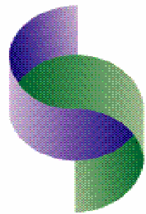


haringey strategic partnership

NOTICE OF MEETING

Well-Being Partnership Board

MONDAY, 8TH DECEMBER, 2008 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: See membership list below.

AGENDA

1. WELCOME, APOLOGIES AND INTRODUCTIONS

To welcome those present to the meeting and receive any apologies for absence.

2. MINUTES (PAGES 1 - 8)

To confirm the minutes of the meeting held on 2 October 2008 as a correct record.

3. DECLARATIONS OF INTEREST

Members of the Board must declare any personal and/or prejudicial interests with respect to agenda items and must not take part in any decision with respect to these items.

4. 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 under Item 17 below).

5. WELL-BEING SCORECARD: EXCEPTION REPORT (PAGES 9 - 14)

6. WELL-BEING STRATEGIC FRAMEWORK UPDATE (PAGES 15 - 116)

7. DRAFT WELL-BEING STRATEGIC PARTNERSHIP BOARD RISK REGISTER (PAGES 117 - 134)

8. JOINT STRATEGIC NEEDS ANALYSIS (PAGES 135 - 150)

9. EXPERIENCE COUNTS: REVIEW AND UPDATE (PAGES 151 - 154)

10. TRANSFORMING SOCIAL CARE: PUTTING PEOPLE FIRST (PAGES 155 - 160)

A presentation will be made.

11. CULTURAL STRATEGY UPDATE (PAGES 161 - 166)

Please note that Appendix A, the Cultural Strategy document, could not be merged within the main body the agenda pack. It has been appended separately.

12. UPDATE ON DEVELOPMENT OF CARERS STRATEGY (PAGES 167 - 182)

13. HOMELESSNESS STRATEGY 2008-11 (PAGES 183 - 188)

Due to its size the full Strategy has not been included within the agenda pack.

A hyperlink to the Strategy is included within the report.

14. PRIMARY CARE TRUST STRATEGIC PLAN UPDATE

This report will be sent to follow.

15. USER PAYMENT POLICY: UPDATE

A verbal update will be provided.

16. SUPPORTING PEOPLE LONG TERM FUNDING PROGRAMME (PAGES 189 - 252)

17. NEW ITEMS OF URGENT BUSINESS

To consider any new items of Urgent Business admitted under Item 4.

18. ANY OTHER BUSINESS

To consider any items of AOB.

19. DATE OF NEXT MEETING

The next meeting is being held on 2 March 2008.

Please note that dates for new Municipal Year, May-April 2009/10, have not yet been agreed by Council. Once the dates will be circulated to Board members.

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

Xanthe Barker
Principal Committee Coordinator
Tel: 020-8489 2957
Fax: 020-8881 5218
Email:
xanthe.barker@haringey.gov.uk

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	9	Cllr Bob Harris (Vice-Chair) Mun Thong Phung Councillor John Bevan Councillor Dilek Dogus Councillor Gideon Bull Margaret Allen Eugenia Cronin* John Morris Lisa Redfern
Health	Haringey Teaching Primary Care Trust	6	Judy Allfrey Tracey Baldwin Penny Thompson/Keith Edmunds Cathy Herman Marion Morris Richard Sumray (Chair)
	North Middlesex Hospital trust	1	Claire Panniker
	BEH Mental Health Trust	1	Michael Fox
	Whittington Hospital Trust	1	Joe Liddane
Community Representatives	Community Link Forum	3	Abdool Alli Angela Manners Rizvi Faiza
	HAVCO	2	Robert Edmonds Naeem Sheikh
Educ ation	College of North East London	1	Paul Head
Other agencies	Haringey Probation Service	1	Mary Pilgrim
	Metropolitan Police	1	Dave Grant
	Total	**26**	

** Jointly appointed by the Council and Primary Care Trust*

MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
THURSDAY, 2 OCTOBER 2008

Present: Councillor Bob Harris (Chair), Margaret Allen, Judy Allfrey, Councillor John Bevan, Eugenia Cronin, Mun Thong Phung, Robert Edmonds, Paul Head, Cathy Herman, Sue Hessel, Vicky Hobart, Angela Manners, John Morris, Marion Morris, Lisa Redfern, Faiza Rizvi, Penny Thompson.

