrangements for monitoring and where appropriate making proactive contact to ensure that circumstances do not deteriorate to an unacceptable degree.

If an individual does not have mental capacity due to the state of their mental health or a brain injury, the Mental Capacity Act 2005 protocols need to be followed. In Haringey Council, these protocols set out the steps that a professional needs to take in relation to the legislation. The key action is a referral to an Independent Mental Capacity Advisor (IMCA) Service. Haringey Council currently uses Rethink as it IMCA service. The IMCA will act as the individual's independent advocate throughout the safeguarding investigation to promote the individuals wellbeing and safety.

2.18 Prevention of Abuse: The Responsibility of all agencies.

The primary aim of all the care agencies/organisations within Haringey (Police, Adult Services, Commission for Social Care Inspection, Day Centres,

care homes, private organisation and any other care provider) is to prevent abuse. Each agency has a duty to ensure that policies and procedures are based on a strategies for prevention as much a possible.

Each agency must provide accessible information available to users, carers and the general public on how to raise a concern or make a complaint.

Staff need to be aware of safeguarding adults' procedures. Safeguarding Adults should feature in induction and training packs for staff at a level that is commensurate with their role in the Safeguarding Adults process. Safeguarding Adult training should be mandatory training across each agency. All staff should be made aware that abuse can occur and what processes are in place to keep vulnerable adults safe.

Procedures need to be in place across each agency that deal with disclosure of abuse by a vulnerable adult. Those procedures need to be compatible with this Haringey Multi-Agency Safeguarding Adults Policy and Procedures.

Assessing vulnerability and identifying possible risks relating to abuse should be integrated into each agencies assessment and risk assessment framework. This should not be seen as a separate exercise but as part of a holistic assessment process. Good communication should be fostered, to promote an open culture in an organisation. Staff should communicate effectively with service users, carers and ensure that managers and senior managers are made aware of any concerns.

Staff across all the agencies should have access to all relevant policies and procedures which will enable them to carry out their work to the best interest of the service user and carer. It is essential that staff are made aware of the importance of keeping accurate, factual and contemporaneous records. All information should be recorded in a sensitive non judgemental manner keeping in mind service users and carers have access to their records under the Freedom of Information Act 2000. Any record kept about a service user may be also be used in the court arena as a legal document.

Safe recruitment procedures and practices need to be in place for all staff across each agency. This should include agency staff, staff bank, sessional staff, student volunteers and any other staff/people working with vulnerable adults or children. Work references should be obtained prior to the employment commencing, candidates should be subject to an enhance Criminal Record Bureau (CRB) check, that is cross referenced with the Protection of Vulnerable Adults (POVA) register. Where a profession is regulated, for example social workers are regulated through the General Social Care Council (GSCC) and nurses are regulated via the Nursing and Midwifery Council (NMC), agencies should ensure that candidates are properly registered with their respective regulators and are not subject to any conduct proceedings or suspended from the register.

Clear procedures should be in place for 'whistle blowing' or addressing allegations or concerns against staff, volunteers or any other person working

on behalf of that agency. These procedures should be accessible to all staff and the public. They must promote the safety and welfare of vulnerable adults. Furthermore agencies must guarantee that staff and service users, using these procedures appropriately, will not prejudice their own positions and prospects.

Agencies must have robust systems that can evidence that Safeguarding Adults guidance is followed when staff are suspended or dismissed. Professional bodies should be informed of the suspension or dismissal. Codes of Conduct for all staff should be in place setting out what is expected of all staff and the minimum standards that should be upheld at all stages. There should also be clear guidance in place informing staff about what is not acceptable and how the agency will deal with such behaviour/ lapse in standards.

What is considered an inappropriate relationship between a paid carer/ professional and service user?

As a professional employed to provide care and support to a service user or carer, there is a duty of care to promote the welfare and safety of that service user/carer. It is therefore appropriate to maintain a professional boundary at all times.

Having a sexual or close personal relationship with a service user is not acceptable behaviour. This is because of the inherent power imbalance that is present in a professional support relationship. The Sexual Offences Act 2003 recognises this imbalance and makes it illegal for a paid carer to have a sexual relationship with a service user who may have a mental health condition or is in a care setting. Other offences may be committed even if the professional thinks that the relationship is “consensual”.

In order to safeguard vulnerable adults from this potential abuse each agency should have clear procedures in place for staff to report their concerns about interactions between a service user before it progresses.

There may be cases where a service user carer makes advances or would like to have an intimate relationship with the professional. As a professional, there is a duty to maintain boundaries and to report any such advances directly to a line manager. The relationship should be managed so as not to alienate the service user/ carer. It is the professional’s responsibility to ensure that the relationship remains within the boundaries professionalism.

Any such incidences should be clearly recorded; evidencing what action has been taken to safeguard the vulnerable adult. It may be appropriate to offer the member of staff or the service user additional counselling and support.

When can intervention be justified?

When an alert outlining an allegation of abuse is first received, the extent or seriousness of the abuse may not always be clear. It is therefore important when considering appropriateness of intervention to approach reports or allegations with an open mind. When assessing risks involved in the case, the following factors should be considered:

- the vulnerability of the individual
- the Mental Capacity of the individual
- the nature and extent of the abuse
- the length of time it has been occurring
- the impact on the individual
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.[16]

Once the assessment has highlighted the level of risk involved in the case and a decision has been made that professional intervention is required in order to safeguard that vulnerable adult, the intervention should be based on the following principles:

- Once an individual makes an informed decision about his or her circumstances, where risk has been identified, and a choice is made to decline the intervention of a statutory authority, then his or her wishes must be respected. The decision to override such a decision can only be made once a statutory obligation exists to intervene.
- Intervention is necessary to reduce the risk and the intervention is accepted by the individual, the professional should pursue a course of action that reduces the risk in the least disruptive way to the individual.
- The vulnerable adult must be given relevant information and advice that will assist that individual in making an informed decision. The information should always be presented in a format that is appropriate to that individuals needs.
- Staff will document their decisions that must take in to account the welfare of the vulnerable adult and their civil liberties.
- The needs of the carer must be considered.
- If possible, a link will be maintained with that vulnerable adult in case the situation becomes intolerable and swift action is needed.

The degree of abuse that would justify intervention builds on the concept of 'significant harm' introduced in The Children Act 1989.

Confidentiality:

The Data Protection Act 1998 sets out the guidelines by which each agency should maintain confidential information.

[16] No Secrets Section 2.19

Each agency will have a set of protocols and procedures on how staff should handle confidential information that is sensitive and not in the public domain.

There are circumstances in which it is imperative that staff share and exchange relevant information in order to progress a vulnerable adult enquiry or investigation. The information shared is done so in order to safeguard a vulnerable adult from potential abuse. That information is however shared between agencies that are involved in that persons care, or involved in safeguarding that individual. The information should still be treated as confidential and is still covered by data protection.

Whenever possible, it is good practice to obtain the consent of the individual concerned before sharing any information about that person. This should preferably be in writing and is dependant on that individual having the mental capacity to consent to disclosure. There are circumstances in which it is necessary to disclose information without consent of the individual concerned. This may be necessary in the public interest, where a failure to disclose information may expose an individual or others to significant risk of serious harm or to prevent criminal activity.

All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that should any information exchange be challenged, in respect of a breach of confidentiality or, for example, as a breach of the Human rights Act, the information can be supported by evidence.

Information Sharing:

As outlined above, confidential information can be shared with the consent from the person providing it, or to whom it relates. Confidential information can be shared without consent if this can be justified to be in the public interest. A clear record should be maintained whenever information is shared, outlining the reasons the information was shared.

It is good practice to share concerns that may arise with the individual concerned and their carer(s), and to obtain the consent of the individual to share the information with other agency pertinent to that individuals care. There will be exceptions, where sharing that information may further jeopardise that individuals safety, or place them or other individuals at risk. If informing or sharing the concerns with the individual impedes the investigation, then it is appropriate not to share that information. A decision not to share information or obtain consent from an individual to share information that is about them, should not be taken lightly and must done to safeguard that adult or in the interest of public protection. Such a decision should be agreed with a manager/senior manager in the agency and must always be recorded and evidenced on the service user's records.

The Data Protection Act 1998 allows personal data to be processed without the consent of the individual, when the processing is for the prevention or

detection of a crime. "No Secrets" also suggests that sharing personal or sensitive information regarding a service user, ideally informed consent should be sought, but if this is not possible and other vulnerable adults are at risk, it may be necessary to override this requirement.

A public interest to share information can arise in cases:

- Where there is evidence that a child, young person or adult is suffering, or at risk of, significant harm.
- Where there is reasonable cause to believe that a child, young person or adult is suffering, or at risk of significant harm.
- To prevent significant harm to children and young people or serious harm to adults.
- With legal staff for court proceedings
- With the T police in the detection or prevention of crime.

Shared information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.

Each Haringey agency/ organisation (Police, Social Services, Care Homes, Care Agencies, Day Centres, NHS, and PCT etc.) is responsible for maintaining their own records on work with Safeguarding Adult cases. Each agency must also have a policy stating the purpose and format for keeping the records and for their destruction.

This policy seeks to set out the proper level and line of communication to be adhered to when any partner agency seeks to obtain from another agency confidential information concerning clients and records
.

Consent:

The Mental Health Act 1983 defines consent as:

"The voluntary and continuing permission of the adult to agree a course of action or inaction, based on an adequate knowledge of the purpose, nature, likely effects and risks of the proposed action or inaction including the likelihood of its success and any alternatives to it. "

Permission given under unfair or undue pressure is not 'consent'.

Staff should wherever possible seek the consent of an individual before sharing any information about them. There will be circumstances when it is not possible to seek consent or may place the individual or other individuals at risk by doing so.

Practitioners should not seek consent if by doing this they might:

- ☒ Place a child, young person or adult at increased risk of serious harm
- ☒ Prejudice the prevention or detection of a serious crime

- ☒ Prejudice the safeguarding investigation
- ☒ Lead to unjustified delay in making enquiries about allegations of significant harm

Capacity

Capacity is related to the ability of an individual to make decisions. In order to be capable of making a decision the individual should be able to demonstrate the ability to:

- ☑ understand the information relevant to the decision
- ☑ retain that information
- ☑ use or weigh that information as part of the decision making process
- ☑ communicate that decision (using whatever form of communication is appropriate to that individual)

All adults are presumed to have legal capacity unless there is clear evidence to the contrary: "A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success."[17]

Capacity should be considered throughout any assessment process. It should also be noted that an individual's needs, circumstances and capacity may change and are not fixed. Therefore where a person may assume to have capacity and the beginning of a safeguarding investigation, there may be occasions where that capacity may be diminished at various stages throughout the process. If this is the case, a re-assessment/review should take place taking into account any changes to that individuals overall needs and wellbeing.

See Appendix 2: Capacity guidance for more information on Mental Capacity

Lack of Capacity

In the case that an individual is unable to make an informed decision or lacks the capacity to recognise or acknowledge risk, then statutory authorities may need to be involved in accordance with these procedures. It is however important to remember that in any case where mental capacity is in question; the Haringey Multi-agency Safeguarding Policy and Procedures should be followed in parallel with the Mental Capacity Act protocols. A referral to IMCA should always be made if there is a question around an individual's mental capacity.

Any intervention must be proportionate to the risk and must be carried out in a way that is least disruptive to the individual's way of life. Before proceeding

[17] Mental Capacity Act 2005: Section 1(3)

with statutory intervention the safeguards that may be provided by carers and other significant people must be explored. The decision about assessing risk is a joint responsibility between the relevant agencies involved.

In some cases A Mental Health Act assessment may need to be considered.

Best Interest

Where a vulnerable adult is judged to lack capacity in relation to a specific decision, this decision should then be made in that individual's 'best interest'.

When making a 'best interest' decision the following factors must be considered:

- Any past and current wishes and feelings of the individual concerned; including any written statement or choice directives.
- The individual's beliefs and values, including: any religious or cultural beliefs likely to influence that individual if they had capacity.
- Other factors that the individual would be likely to consider if they were able to do so, e.g. a sense of family obligation.
- The views of others considered appropriate to approach e.g. carers
- The recommendation of the IMCA

Roles and Responsibilities:

Roles of Individual Haringey Agencies:

The Haringey Safeguarding Adults Board MUST:

- Include representatives from Haringey Adult Services, Haringey PCT, the Police, the Voluntary and Private Sectors and The Probation Service.
- Meet quarterly. The meeting must be chaired by the Assistant Director, Adult Services Haringey Council.
- Oversee the development and approval of multi-agency policies and procedures in respect of Safeguarding Adults.
- Establish systems to monitor and review Safeguarding Adults policies and procedures and ensure these are promoted across all Haringey agencies.
- Ensure the publication and distribution of documentation to support the Vulnerable Adult Process and increase public awareness of abuse and neglect of Vulnerable Adults.
- Identify and secure funding to support the implementation of the Vulnerable Adult Process.
- Ensure that the Safeguarding Adults Policies and Procedures reflect the needs of all communities in Haringey.
- Ensure links with other areas of policy and good practice guidance, both locally and nationally.
- Ensure the development and implementation of the training strategy.

- Oversee the development of research links to ensure that information is available on current practice and trends which can support service improvements.
- Oversee and be informed by the monitoring of referrals and outcomes of allegations of abuse to the Department of Adult Social Care. To ensure that this information is used to promote good practice and to respond to government and other bodies requests for reports on activities.
- Ensure the development and implementation of serious cases Multi-agency review system and to ensure that agencies implement all recommendations arising from these reviews.
- Produce an annual report on Safeguarding Adults work in Haringey.

Statutory Agencies (which include the Services provided by: Haringey Council, the Police, the Mental Health Trust, Primary Care Trust, and other government services with a statutory responsibility to vulnerable adults) MUST:

- Have clear guidelines in place that set out the roles and responsibilities for all staff in relation to Safeguarding Adults.
- Supervise and monitor staff working with vulnerable adults to ensure that best practices are being adhered to.
- Raise public awareness regarding the abuse of vulnerable adults. A clear message should also be given that this is everyone's responsibility.
- Make sure that all staff and volunteers are appropriately trained in Safeguarding Adults. The training should be correlated to people's roles.
- Ensure that the relevant reports and information are prepared for Strategy Meetings, Case Conferences and Review Meetings as set out in these procedures.
- Maintain clear, accurate records of any safeguarding adult concerns. Any action taken should be clearly outlined and monitored.
- Share information in accordance with the local and national agreement on a need-to-know basis, when it is in the best interest of the vulnerable adult.
- Contribute to investigations acknowledging the requirements of confidentiality and data protection.
- Participate in the joint working arrangements as defined in this policy.
- Implement preventative and/or supportive action to vulnerable adults in accordance with this policy and within their role.
- Establish and implement robust and consistent practises in relation to employing staff and in the selection of volunteers by ensuring that an enhanced CRB check is done and that this is then cross-referenced with the Protection of Vulnerable Adult register.
- Attend the Safeguarding Adults Board Meetings, where appropriate
- Provide an annual report to their own Management Board.

Haringey Adult Services MUST:

- Investigate allegations of abuse
- Liaise with advocacy services
- Complete needs assessments for vulnerable people and their carers.
- Contribute to Strategy Meetings and Case Conferences as per these procedures as lead agency, where appropriate.

The Haringey Safeguarding Co-ordinator within Adult Services MUST:

- Co-ordinate the Safeguarding Adults Policy
- Contribute to Safeguarding Adult investigations and casework as per these procedures
- Monitor and record the outcome of each Safeguarding Adults referral
- Maintain the Safeguarding Adults Register
- Co-ordinate Serious Case Reviews
- Co-ordinate the Multi Agency Risk Management and Assessment Procedures (MARMAP)
- Collate and report to the Department of Health, CSCI and other national policy makers all relevant information monitored under this policy.
- Produce an annual report.

Haringey Council Contracts Department MUST:

- Participate in investigation when they occur setting where services have been purchased or commissioned.
- Focus their investigation on the standards required in the provision of services outlined in the contract.
- Attend Multi-agency Strategy Meetings and Strategy Review Meetings prior to any investigation and must carry out any actions agreed to at the meeting.

It is the responsibility of the Placing Authorities to:

- Provide support to the vulnerable adult and plan their future care needs.
- Nominate a link person for liaison purposes during the investigation. They will be invited to attend any Safeguarding adults Strategy Meeting and/or may be required to submit a written report.

The police MUST:

- Pursue criminal proceedings where appropriate.
- Protect people in vulnerable situations.
- Contribute to Safeguarding Adult investigations and casework as per these procedures.
- Allocate a named Safeguarding Adults Link Officer for each division.
- Provide advice and possible action throughout the whole Safeguarding Adults process.

National Health Service Professionals (Including hospitals, GPs, Primary Care Trust and the Mental Health Trust) MUST:

- Ensure evidential investigations of medical examinations are undertaken, with the consent of the person involved.
- Ensure services are delivered in line with these procedures.
- Contribute to Safeguarding Adults investigations and casework as per these procedures.
- Investigate any allegation of abuse in a health based service under the Serious Untoward Incident Procedures.
- Contact the Director of Haringey Adult, Culture and Community Services in such cases whether they occur in the community or on a Haringey Hospital Site to discuss how the investigation will be conducted. This contact must be made by the Director of Clinical Governance or such equivalent.
- Contact Director of Clinical Governance or equivalent if an allegation of abuse in a hospital comes to the attention of Adult Services. The contact must be made by the Assistant Director of Adult Services or equivalent.