In Attendance: Xanthe Barker, Mary Connolly, Paul Ely, Jodie Szwedzinski.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBHC82.	**WELCOME, APOLOGIES AND INTRODUCTIONS** Apologies were received from the following: Abdool Alli Tracey Baldwin -Penny Thompson substituted Councillor Gideon Bull Vanessa Bogle Michael Fox David Grant Mary Pilgrim	
OBHC83.	**MINUTES** It was noted that there would be further discussion outside the meeting regarding the Membership of the Board and the process for cooption. **RESOLVED:** That the minutes of the meeting held on 10 June 2008 be confirmed as a correct record.	Chair/RE
OBHC84.	**DECLARATIONS OF INTEREST** No declarations of interest were raised.	
OBHC85.	**URGENT BUSINESS** No items of urgent business were raised.	
OBHC86.	**HARINGEY'S ALCOHOL HARM REDUCTION STRATEGY 2008-11** The Board received a report presenting the new Alcohol Harm Reduction Strategy 2008-11. It was noted that this built upon the original three year strategy, which was published in 2005 and incorporated the findings of a recent review of local alcohol related problems. It also took into account new statutory	

guidelines and requirements.

The key aims of the strategy were to tackle health and social harm caused by alcohol and to address anti social behaviour.

The objectives of the strategy fell within the responsibility of three of the HSP Theme Boards:

- Children and Young People's Strategic Partnership Board
- Safer Communities Executive Board
- Well-Being Strategic Partnership Board

It was noted that the Alcohol Strategy Group would have an oversight of the Implementation Plan and would review its effectiveness. The Plan would also be reviewed by the Group on an annual basis and the results of this would be reported to the Board.

The Council's Cabinet was due to consider the strategy on 18 November.

It was noted that St Mungo's had produced a detailed response to the strategy and that this had been passed onto the appropriate officer for consideration. The response was circulated at the meeting for information.

There was agreement that the strategy should reflect its status as an HSP strategy and the role that partners had to play in achieving its objectives. MM

It was agreed that the individuals responsible for actions should be named in the Action Plan wherever possible. MM

In response to concerns the Board was advised that the strategy had been market tested to ensure that it addressed the needs of people it was aimed at reaching. The results of this were reflected in the drafting of the strategy.

RESOLVED:

i. That the Strategy and Action Plan be approved and the proposed monitoring and evaluation framework for delivery be endorsed by the Board.

ii. That the proposed title 'Dying for a Drink' be endorsed.

iii. To note that the Strategy was being presented to the Council's Overview and Scrutiny Committee on 6 October and to the Council's Cabinet on 18 November.

OBHC87. HARINGEY OBESITY STRATEGY

	The Board received a report presenting the Haringey Obesity Strategy and a brief presentation was made. It was noted that the Strategy had been developed in order to offer practical guidance for the prevention, management and treatment of obesity in children and adults in the Borough. This was supported by the Adult Obesity Pathway and was linked to both national and local strategies and targets, including the Sport and Physical Activity Strategy and Infant Mortality Strategy. In response to a query as to how access to care pathways could be improved, the Board was advised that obesity was a trigger point for accessing many different care pathways and that the strategy reflected this.	
	There was discussion around the provision of organised walking groups in the Borough and levels of participation. It was agreed that there should be further discussion on this issue outside the meeting.	Cllr Bevan/ RE/JM
	It was suggested that large employers included within the Partnership should take a proactive approach in encouraging staff to become more active as part of their corporate social responsibility. It was noted that there was a role for Third Sector colleagues to play in achieving this.	All to note
	Concern was raised that the strategy may have a negative impact on young people if they felt stigmatised by being labelled as obese. It was suggested that consideration should be given to the impact the strategy may have in terms of increasing instances of eating disorders.	PCT
	In response to concerns, the Board was advised that a more joined up approach would be achieved following a Needs Assessment that was about to be carried out by the PCT. The Chair noted that this was the last meeting that Vicky Hobart would be attending and thanked her, on behalf of the Board, for her much valued contribution and wished her well in the future. **RESOLVED:** i. That the content of the Strategy and its links to a number of outcomes in the Well-Being Framework be noted. ii. To note that the work on the commissioning of weight management services for children would be raised with the Children and Young People's Strategic Partnership Board.	
OBHC88.	**SPORTS AND PHYSICAL ACTIVITY PARTICIPATION IMPROVEMENT PLAN -HARIACTIVE** The Board received a report presenting the new Sport and Physical Activity Participation Improvement Plan. A brief presentation was also made.	

The Board was reminded that one of the six outcomes listed in the Community Strategy was to help people become healthier and improve quality of life for people living in the Borough. Increasing the number of people participating in sport and physical activity was seen as a key tool in achieving this.

In addition to supporting the aims of the Community Strategy there were four National Indicators (NI's) included within the Local Area Agreement (LAA) that increased levels of participation in sport would contribute towards the achievement of.

In response to a query as to how the strategy had been tested amongst its target group the Board was advised that there were mechanisms in place to facilitate market testing and that the results of this would be reflected in the final strategy.

It was noted that there strong links between the Community and Voluntary Sector and leisure services in the Borough. The Board was advised that the CSPAN group, Chaired by the Director of Public Health, would play a key role in developing these links further.

It was noted that a map, which profiled deprivation and links to participation in physical activity, clearly demonstrated the correlation between the two. It was suggested that action should be taken to increase the sense of ownership in areas such as parks and sports facilities, in order to encourage people living in more deprived areas to become more active.

It was suggested that the Borough Profile could also be used to provide a more detailed analysis of the link between deprivation and lack of physical activity. JM/PE

There was agreement that clarity was required around new LAA targets and Stretch Targets. Concern was expressed that the current aim of increasing participation to three times per week was unrealistic in areas where significant numbers of people did not take part in any form of physical activity at all. JM/PE

It was agreed that the document should be brought back to the Board for comment in March for further consideration. JM/PE

RESOLVED:

i. That the work undertaken to date, initiatives planned and proposals currently under development be noted.

ii. That the Strategy should be brought back to the Board in March 2009 for further consideration. JM/PE

iii. That the HARIACTIVE approach be endorsed.

	iv. That the role of the Haringey Community Sports and Physical Activity (CSPAN), as the principal group leading on the delivery of LAA targets be noted.	
OBHC89.	**UPDATE ON HARINGEY SEXUAL HEALTH STRATEGY** The Board received a presentation on the issues shaping the new Sexual Health Strategy. The Board was advised that the programme of immunising girls aged thirteen against Cervical Cancer had commenced. A small number of schools had opted out of the programme and in these areas the vaccination was available at local GP's surgeries. In response to a query as to the number of GP surgeries that had singed up to offer additional sexual health services, the Board was advised that a number of Practices were now delivering this service. However, a recent audit had shown that the quality of the services provided varied and ways of working with surgeries to improve services were being considered at present. The Board was advised that schools were seen as a playing a key role in improving awareness amongst young people of the risk of sexually transmitted diseases. Work was currently being carried out with schools to agree a more systematic approach to this. In response to concerns that a small number of head teachers had not agreed to immunisations being given in schools, it was noted that an Immunisation Coordinator had recently been appointed and that this person would play a key role in liaising with schools around this issue. The Director of Children's Services had also agreed to take this up with the head teachers of schools that had not participated. There was agreement that the Children and Young People's Strategic Partnership Board should also be asked to consider what measures it could take to encourage schools to participate. **RESOLVED:** i. That the report be noted. ii. That the Children and Young People's Strategic Partnership Board should be asked to consider what measures could be taken to encourage schools to participate in the Immunisation Programme for Cervical Cancer.	MTP
OBHC90.	**TACKLING HEALTH INEQUALITIES AUDIT REPORT AND ACTION PLAN** The Board considered a report presenting the Tackling Health Inequalities Action Plan.	