The Commission for Social Care Inspection (CSCI) MUST:

- Regulate care services
- Contribute any knowledge of services and regulatory standards for the Multi-agency assessment.
- Investigate all allegations relating to residential or nursing homes or regulated domiciliary care agencies in Haringey.
- Examine any general issues concerning the care of residents in a care home rather than just the particular circumstances and needs of the individual adult who is the focus of concern of Adult Services and other agencies.
- Be responsible for registering and inspecting nursing agencies.
- Inform Adult Services when reports are received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes.
- Carry out investigations independent of those carried out by Adult Services or the Police.
- Work jointly with Adult Services or National Health Services where service users require a response under these procedures.
- Work in partnership with other agencies. CSCI will however not suspend its own statutory enforcement responsibilities pending the outcome of another (e.g. criminal) process where to do so would run counter to the safety and well-being of the people who use the service. In such circumstances the CSCI will aim wherever possible to coordinate actions to preserve evidence and avoid impeding each other investigations or enforcement action.
- Attend Strategy Meetings and Case Conferences in respect of regulated services.
- Keep other agencies informed of any enforcement action taken by the CSCI on any regulated service.

Independent Providers of Domiciliary, Day Care, Residential Care, Nursing Care and Hospital Care MUST

- Have established procedures in place for safeguarding Vulnerable Adults in line with those outlined in the appropriate Care Standards Act, Regulations and National Minimum Standards. These must comply with this Multi-agency Safeguarding Adults Policy and Procedures.
- Report incidents of abuse to either the CSCI or the Health Care Commission, where appropriate. (These two agencies will be joint in 2008)
- Notify their local CSCI area office of any allegation of abuse or any other significant incidents under the Care Standards Act 2000.
- Provide information and assistance to investigating officers
- Contribute to Safeguarding Adult investigations and casework as per these procedures
- Deliver services in line with these procedures.

Supporting People and Supported Housing MUST:

- Receive reporting forms from service providers for each incident or allegation of abuse at their services (be it accommodation or floating support services based)
- Inform the Safeguarding Adults Coordinator of each reported incident (including incidents or suspicions of abuse identified by Supporting People Team members)
- Attend Strategy Meetings and Case Conference where necessary
- Inform the Safeguarding Adults Co-ordinator of any enforcement actions taken on any Supporting People Service.
- Contribute to Safeguarding Adults investigations and casework as per these procedures.
- Monitor cases of abuse within Supporting People services
- Ensure all service provides comply with Supporting People standards regarding protection from abuse.
- Provide or Commission support services to meet eligible needs as identified through completing assessments and through following these procedures.

Complaints Officers must:

- Inform a relevant manager that a complaint has been received which may indicate that a vulnerable adult is subject to abuse. This should be done in line with operational policies in place within the agency and this procedure. Local Authorities and Health Trusts have statutory Complaints Procedures in place.
- Inform the relevant regulatory body (i.e. CSCI or Health Care Commission) if a complaint is received indicating the abuse of one or more vulnerable adults concerning a service subject to regulation.
- Notify the relevant contract or commissioning manager if a complaint is received that indicates abuse of one or more vulnerable adults has taken place in commissioned or contracted service.

- Ensure that action under the Haringey Multi-agency Safeguarding Adults procedure takes precedence in the event of a complaint leading to a Safeguarding Adults enquiry.
- Attend Multi-Agency Strategy Meetings or discussions prior to any investigation and will be expected to carry out any actions agreed at the meeting.
- Inform the complainant of the suspension of the complaints procedures until the outcome of the Safeguarding Adults investigation has been decided.
- Ensure that the complainant can receives a response to the original complaint through the statutory complaint procedure after the Safeguarding Adults Enquiry.

Key Roles in Agencies relating to Safeguarding Procedures

The Haringey Multi-Agency policy identifies distinct roles in the Safeguarding of Vulnerable Adults in each individual organisation and their roles in the procedures:

Lead Officer for Safeguarding Adults Work:

- This is a role all statutory agencies should identify.
- The lead should be responsible for ensuring the agency has an up to date Safeguarding Adults Policy and that it is accessible to staff and is in line with Haringey's Multi-Agency Policy and Procedures.
- Ensure that training is available at the different levels for relevant staff.
- Co-operate with the audit process and participate fully in the Safeguarding Adults Board Meetings.
- Produce an annual report for their agency's own management Board.
- Be at a senior level in their respective organisation to ensure that Safeguarding Adults policy and practice is owned at the highest level within each organisation.

The lead agency (which is usually Haringey Council, Adult Services) is responsible for:

- Co-ordinating the investigation of any allegation or suspicion that a vulnerable adult is subject to abuse
- Acting as the contact point for collating any information about the victim and the perpetrator of abuse and the circumstance surrounding the alleged incident (s) of abuse.
- Taking the lead in deciding who should be interviewed, at what time and how, ensuring Achieving Best Evidence protocols are followed.
- Deciding who would be the most appropriate person to carry out the investigations at the Strategy Meeting. It is the role of Adult Services to

ensure that the process of the investigations follows the agreed Multi-Agency Policy and Procedures.
- Sharing information with other relevant agencies within legal and professional restraints where investigations are carried out by other agencies.
- **NO** Agency should take action (except in an emergency) without first consulting the lead agency.

When the police are the Lead Agency it is important to remember that:
- Where the police decide to investigate a crime in relation to the alleged abuse of an adult, the police shall act as the lead agency in the conduct of the investigation.
- No action should be taken in relation to the investigation without their agreement. This applies to all other investigations, including disciplinarys or investigations carried out by CSCI or Adult Services.
- All investigations involving the police are governed by the legal requirements of PACE (the Police and Evidence Act). This means that all police enquiries have to conform to certain standards in terms of interviewing practice, the involvement of appropriate adults and the collection and analysis of evidence.
- The police can advise other agencies on the likely impact of PACE requirements.
- It is crucial to the success of the criminal prosecution of an abuser that the police are involved at the earliest possible stage.
- Where the police are involved in the investigation in view of a possible prosecution they will take responsibility for leading their own investigation and all activities linked to the collection of evidence. Where this is the case, it will be important for the Social Worker/ Care Manager, Team Manager and the police officer to work together to co-ordinate the overall investigation.

When another agency is the lead agency it may be

- Appropriate for an agency that is outside of Adult Services to carry out the investigation because:
  - The alleged abuse occurred in a health based service or on a hospital site and a Assistant Director (or equivalent) has agreed that the allegation is investigated by hospital or health staff under their Serious Untoward Incident Procedures.
  - The incident of abuse requires specialist knowledge for example identification of non-accidental injury or allegations of financial abuse by a council employee.

- The level of abuse is minor and can be properly addressed by staff from another agency e.g. a domiciliary care provider investigating a minor allegation against a care worker.
- The vulnerable adult is more likely to confide in other professionals who they trust.

Failure to Investigate:

If a statutory agency (police, Adult Services or Health), do not investigate an allegation of abuse, other agencies or concerned parties (i.e. family, friends etc) have the right to make a formal complaint using the complaints procedures in place within those statutory organisations.

Such complaints should always be brought to the attention of the Haringey Multi-Agency Safeguarding Adults Board. The complaint should be followed up in writing, outlining how the complaint is being investigated. There should also be an appropriate plan of action in place to ensure that support is provided to the Vulnerable Adult and these procedures are being correctly implemented.

There may be cases where one organisation or agency does not believe another organisation is fulfilling its obligations to investigate or contribute to the investigation. In such instances, a complaint or discussion should initially be made with the manager of that team or section.

If a satisfactory reply is not received the complainant should:

- Consult with their own manager
- Consider with him/her addressing the complaint to a more senior manager until a more satisfactory outcome is received.
- Inform the Haringey Safeguarding Adults Co-ordinator of the difficulties faced in completing a full investigation.

Any failure of an agency to investigate or contribute effectively to an investigation of alleged abuse may have serious consequences for a vulnerable adult. In the worst case scenario it may even result in the death of that vulnerable adult, which may lead to a criminal investigation.

It is therefore always imperative to escalate any concerns to a senior manager in the organisation, if there is no response from a team or unit manager.

3. Procedures:

This section of Haringey's Multi-agency Safeguarding Adult's Policy and Procedures refers to the actions that should be taken by staff in all organisations within Haringey that are signatories to this document and provide a service to vulnerable adults over the age of 18.

ALERT

Who can raise the Alert?

An alert can be raised by anyone who has witnessed abuse taking place, has been told about abuse or neglect taking place, or suspects that abuse or neglect is taking place. It is that individual's duty to report the allegation to the relevant agency. The alert can be raised by any individual in any agency.

The alleged victim themselves may make a disclosure outlining the abuse they have been subjected to. Or a referral may come from another service user, relative or carer.

A paid care worker, volunteer or other visitor may observe behaviour that causes concern. It may be that the standard of care that a particular organisation provides may be putting people at risk or a service users challenging behaviour or actions may themselves be a concern for the safety of other service users.

All partner organisations should use the Haringey Multi-agency Safeguarding Adults Alert Form to report and record any concerns about the safety of a vulnerable adult. In certain circumstances an agency may be required to use their own internal form, for example where a crime has been committed the police will report it using the appropriate forms.

Members of the public can contact the Initial Contact Service on 020 8489 1400 to report any concerns or allegations of abuse concerning a vulnerable adult.

Alerts raised by staff that may concern a service or other staff in an organisation, about suspected abuse of a vulnerable adult or adults, must always be examined. It may be necessary to use other procedures such as disciplinary or whistle blowing procedures in parallel with the Multi-agency safeguarding Adult procedures.

How should you respond to the disclosure of information by the Vulnerable adult?

If a vulnerable adult discloses allegations that they are being abused, as a professional, you must always listen carefully in a non judgemental manner. Don't interrupt or stop that individual telling their story. You must not question them directly on the details, as this may jeopardise gathering evidence at a later stage in line with "Achieving Best Evidence"[18]

All allegations of abuse should be taken seriously. It is important that you try and not to show shock or disbelief and that you remain calm. Be empathetic; assure the person that the complaint or allegation will be taken seriously. Assure the person that it was not their fault and that they did the right thing by disclosing what happened to them.

[18] Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children Home office 2002

You should also be aware that the vulnerable adult may not realise they are being abused and therefore not realise the significance of what they are saying.

In some instances a person may make an allegation of abuse some years after the abuse had taken place. This could be due to the trauma of the abuse or simply the person may be blaming themselves, whatever the reason, it should not cast doubt on the reliability of the allegation.

You should not promise complete confidentiality. Explain that you have a duty of care to report what you have been told to a line manager and that the concerns may be shared, especially if other vulnerable adults are at risk.

One of the products of abuse, in many cases is a lack of control. It is therefore important that the alleged victim is given some of that control back. Ways in which you can do that is by keeping them informed of the actions you will be taking to protect and support that individual. If appropriate refer that individual to this procedure, which will outline what they can expect from a Haringey Agency.

How can an Alert be made?

An Alert can be raised by telephone, visit, email or fax.
A Haringey Alert Safeguarding Adults Multi-agency Alert form must be completed and sent back to the relevant agency (as shown on the form).

Where can you find a copy of the Haringey Safeguarding Adults Multi-Agency Alert form?

A copy of the Haringey Multi-agency Safeguarding Adults Alert Form can be found at http://www.haringey.gov.uk/alert_form-november_2006.doc or can be requested from the Initial Contact Service by telephoning 020 8489 1400.

How must you complete the Alert Form?

- You **must** complete all parts of the Alert form
- If any part is left incomplete you **must** be able to justify the reason for it
- Always make sure that you have provided sufficient information in order for the allegations to be efficiently investigated.
- Always ensure that all personal details are completed
- Make sure that the Alert form is legible and that it is filled out either in pen or typed
- Ensure that the Alert form is always signed and dated.
- Any opinions need to be identified as opinion and not fact, as they are assumption not always based on concrete evidence

What information needs to be given on the Alert Form?

Personal Information of vulnerable Adult:

- Personal details
- The current situation in which they are living
- Details of their family or significant other people
- Mental capacity/disability/ sensory impairment
- Whether the vulnerable adult has been informed that a referral has been made.
- Services received/ agencies that have contact with the vulnerable adult including their GP.

Details of alleged abuse:

- What is the actual allegation
- Where and when the alleged incident took place and who witnessed it and/or provided the information
- The details of what occurred including the actions and words used by the alleged perpetrator of abuse and the person being abused
- The extent of the abuse and degree of immediate danger that the referrer perceives the vulnerable person to be in.

The alleged perpetrator of abuse:

- The alleged perpetrators relationship to the vulnerable adult
- The alleged perpetrators mental capacity/disability/ sensory impairment
- The alleged perpetrators whereabouts and the likelihood of contact or the risk to other people if known
- Services received/agencies that have contact with the alleged perpetrator including the GP

The referrer's judgement of the situation:

- Action already taken, e.g. have the Police been informed
- Any immediate action that the referrer thinks should be taken
- Identify anyone else at risk e.g. Children or other vulnerable adults.

Other agencies already involved:

- Information about any police involvement including Crime reference number if available
- Any other agencies that have been involved in the identification of abuse.

What is the timeframe for completing an Alert form by?

An Alert form **must** be completed **immediately.** The referral **must** be made to the relevant organisation **within the same working day** as receiving the Alert.

What duty does a member of staff or volunteer have when suspicions or allegations of abuse are reported to them?

Staff and volunteers all have a duty of care to report any allegations or suspicions of abuse to their line manager as soon as possible. These concerns should be reported to a line manager, even if the service user is reluctant for them to do this, or asks them not to do so. The service user

should be made aware that the member of staff or volunteer is not able to maintain information regarding alleged abuse a secret.

There will be occasions when a member of staff is unable to go directly to their line manager because that line manager may be implicated in the allegations. In such situations, members of staff or volunteers may need to use their organisations whistle blowing procedures, or inform a senior manager in that organisation about the alleged abuse. Staff or volunteers should not disclose this information directly to their line manager if the allegation of abuse implicates their line manager.

Any concerns about abuse occurring in a regulated care setting should be directed to a regulatory body such as the Commission for Social Care Inspection or the Health Care Commission independently. In parallel if there are suspicions that a crime has taken place the police should be notified.

This may be take place when:

- They have concerns that their manager or proprietor may be implicated.
- They have grounds for thinking that the manager or proprietor will not take the matter seriously or act appropriately to protect service users.
- They fear intimidation or have immediate concerns for their own or for a service user's safety.

What is the duty and responsibility of Registered Managers in Regulated Care settings?

Regulated services are required to report concerns about the welfare of a vulnerable adult to the CSCI **within 24 hours** of the incident.

Senior Managers must be informed of any concerns reported as per local procedures.

Regulation of The Care Homes regulations 2001 requires the registered person to inform CSCI without delay of:

- The death of any service user
- The outbreak in the care home of any infectious disease
- Any serious injury to a service user
- Serious illness of a service user at a care home at which nursing is not provided.
- Any event in the care home which adversely affects the well-being or safety of any service user.
- Any theft, burglary or accident in the care home.
- Any allegation of misconduct by the registered person or any person who works at the care home.

This report should be made by fax to CSCI **within 24 hours** of the incident to 020 8420 0119.

Summary of action that should be taken once a disclosure of alleged abuse has been made:

- ☑ If the vulnerable adult is at risk of immediate harm contact the police on 999
- ☑ The police should also be contacted if there is evidence that a crime has been committed and evidence needs to be collected immediately otherwise it will contaminated
- ☑ Ensure that the person who has made the alert is made aware how their concerns are being dealt with
- ☑ Only share the information within the framework of the safeguarding adults information sharing protocol
- ☑ If the allegation was made by a member of the public who wanted to remain anonymous or wished to have their details kept confidential then this should be respected and the referral should still be progressed.
- ☑ Ensure that the correct steps are in place to safeguard the vulnerable adult from further abuse as outlined in this procedure

Do Not:

- ☒ Create the impression that the vulnerable adult is not believed.
- ☒ Risk contaminating the evidence
- ☒ Inform the alleged perpetrator of the allegations against them
- ☒ Put the vulnerable adult at further risk

It is the responsibility of whoever raises the Alert to ensure that the Vulnerable Adult is safeguarded from immediate danger, be it by contacting the Police or relevant Social or Health Service department.

REFERRAL:

When must a referral be made?

A referral **must** be made to the relevant organisation below **within the same working day** as receiving the Alert.

To whom must a crime be reported?

The police **must** always be contacted if the allegation is of a criminal nature, e.g. physical injury, sexual abuse and/or financial abuse.

Call 999 if the Vulnerable Adult is in immediate danger, otherwise contact the Community Service Unit on 020 8345 1939/1941
Send the Alert Form to:

The police must be informed of alleged/suspected financial abuse, prior to any action being taken e.g. interviewing/ suspending staff or interviewing vulnerable adults. This is necessary to ensure best evidence is achieved in respect of any investigation undertaken. An offence of financial abuse involving the theft of personal cash or funds from accounts, which may also involve false entries in financial records, is often difficult to prove. This could be further complicated if the abused adult is cognitively impaired.

When must forensic evidence be collected by?

Forensic evidence **must** be collected **within 24 hours** of the crime being committed. Forensic and other evidence **must** not be contaminated

If a regulated body, e.g. a regulated care home, a hospital or day centre is involved in the investigation, who do you contact?

You must immediately contact CSCI or the Healthcare Commission.
You must send your Alert Form to enquires.harrow@csci.gsi.gov.uk or by fax to 020 8420 0119 when a Social Care regulated service, be it a Care agency or Care home are involved.

You must send the Alert form to feedback@healthcarecommission.org.uk or by Fax to 020 7448 9391 where a Health service (NHS hospital, PCT, GPs, Nurses, Midwives etc.) is involved.