	The Action Plan had been devised in response to an audit report published in June 2008, which examined how the Council and Primary Care Trust (PCT) acted to reduce health inequalities in the Borough. **RESOLVED:** That the recommendations contained within the Health Inequalities Audit report and the measures set out in the Action Plan to address these be noted.	
OBHC91.	**RISK MANAGEMENT** The Board received a verbal update in relation to the new Risk Management Framework adopted by the HSP on 3 July 2008. It was noted that as part of the Risk Management strategy the HSP and each of the Thematic Boards were required to complete Risk Registers. These should focus primarily on the risks attached to achieving targets included within in the LAA. The Board was advised that under the Risk Management Framework Risk Registers had to be completed by December. Therefore these would be presented to the Board for approval at its next meeting. If any assistance was required in drafting the Registers the Council's Internal Audit team should be contacted. **RESOLVED:** That the verbal update be noted.	
OBHC92.	**SAFEGUARDING ANNUAL REPORT 2007/08 AND ACTION PLAN 2008/09** The Board received a report that provided an overview of the work carried out by the Safeguarding Adults Board (SAB) during 2007/08. It was noted that the SAB had been restructured in order to create a greater sense of ownership of the policy and procedures amongst partner agencies. The Annual Report (included as an appendix) identified objectives for 2008/09 and addressed requirements set out within national guidance, directives and policy. There was agreement that it would be useful if the future Annual Reports made more detailed reference to the issues being raised by Service Users. **RESOLVED:** i. That the Safeguarding Adults Annual Report and Action Plan be noted.	MTP

OBHC93.	**HARINGEY TEACHING PRIMARY CARE TRUST INVESTMENT PLAN** The Board received a report that provided an overview of the Primary Care Trust's Investment Plan for 2008/09. Concern was raised that Community and Voluntary Sector representatives had not received information requested from the PCT in relation to the Rehabilitation Strategy referred to in the report. There was agreement that this issue should be discussed further outside the meeting. **RESOLVED:** That the report be noted.	KE/RE
OBHC94.	**AREA BASED GRANT REVIEW UPDATE** The Board received a verbal update on the Area Based Grant (ABG). It was noted that the ABG Review had been completed in September. Of the forty-nine projects receiving funding, which were within the Boards responsibility, thirty-seven had been rated as Green, eight as Amber and four as Red. In order to ensure that the process was transparent and fair an evaluation process had been undertaken and representatives from the Third Sector had taken part in this. The evaluation had found that the proper criteria had been applied in a consistent manner. The Board was advised the HSP Performance Management Group (PMG) would consider the final report on 6 October. **RESOLVED:** That the verbal update provided be noted.	
OBHC95.	**INFORMATION ITEM -SCORECARD: EXCEPTION REPORTING** The Board received a report setting out performance during the first quarter (April to July 2008). It was noted that, at present, there were several areas where data could not be collected and therefore it had not been possible to measure performance against these targets. There was agreement that the Council and PCT should work together to develop proxy indicators where appropriate. **RESOLVED:** i. That the report be noted. ii. That proxy indicators should be developed where information	

	could not be collected at present.	Council/PCT
OBHC96.	**NEW ITEMS OF URGENT BUSINESS** No new items of urgent business were raised.	
OBHC97.	**DATES OF FUTURE MEETINGS** The Board was asked to note the following future dates of meetings: • 8 December 2008 • 2 March 2009	

COUNCILLOR BOB HARRIS

Chair

Quarterly Performance Review - 2008/09

Quarter 2

Outcome 1 – Improved Health and Emotional Well-being | Outcome 2 – Improved Quality of Life
Outcome 3 – Making a Positive Contribution | Outcome 4 – Increased Choice and Control
Outcome 5 – Freedom from Discrimination or Harassment | Outcome 6 – Economic Well-being
Outcome 7 – Maintaining Personal Dignity and Respect