For professions that are regulated such as Doctors, nurses, midwives, social workers and care home workers (as of 2008) etc a referral may need to be made their respective regulatory body, which may carry out an investigation into that professionals conduct or temporarily suspend them from the relevant register. This will only be done in if the alleged perpetrator is in a profession that is regulated and there is a threat to public safety. The decision to suspend or remove a person from a professional register lies with the professional regulatory body. For further information or to make a referral please contact

General Social Care Council (GSCC)
02073975120
Email: conduct@gscc.org.uk

Nursing and Midwifery Council (NMC)
02073336564/6572
Email: fitness.to.practice@nmc-uk.org

General Medical Council (GMC)
0845 357 0022
Email: practise@gmc-uk.org

Who do you always contact, regardless of the type of alleged abuse?

The Initial Contact Service, Adult Services, Haringey Council can be contracted on 020 8489 1400 if there are concerns that a vulnerable adult is the subject of abuse.

Send the Alert Form to over65@haringey.gov.uk or by fax to 020 8489 1993

What must ICS do with the referral?

- ICS **must** decide which Social Services department to alert regarding the allegation made, e.g. Learning Disabilities, Physical Disabilities, Older People Services, PCT or CMHT.
- The Alert **must** be recorded on the POVA Spreadsheet **immediately**, even if after initial investigation it is decided that no further action is to be taken.
- ICS **will** direct the case to a team in Adult Services if the client is already known to them and allocated to one of their Social Workers/Care Managers/Care Coordinators. **If** the Social Worker is absent then the case will be immediately passed to a duty worker to complete the initial investigation.

Who else must you always notify?

You **must also always** notify the Haringey Safeguarding Adults Co-ordinator Olive Komba-Kono.
Send the Alert Form to Olive.Komba-Kono@haringey.gov.uk or by fax to 020 8489 3977.

What happens if the referral is made out of hours?
If a referral is made out of normal office hours, the emergency Duty Team will be responsible for undertaking an initial assessment of risk and take steps if necessary to ensure that the vulnerable person is safe.

If immediate action is not required, the emergency Duty Team will refer the case to the appropriate teams at the beginning of the next working day for them to proceed with the Safeguarding Adults process.
Haringey Social Services Out of Hours:
Tel: 020 8348 3148 /Fax: 020 8489 2388

What happens if the concerns arise using the Single Assessment Process (SAP) or during a current Assessment of care?
If the concern arises during an assessment using the Single Assessment Process then the action to be taken will depend on who is undertaking the assessment. Where a member of Social Services staff is undertaking the assessment, this Referral process should be followed. If the assessment is

being undertaken by another agency then a referral should be made to the Initial Contact Services, Haringey Social Services (see contact details above) who will be able to redirect the referrer to the appropriate team.

If the concerns that abuse are raised during a current assessment e.g. an Overview Assessment or as part of ongoing support, monitoring or reviewing of care, the Social Worker/Care Manager who is already working with the person should complete this referral process.

Does consent need to be given by the vulnerable adult for the referral to be made?

Consent **must** be gained from a mentally capable adult who is thought to be experiencing abuse or neglect unless there are overriding public duties to act. Such circumstances include:

- The prevention or detection of a crime
- In order to protect the vital interests of another person in a case where consent by or on behalf of the service user has been unreasonably withheld.
- Where it is necessary for the purpose of, or In connection with, any legal proceedings
- Where there is a significant risk of suicide.
- Where there is a significant risk to a third party.

If there are overriding duties, the person is **always** to be informed that the referral will take place, except where this could jeopardise the safety of others who may be at risk.

What are the duties and responsibilities of Service Managers in care settings?

Where a concern is raised that a person is being abused or neglected within the same service you manage, you have the primary responsibility to safeguard that person. This responsibility includes working with all other agencies that may have a role or responsibilities in the situation. Take any immediate actions to safeguard people that fall within the remit and remember that:

- You should normally be a key person within the planning of any safeguarding assessment.
- That the agreed safeguarding assessment strategy may:
  - Involve another agency taking the lead. The most common scenario is where the police may lead the safeguarding assessment with a criminal investigation. On other occasions it could be a regulatory or commissioning body, where they may decide that the concerns are so serious they will investigate within their remit.
  - Include one or more strands of actions within your remit, for example, it may include a complaints investigation or a disciplinary investigation.
  - Will usually take precedence over any other internal investigations.

What will be the role of a Manager if an allegation is made against a member of their own staff?

The manager will need to balance:

- supporting the abused person
- supporting all the staff
- supporting the investigation of the event
- being fair to the alleged staff member

Allegation should always be taken seriously; they however should always be treated as that, an allegation. Evidence is required to substantiate that what was said to have taken place actually did.

It is important to take relevant immediate action and consideration should be given to an organisation's disciplinary procedure where this will protect service users, the alleged perpetrator and allow a fair investigation to be conducted.

Disciplinary action on staff is the responsibility of the employing agency or organisation. Suspension is a neutral act that may be necessary as an immediate protection plan. The member of staff is innocent until proven otherwise. The suspension of the staff member is to ensure that they are protected, while still enabling a full investigation or safeguarding assessment to take place.

Staff subject to disciplinary procedures must be made aware of their rights, and, if suspended, should be given an outline of the reasons for that action in line with those procedures. However, the details of the allegation should not be discussed with them until the multi-agency assessment strategy has been agreed.

The staff member should be advised to seek union or legal advice and should have access to support networks. Even if another agency, such as the police, is leading the investigation it is important to try to ensure that you meet your responsibilities as an employer and keep the member of staff or their representative informed in accordance with confidentiality.

A manager should also seek advice from their relevant regulatory body or legal services as appropriate. It is illegal and unprofessional to use any form of physical or mechanical restraint as a means of punishment.

DECISIONS:

Who is allocated the work at the decision stage of the Procedures?

A Safeguarding Manager should be allocated the case for decision making purposes when there is an allegation of abuse/neglect pertaining to a vulnerable adult. The safeguarding manager is responsible for assessing what the level of risk is and what the response will be.

If the Service User is already allocated to a **specific** Social Worker/Care Manager/Care Coordinator then the case is allocated to that worker's Practise or Team Manager who will become the Safeguarding Manager for that case.

Who can be a Safeguarding Manager?

A Safeguarding Manager can be any Team, Unit or Practice Manager. I

When must the case be designated to the Safeguarding Manager?

If the Vulnerable Adult is known to Adult Services the case **must** be designated **within the same working day** as receiving the referral.

If the Vulnerable Adult is not known a Background Information and Contact Assessment **must** be done by the appropriate Adult Services Team. The Safeguarding Adults Referral needs to be made for the client **within the same working day** as receiving the alert.

What is the role of the Safeguarding Manager?

The Safeguarding Manager is responsible for recording the decision about the level of risk in a case. He/ She **must** appoint an Investigative officer, a Social Worker/ Care Manager/care coordinator to go out and do an initial investigation.

The safeguarding Manager must decide within the same working day, whether the referral meets the 'Safeguarding Adults' criteria and record the decision. He/She **must** co-ordinate the strategy of the investigation. They **must** chair **all** Strategy Meetings and Discussions regarding the Vulnerable Adult.

What are the responsibilities of the Safeguarding Manager?

The Safeguarding Manager is responsible for ensuring that staff, who support the service user, and others affected by the incident, have guidance and access to support.

The Safeguarding Manager should remind his/her staff that their role is to support the service user. Staff should not however question the service user or any witness on the abuse, especially by asking any leading question which may contaminate evidence.

Staff should be reminded about the importance of confidentiality (not to discuss details with other staff or clients, or people outside the workplace).

Ensure all written material which may be needed as evidence has been completed, for example, written reports, diary records, client files, staff files etc. Ensure you ask for written reports from any witness.

What is the role of the Investigative Officer at this stage?

At this stage the Investigative Officer in conjunction with the Safeguarding Manager must:

- Complete a risk assessment identifying what the immediate risk to the vulnerable adult is and what immediate action is needed e.g. removing the vulnerable adult from their current environment. This must be clearly recorded on the service users' case file.
- If it is an alleged criminal offence, ensure the incident has been reported to the police and a crime number recorded. If the police decide to 'lead' the investigation, then no further action, including preliminary enquiries, informing agencies, or interviewing parties are to take place without their approval. A Strategy Meeting must be convened within the necessary timescales depending on the level of risk possible in order to co-ordinate activity and ensure that the welfare of the vulnerable adult(s) are addressed while the investigation is being conducted.
- In the event of physical/sexual assault, ensure the vulnerable adult has been seen by the GP. The examining medical practitioner and General Practitioner, must be involved of the alleged/suspected abuse and a request be made that a written record be kept, which could be made available to the investigation. Generally a medical examination can only be carried out with the consent of the vulnerable adult.
- In the event of the abuse involving a registered care provider, either in the community or in a residential/nursing setting, ensure the CSCI has been notified.

The appointed officer **must** go out and visit the Vulnerable Adult within the timescale stated for each level of risk. They **must** write up their report on Framework-I for the visit in order for it to meet the recommended timescale.
The investigative officer must discuss the outcome of the assessment with the safeguarding manager that same day. If the officer can not return to the office this discussion could take place over the phone, keeping in mind confidentiality requirements.

What must be considered when assessing Level of Urgency and Risk?

- Level of threat to the Vulnerable adult's physical well-being.
- The nature extent of the abusive acts.
- Whether the abuse was a one off event or part of a long standing relationship or pattern.
- The impact of the abuse on the vulnerable adult and their independence.
- The impact of the abuse on other vulnerable adults and children.
- The intent of the person allegedly responsible for the abuse.
- The illegality of the alleged perpetrators actions.
- The risk of the abuse being repeated against this vulnerable adult.
- The risk of the abuse being repeated against other vulnerable adults and children.
- The risk that serious harm would result if no action is taken,
- The illegality of the acts or acts.

- Risk can be assessed and managed but outcomes cannot be guaranteed.

What is considered a High Level of Risk?

- Physical abuse which causes severe injury or is life threatening.
- Sexual abuse where penetrative sex or insertion of objects has occurred without Vulnerable Adults.
- Severe neglect where the Vulnerable Adult is imprisoned.
- If life threatening immediately call 999 or 020 8345 1939

What must be done and by when if the allegation has a High Level of risk?

A visit **must** be done **within the same working day** of the referral being made.

Where assault of any kind has occurred, or could occur, the police must be asked to accompany the Social Worker/Care Manager/care coordinator to assist in achieving an assessment in safety.

Where necessary the vulnerable adult should be offered the opportunity to move to a place of safety and if necessary be given assistance to obtain legal advice.

What is considered to be Medium Level of Risk?

- Emotional/psychological abuse, e.g. intimidation
- Financial Abuse, e.g. theft, fraud or exploitation.
- Physical abuse which causes bruising.

What must be done and by when if the allegation has a medium level of risk?

A visit **must** be made to the Vulnerable Adult **within two working days** of the referral being made.

What is considered to be Low level of Risk?

- Verbal Abuse where the Vulnerable Adult is being spoken to in an inappropriate manner.
- Verbal Abuse that is not physically threatening.

What action must be taken and by when if the allegation has a low level of risk?

A visit **must** be made to the Vulnerable Adult **within three working days** of the referral being made.

What must the Safeguarding Manager have decided before the end of the next working day following the referral being received?

The Safeguarding Manager **must** decide whether the 'Safeguarding adults' policy and procedure should be applied or not.

What happens if the 'Safeguarding Adults' Policy and Procedure is to be applied?

A Strategy Meeting/ Discussion **must** be convened **within five working days** of receiving the referral. If the case is assessed as a High Level of Risk then a

Strategy Meeting must be convened **within 4 working days** of receiving the referral.

What happens if consent is not given by the vulnerable adult to proceed with the investigation?
A vulnerable adult who is able to make an informed decision, but refuses assistance or who feels unable to make a decision about this, is considered to be placing themselves at risk.

In this case the Social Worker/Care Manager/Care coordinator should communicate with appropriate parties (e.g. independent advocates, other professionals, carers, friends etc.) to inform them the decision and to identify another person who might be able to help the vulnerable adult understand the risk and the choices available to them to remove that risk.

In the case where the vulnerable adult is not capable of making an informed decision, then, the Social Worker/Care Manager must consult with the Safeguarding Manager and appropriate parties (e.g. independent advocate, other professionals, carers, friends etc.) to agree on action which will ensure the safety of the vulnerable adults.

What happens if the 'Safeguarding adults' Policy and Procedure is not to be applied?

If the outcome of the investigation is that no further action needs to be taken, then it is the responsibility of the Safeguarding Manager to ensure that the vulnerable adult's care needs are being met.
A review or a re-assessment of needs may also need to be completed.
The client must be referred to the correct department within Adult Services, if this has not already been done, to complete a Full assessment.

At this stage you must always:

- ☑ Have an initial investigation which includes a discussion to determine risk and response. This could suffice as an assessment for low risk cases. This is an essential part of the investigation which must happen as soon as the referral is received.
- ☑ Give the referrer feedback on the way the alert was dealt with.
- ☑ Record the feedback if it's from a partner organisation.
- ☑ Refer details of the case to the Children and Young Persons service if a child is at risk

Don't at this stage:

- ☒ contact the alleged perpetrator

SAFEGUARDING ASSESSMENT STRATEGY:

Who must co-ordinate the Safeguarding Assessment Strategy process?

It is the responsibility of the Safeguarding Manager to co-ordinate the Strategy assessment process.
The Safeguarding Manager **must** be the chair of any Strategy Meeting. The **same** Safeguarding Manager **must** chair each meeting regardless of Managerial rotas.
IF this Safeguarding Manager is different to the one from the Initial investigation then it is at this point that the Safeguarding Manager is informed of the facts of the case so that they are able to effectively chair any Strategy Meeting or Discussion.

- **IN** the case of an emergency, either ill health or a duty emergency, whereby a Safeguarding Manager is unable to chair a follow-up meeting it is the **responsibility of their Team Manager** to chair it for them. This is to ensure that the case is not passed from team to team and the meeting is efficiently chaired.

What is the difference between a Strategy Meeting and a Strategy Discussion?
A Strategy meeting is when all relevant agencies meet in person to discuss the initial investigation and to form a plan of action and Interim Safeguarding Plan. A Strategy discussion is when all communication is made over the telephone or via email or fax rather than meeting in person.
Regardless of whether a Strategy Meeting or Discussion is held, the outcomes, Interim Safeguarding Plan and assigned agency tasks **must** be minuted correctly.

What is the difference between a Strategy Meeting and a Case Conference?

- A Strategy Meeting is:
  - For the purpose of planning an investigation i.e. who does what.
  - Any decisions in respect of the care of the alleged victim are interim measures while the investigation is completed.
- A Case Conference:
  - Should make decisions based on the facts revealed by the investigations.
  - Should decide either: abuse happened as alleged.
  - The allegation was disproved or there is not enough information to decide whether the abuse happened or not.
  - Should agree a care plan that will provide protection and support the vulnerable adult.
  - Should agree when and by whom the protection plan will be monitored.

When must you have a Strategy Meeting?
A Strategy Meeting **must** be convened if the allegation has been judged as either of High or Medium Risk. In these cases the Strategy Discussion will **not** be sufficient and so a Meeting in person must always take place.
A Strategy Meeting will always be required when:

- The investigation and intervention requires careful planning.

- The vulnerable adult has given consent for information to be shared with other agencies.
- Public interest issues appear to outweigh the vulnerable adult's wishes.
- Information must be shared between agencies to protect the vulnerable adult while the allegation is being investigated.
- The best interest of the vulnerable adult may be contentious.
- The situation is extremely complex/ or serious.
- An investigation involves the police.
- An investigation is required under the "Untoward Incident Procedures" of the Barnet, Enfield and Haringey Mental Health NHS Trust.

When can you have a Strategy Discussion?
A Strategy Discussion **must only** take the place of a Strategy Meeting when the case is Low Risk to allow time for further investigation.

When must a Strategy Meeting or Discussion be convened by?
- In High Risk cases a Strategy Meeting **must** be convened **within 4 working days**.
- In Medium Risk cases a Strategy Meeting **must** be convened **within 5 working days**.
- In Low Risk cases a Strategy Meeting/Discussion **must** be convened **within 5 working days**.

What is the purpose of a Strategy Meeting?
The purpose of a Strategy Meeting is to:
- Decide how any needs for immediate protection will be met.
- Consider all available information regarding the service user's background and the alleged incident.
- Provide information about the setting in which the abuse or neglect took place.
- Decide the allegations to be investigated.
- Consider the wishes, if known, of the vulnerable adult.
- Decide who will co-ordinate the investigation and conduct the interviews.
- Decide the time frame for the assessment.
- Consider the needs of the vulnerable adult and who is best suited to support the vulnerable adult through the investigation.
- Agree a communications strategy.
- Agree action set out in safeguarding adults procedures.
- Put an Interim Safeguarding Plan into place to immediately safeguard the vulnerable adult. .
- Agree a date for a Case Conference to review the action agreed at the Strategy Meeting.

During the Meeting, all information known about the situation is shared in accordance with the information-sharing protocol with the appropriate consent sought. Each organisation is proactive in offering resources within their remit to enable the risk of abuse to be assessed.

Who is to be involved and invited to a Strategy meeting?
All relevant agencies and organisations are to be involved in a Strategy Meetings e.g. Care agencies, police (where a crime is committed), legal services (if necessary), relevant Social Services departments.
Strategy Meetings may include any of the following agencies where necessary:

- Safeguarding Manager
- The Safeguarding Adult's Co-ordinator.
- A designated minute-taker.
- Police
- GP
- The individual at risk, or their carer, or their advocate.
- The adult's Social Worker/Care Manager.
- The adult's Key Worker or Care Co-ordinator
- .A representative from the line management of the service provider.
- CSCI
- Health representative: hospital or PCT.
- A representative from the Department of Work and Pensions, bank or building society, the receivership officer (if there is suspicion of financial abuse).
- A legal advisor (in appropriate cases only)
- Supporting People
- Home Care
- Community Learning Disabilities Nurse
- District Nurse
- Community Mental Health Nurse
- Community Psychiatric Nurse
- Environmental Health Officer
- Health Visitor
- Housing Officer
- OT
- Probation Officer
- Psychologist

CSCI are always to be invited to a Strategy Meeting when there is a regulated Care agency or regulated Care Home implicated in the Abuse.