Wellbeing Thematic Board

Outcome	07/08	08/09	Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	Lead
2	New 08/09	NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information					LAA lead ACCS	ACCS
		Target							
		Comment	We are currently projected to comfortably exceed the 08/09 target.						
				Green	Green			Green	
				21.0%	23.0%			23.0%	
7	75%	NI 141	Number of vulnerable people achieving independent living					LAA lead ACCS	ACCS/Carlos Bailey
		Target	75%						
		Comment	New data received 10th November					↑	
	Amber			Green	Amber			Green	
	65.0%			85.2%	69.0%			76.8%	
2	Stretch to 2010 131		Number of older people permanently admitted into residential and nursing care					LAA local lead ACCS	ACCS
		Target	135						
		Comment	Outturn is projected. We are confident of achieving target by the end of the year due to increased scrutiny.					↑	
	Amber			Green	Green			Green	
	137			116	135			135	
2	Stretch to 2010 34		Number of adults permanently admitted into residential and nursing care					LAA local lead ACCS	ACCS
		Target	28						
		Comment	Outturn is projected.					↑	
	Green			Green	Green			Green	
	18			12	8			8	
2	Stretch to 2010		Number of accidential dwelling fires					LAA Lead Fire Brigade	*Nidayi Musalar /John Brown*
		Target	230						
		Comment						↑	
				Green	Green			Green	
	253			55	42			97	
2	Stretch to 2010		Number of smoking quitters in the N17 area					LAA local Lead Health	Debbie.morgan@haringey.nhs.uk / Erin.Broady@haringey.nhs.uk
		Target	08/09 300 (Q1 9, Q2 48, Q3 93, Q4 150)						
		Comment	50% of quitters are expected in quarter 4. Full figures expected 13th December.						
				Green	Green			Green	
	270			63	53			116	
5	New 08/09	NI 35	Building resilience to violent extremism					LAA Cross cutting	Safer Communities/ Christine Pis
		Target							
		Comment	This is a self assessment and data will be available later in the year. Programme of women's classes has started quarter 1, 14 people are studying English as a second language, 13 learning IT and 30 Islamic history. These classes are at full or near full capacity.						
								Green	
6		NI 156	Number of households living in Temporary Accommodation					LAA Cross cutting	Dennis Lai-Kit, Urban Environmer
		Target							
		Comment	September saw a lower than anticipated number of permanent lettings being made. The temporary accommodation reduction plan is in motion. Although there has been a significant improvement in the amount of Qualifying Offers the target was not reached. The result of this was a shortfall from the target of 12 households					↑	
		Target		5207	4940	4469	3999		
				Green	Amber			Amber	
	5389			5182	4952			4952	