Haringey Contracts Team is **always** to be invited to a meeting if a regulated service is implicated in the Abuse/Neglect. Where a member of the team is unable to attend the meeting a copy of the minutes **must** always be sent to them.

The police are **always** invited to a Strategy Meeting where a crime has allegedly been committed. The police **must** decide whether they intend to investigate the case further or not.

Is the Service User included at this stage?

Haringey Social Services **must** always keep the Vulnerable Adult informed of all investigation taking place, unless this places them at further risk.
An Adult with Mental Capacity **must** be a full partner in the discussions, unless they are prevented by other considerations, like their own safety. At the discretion of the chair they **should** be invited to the Strategy Meeting.
An Adult without Mental Capacity can't participate fully and so the use of an advocate is necessary at this stage.

If a client meets the following criteria they should be referred to Rethink, who is Haringey Councils commissioned IMCA Service:
A decision is being made about either

a) a serious medical condition or
b) long term care and health moves (more than days in hospital/ 8 weeks in a care home)

and it is believed they do not have the capacity to make that decision **and** they have no appropriate family or friends to represent them.

If in doubt that a referral is appropriate to IMCA, a discussion should take place with a line manager or senior manager for an appropriate decision.

For Adults with Hearing or Speech Impairments a Signer **must** be provided. If the Adult is in need of an interpreter they **must also** be provided to ensure that the Vulnerable Adult is able to participate fully in the Strategy process.

Would the alleged perpetrator be invited to the Strategy Meeting?
No the alleged perpetrator would **never** be invited to the Strategy Meeting.
If for extremely exceptional circumstances the alleged perpetrator is to be involved, consent **must** be given by the victim if they have Mental Capacity. This decision **must** then be approved by the Safeguarding Manager and a Senior Manager.

Who else would not be invited to a Strategy Meeting?
If a Residential Home or any other Service of Care is implicated in neglect or abuse, a strategy discussion is to take place before the Strategy Meeting so that all other involved parties, including Regulatory bodies and Service Commissioners decide whether the manager of the home should be involved in the Strategy process or not.
A judgement **must** be made and agreed by all involved agencies as to whether the proprietor is judged 'fit' or not. Once they have been judged fit they are to be involved as full partners in the Strategy process.
Ensure that clear investigations are done so that the evidence is not contaminated and that somebody who may have been implicated in the abuse/neglect is **never** involved in the Strategy Meetings.

What is to be done about investigating the perpetrator?
The perpetrator also has rights. They **must** be interviewed during the investigation. The agency who deals with the investigation of the perpetrator **must** ensure that they are always safeguarding the victims, witnesses and 'whistleblowers'.

As little information as possible is given to the alleged perpetrator. Information is given on a **'need to know'** basis. Names of witnesses and 'whistleblowers' are **never** to be given to the perpetrators. The location of the Vulnerable adult, if changed due to allegation, **must** never be disclosed to the Perpetrator.

What needs to be agreed at a Strategy Meeting or Strategy Discussion?

- ☑ A Multi-agency assessment of the current level of risk and to whom.
- ☑ A plan for actions to assess or investigate the nature, level and source of any risk must be agreed, including:
  - Who is to lead the investigation
  - Who is to be interviewed or assessed; when and by whom
  - A plan to meet any needs arising from gender, sexuality, ethnicity, or disability of any alleged victims, perpetrators or witnesses, including special measures available to "achieve best evidence".
  - A plan to meet any needs arising from potential harassment or intimidation of any alleged victims, witnesses or whistleblowers.
- ☑ Co-ordination between different strands of the assessment, for example, any criminal or disciplinary action or investigation of a complaint or community care assessment, so that they complement and inform each other and do not interfere with each other.
- ☑ An explicit statement of roles and responsibilities with actions designated to named individuals
- ☑ Ongoing communication with the adults at risk and others concerned and who will undertake this.
- ☑ Consider the need and method to manage any media interest or set up a helpline.
- ☑ There may be need to hold a separate meeting about the service needs of an alleged perpetrator who is a service user themselves.

What should the interim Safeguarding Plan include?

The Interim Safeguarding Plan should adhere to the following principles:

- The safety of the adult and any others at risk is the overriding consideration.
- Action is planned to minimise the risk to victims, witnesses and 'whistleblowers'.
- Actions concerning people alleged to have perpetrated abuse are co-ordinated.

How is the meeting to be recorded?

The meeting is to be minuted accurately, using the Initial Strategy Meeting Minutes Template. It is the responsibility of the Safeguarding Manager who has chaired the meeting to ensure that the Minutes are distributed **within five working days**. It is essential that the Safeguarding Managers approve the minutes when they are sent to them to ensure that any timescale is not missed and that any person who needs the minutes for further investigation is not held back from doing so. Once approved the minutes must be distributed to all attendees. It is also very important to find out whether the minutes are to be sent to anyone who was unable to attend, although invited.

When is the next meeting to be convened for?
A Safeguarding Plan Meeting is to be convened for **28 days** following this meeting. A Safeguarding Strategy Review Meeting can be called any time within those 28 days to provide updates and new information which effects the investigation and Interim Safeguarding Plan.

SAFEGUARDING ASSESSMENT:

What action is to be taken at this stage?
A thorough investigation is to be carried out by each relevant agency in order to assess the level of risk and examine whether the abuse/neglect took place. Each agency is to carry out the task that they were assigned at the Strategy Meeting.

What is the purpose of the investigation/assessment?

- To protect the vulnerable adult from serious harm
- To establish and record the facts about the circumstances giving rise to the allegation of abuse.
- To decide the likelihood of the vulnerable adult having been abused.
- To assess the level of risk to the vulnerable adult.
- To assess to what extent the vulnerable adult has mental capacity to understand the degree of risk to which they may be exposed.
- To establish what the vulnerable wants to happen to ensure their safety.
- To ensure appropriate action is taken with regard to the perpetrator.
- To decide if action needs to be taken to protect other people.
- To decide if legal action should be sought.
- To bring together and assess information in order to draw up a Safeguarding Plan.

Different cases of abuse require investigation from different agencies, which agency/organisation is responsible for investigating which type of abuse?
Adult Services should always to be involved in Safeguarding Adults investigations, however, when there are any of the following types of cases other agencies/organisations need to be contacted and involved too:

Reason for Investigation/ Type of Investigation.	**Agency responsible for Investigation**
Criminal Act (including Sexual or physical assault, theft, fraud, hate crime and domestic violence	Police
Fitness of a registered provider or manager under the Care Standards Act 2000	CSCI

Breach of Regulations relevant to a regulated residential, nursing home or accredited care agency.	CSCI
Breach of Rights of person detained under the Mental Health Act.	Mental Health Act Commissioner
Unresolved serious complaint in a health care setting	Health Care Commission
An investigation in to the care standards and contracts compliance	Haringey Contracts Team
A disciplinary investigation of staff alleged to have abused a service user. Breach of terms of employment procedures.	Employer
Alleged Abuse towards a vulnerable adult	Haringey Social Services
Untoward Incident Procedure	Barnet, Enfield and Haringey Mental Health NHS Trust
Breach of Professional code of conduct	Professional Regulatory Body.
Breach of Health and safety Legislation	Health and Safety Executive
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Service Provider: Manager and Proprietor of Service or Complaints Department.
Breach of Contract to provide care	Service Commissioner (for example, Social Services, PCT, Supporting People)
Bogus Callers or Rogue Traders	Trading Standards Officers
Misuse of Public Money	Local Authority Audit
Anti-social behaviour (for example, harassment and nuisance by neighbours)	ASBAT Team (Anti-Social Behaviour Team)
Breach of Tenancy Agreement (for example, harassment of landlord or registered Social and nuisance by neighbours	Housing Trust
Misuse of Enduring power of attorney or power of a deputy.	Public Guardianship Office.

Misuse of appointeeship or agency	Department of Work and Pensions
Inappropriate person or person making decisions about the care and wellbeing of an adult without Mental Capacity which are not in the adult's best interest	Court of Protection

When is the Vulnerable Adult Interviewed? What does it involve?

Although an initial interview has already taken place when the referral was first made, any Vulnerable Adult with Mental Capacity is to be the first to be interviewed properly to initiate the full investigation.

The alleged victim of abuse should always be interviewed, or at least, visited to determine their well-being. If there is an exception to this, the reasons why should be clearly documented.

The vulnerable adult should never be interviewed in the presence of the person alleged to be the abuser. If possible and especially in circumstance where a criminal offence may have been committed, the vulnerable adult should not be interviewed alone. In these circumstances the vulnerable adult may be accompanied by:

- Any person to whom they disclosed the abuse.
- An 'appropriate adult' under the Police and Criminal evidence Act (1984)
- An independent advocate
- A member of their family or close family friend (where appropriate)

For Adults without Mental Capacity the use of an independent advocate or victim support services will be necessary and **must** be organised to ensure that the interview can be carried out.

Where the alleged victim's first language is other than English, those who have specific communication needs should have access to an interpreter with knowledge of the relevant culture. The investigator should arrange this prior to the interview and brief the interpreter of the facts known to date as well as taking in to consideration any specific communication needs the service-user may have.

Investigating Officers need to be aware of their individual feelings and opinions of the allegation and ensure that they are not prejudiced before conducting the interview.

The interview should be conducted somewhere which allows the alleged victim privacy. The investigating officer needs to ensure that the interview is conducted in an unhurried and careful manner, which promotes the confidence of the alleged victim.

All staff have the right to be accompanied by another worker if it is deemed appropriate and agreed by the Safeguarding Manager.

If circumstances indicate that there may be violence or a breach of the peace at the interview, staff should request police to accompany them to the interview.

Who is allowed to know what information?

- There is an Information-Sharing protocol in place.
- It is the responsibility of the relevant agencies to report their findings, without the confidentiality or safety of the Victim being jeopardised.
- All information **must** be shared where someone else other than the alleged victim is at risk, e.g., a child or another Vulnerable Adult.
- Information **must** be shared but only where necessary permission has been sought to disclose it.

What is the job of the police at this stage if a crime has been committed?

In cases where criminal proceedings may be a possible outcome, a formal interview should always take place with the police. This could involve the alleged victim being interviewed under the Achieving Best Evidence Proceedings i.e. being videotaped, etc. Police officers are specially trained in A.B.E and conducting disclosure interviews. Forensic evidence **must** be collected and preserved. Police **must** decide **within five working days** of receiving the referral whether an Achieving Best Evidence Interview is necessary or not.

What is the role of the Safeguarding Manager at this stage?

It is the responsibility of the Safeguarding Manager to support and supervise the work of their Social Worker/Care Manager /Care coordinator during the investigation.

Where a worker from a different agency is investigating, it is the responsibility of their manager to supervise and support them during this assessment stage.

What is the role of the Relevant Agency Investigative Officers at this stage?

The investigative officer must carry out any tasks assigned to them at the Strategy Meeting.

Any new information that comes to lights should be shared with the Safeguarding Manager immediately, who will decide if a Strategy Review Meeting is necessary to update the Interim Safeguarding Plan.
Each worker **must** keep comprehensive records of all findings and be able to produce a report of them at the Safeguarding Plan Meeting.

What will the possible outcomes of the Assessment/Investigation?

The assessment will lead to the development of a Safeguarding Plan with time scales for implementation.

The decision on whether or not to proceed to a Case Conference/ Safeguarding Plan Meeting in order to agree to the plan should be taken in consultation with the line manager and all the involved agencies.

It is important to remember that at this stage it is paramount to investigate without putting the vulnerable adult at further risk.

SAFEGUARDING PLAN:

When is the Safeguarding Plan Meeting/Case Conference convened for?
The Safeguarding Plan Meeting/Case Conference **must** be convened **within 28 days** of the referral being received.

What is the aim of the meeting?

- Information Sharing:
    - This will include the information gathered through the investigation. Good practice would be for the investigating officer to produce a written report for the purpose of the Case Conference.
    - To provide a forum for the exchange of information between multi-agency and multi-disciplinary colleagues involved with the individual deemed to be at risk.

- Assessing Risk:
    - The meeting will assess the risks to the service user and if necessary other service users.
- Weigh up the evidence, on the balance of probabilities that the allegation can be sustained
- Agree on further action needed and by whom
- Devise and agree a multi-agency Safeguarding Adults plan that addresses the medium and long term protection needs of the vulnerable adults.
- Continue to enable the views and wishes of the vulnerable adult, and if appropriate their carers, members of their family and friends to be taken in to consideration.
- To consider whether the vulnerable adult should be registered on the Safeguarding Adults Register.
- To clarify the role and responsibilities of professionals and the legal context of intervention.

Who is invited to the meeting?

All the relevant agencies that have carried out investigations must attend the meeting with written reports explaining the results of their findings.
Any other relevant agencies that may need to be involved in the case, e.g. legal services should also be invited to the Meeting.

The Safeguarding Manager will ensure that the vulnerable adult felt to be at risk is advised that a Safeguarding Adults Safeguarding Plan Meeting/ Case Conference is to take place, invited to attend and given an explanation of the Meeting and its format. However this must be discussed with the Chair if this raises the level of risk that the vulnerable adult is subject to, or if there are other compelling reasons why this is inappropriate.

When a vulnerable adult lacks mental capacity and regardless of whether they have their family or care representation the need for an IMCA must always be explored. The best interest of the service user should always be the paramount objective.

Separate advocates can represent the carer(s) and the vulnerable adult. The Chair must be aware that the interests of the vulnerable adult and the carer(s) will not necessarily be the same.

If the vulnerable adult and/or carer(s) have communication needs, which have to be met in order to enable his/her participation in the Meeting, the Safeguarding manager should ensure that appropriate arrangements for meeting these needs have been made.

What happens if an important involved professional can not attend the meeting?

Should any professional with direct knowledge of the vulnerable adult or his/her situation not be able to attend the Meeting, he/she must submit a written report giving details of his/her knowledge and expressing his/her opinion regarding possible action.

Who should chair a Case Conference/Safeguarding plan Meeting?

The Chair must be the Safeguarding Manager that chaired the Initial Strategy Meeting, unless for reasons of health or because of the complexity of the case, it has been passed on to the Practice Manager's Team Manager.
The chair will also provide the minute-taker.

Where should a Case Conference/Safeguarding Adults Plan Meeting take place?

When deciding the venue for the Case Conference/Safeguarding Plan Meeting, the needs of the Vulnerable Adult and his/her interpreter and/or advocate must be considered and accommodated, where possible. Appropriate transport and care support must be sought.

The Safeguarding Manager is responsible for ensuring an appropriate venue is booked and for meeting any special needs such as ensuring the venue is wheelchair accessible if the service user is in a wheelchair.

How freely can information be shared in a Case Conference/ Safeguarding Plan Meeting?

Information should be shared freely between the participants. Participants have a responsibility to protect the confidentiality of the information that has been exchanged in reference to the proper management of the case and the legal responsibility and accountability of each agency.

The deliberate withholding of information can not be defended on the grounds of confidentiality. Non-disclosure may impact on the future safety of the vulnerable adult.

Where a non professional is invited to attend the Case Conference/Safeguarding Plan Meeting because of his/her personal knowledge of the case, the Chairperson should ensure he/she is properly briefed beforehand about the purpose of the conference and the duty of confidentiality.

If any professional feels he/she is unable to divulge confidential information to the Case Conference/Safeguarding Plan Meeting because of the presence of the non-professional, he/she should communicate his/her concern to the Chair. The chair will then make suitable arrangements to allow the information to be shared with the professionals involved in the Conference/Meeting.

What is on the agenda of a Case Conference/ Safeguarding Plan Meeting?

The agenda for the Case Conference/Safeguarding Plan Meeting will cover the following:

- All attending will identify themselves and their role in the specific case.
- The aim of the meeting will be explained.
- Summaries will be given from other professional, including any previous involvement with the case, any recent updates, a copy of the written report of their investigation and any action currently being taken or planned.
- Chair's summary of the significant details thus far. The Chair will reconfirm the exact nature of the risk(s) pertinent to the case concerned.
- Discussion to confirm, or otherwise, that the case falls within the "Safeguarding Adults Registration Criteria" and a decision shall be taken as to whether registration is appropriate.
- Discussion about the availability of statutory powers to intervene.
- Agree a plan of action, identifying specific actions for each agency and delegates with time scales.
- Key Worker (Safeguarding Manager) nominated.
- Set date to review progress within six months of this meeting whether further action will be taken or not.

- If the Case is not being closed here, then a Strategy Review Meeting will be convened when necessary.

What happens if abuse has taken place?

If after investigation it becomes clear that abuse/neglect did take place appropriate legal or police services are involved in the potential use of relevant legislation and prosecution.

Where a person is entitled to 'Special Measures' under 'Achieving Best Evidence', they are given the relevant support from Witness Support services.

What action is to be taken against the perpetrator once abuse has been proven?

If the perpetrator is in a paid regulated service a referral should be made for their inclusion on the POVA register. The person should be suspended under the relevant disciplinary procedures until a full investigation under those procedures takes place. The person should not be in a position where they are working with vulnerable adults or children.

Positive action **must** be taken by the participating agencies to ensure that the perpetrator is not allowed to abuse/neglect ever again.

Action **must** be taken to ensure that the victim is protected from the perpetrator and not at any further risk.

What is the purpose of a Safeguarding Plan?