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
1		NI 56	Obesity among primary school age children in Year 6				LAA Cross	Adele Cooper, C & Yps
		Target	24%				cutting	Adele Cooper, C & Yps
		Comment	Annual figure collected in June 2008				↑	Adele Cooper, C & Yps
				Green			Green	Adele Cooper, C & Yps
	23.8%		n/a	22.6%	n/a	n/a	22.6%	Adele Cooper, C & Yps
1		NI 112	Under 18 conception rate				LAA Cross	Susan Shaw /Vivien Hanney
	41.6	*Target*	59 per thousand				cutting	Susan Shaw /Vivien Hanney
		Comment	Data is provided from ONS and relates to conceptions in a certain period but is not collated until the birth therefore the 9 months + 3 months to analyse data time lag. Therefore we get conceptions for a certain time period 1 year after the conception. We are taking local action to develop a 'real time' data collection system, supported by the Government Office for London.				↓	Susan Shaw /Vivien Hanney
	Red		Amber	Red			Amber	Susan Shaw /Vivien Hanney
	63.7		62.5	82.6			66.7	Susan Shaw /Vivien Hanney
1		NI 113	Prevalence of Chlamydia in under 20 year olds				LAA Cross	Health/ Telsa.walker@enfield.nhs.uk
		Target	15%				cutting	Health/ Telsa.walker@enfield.nhs.uk
		Comment	Percentage of young people being screened. 1200 upto end of October. Please see attached report.				↑	Health/ Telsa.walker@enfield.nhs.uk
			Red	Red			Red	Health/ Telsa.walker@enfield.nhs.uk
	3.3% (3rd qtr 07/08)		3.5%	4.1%			4.1%	Health/ Telsa.walker@enfield.nhs.uk
1		NI 126	Early access for women to maternity services				LAA Cross	Health Clare.felton@haringey.nhs
		Target	50%				cutting	Health Clare.felton@haringey.nhs
		Comment	These are approximated figures					Health Clare.felton@haringey.nhs
			Green	Green			Green	Health Clare.felton@haringey.nhs
			61.3%	67.0%			67.0%	Health Clare.felton@haringey.nhs
1		NI 53	Prevalence of breastfeeding at 6-8 weeks from birth				LAA Cross	Health Clare.felton@haringey.nhs
		Target	1. 50% 2. 85%				cutting	Health Clare.felton@haringey.nhs
		Comment	Figure 1 is breastfeeding prevalence, Figure 2 is coverage.					Health Clare.felton@haringey.nhs
			Green	Green			Green	Health Clare.felton@haringey.nhs
			1. 50% 2. 85.1%	1. 51% 2. 92.7%			1. 51% 2. 92.7%	Health Clare.felton@haringey.nhs
2	*Stretch*		% of HIV infected patients with CD4 count <200 cells per mm3 at diagnosis				LAA local	Health Patrick.dollard@haringey.
		Target					lead Health	Health Patrick.dollard@haringey.
		Comment	This is an annual collection and will be available in Q4					Health Patrick.dollard@haringey.
								Health Patrick.dollard@haringey.
			Annual	Annual	Annual			Health Patrick.dollard@haringey.
2		NI 40	Drug users in effective treatment				LAA Cross	James Andy - DATT
		Target	8% on baseline year 2007-08				cutting	Health Andy.james@haringey.gov.uk
		Comment	Data captured on a rolling year basis from **June 2007 - May 2008** due to the nature of this indicator data can only be calculated 12 weeks after admission. It is expected that the target will be met as just under half of the growth rate required has already been achieved.				↑	Health Andy.james@haringey.gov.uk
			Green				Green	Health Andy.james@haringey.gov.uk
	833		3.50%				3.50%	Health Andy.james@haringey.gov.uk
5		NI 1	% of people who believe people from different backgrounds get on well together in their local area				LAA Cross	Corporate, Catherine Cobb
		Target	81%				cutting	Corporate, Catherine Cobb
		Comment	This is an annual collection via the Place Survey carried out in May					Corporate, Catherine Cobb
								Corporate, Catherine Cobb
								Corporate, Catherine Cobb
3		NI 4	% of people who feel that they can influence decisions in their locality				LAA Cross	Corporate, Catherine Cobb
		Target	43%				cutting	Corporate, Catherine Cobb
		Comment	This is an annual collection via the Place Survey carried out in May					Corporate, Catherine Cobb
								Corporate, Catherine Cobb
								Corporate, Catherine Cobb

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
3		NI 6	Participation in regular volunteering				LAA Cross cutting	Corporate, Catherine Cobb
		Target	TBC					Corporate, Catherine Cobb
		Comment	This is an annual collection via the Place Survey carried out in May					Corporate, Catherine Cobb
								Corporate, Catherine Cobb
								Corporate, Catherine Cobb
3		NI 7	Environment for a thriving third sector				LAA Cross cutting	Corporate, Catherine Cobb
		Target	TBC					Corporate, Catherine Cobb
		Comment	This is an annual collection via the Place Survey carried out in May					Corporate, Catherine Cobb
								Corporate, Catherine Cobb
								Corporate, Catherine Cobb
5		NI 140	Fair treatment by local services				LAA Cross cutting	Corporate, Catherine Cobb
		Target	71%					Corporate, Catherine Cobb
		Comment	This is an annual collection via the Place Survey carried out in May					Corporate, Catherine Cobb
								Corporate, Catherine Cobb
								Corporate, Catherine Cobb
2		NI 39	Alcohol-harm related hospital admission rates				LAA lead Health	James Andy - DATT
		Target	1579					Health Andy.james@haringey.gov.uk
		Comment	**Data publised by the DoH and will be available Jan/Feb 09** DAAT are currently working on a method to monitor this data at a local method which involves looking at all hospital admissions where the reason for admission is likely to be a cause of alcohol use, a ratio will be devised to ensure as accurate reporting as possible.					Health Andy.james@haringey.gov.uk
								Health Andy.james@haringey.gov.uk
	1342							Health Andy.james@haringey.gov.uk
7	*New 08/09*	NI 125	Achieving independence for older people through rehabilitation/intermediate care				LAA lead ACCS	ACCS
		Target	79%					ACCS
4		Comment	Starts October 08 and requires a 91 day cycle. First data due February 09					ACCS
								ACCS
			n/a	n/a				ACCS
6		NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods				LAA Cross cutting	Ambrose Quashie, Economic Reg
		Target	27.60%					Ambrose Quashie, Economic Reg
		Comment	Data for NI 153 has been withdrawn pending clarification of the precise methodology. The data available before withdrawal showed: Year to May 2007 (baseline): 28.9% Year to August 2007: 28.1% Year to November 2007: 27.5% Year to February 2008: 27.1% Updated Oct 08 Ambrose Quashie, Economic Regeneration					Ambrose Quashie, Economic Reg
								Ambrose Quashie, Economic Reg
	29.1%							Ambrose Quashie, Economic Reg
1	Top Quartile	NI 8	Adult participation in sport				LAA lead ACCS	ACCS
	Stretch	*Target*	23%					ACCS
2		Comment	Annual survey - Data Due November 2009, last survey took place in 2006. Qtr 2 leisure attendance is at 681596 exceeding target, and Active Card Membership is at 11412, also exceeding target.					ACCS
								ACCS
	Annual		**Annual**	**Annual**	**Annual**	**Annual**		ACCS
1		NI 119	Self-reported measure of people's overall health and wellbeing				LAA local Lead ACCS	ACCS
		Target	TBC					ACCS
		Comment	**Annual place survey due to take place in 09/10.** In February 2008 a survey took place on all residents who received a minor adaptation to their home or a piece of equipment during the period September - December 2007 that was supplied Haringey Adaptations Service. Of the 454 respondents to this questionnaire 89.6% answered the question 'How has the equipment/adaptation affected the quality of your life?' as either made their quality of life much better or a little better.					ACCS
								ACCS
	Annual			**89.6% (PROXY)**			**89.6%**	ACCS
2		NI 175	Access to services and facilities by public transport, walking and cycling				LAA Cross cutting	Malcolm Smith Sustainable Transport
		Target						Malcolm Smith Sustainable Transport
		Comment	This is currently in negotiation with Transport for London and is yet to be confirmed. A meeting with TFL is scheduled for 1st December 08 Malcolm Smith Sustainable Transport					Malcolm Smith Sustainable Transport
								Malcolm Smith Sustainable Transport
								Malcolm Smith Sustainable Transport