The safeguarding plan should clearly state what its objectives are and what the intended outcome is, with respect to each action that is planned.
It needs to make sure that the vulnerable adults' health and social care needs are being addressed.

The plan needs to outline how the recommendations and actions of each agency, following an investigation are monitored. Ensuring that any support the service user requires in relation to therapy or seeking justice is in place. Any future risks should be identified, with clear mechanisms in place for sharing information and taking agreed action.

The views of the vulnerable adult should be represented as much as possible.

If it has not been possible to put in measures in place to protect the vulnerable adults this needs to be clearly stated with the reasons this was not possible.

A contact person should be identified on the Safeguarding adults Plan who will have responsibility for taking appropriate action to try to ensure the safety and well-being of the vulnerable person and to call a further review meeting.

What is the role of Community Care Services in the Safeguarding Plan?

Fair Access to Care Services (FACS) criteria should be used to assess eligibility to care services from Haringey Council. This will determine whether the risk to the person's independence is critical, substantial, moderate or low and therefore, whether or not the person is eligible to receive community care services.

Where the Safeguarding Assessment has concluded that abuse has taken place or is likely to take place, the risk to a person's independence is judged to be critical or substantial. Where this is the case Community Care Services should be part of the services offered as part of the Safeguarding Plan.

What are the possible outcomes of the Meeting?

The Case could be closed, when no further action is necessary. In this case, a review will be booked for six months following this meeting, during which time monthly monitoring will take place to ensure the Vulnerable Adult is at no further risk.

Where further investigation is needed another Meeting is to be planned to allow for this assessment to take place. All relevant agencies need to remain involved and undertake the tasks assigned to them. The Safeguarding Manager will remain the case lead until its conclusion.

Police arrest the alleged perpetrator and hold them in custody or the vulnerable adult is removed to a place of safety.

A Safeguarding Plan is implemented or modified. The Safeguarding Plan and situation is continually monitored. Counselling is offered to those requiring it.

The alleged abuser is referred to the POVA list under the Care Standards Act 2000.

How will the outcomes be documented?

- The Case Conference/Safeguarding Plan Meeting must be minuted by an allocated Minute-Taker.
- It is the responsibility of the Chair to allocate the Minute-Taker
- A copy of the Safeguarding Adults Plan Meeting/Case Conference must be sent to all attendees and to anyone else that should have attended but must have a copy of the minutes.
- The contents of minutes are highly confidential and must not be reproduced, divulged or copied in any way. Information obtained at a Case Conference/Safeguarding Plan Meeting is not to be discussed or revealed to persons not present without first obtaining written permission from the source of that information.

What is the role of the Safeguarding Adults Key Worker?

Where the Case Conference/Safeguarding Plan Meeting concludes that a vulnerable adult's name shall be placed on the 'Safeguarding Adults register' a professional delegate shall be identified as the Key Worker.

The Key Worker will be the person who in the view of the Case Conference/Safeguarding Plan Meeting can best perform the role. The identified person will act as a focus for communications between agencies and co-ordinate the inter-agency work of those concerned.

The Key Worker will ensure as far as possible that the recommendations from the Case Conference/Safeguarding Plan Meeting are implemented accordingly. If there are any difficulties that threaten the effectiveness of the safeguarding plan and/ or any other significant developments following the case conference the key worker has a duty to alert the Safeguarding Adults Co-ordinator. The alert should include notification of how the Key Worker intends to address the situation in question. They will almost inevitably involve other members of the core group who attended the Case Conference/Safeguarding Plan Meeting being requested to take appropriate action. It is advisable that the vulnerable adult is in agreement with the choice of Key Worker.

If for any reason the Key Worker believes that he/she is no longer able to fulfil their responsibilities of the role they must inform the Safeguarding Adult Co-ordinator immediately. It is their organisation's responsibility to provide interim Key Worker cover until such time as the next Review is held.
The Safeguarding Adults Co-ordinator will provide the Key Worker with the contact details of all other delegates at the Case Conference/Safeguarding Plan Meeting.

What happens after the meeting?

Following this Meeting remember to inform the person who raised the concern as to the outcome of the investigation.

The Safeguarding Manager is to remain allocated in their role until the Review has taken place. This is so that if further concern is raised the case can automatically be sent to this Manager who has prior knowledge.

Between this Case Conference/Safeguarding Plan Meeting it is imperative that the Vulnerable Adult is monitored. This will need to be a monthly visit where a case was of High Level of Risk. In other cases monthly telephone contact will be necessary to monitor the case.

REVIEW:

When must a Review be arranged for?

Six months after the Safeguarding Meeting a review is to be undertaken.
The time scale for reviewing the Safeguarding Adults Plan must have been set at the Case Conference/ Safeguarding Plan Meeting.

If any concerns or changes in circumstances might increase the risk of further abuse occurring before the date set, these should be brought to the attention of the Safeguarding Manager and the date for the review brought forward.

The date of the Review will only be delayed in exceptional circumstances e.g. if the vulnerable adult is resident in hospital and it is judged that to delay the review until the moment of planning for discharge better protects that person.

Members of the Core group may meet formally between meetings if this will assist in the management of risk pertaining to the vulnerable adult in question. It is highly advisable that some form of Minutes (however brief) is taken of such meetings. Any minutes gathered from this meeting must be provided to the Key Worker and the Safeguarding Adults Co-ordinator **within 5 working days** of the meeting.

What is the purpose of the Review?

The Review is to ensure that the action agreed in the Safeguarding Adults Plan has taken place in order to further protect the vulnerable adult.

The vulnerable adult should, if possible, be consulted about the way arrangements for their care and protection are working.

What happens if the review reveals a serious concern?

If the review reveals any serious concerns it may be appropriate to carry out a further Safeguarding Adults Investigation or to update the Safeguarding Adults Plan.

If the Safeguarding Adults Plan needs to be amended then a copy of this plan should be sent to all the organisations providing a service for the vulnerable adult.

The vulnerable adult will remain an open case allocated to a Care Manager, who would have the responsibility of monitoring the case and completing a further review of the Safeguarding adults Plan.

If new allegations or suspicions with respect to abuse are identified, then consideration needs to be given as to whether it would be appropriate to begin a new Safeguarding Adults Investigation.

What happens if further review is not needed?
If a further investigation or review of the Safeguarding Adults Plan is not recommended, then the Safeguarding Adults investigations should be formally closed.

The vulnerable adult however must remain a service user of Haringey Adult, Culture and Community Services or other organisations.

RECORDING AND MONITORING:

Comprehensive records **must** be kept of any 'Safeguarding Adults' work.
Multi-agency work carried out under the procedures is to be stored on Framework-I under the 'Safeguarding Adults' workflow process.
In order to identify repeat victimisation when a case is closed and a review is completed the Framework-I warning is changed from a **WARNING** to a **GENERAL NOTE** so that a previous POVA allegation can be immediately recognized.

Each Alert is be dealt with, with the same severity and diligence.

POST INTERVENTION WORK AND DEBRIEF

For the purpose of this document, the term 'debrief' refers to positive and constructive feedback that may highlight both examples of good practice and areas in need of improvement. The process of debrief will enable staff to be provided with support and feedback on their role in the process.

The specific objectives of post-intervention work and debrief are:
- To confirm the outcome of the process with the vulnerable adult and appropriate carers.
- To offer effective post intervention support for staff.
- To share and learn from experience.
- To raise awareness of Safeguarding Adults issues
- To act as a reporting mechanism that records outcomes to inform future strategic policy and procedural planning, training developments and good practice.
- To review the effectiveness of these procedures.

Those who may require debrief are:
- The original Alerter
- The vulnerable adult
- The family/carers
- Any agencies/individuals/group involved
- CSCI
- The Police
- The Safeguarding Adults Board
- The investigating Worker.

It is the responsibility of Safeguarding Managers to ensure that staff receive quality support during and after investigations and to identify and meet any training needs. Where appropriate, support may involve a referral to occupational Health or a Professional Counselling Service.

It is the responsibility of Safeguarding Managers who may have made an alert on behalf of one of their workers, to ensure that the alert is discussed in supervision and to provide appropriate feedback.

Safeguarding Managers must be supported, given access to appropriate training and enabled to fulfil their supporting role by their manager.

The level of debrief and information provided to each group or individual will be proportionate to their involvement. They will be debriefed on a need to know basis. The Key Worker will confirm with their Safeguarding Manager or the Safeguarding Adults Co-ordinator what level of information should be given to each group or individual.

Staff Support

A case of adult abuse causes stress for all the individuals involved. In the case of staff members, whilst supervision and support provided by the Safeguarding Manager is important, a range of other options should be available.

The options that should be made available for all individuals involved in an abuse case include:

- Access to the Multi-agency Safeguarding from Abuse Panel.
- Training within and between agencies
- Information on an appropriate telephone advice line
- Access to the Safeguarding Adults Co-ordinator.

Institution Concerns Investigations

This section of Haringey's Multi-agency procedures describes the way in which a Safeguarding Adults Investigation should be carried out when a group of people are at risk from the same abuser e.g. an employee of a regulated service provider, or as a result of delivery of poor standards of care by a service provider.

The purpose of this process is to ensure a co-ordinated approach at senior management level, to a complex situation that may involve a number of Haringey Safeguarding Adults partner organisations/agencies, including Adult Services, Health, CSCI, Police and possibly other agencies outside the borough.

For the purpose of this section the word "institution" refers to regulated providers of services to vulnerable adults and includes:

- Residential care home
- Nursing care home
- Hospital including day hospital
- Day care services including luncheon clubs
- Home care provision

When a group of people have been abused or are at risk it may be appropriate to carry out an Institution Concerns Investigation rather than an individual series of Safeguarding Adults Investigations. The decision to

initiate an Institution Concerns investigation will be made by the Haringey Safeguarding Adults Co-ordinator when concerns about a provider of service to vulnerable adults become wide-ranging and serious.

The prompt leading to a decision by the Safeguarding Adults Co-ordinator to proceed with a larger scale investigation can come from various sources including the following:

- The nature and type of abuse referred under the Safeguarding Adults procedures in relation to an individual service user which may highlight broader serious concerns about provision of care to vulnerable adults by the provider agency involved.
- An ongoing Safeguarding Adults Investigation about an individual service user which may highlight serious concerns about the provider of services to the vulnerable adult. Where it becomes apparent to a team manager that accumulated concerns should be followed up, they will notify the Safeguarding Adults Co-ordinator.
- Complaints monitoring by Haringey Council Contracts Team and the Complaints Unit highlighting wider concerns that have arisen from accumulated complaints about a service provider. In this case the Contract Team or relevant Commissioning Manager should contact the Safeguarding Adults Co-ordinator.

It remains important to ensure the safety and well-being of those individuals who have been affected is addressed in terms of their individual care needs and therefore individual Safeguarding Adults Investigations will complement Institution Concerns Investigations.

The usual starting point for this process is a Multi-agency Institution Concerns Strategy Meeting which will be arranged and chaired by the Safeguarding Adults Co-ordinator or a Team Manager, who will take responsibility for co-ordinating these investigations. A decision will be made at the Institution Concerns Strategy Meeting with respect to the structure of the investigation, the boundaries with regards to what is and what is not to be covered by the investigation and the timing of subsequent meetings, including an Institution Concerns Case Conference.

It needs to be clear who is leading the Institution Concerns Investigations, who should be involved, which actions to take and systems to follow. The type of investigation would normally involve the CSCI, Social Services Team Managers, representatives from the Provider agency, Haringey Contracts team, Customer care Unit or Haringey Commissioning Teams, other teams with service users placed in the establishment or who are receiving care from the provider agency. It may become necessary to involve Haringey Legal Services, Haringey PCT and hospitals.

Likely elements of an investigation would be a review of all Haringey service users within the service and recommendations to other local authorities and Health providers to do the same. While CSCI cannot volunteer information on concerns they have about a service, they are able to share information about risks to individual service users.

CSCI should themselves be informed of any concerns they have about a service that is registered under the Care Standards Act 2000. CSCI must be kept informed of developments at all stages of the Institution Concerns Investigation in order to ensure that they are able to carry out their statutory duties and responsibilities.

If it is apparent that a crime has been committed, a senior Police Officer from the CSU should be consulted at the outset of the Investigation to ensure that the investigation is planned in a way that does not compromise any Police Investigation.

There may be service-users of other authorities receiving a service about which there are concerns. There is a tension between wanting to act responsibly and notify these other authorities of our concerns, and the need to act within the law in terms of not injuring the proprietor's ability to trade by expressing general concerns. It is the responsibility of the Safeguarding Adults Co-ordinator to make the decision to inform other placing authorities of Haringey's concerns.

At the close of an Institution Concerns Investigation, an Institution Case conference meeting should be held to enable all parties to meet to summarise the outcome and recommendations arising from the investigation. The action plan will be summarised in an Institution Concern Action Plan.

With respect to recommendations concerning individual service users, it is the responsibility of their Care Manager/Social Worker to ensure that these are being met. Where recommendations are made in relation to provision of care by a provider agency, the Safeguarding Adults Co-ordinator in partnership with the CSCI will monitor that these are carried out.

The Safeguarding Adults Co-ordinator may decide to set an Institution Concerns Review Meeting to check that appropriate actions have been taken. The Safeguarding Adults Co-ordinator will also be the appointed contact for other placing authorities to ensure prompt dissemination of information.

DISPUTE RESOLUTION FOR COMPLEX CASES INVOLVING MORE THAN ONE SPECIALIST AREA

What is the Purpose of the dispute resolution for complex cases involving more than one specialist area?

This procedure helps assists managers in Adult Services with their decision-making in relation to their funding responsibilities to service users with multiple care needs. This procedure aims to avoid disputes, where the vulnerable adults' needs are neglected as a result.

When this procedure should be used

This procedure should be referred to when:

- There is more than one service area, which may be involved in the joint assessment of need.
- For service users with multiple care needs requiring complex care packages.
- More than one service area is providing services.
- Where there is concern that an adequate level of care to support needs is not being provided. Where there is risk that the appropriate level of care to support needs is not been provided
- Where there is a risk that the appropriate level of care is dependent on funding approval/criteria
- Where service user is unable to complain or has access to an independent advocacy service

What should be done?

- ☑ Agreed care plans must be needs led and not service led.
- ☑ A person centred approach to care management should be followed especially when there is more than one team involved
- ☑ The same duty of care and the principle of acting in the service user's best interest applies to all professionals irrespective of the task
- ☑ All service providers are equally responsible for the well-being of the service user.
- ☑ Multiple care needs must be jointly assessed
- ☑ The service user should be involved in the decision-making process as much as possible. Where the service user is not able to do so then an advocate or carer should be approached.
- ☑ Relevant service managers must sign off the outcome of any assessments
- ☑ Relevant service managers to have a discussion about proposed care package Service managers are responsible for the funding of such care packages.
- ☑ If funding is a problem, service managers to escalate the situation to the Assistant Director of Adult Services for a resolution
- ☑ The Care package needs to be closely monitored for effectiveness
- ☑ Care packages should be reviewed as soon as any concerns arise about the quality of the service

Serious Case Review

What is a Serious Case Review?

Serious case reviews were established following the revised "Working Together" child protection guidance (Home Office et al 1991). A serious case review is a process of investigation, re-evaluation, analysing, scrutinising and making recommendations:

- When a vulnerable adult who is receiving community care services dies
- When a vulnerable adult is subject to a serious injury when there is suspected or actual abuse
- When there is a safeguarding adults issue with major public concern.

Serious Case Review used to be known as Part 8 or Section 8 and the process is co-ordinated by the Chair of the Haringey's Safeguarding Adults Board (HSAB) through the Case Review Sub Committee.

The guidance is issued under Section 7 of the Local Authority Social Services Act 1970. It does not have the full force of the law but, according to the Department of Health, 'should be complied with unless local circumstances indicate exceptional reasons which justify a variation'.

Relevant Standards: 1.22-9.10.15

It is recommended that:

There is a 'Safeguarding Adults' serious case review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner's Office, and details the circumstances in which a serious case review will be undertaken. For example when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence review should be clear.

There is a clear process for commissioning and carrying out of a serious case review by the partnership.

The Purpose of a Serious Case Review

The purpose of the serious case review is to:

- Identify involved professional(s)
- Establish the facts
- Establish whether there are lessons to be learnt from the case about the way in which local professionals and agencies worked together to safeguard adults
- Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and as a consequence
- To improve inter agency working and better safeguarding of adults.

It is acknowledged that all agencies will have their own internal statutory review procedures to investigate serious incidents; e.g. an Untoward Incident.

This protocol is not intended to duplicate or replace these. Agencies may also have their own mechanisms for reflective practice.

Where there are possible grounds for a Serious case Review and a Domestic Violence Homicide Review then the two decision makers as to which process is to lead and who is to chair with a final joint report taken to both commissioning bodies. This process will be of specific benefit when the case involves a victim aged between 16-18.

Criteria for Convening Serious Case Reviews

A serious case review **must always** be held when an adult who is being provided with services by the local authority dies due to an actual, suspected or alleged abuse.

In cases where an adult has not died it is appropriate to hold a serious case review if **any** of the following criteria is met:

- There was a significant risk of harm to an adult which was unrecognised by agencies or professionals in contact with the adult or alleged perpetrator
- Risk(s) not shared with others or not acted upon properly
- The adult was abused in an institutional setting, for example, residential/nursing homes, day-centres
- Agencies or professionals consider that their concerns and suspicions were not taken sufficiently seriously or acted upon appropriately by another agency when the concern and suspicions were a determining factor.
- The case indicates that there may be failings in one or more aspect of the local operation of formal safeguarding adults' procedures which extend beyond the handling of the case.
- The adult had previously been subjected to a Protection Plan
- The case appears to have implications for a range of agencies or professionals.
- The case suggests that there may be a need for the HSAB to change its protocols or procedures or that they need to be more effectively promoted, understood or acted upon.

Process for commissioning and carrying out of a serious case review

The HSAB will be the only body which commissions any serious case reviews. The Board will publicise both the process under which applications for reviews may be made and the terms of reference for each serious case review.

There must also be mechanisms for the consideration of requests from the Coroner, MPs, Elected Members and other interested parties.

Applications must attract the support of the quorum of the Board be made in writing.

In the event of an application being turned down, the reasons need to be recorded in writing and shared with the applicant.

INITIATING A SERIOUS CASE REVIEW

The case for review will be passed to the Chair of the HSAB to initiate a discussion/decision by the Board. If it is agreed, a multi-agency Serious Case Review Panel will be set up:

- The HSAB will be responsible for the appointment of an Independent Panel Chair.

- The HSAB will ensure the Serious Case Review Panel Chair receives adequate support.

- The Chair of the panel will be responsible for establishing individual terms of reference and setting time scales for the review in agreement with the HSAB. They will also be responsible for ensuring administrative arrangements are completed and that the review process is conducted according to the terms of reference.

- Any professional or agency working within the local safeguarding adults' network who concludes that a case review may be required must immediately notify the Chair of the HSAB.

- Within a month of any such notification, the HSAB Chair should convene a Case Review Sub-Committee.

- It is the duty and responsibility of the HSAB Chair to instruct the case Review Sub-Committee to undertake a Serious Case Review.

- Members of this sub-committee may determine that a full case review is not justified and that internal management review/s might be more helpful. The results of any such internal enquiries within member agencies must be fed back to this sub-committee.

- It is the responsibility of both the lead agency and the Case Review Sub-Committee to ensure feedback is undertaken.

- If the Case Review Sub-Committee does not conclude that a serious case review is required, it should make this recommendation to the Chair of the HSAB who has the final responsibility for making the decision.

When the HSAB instigates a case review, they will be responsible for:

- Identifying the agencies/service providers whose part in the case is to be examined
- Make arrangements for each participating agencies Chief Officer to be written to informing them of the details of the process, and that they need to arrange an internal/management case chronology and review.

Immediate Conduct

As soon as the HSAB Chair has decided that a Serious Case Review is required, s/he must immediately inform the relevant Service Manager or comparable officer who must then within 1 working day complete the following tasks:

- Convene an emergency Strategy Meeting to make arrangements for the safety of other vulnerable adults, for instance, in a care setting or in a domestic environment where there are other vulnerable adults.
- Check the electronic database to establish if service user is/was known and to identify involved professionals.
- Freeze and seal paper files: a senior manager in the agency must take possession of the file and ensures that a suitable member of staff numbers and initials both sides of each paper
- Limit access of all electronic database to approved person/s from the Case Review Sub Committee
- All agencies must make a photocopy of the file(s) so as to allow ongoing work and the original is held by a senior manager
- Files should not be entrusted to the postal service and must be delivered in person or by courier
- Inform The Director of Adults, Culture and Community Services or comparable equivalent and the Press Office
- Define those agencies which have been involved with the adult and alert them via a letter from the HSAB to Chief Executive/Officer, to their obligation to undertake an internal enquiry as a contribution to the overall case review
- Inform CSCI

Within 2 further working days, the manager who has taken possession of the active files must:

- Complete a briefing report for the Director of Adults, Culture and Community Services, equivalent in Health ,HSAB and Serious Case Review Sub- Committee, the Social Services Cabinet/Committee Member and Press Office

Individual Agency Internal Management Reviews

The Main objectives of each agency review are to:

- Look openly and critically at organisational and individual practice
- Establish if the case indicates that changes could and should be made
- Identify how any such changes may be introduced
- Propose any other action required

To achieve these objectives, the following will need to be completed:

- Files need to identified and read
- Relevant practitioners and managers need to be interviewed
- A chronology needs to be established
- Establish the service provided as a result of the decisions made
- An analysis of involvement
- A summary of 'lessons learnt'
- Recommendations for practical action

Individual Agency Response to HSAB Notification and Internal Management Reviews

The HSAB case review notification will be received usually by the agency's Chief Executive. If it is received by someone else in the agency, the Chief Executive or equivalent should be informed as soon as possible. The Chief Executive will inform the agency lead for safeguarding adults.

The agency lead (or a member of staff appointed by them) will then:

- Ensure that the agency Serious Case Review policy has been instigated
- Read all the secured records and establish a chronology of the history of the agency's involvement
- Interview appropriate staff
- Complete an initial report which will include a chronology and an analysis of our services involvement
- Any initial recommendations made at this time will be in addition to recommendations and implementation/action plans made by the HSAB Serious Case Review Panel
- The completed report will be made available to the agency and senior management as outlined within the Serious Case Review Procedure
- The completed report will be sent to the case review panel

HSAB ACTION ON RECEIVING REPORTS

Ongoing Conduct and Timescales

The conduct of the review should be overseen by a Serious Case Review Sub Committee to be briefed at a session convened by the HSAB Chair. The overall time limit for submission of a Serious Case Review Report to the Department of Health is 4 months from the decision that such a review is required unless, as a result of complexity of a case or other circumstance, an alternative has been negotiated with CSCI.

The HSAB Chair must also notify each member agency of the need to conduct and submit to the Chair of the Serious Case Review Sub Committee (within 3 months unless otherwise agreed), its individual agency review.

The HSAB is responsible for forming an Inter-Agency Case Review Panel with a clear term of reference

Responsibilities of Serious Case Review Panel

- The Inter-Agency Case Review Panel will usually draw its members from the HSAB Serious case Review Sub Committee, with other professionals co-opted for their specific skills/insight as required
- The Serious Case Review Panel is responsible for compiling an inter-agency chronology, carefully analysing all the information available and completing a final unnamed report.

- The Serious Case Review Panel may decide to re-examine case notes and agency based evidence, as well as interview staff to aid their analysis
- They will ensure that contributing agencies and individuals are satisfied that their information is fully and fairly represented in the overview report
- They will translate recommendations into an action plan which should be endorsed and adopted at a senior level by each of the agencies involved. The plan should set out individual task, timescale with intended outcomes. It should set out also the means of improvements to be made in practice and systems for monitoring and reviewing
- Identify person(s) to whom the report or any part of it should be made available
- Disseminate report or key findings to interested parties as agreed
- Make arrangements to provide feedback and de-briefing to staff, family members of the vulnerable adult and the media as appropriate
- Provide a copy of the overview report, executive summary action plan and individual management report to the HSAB, CSCI and Health Care Commission

OVERVIEW REPORT AND FOLLOW UP

The Serious Case Review Sub Committee is responsible for the production of a composite report (prepared by a nominated senior manager or an independent person) to the full HSAB which will:

- Provide an overview and include all relevant facts
- Offer an integrated chronology, using the template for internal agency chronologies
- Make recommendations for action by the HSAB and individual agencies

The format of the composite report should be as follows:

An introduction, which summarises the circumstances leading to the review. The introduction should also set out the terms of reference for the review, outline the contributors and who contributed to the review and clarify the Serious Case Review Sub Committee members and author of the report

Facts, including an integrated chronology showing involvement of all agencies and an overview of what relevant information was known to each involved agency and professional, about the parent/carer/spouse, any perpetrator, and the home circumstances

An analysis, which considers how and why events occurred. What decisions were made and the actions taken or not. This section of the report should also consider that if a different decision or action had been taken the outcome may have differed. Any exampled of good practice can also be included wherever useful.

Conclusions and recommendations, summing up what lessons should be drawn from this case and any proposals that the agencies involved should

progress as a result. The conclusion and recommendations should be explicit, simple and realistic. This section should be seen as an opportunity to improve good practice requirements in the safe guarding adults' process.

A process must be put in place in advance of formal submission of the overview report to the HSAB which enables feedback and de-briefing of staff involved.

The overview report should be submitted to the Chair of the HSAB within 1 month of the internal reviews being received.

Guidance Notes on Referral to the Protection of Vulnerable Adults Register

What is the POVA register?

The POVA register is a list of names of employees who have been found to have abused a vulnerable adult. The registers overarching aim is to prevent professionals in a health or social care setting found guilty of abusing a vulnerable adult from providing direct care is such a setting again.

There are two parts to the register: the provisional list which holds the names of those currently under investigation and the permanent list for when the allegations have been substantiated. A request must be made by the person who made the referral to the provisional list to transfer a name from the provisional to the permanent or to remove a name from the provisional if the allegation could not be substantiated or is inconclusive.

Who can make a referral to the register?
It is the employer's responsibility to refer. If the worker is employed by an agency, it is the agency's responsibility.

Human Resources will make the referral if an allegation of abuse has been received about a Haringey Council employee.

The only other agencies that can refer to the register are the Commission for Social Care Inspection (CSCI), the Care Standards Inspectorate of Wales and the Secretary of State of Health.

Who can be referred?

Care workers (any worker who provides care from social workers to care assistants), volunteers and approved carers who have regular contacts with vulnerable adults in registered care and nursing homes, adult placements or service users' homes when they are receiving care.

When is a referral made?

The worker must be informed of the decision to refer. A referral is made when there is reasonable consideration that an individual is guilty of misconduct that has caused harm or risk of harm to a vulnerable adult**.** The harm or potential harm should have been because of certain action or inaction on the part of the individual. Harm is defined in law as "ill treatment or the impairment or health or development.

The misconduct could have been at work or outside of work. When disciplinary action leading to a dismissal is taken and exceptionally when the individual has been suspended pending further investigation

When a carer's approval to provide adult placement has been withdrawn/terminated

Referral to regulatory bodies

As soon as the worker is provisionally included on the POVA list there must be a prompt referral to appropriate regulatory body for instance the General Social care Council, the Commission for Social Care Inspection (CSCI), Nursing and Midwifery Council (NMC) or the Care Standards Inspectorate of Wales

The worker must be notified of this action

Supporting the referred worker

Management has an obligation to support the referred person who has been suspended while the investigation continues. The Personnel Manager should be prepared to answer questions about procedures but will not be able to comment on the allegation

Confidentiality

Only the senior manager(s), the relevant personnel manager or advisor, the individual's manager, and the individual himself or herself will know of the referral to POVA.

New employers will be told by the Criminal Records Bureau (CRB) that an individual's name is on the register or list

The worker's right to appeal

If an individual is provisionally included on the POVA list, the Secretary of State of Health will confirm this in writing to the individual sent by "Special Delivery."

The individual will have the opportunity to make written representations direct to the Secretary of State as to why s/he should not be not be confirmed on the list.

The individual will be given 28 days in which to make written observations or to indicate that s/he intends to make observations within a reasonable period. If observations are not received, the Secretary of State will take a decision based on all available evidence.

All representations made by the individual will be passed on to the manager as the referring manager for comment. Similarly the Secretary of State will provide the individual concerned with copies of all papers submitted to him from the employers

How does the referral affect the individual worker?

If a referral is withdrawn from the provisional list, that individual will the be able to continue to work with vulnerable adults. It should however lead to improved monitoring and supervision of practices by managers

Individuals who are included on the provisional list will not be employed in a care position working with vulnerable adults.

It is a criminal offence for an individual who has been transferred to the permanent register to try to obtain employment in a vulnerable adult care setting. This offence is punishable with imprisonment.

Form for referral

This can be obtained from the DOH website
http://www.elderabuse.org.uk/Media%20and%20Resources/Useful%20downloads/POVA/pova%20referral%20form.rtf

Cross References

The Safeguarding Adults procedures do not exist in isolation. Existing organisational policies and protocols provide the structure for actions taken as part of the Safeguarding process.

Concerns of abuse or neglect reported through those processes should be referred to the Safeguarding Adults procedures. Examples Include:

- Health and safety
- Untoward incident reporting procedures
- Bullying and Harassment
- Recruitment and selection
- Complaints and representation
- Disciplinary procedures
- Information sharing protocols
- Whistle Blowing policy

Whistle-blowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken in to account and treated seriously.

All requests for anonymity by the referrer will be fully respected. It cannot however be guaranteed, especially if the referrer's information becomes an essential element in any subsequent legal proceedings. In addition, the Data Protection Act 1998 removes the blanket confidentiality of third party information.

4. Haringey Safeguarding Legal Framework: Introduction:

This section outlines the main legal provisions that are relevant to Safeguarding adults from abuse. It is a guide and provides information about supportive legislation linked to Safeguarding Adults policy and procedures
.
The legislative issues relating to protection and safeguarding of vulnerable adults are complex because the existing legal framework is not completely effective in safeguarding vulnerable adults. It is not always very helpful in balancing the issues of autonomy, individual rights and protection.

Legal action may provide a solution to problems being encountered when working with vulnerable adults. That nature will depend on the circumstances of each case and the type of abuse.

The law in respect of vulnerable adults is to be found in various sections of separate acts of parliament.

It is advisable that in cases where legislative issues need to be considered the agencies legal department/advisor are contacted.

Criminal Law:

Vulnerable adults may be the subject of criminal acts e.g. Physical or sexual assault and theft.

Witnesses to crimes are usually interviewed under 'Achieving Best Evidence in Criminal Proceedings" procedures. If the witness is vulnerable as defined under these procedures they may be offered special measures. That is an appropriate adult (advocate etc) may be appointed to partake in the interview process.

In any criminal investigation joint work with the police becomes extremely important, as any action may prejudice the outcome of the criminal investigation as evidence may be lost or contaminated. It is therefore

essential that the police are contacted and advice is sought as soon as there is a suggestion that a crime has been committed or may be committed.

Staff may be a potential witness to a crime and any records kept used as evidence. It is therefore of the utmost importance that such records are accurate, and up to date.

Police Powers and Criminal Investigations

The police should be informed of situations where a criminal investigation is warranted under criminal law. The standard of evidence required for a successful prosecution will be "proof beyond reasonable doubt". The police will therefore need to obtain all possible evidence and include statements from both the victim and witnesses if available.

The ultimate decision whether to prosecute lies with the Crown Prosecution Service. They will have to take in to account the weight of the evidence and the potential for a prosecution going ahead.

Police and Criminal Evidence Act 1984:

Section 17: Allows a police officer to search and enter any premises without a warrant for the purpose of saving life or limb or preventing serious damage to property.

Section 24: Allows a police officer to arrest any person who is suspected of having committed, or is about to commit an arrestable offence.

Section 25: Allows a police officer, where there are reasonable grounds to make an arrest or someone to prevent them causing physical injury to another person, or to protect a child or other vulnerable person.

Codes of Practice:
Code C: A vulnerable adult taken in to police custody will be supported or represented. In exceptional cases, the person in custody may not be afforded this right in police custody.

Provide for an appropriate adult to be in attendance at police interviews involving mentally disordered or mentally handicapped person.

Youth Justice and Criminal Evidence Act 1999:

This Act gives the police and the courts the ability to offer 'Special Measures' to vulnerable victims and witnesses of crimes. The act fundamentally affects the way in which evidence is gathered and presented in court in respect of children and other vulnerable groups.

The 'Special Measures' apply to:

Under Section 16:
- All children under 17 years of age at the time of the hearing.
- Persons suffering from mental disorder within the meaning of the Mental Health Act 1983.
- Persons suffering from significant impairment or intelligence or social functioning.
- Person with a physical disability or other physical disorder.

Under Section 17:
- Persons suffering fear or distress in connection with testifying in the proceedings
- Complainants in sexual offence cases.

Special Measures: Other 'Special Measures' provisions include:
- Video recorded evidence
- Evidence presented in court by live link
- Evidence in private
- Screening witness from the accused
- Removal of wigs and gowns
- Aides to communication
- Support from an intermediary.

In considering the use of 'special measures' the court must consider whether or not the quality of evidence given by the witness is likely to be diminished by reason of their belonging to one of the categories of vulnerable or intimidated witnesses.

Under **Section 17**, a person suffering fear or distress, the court must take account of the following in reaching a determination of the use of special measures:
- The nature and alleged circumstance of the offence.
- The age of the witness.
- Social, cultural and ethnic origins.
- Domestic and employment circumstances
- Religious or political opinions
- Behaviour of accused, his or her family or other associates towards the witness.

National Guidance Document 'Achieving Best Evidence in Criminal Proceedings' 2001

The national guidance provides a framework by which the police and social services gather services gather evidence from children and vulnerable adults in criminal investigations. Only those trained in this guidance should interview victims of and witnesses to suspected crimes. The guidance is extended beyond criminal proceedings and used as the basis for interviewing witnesses in civil and quasi legal proceedings.

Sexual Offences Act 2003

This Act repeals all previous legislation on sexual offences. Consent is a key issue in the Act and the freedom to make choices. The main sexual offences are rape (now including penile penetration of the mouth, anus or vagina), assault by penetration, and a sexual assault by touching and causing sexual activity without consent. Sexual relations with certain relatives have been clarified.

The Act introduced new offences to protect vulnerable persons with a mental disorder or a learning disability from sexual abuse. These include where they are unable to refuse because of a lack of understanding, where they are offered inducements or subject to threats or are deceived and where there is a breach of relationship of care, by care workers.

Section 30- Sexual Activity with a person with a mental disorder impeding choice

A person (A) commits an offence if-
(a) he intentionally touches another person (B)
(b) the touching is sexual
(c) B is unable to refuse because of or reason related to mental disorder, and
(d) A knows or could reasonably be expected to know that B has a mental disorder and that because of if or for a reason related to it B, is likely to be unable to refuse.

B is unable to refuse if-
(a) he lacks the capacity to choose whether to agree to the touching (whether because he lacks sufficient understanding of the nature or reasonably foreseeable consequences of what is being done, or for any other reason), or
(b) he is unable to communicate such a choice.

Section 31- Causing or inciting a person, with a mental disorder impeding choice, to engage in sexual activity

Section 32- Engaging in sexual activity in the presence of a person with a mental disorder impeding choice.

Section 33- Causing a person with a mental disorder impeding choice, to watch a sexual act.

The Sexual Offences act 2003 also contains specific sexual offences that can be committed by a care worker against a person with a mental disorder or learning disability:

Section 38- Care workers: sexual activity with a person with a mental disorder.

Section 39- Care Workers: causing or inciting sexual activity.

Section 40- Care Workers: sexual activity in the presence of a person with a mental disorder.

Section 41- Care Workers: causing a person with a person with a mental disorder to watch a sexual act.

For further information please go to www.legislation.hmso.gov.uk

Civil Law

Protection from Harassment Act 1997

This piece of legislation is a civil law but creates the offence of harassment. It can be used when a matter falls short of a physical attack but the vulnerable adult is being intimidated or harassed by an abuser. In such situations an injunction can be sought.

DOMESTIC VIOLENCE LEGISLATION:

Family Law Act 1996 Part 4

In relation to domestic violence, there are several relevant sections within criminal law pertaining to assault. The police should take a proactive approach to domestic violence between partners and have the powers to arrest an alleged perpetrator, even where the victim has not decided to press charges.

The Family Law Act provides for the making of non-molestation and occupation orders and these can include powers of arrest. These can be obtained against "associated persons" which include cohabiters, spouses and persons who live together in the same household and relatives. It does not include employees, tenants, lodges and boarders.

Domestic Violence, Crime and Victims Act 2004

This Act broadens the relationships covered by domestic violence legislation to include same sex and couples who have never lived together. It makes common assault an arrestable offence. There are significant Police powers including making it an arrestable, criminal offence to breach a non-molestation order.

The victim is given stronger legal protection as the legislation enables the courts to impose restraining orders when sentencing for any offence, or on

acquittal for any offence of causing or allowing the death of a child or vulnerable adult. This places a new offence of causing or allowing the death of a child or vulnerable adult who is at significant risk of serious harm. The Act set up an Independent Commissioner for Victims to give them a voice nationally.

MENTAL CAPACITY:

The Issue of mental capacity is critical in deciding action in adult protection. English law presumes that everyone has mental capacity until it is proven otherwise. In undertaking investigations, capacity to consent is a key issue. There are two key capacity issues and the first is the capacity of the adult to consent to the sexual act or other act about which there is concern. If the adult has capacity and consented to the 'abusive' act, it is unlikely that any prosecution can take place although the Police should be consulted. A vulnerable adult's capacity may fluctuate over time. This can be critical in determining whether an act is abusive or consensual.

The second key area where capacity is significant is consent to the process of the investigation- active involvement of the Police, interviews and medical assessment. If the vulnerable adult lacks capacity for this function, it is inappropriate for their consent to the process to be sought. However, they should be engaged with the process in any way possible. If the adult has capacity and declines assistance and refuses an investigation, actions will be limited. Such situations should be discussed at a Safeguarding Adult Conference to ensure all agencies are aware of the risks and the danger signals.

In assessing capacity, it is important to distinguish between capacity to make the decision and the ability to communicate the decision. The Mental Capacity Act 2005 makes clear that a functional approach to capacity must be taken and the adult must be assessed in relation to their capacity for this specific decision, not a general assessment. The test is whether the person is capable of understanding the particular decision. If a particular decision is trivial, a low degree of understanding will suffice. The more complex the decision the greater the understanding is needed.

If an adult lacks capacity, professionals involved need to act in the vulnerable adult's best interests. Capacity must have been carefully assessed and recorded. Legal advice should be sought. In the context of medical decisions, best interests is defined as where medical treatment is *"necessary to save life or prevent a deterioration or ensure an improvement in the patient's physical or mental health; in accordance with a practice accepted at the time by a responsible body of medical opinion skilled in the particular form of treatment in question"*: [19]

The Mental Capacity Act 2005:

[19] Code of Practice Mental Health Act 1983.

This Act is underpinned by a set of five principles which make it clear that a person should be seen as having capacity unless proved otherwise. These are:

1. A person must be assumed to have capacity unless it is established he lacks capacity.
2. A person is not to be treated as unable to make decisions unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done or decision made, under this Act or on behalf of a person who lacks capacity must be done or made in his best interests.
5. Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Someone is unable to make a decision for himself if he/she is unable:

- To understand the information relevant to the decision
- To retain the information
- To use or weigh that information as part of the process of making the decision.
- To communicate his decision by any means.

There is a best interest's checklist for people acting on behalf of others. This includes the following:

- Consider whether it is likely that the person will at some time have capacity in relation to the matter in question and if so when.
- Must permit and encourage the person to participate as fully as possible in any act and decision.
- Must consider the person's past and present wishes and feelings, the beliefs and values that would be likely to influence his decision if he had capacity and the other factors he would be likely to consider if he were able to do so.
- He must take account if it is practical and appropriate to consult them, the views of anyone named by the person for consultation, carers, and donees of lasting power of attorney or court appointed deputies.

Restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the incapacitated person and if the restraint is proportionate to the likelihood and seriousness of harm.

The Act has extended the Court of protection's role to cover welfare matters not just financial matters. A lasting Power of Attorney can specify other decisions on wider welfare matters as well as finance. Most day to day informal decisions should be able to be taken without interference of the court, with a general authority resting on the carer.
A Court can appoint a deputy to help with welfare and financial decisions, where a person lacks capacity, without appointing a Lasting Power of Attorney. This replaces the current system of receivership covering financial decision making and extends it to include health and welfare. The Act has created IMCA's to support those lacking capacity who have no one else to

speak for them when decisions are taken about serious medical treatment or long term residential care.

The Mental Capacity Act creates a new criminal offence of ill treatment or neglect of an adult who lacks mental capacity.

Inherent Jurisdiction

The High Court may use its inherent jurisdiction to make a declaration as to whether action which is proposed to be taken is in the best interests for a person or is unlawful. The High Court can make decisions as to appropriate place of residence with someone who does not have capacity to make decisions by themselves and can also make injunctions to back up any residents and to stop removal.

MENTAL HEALTH

The Mental Health Act (MHA) 1983

This Act provides for the detention and treatment of mentally disordered individuals and if use is being considered an Approved Social Worker should advise.

Section 115: Powers of Entry and Inspection:

An Approved Social Worker may at reasonable times enter and inspect any premises in which a mentally disordered adult is living, if he/she has reasonable cause to believe that the patient is not under proper care.
Section 115 does not allow an approved social worker to force entry, although obstruction may be offence under Section 129, and the approved social worker can apply for a warrant under Section 135. The adult need not be named in this warrant, so this allows for investigation of suspected maltreatment of people whose identity is unknown but whose whereabouts are known. The evidence used to obtain the warrant can be about mistreatment in the past and therefore allows for accumulation of evidence over a period of time.

Section 135 allows an Approved Social Worker to apply for a warrant to search for and remove adults where there is a reasonable cause to suspect that an adult believed to be suffering from a mental disorder has been, or is being, ill-treated or neglected and not kept under proper control, or is unable to care for himself or herself and is living alone.

Section 136 allows for a police officer to intervene if the adult is in a public place (for example wandering outside their home).

Section 13(4): Duty to make application for admission
This places a duty on Social Services Department to direct an Approved Social Worker to consider making an application for admission under the Act,

if requested to do so by the nearest relative. This power could be used if the nearest relative of a mentally disordered adult complains of mistreatment by a third party, provided grounds exist under the MHA.

Section 2, 3 and 4: Admission to hospital
These sections give power to an Approved Social Worker based on the recommendation of one or two doctors to authorise the admission to hospital of a mentally disordered adult, if she/he is satisfied the criteria for compulsory admission are met as per the provisions of the MHA.

Section 7: Guardianship
A vulnerable adult can be received in to guardianship by the local authority if she/he has a mental illness, severe mental impairment or mental impairment associated with "abnormally aggressive or seriously irresponsible conduct". The Guardianship must also "be necessary in the interests of the welfare of the adult or for the protection of other persons". The "welfare of the patient" is interpreted broadly.

Guardianship gives the guardian 3 basic powers:
1. Accommodation: to say where someone is to live.
2. Attendance: to require the adult to attend somewhere for the purpose of medical treatment, occupation, education or housing.
3. Access: to gain access to the patient at the place where they are living.
There is a necessity to consult the nearest relative when considering guardianship. Consideration to displacing the requested relative should be given if any of the statutory grounds set out in Section 29 (3) are met. Legal advice must be sought.

Section 127: Ill-treatment of patients
This section makes it an offence for an officer on the staff or otherwise an employee or a manager of a mental nursing home or hospital, to ill-treat or wilfully neglect" a patient who is either:

- currently receiving treatment for mental disorder as an in-patient in that hospital or home;
- a patient receiving treatment as an out-patient

Furthermore under subsection (2) "it shall be an offence for any individual to ill-treat or wilfully neglect a mentally disordered patient who is for the time being subject to his guardianship under this Act or otherwise in his custody or care (whether by virtue of any legal or moral obligation or otherwise)". This sub section has rarely been used but potentially could include the mistreatment of a mentally disordered adult by any carer- informal or otherwise.

POWERS TO ACT WITHOUT CONSENT

A person with mental capacity is entitled to refuse the provision of services even though the professional opinion is that this will cause deterioration or abuse or neglect. In such situations, a multi-agency conference is

recommended. There is one situation that allows for intervention without consent where the Mental Capacity Act and the Mental Health Act are not relevant or helpful.

The National Assistance Act 1948

Whenever you consider the use of Section 47, seek legal advice as you will need to consider Article 5 of the European Convention of Human Rights which states that:
"Everyone has the right to liberty and security of the person. No one shall be deprived of his liberty save in the following cases and in accordance with the procedure prescribed by law but also allows for:
(e) "the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants".

Therefore, not only do you have to fulfil the requirements of Section 47 of the 1948 Act, you also have to fulfil the requirements of Article 5 (e) of the Human Right Act.

Section 47:
This section of the 1948 Act gives power to a district council to apply a Magistrate Court to remove a person from his/her home on the grounds:

- that the person from grave chronic disease or, being aged, infirm or physically incapacitated, is living in unsanitary conditions; and
- that the person is unable to devote to himself, and is not receiving from other persons, proper care and attention; and
- that his/her removal from home is necessary, wither in his own interests or for preventing injury to the health of, or serious nuisance to, other persons.

In practice this section of the National Assistance Act is rarely used. However, its use could be considered if there is no alternative and the risk is considered to be very grave. An order will last for up to three months depending on the circumstances in which it is obtained.

A modification of the Section 46 procedure is provided by the national Assistance (Amendment) Act 1951 to deal with situations in which it is necessary to remove the adult without delay. An order can be made which lasts for up to 21 days.

As far as financial abuse is concerned the position is complicated. One of the following sections allows vulnerable adults to be protected.

Section 21: Places either a power, or duty on local authorities to provide accommodation for persons by reason of age, illness, disability, or any other circumstance are in need of care and attention which is not otherwise available for them.

Section 29: Places either a power, or duty on local authorities to make arrangements for promoting the welfare of persons aged 18, or over who have a sight or hearing impairment, or who suffer from mental disorder of any description and other persons aged 19 or over who are substantially and permanently disabled by illness. Injury or congenital deformity, or such other disability as may be prescribed.

Public Health Act 1936:

District Councils have power under this Act to give notice to owners or occupiers if those premises are "in such a filthy or unwholesome condition as to be prejudicial to health". The notice can require the owner or occupier to clean the premises or the Council can carry out the work itself.

FINANCIAL PROTECTION:

The prevention of financial abuse can be difficult. It is important to remember that such abuse may be a crime so consult the police.

Receivership:

Where someone is incapable of managing their property and affairs, an application can currently be made to the Court Of Protection for the appointment of a Receiver to manage the adult's financial affairs. The person to be appointed can be a relative, a friend, an officer from the local authority, a solicitor, the Public Trustee or any other suitable person. Where the adult's capital exceeds £5,000 or receives an occupational pension or the adult has an interest in a property than a Receivership application should be made. If however, the adult's resources are limited it might be possible for the Court to issue a Short Order. All applications submitted to the Court must be accompanied by a statement confirming that the adult is currently "incapable by reason of mental disorder of managing and administering his property and affairs". The medical certificate will have to be completed by the adult's doctor or consultant, and must be in the approved Court of Protection form called a CP3. Legal advice should always be obtained. Social Services can make the application to the Court and in appropriate cases be appointed as the receiver.

Power of Attorney:

The adult can, through a legal process, empower someone else to act on their behalf in relation to all their financial affairs. Unless any restrictions or conditions are placed on the Attorney this person will be able to do almost anything that the adult would have done, for example sign cheques, or withdraw money from savings accounts. The adult granting the Power Of Attorney must be mentally capable at the time and can appoint almost anyone who is over 18 years of age. Anyone who is thinking of making a Power of Attorney should consider making his an Enduring Power of Attorney. An ordinary Power of Attorney lasts only so long as the person who grants it is mentally capable whereas an Enduring Power of Attorney allows for incapacity.

Enduring Power of Attorney:

An enduring Power of Attorney which continues after the adult becomes mentally incapable of managing their own affairs. When the Attorney believes that the adult is or is becoming mentally incapable, the Attorney must apply to register the Enduring Power of Attorney with the Court of Protection before they can act or continue to act under it.

Appointee:

The Benefits Agency can appoint someone else to receive the adult's benefits and to use that money to pay expenses such as household bills, food and personal items. An appointee should be a close relative or friend or someone who is regularly in contact with the adult. The person who is willing to act as the appointee must contact the local Benefits Agency office, who will arrange to interview the adult to decide whether they are mentally or physically incapable of acting on their own behalf. Where an adult has no one who can take this on, it is technically possible for someone from the Council to do so but is not generally considered appropriate.

Agent:

If the adult cannot go to the Post Office because of a physical disability or incapacity they could either fill in the back of the payment order or they could arrange for a suitable person to be made their Agent. The adult will need to contact the local Benefits Agency office and the adult can cancel this arrangement at any time they see fit. The Attorney and Agent assume that the adult is able to make the decision. An attorney is in fact under a legal duty not to misuse the power granted to them. If they do so, they can be sued in the Civil Courts.

THE RIGHTS OF THE VULNERABLE ADULT:

The vulnerable adult who is being abused is very likely to have their own legal remedy and should seek their own legal advice where possible. The worker should support this.

Human Rights Act 1998

All public authorities have to comply with the Act which gives legal force to the rights enshrined in the European Convention of Human Rights. There is a positive duty on local authorities, approved social workers; health authorities, NHS, PCT and the Police to uphold these rights. It is not enough for public authorities not to go against these rights; they also have a positive duty for example, a duty to ensure that someone is not subject to torture of inhuman or degrading treatment. These rights can be limited but the limit on these rights must be proportional.

The main rights that apply include:

Article 2: right to Life
Article 3: Prohibition of Torture and Inhuman or Degrading Treatment
Article 5: Right to Liberty and Security
Article 6: Right to a Fair Trial and Determination of Civil Rights
Article 8: Right to Respect for Private and Family Life including home and correspondence
Article 9: Freedom of Thought, Conscience and Religion.
Article 10: Freedom of Expression.
Article 11: Freedom of Assembly and Association
Article 12: Right to Marry
Article 13: Right to redress at a national level
Article 14: Prohibition of Discrimination (this only prevents discrimination in relation to the other rights and applies to ground such as sex, race, colour, language etc or other status)
Article 17: Prohibition of Abuse of Rights
Article 18: Limitations on use of restrictions on rights
First Protocol Article 1: Property of Property
First Protocol Article 2: Right to Education

Disability Discrimination Act 1995

This Act provides positive protection for disabled people from discrimination in relation to services and employment.

LOCAL AUTHORITY ADULT SERVICES

Local authorities have a number of statutory powers and duties to provide services for adults who need them. Some of the important powers and duties are covered in the legislation below:

The Health Services and Public Health Act 1968:

Section 45 (1) allows local authorities with a Social Services responsibility to promote the welfare of old people (subject to the approvals and directions contained in Circular LAC (93) (10).

Chronically Sick and Disabled Persons Act 1970

Section 2:

This provision extends the provisions of Section 29 of the National Assistance Act 1948 and places a duty on local authorities to make arrangements in respect of all, or any of the welfare services set out in Section 2(1) (a) to (h) as to any disabled person ordinarily resident in their area and the local authority is satisfied that the welfare service (s) is necessary to meet the needs of the person.

The National Health Service and Community Care Act 1990

Section 47: requires local authorities with a Social Services responsibility to carry out an assessment of need where people appear to them to be in need of community care services.

The Housing Act 1985 Part III (Homelessness)

Local authorities have a preventative duty (under section 66) to take reasonable steps to ensure that accommodation does not cease to become available for people threatened with homelessness (para.10.1 Code of Guidance). The Code of Guidance stresses that much can be done to prevent homelessness. It mentions special reasons for considering people as a priority, one is "Men and Women without children who have suffered violence at home or who are at risk of further violence if they return home"

Section 72 of the Act says that a housing authority may seek help from another authority (Housing association, Housing Authority or Social Services Department) to discharge their duties. The authority asked for help shall co-operate as is reasonable in the circumstances. This will help, for example, a woman fleeing violence who cannot be referred because of having a local connection with an area but feels she would not be safe living in the area.

Disabled Persons (Services Consultation and Representation) Act 1986

Duty to access the needs of disabled people and to assess the ability of carers to continue caring.

RESIDENTIAL CARE AND THE LAW:

Care Standards Act 2000

The Care Standards Act set national minimum standards for care settings and set up new inspection arrangements. The Act requires homes providing personal care and accommodation to be registered and brought in registration and inspection of requirements for domiciliary care, day care and nursing agencies. The quality of residential provision is assured through this Act.

The Care Standards Act requires people and organisations providing care to be registered as "fit", running services, according to regulations and standards.

Regulation 13(6) requires the registered person to "make arrangements by training of staff or other measure to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse". The standards state that homes must have robust procedures for responding to suspicion or evidence of abuse and neglect and ensure the safety and protection of service users. All allegations and incidents of abuse and action taken must be recorded.

Section 31 of the Act empowers inspectors to enter a home at any time and interview the manager, staff or persons accommodated, to inspect and take copies of documents.

Regulation 13(7) requires no physical restraint unless "restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances".

There are restrictions on acting for service users and Regulation 20 states a registered person cannot pay money belonging to a service user into a bank account is in the name of the service user. There is a requirement for a clear complaint policy.

Regulation 37 requires the registered person to notify CSCI without delay of any event which adversely affects the well being of a service user and any allegation of misconduct by the registered person or staff. Failure to notify is an offence.

The POVA list was set out in the Care Standards Act. Through referrals to and checks against the list, care workers who have harmed a vulnerable adult or placed a vulnerable adult at risk of harm will be banned from working in a care position with vulnerable adults. The scheme is currently implemented within care homes and domiciliary care but will be extended in the future. Employers and CSCI can refer people to POVA and checks are made on it for relevant posts as part of CRB checks.

Registered Homes Act 1984 and the Registered Homes (Amendment) Act 1991

This Act contains provisions for the registration, conduct and inspection of "residential care homes" (including small homes) which are establishments providing both board and personal care for persons in need of care by reason of old age, disablement, dependence on alcohol or drugs, or mental disorder. Similar provisions are contained in respect of nursing homes and mental nursing homes. Part 1 of the act relates to residential care homes, whilst Part 2 relates to nursing homes and mental nursing homes.

This Act gives powers to authorised staff of registration and inspection units to enter and inspect premises where vulnerable adults are living.

All such homes must be registered with either the local Social Services Department (residential care homes) or the health authority (nursing homes and mental nursing homes) for the area in which the respective home is situated.

Section 10: Provides the grounds upon which the registration of a person in respect of a residential care home can be cancelled by a registration authority (local Social Services authority)

Section 20: Provides the grounds upon which the registration of a person in respect of a nursing home, or a mental nursing home can be cancelled by a registration authority (health authority)

Section 11: Details the urgent procedure for cancellation of registration of a person in respect of residential care home by a registration authority (local Social Services authority) if officers consider there will be a serious risk to the life or well-being of the residents in the home.

LEGISLATION RELEVANT TO CARERS:

Carers Recognition and Services Act 1995

This Act places a duty on local authority Social Services Departments to assess, on request, the ability of a carer to provide and continue to provide care and a duty for them to take this into account when deciding which services to provide to the person in need of care.

Carers and Disabled Children Act 2000

This Act gives carers the right to services in their own right

DISCLOSURE OF PERSONAL INFORMATION

The Local Authority may hold personal information about individuals and some of that information will relate to risk posed to vulnerable adults. This may indicate the likely risk of abuse as a result of allegations made. It may include information of a sensitive nature about alleged and actual incidents of abuse. Legal advice should be sought if there is any uncertainty about the sharing of information. Generally, if consent is given by the vulnerable adult there is no difficulty. The challenge arise in situations where seeking consent would put the adult at increased risk of harm or where consent is not given.

Principles in Information Sharing:

- The Local Authority Social Services Department has the power to disclose to a 3rd party and where appropriate the vulnerable adult information relating to an individual if it genuinely and reasonably believes that it is desirable to protect vulnerable adults.
- Each case must be decided on its own facts
- Disclosure without consent should only be made if there is a pressing need and should be the exception not the rule.
- In deciding whether there is a pressing need, the following factors will be considered:
    - The Local Authority's own belief about the truth of the allegations will be a factor.
    - The greater the conviction that the allegation is true, the more pressing the need.

- The level of involvement of the third party to whom the information would be disclosed.
- The degree of risk posed if disclosure is not made- previous history of allegations, level of continuing contact with vulnerable adult, seriousness of alleged abuse.

Crime and Disorder Act 1998

Section 115: This legislation allows for the sharing of information between agencies to prevent a crime being committed. This is relevant to the many abuse situations which constitute a crime.

Data Protection Act 1998

The Data Protection Act sets up suitable safeguards in sharing information that need to be abided by. E.g. fairly and lawfully processed, not kept longer than necessary, rights of access. However there are specific conditions in relation to access and sharing of information where there are situations of serious risk of physical harm or to mental health. Information can be disclosed without consent if it is for the protection of the "vital interests of the subject" or prevention or detection of serious crime or for legal purposes. Where information is shared without consent, it is essential for advice to be sought and a careful recording of the reasons for this decision.

Freedom of Information Act 2000

The Information Commissioner is now responsible for implementation and enforcement of this Act and the Data Protection Act. The Freedom of Information Act only applies to public authorities. The Act establishes the right of any person making a request to a public authority to be informed in writing whether or not the authority holds the information sought and if so to be supplied with the information subject to certain exemptions.

Public Interest Disclosure Act 1998

This is the legal protector for the whistleblower. It sets out a clear and simple framework for raising concerns about malpractice, guaranteeing full protection for the worker. The Act enables employees who make a protected disclosure to disclose information, confidential or otherwise, internally to prescribed regulators or to a wider audience. A "protected disclosure" is a disclosure of information which, in the reasonable belief of the worker, tends to show one of the following has occurred or is likely to occur:

- A criminal offence has been committed
- A person has failed to comply with a legal obligation
- A miscarriage of justice has occurred
- Health or Safety of an individual endangered
- Environment has been damaged
- Information about any of these has been concealed.

OTHER CIVIL REMEDIES

The Law of Tort

This is the civil law which allows one person to sue another complaining about a wrong that the other has committed vis-à-vis the complainant.

- Trespass to the person (assault and battery) and false imprisonment, i.e.: covering much of the same area as criminal law.
- Negligence- if a person is owed a duty of care by another, branch of that duty lays that other potentially open to a civil action. A person who takes on board the care of another owes her/him a duty of care. If the carer fails to act as a reasonable carer would have done, she/he has broken that duty of care. If the carer fails to act as a reasonable carer would have done, she/he has broken that duty of care. If this breach causes the injury of which the person is complaining, the negligence action has been established.

Common Law:

Common Law allows for intervention, without consent. To save life or avoid serious physical harm based upon the principle that the action is reasonable and can be professionally justified as immediately necessary for the purpose of saving life or serious physical harm. Conversely, not to act under circumstances of the utmost gravity could be deemed negligent.

In high risk situations where both physical and mental disorders may be present (e.g. drug overdose, serious injury), if there is doubt concerning which of the two take precedence, then the Physical Disorder should be given priority. The relevant action would then be a Common Law intervention e.g. removing the individual to a Casualty Department. When it is physically safe to do so, the adult should then be assessed for treatment/admission under the Mental Health Act 1983 with respect to section 135/136.

Declaratory relief is a common law remedy, which can be obtained in high court proceedings in the family division. It is a kind of wardship for adults who are mentally incapable of making or communicating a decision about specific issues. It results in a declaration that to do x, y or z in respect of an incapacitated person would not be lawful, since it has been found, on the evidence, by the judge, to be in the best interests of the person concerned. It derives from the jurisdiction which the courts have always claimed in respect of medical intervention, when doctor or Trust Hospitals were uncomfortable, as to whether they could properly act or cease to treat someone, whose capacity or condition was such as to make their wishes or confirmed consent unclear.

The Court of Appeal in Re F (2000) removed any doubts as to the use of this jurisdiction by local authorities and emphasised that it may be the duty, and not merely the power, of the local authority in some cases, to take the step of going to court. When considering whether to apply to the High Court for declaratory relief the following needs to be established:

- That it is believed that the adult lacks mental capacity in relation to the particular decision at the particular time. (Wherever possible this should be supported by professional evidence).

- The issue is of a "serious justifiable nature" relating to welfare e.g. sterilisation or placement and contact arrangements including supervised contact, where there are strong concerns/evidence of abuse, ill-treatment or neglect and lack of care.
- What is in the adult's "best interests" (as opposed to their carers, relatives etc.) which includes medical, emotional or all other welfare issues. This has to be determined by balancing all relevant factors and obtaining professional evidence e.g. consultant psychiatrist and social worker (if in doubt the judge will decide).
- That determined efforts have been made to agree what is in the best interests by working in partnership with relatives, carers and recording evidence on this file.

No Secrets: March 2000

'No Secrets' is a Department of Health guidance document requiring the development and implementation of local multi-agency policies and procedures to protect vulnerable adults from abuse. The guidance is supported by a range of other initiatives and is issued under Section 7 of the Local Authority Social Services Act 1970

A section of the document refers to record keeping and requires all agencies to keep clear and accurate records of all actions taken whenever a complaint or allegation of abuse is made. In the case of service providers the records should be available to service commissioners, regulatory authorities and to the nominated investigating officer. It provides points to consider when making records in the service user's file.

National Framework for Safeguarding Adults: October 2005

The National framework "Safeguarding Adults" was launched in October 2005 at the Association of Director of Social Services (ADSS) meeting. It is a guidance document collecting best practice examples and aspirations into a set of good practice standards. It is intended to be used as an audit tool by all those implementing protection work.

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Sport and Physical Activity Strategy and Action Plan Review
October 2007

In December 2005 a Sport and Physical Activity Plan with an accompanying Action Plan was adopted. Both documents were the culmination of an extensive consultation process with partners and Borough residents as well as wide ranging research. Additionally the wider context including Haringey's overall strategic focus combined with national and regional priorities were taken into account.

In order to meet the strategic and operational priorities identified from the consultation process, a number of key policy commitments were identified. These addressed issues of access, participation, communication, under representation and partnership and were worked up into policy objectives with accompanying tasks detailed in the Action Plan.

Sport and physical activity policy objectives:

1. **To develop a range of quality and accessible recreational opportunities and sporting facilities available to all**
2. **Increase participation in sport and physical activity and encourage an active lifestyle, in particular by those community groups who traditionally use sports and leisure facilities across the borough less than others**
3. **To promote community ownership, participation and involvement in the development and delivery of facilities and programmes for sport and physical activity.**
4. **To use the attraction of participation in sport and physical activity as a vehicle for young people to fulfil their potential and divert those at risk of offending away from crime**
5. **To improve access to local provision so that participants can enjoy activities that are of high quality and in a safe and secure environment**
6. **To assist each member of the community, particularly young people, to maximise their educational attainment and opportunity for lifelong learning through participation in sport and physical activity**

Subsequent to production of the Strategy, additional fundamental research data became available. The 2006 Active People and Active Places Surveys commissioned by Sport England have given us a sound footing on which to base the way forward. Additionally Haringey, along with other North London boroughs, commissioned a survey of year 6 and year 9 school children to ascertain their physical activity participation patterns.

This unprecedented level of accurate data has illustrated very powerfully the poor participation rates across the country including Haringey and given strong indicators about where resources need to be directed. Additionally

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Sport and Physical Activity Strategy and Action Plan Review
October 2007

Haringey has a stretch target of increasing adult participation by 4% in three years (2009/10).
In Haringey the headline key performance indicators are:

- Adult physical activity participation (3x per week 30 minutes of moderate activity) – 22.9%
- Adult sports volunteering (1 hour per week) – 2.7%
- Percentage of the borough population living a 20 minute walk from a quality assured leisure centre/park (with a full sized football pitch) – 69%
- Year 9 pupils sports club membership – 38%
- Year 9 pupils extracurricular activity – 55.7%
- Year 9 pupils doing 7 hours or more of sport per week 16%

It should be noted that adult participation rates, while poor, are similar to other London boroughs (excepting the affluent boroughs). However the year 9 pupils KPIs are generally lower than the three other North London boroughs in the survey (Waltham Forest, Enfield and Barnet). Low club membership is a major concern.

Policy Objective 1
To develop a range of quality and accessible recreational opportunities and sporting facilities available to all

- Active Places indicates that the majority of Haringey residents live in good proximity to quality assured leisure facilities (note these may be outside the borough).
- There has been significant investment in upgrading the leisure centres and parks over the past 2 years.
- Satisfaction surveys and rising attendance figures indicate that these investments have been beneficial for residents. Nonetheless there is still much to be done.
- Of key importance is Recreation Services developing relationship to the BSF process; success in influencing this should open up in a meaningful way school facilities for community use. This will be either by direct managing of leisure facilities in a dual use context as is likely for the 6th Form College or via partnerships around extended schools programmes and the like.
- Generally partnership working will play an increasing role in developing a range of accessible recreational opportunities.
- Sport England's recommended body to co ordinate this is the CSPAN (Community Sport and Physical Activity Network). Haringey have made good progress in this regard setting up a CSPAN with membership coming from the leisure community (Recreation Services, Clubs and Sports Delivery Agents), PCT, Children's Services and Middlesex

University. In time it is hoped that the private sector and voluntary sector (HAVCO) will play a role in the partnership.

Policy Objective 2

Increase participation in sport and physical activity and encourage an active lifestyle, in particular by those community groups who traditionally use sports and leisure facilities across the borough less than others

- The Active People Survey demonstrates that participation rates are significantly lower in the areas of highest deprivation within the borough
- Ethnic minorities with the exception of black men have poor participation rates
- Women have significantly lower participation rates compared to men (except in the 55+ age group)
- There is a strong overall correlation between higher participation rates and club membership
- In order to tackle these inequalities and the overall low participation rate we need to accelerate the move from direct provision (through our own facilities) to enabled provision.
- Investment in sports volunteering and workforce development (coaches, referees and administrators) is crucial to empowering communities to provide sport and active leisure opportunities.
- The soon to be launched Sports Directory will be a valuable resource in this enabling environment.
- The GP Referral Scheme recently launched in the borough in partnership with the PCT is fundamental to engaging the most chronically inactive residents
- Projects such as the Markfield Park Development have the dual purpose of improving facilities and creating opportunities for Officers to work with a range of stakeholders to build community sports capacity.

Policy Objective 3

To promote community ownership, participation and involvement in the development and delivery of facilities and programmes for sport and physical activity.

- Community ownership is critical is terms of club development and therefore increasing participation.
- Initial work has begun on a club audit. This audit will form the basis for developing volunteering and the workforce (particularly the volunteer workforce). As well it will provide the opportunity for Officers to assist the development of multi sports hubs
- White Hart Lane Community Sports Centre, in particular and Finsbury Park Track and Gym offer the borough the most potential for community owned multi sports hubs. Work is currently planned to seek

to externalise the management of these facilities to community organisations.
- More acknowledgement of the work being carried out in a voluntary capacity currently is also part of the picture and as such in November we will be staging the inaugural Haringey Celebrating Sports Awards.

Policy Objective 4
To use the attraction of participation in sport and physical activity as a vehicle for young people to fulfil their potential and divert those at risk of offending away from crime

- A great deal of progress has been made under this objective primarily due to NRF funding being available for diversionary activity for young people.
- Whilst the strategic focus and drive around participation has moved towards adults, the good work undertaken such as targeting holiday play schemes in crime hot spots and developing sporting role models via the Sports Scholarship Scheme must continue.
- Additionally the School Survey indicates that potentially Haringey's future adult participation rates will continue to be very challenging if issues such as young people's low sports club membership rates, low extracurricular sports rate and relatively low rates of high level activity are not addressed.

Policy Objective 5
To improve access to local provision so that participants can enjoy activities that are of high quality and in a safe and secure environment

- The Active Places Survey paints a relatively good picture of accessibility
- Work needs to be completed to identify the gaps.
- Generally however we know that the borough lacks swimming provision in the Wood Green area.
- While the borough has a good number of pitches they are often inaccessible due to issues such as poor drainage and changing facilities.
- A comprehensive plan to address these issues; particularly defining key indoor and outdoor facilities that need development in each Area Assembly must be completed in order to move forward.
- Current funding bids for Markfield and Lordship both have outcomes of increased use and increased club capacity integral to the applications.

Policy Objective 6

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Sport and Physical Activity Strategy and Action Plan Review
October 2007

To assist each member of the community, particularly young people, to maximise their educational attainment and opportunity for lifelong learning through participation in sport and physical activity

- Baseline figures relating to the quantity of PE and sports activity are now available and improvement can be measured.
- Through the Extended Schools Football Project specifically and other community sports programmes in schools – developing better community use of school facilities is being progressed, although SLA's with schools are still at the planning stage.
- Recreation Services is working closely with Children's Services around the BSF process to maximise community use of school facilities.
- The CSPAN will improve work in this area with the wider leisure community in the Borough and Children's Services working together in a structured way to maximise opportunity in sport and physical activity.

Conclusion

- Haringey has a stretch target to increase adult participation by 4% over three years (6029 adults in total).
- The CSPAN will provide a local strategic alliance of partners working cooperatively towards the achievement of agreed outcomes.
- Sport England funding will be dependent on the CSPAN endorsing projects that will increase adult participation.
- Other funding pots that are dependent on Sport England such as the Football Foundation will also require CSPAN endorsement
- Match funding, generally at 2 to 1 must be found
- Other sources of funding for this enabling work includes the Community Assets Fund, council funding and Sports Governing Bodies.
- Recreation priorities for resources and development are:
    - Increasing adult participation
    - Increasing club capacity
    - Increasing sports volunteering
    - Increasing the capacity of the sports workforce.
    - Ensuring good quality sport and PE opportunities for young people
    - Continued involvement in the BSF process
    - Developing multi sports hubs (WHLCSC and FPT&G)
    - Development of key indoor and outdoor facilities in each Area assembly area.
    - Providing for community ownership

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