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
1		NI 51	Effectiveness of child and adolescent mental health (CAMHs) services				LAA Cross cutting	Patricia Walker, C & Yps
		Target	13					Patricia Walker, C & Yps
		Comment	This is an annual collection via CAMHS mapping exercise, maximum score is 16 (4/4 questions).Patricia Walker, C & YPs				➔	Patricia Walker, C & Yps
			Green				Green	Patricia Walker, C & Yps
	13		13	Annual	Annual	Annual	13	Patricia Walker, C & Yps
1		NI 127	Self reported experience of social care users				LAA local Lead ACCS	ACCS
		Target						ACCS
		Comment	Annual place survey due to take place in 09/10.					ACCS
								ACCS
	Annual		Annual	Annual	Annual	Annual		ACCS
1		NI 123	16+ current smoking rate prevalence				LAA lead Health	Health / Debbie.morgan@haringe
		Target	1887 smoking quitters (Q1 50, Q2 302, Q3 591, Q4 944)					Health / Debbie.morgan@haringe
		Comment	The target is profiled with 50% of quitters in expected in Q4					Health / Debbie.morgan@haringe
			Green	Green			Green	Health / Debbie.morgan@haringe
			184	352			536	Health / Debbie.morgan@haringe
1		NI 121	Mortality rate from all circulatory diseases at ages under 75				LAA lead Health	Health/ Graeme.walsh@haringey
	98	*Target*	94 per 100000					Health/ Graeme.walsh@haringey
		Comment	This is an annual return and requires data from Office of National Statistics. Life expectancy action plan feeds into this indicator. Figures are based on a 3 year					Health/ Graeme.walsh@haringey
			Haringey	London Average	National Average			
		03/05	114.3	96.6	91.2			
		04/06	98	89	84.9			
								Health/ Graeme.walsh@haringey
								Health/ Graeme.walsh@haringey
6		NI 187	Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating				LAA Cross cutting	Dennis Lai-Kit, Urban Environmer
		Target						Dennis Lai-Kit, Urban Environmer
		Comment	The Area Based Grant is fully supporting the Fuel Poverty Project for 2008 – 2009, but does not extend to financing the survey requirements of NI 187. The project scope for the new grant funding is undefined, therefore, the Fuel Poverty Officer is working towards the objectives of the project that expired at the end of March 2008. Clarification as to the Project Sponsor is required. A task in the Fuel Officers JD is to undertake surveys and as this description is non specific, provides potential for this post to organise the survey and compile the results. **The survey for the NI is planned for December 2008.** Comment updated Sept 08 Denis Lai-Kit, Urban Environment.					Dennis Lai-Kit, Urban Environmer
								Dennis Lai-Kit, Urban Environmer
								Dennis Lai-Kit, Urban Environmer
2		NI 116	Proportion of children in poverty				LAA Cross cutting	Patricia Walker, C & Yps
		Target	34.50%					Patricia Walker, C & Yps
		Comment	New indicator, monitored annually. Due May 09 Patricia Walker, C & Yps. Data is sourced from the DWP and is issued annually.					Patricia Walker, C & Yps
								Patricia Walker, C & Yps
	Annual		Annual	Annual	Annual	Annual		Patricia Walker, C & Yps
1			Increase in the % of Children imunised by 2nd birthday (MMR)				LAA Cross cutting	Health Helen.donovan@haringey
	83%	*Target*	80%					Health Helen.donovan@haringey
		Comment	The system to record this data will not be in place until July 2009. However an interim solution has been devised and data will be collected in Q3 and available for reporting in qtr 4					Health Helen.donovan@haringey
								Health Helen.donovan@haringey
								Health Helen.donovan@haringey

NI 113 Prevalence of Chlamydia in under 20 year olds

Focus on Chlamydia Screening

What is the Target?

Haringey TPCT must screen 15% of all 15-24 year olds for Chlamydia. This does not include, and hence is additional to, those younger people who access Chlamydia screening through GUM services. This amounts to 4370 people.

How did we do last year?

The team were responsible for 883 screens.

What are we doing differently this year?

1. This year we are permitted to include all diagnostic tests for Chlamydia that have been requested through pathology services but not through the National Screening Programme (although GUM is still a strict exclusion). Therefore all tests that have been requested by GPs, Family Planning, and hospital wards that have not gone through the programme van now be counted. This amounts to about 1000 tests for Haringey from the NMUH alone. We are currently contacting the Whittington and BCFH for their figures.
2. We have a new GP LES. Using the same sort of support that we do to deliver over 50% of the smoking target, we are forecasting 1500 extra tests to come from GPs this year.
3. We have recruited 6 sessional outreach workers. This has been a real success average monthly screens went up by **five times** in September. These outreach workers now have regular presence at CONEL, the school nursing service and are working with a number of voluntary and statutory organisations.
4. All Pharmacies that are currently offering free Emergency Hormonal Contraception, will now offer routine Chlamydia testing with consent. We are expecting 200 tests from pharmacy this year. Additionally, pharmacists will be accredited to treat positive results with antibiotics under a Patient Group Direction, improving access to treatment in the borough.
5. We are currently exploring routine antenatal screening through NMUH. Could deliver up to 400 tests by year end.

How has performance improved?

By the end of Q2 we performed a total of 745 tests (cf 369 last year). 209 of these were in September when the outreach team started. We now have also recorded 468 tests for the first 2 quarters from NMUH, giving a total of over 1200 tests. This is almost 50% more than the total for the whole of last year. By Q3 we are expecting a cautious "amber" as the various new initiatives begin to take effect, but a target that as previously thought unachievable is now shows real prospect for success.

Stephen Deitch
Associate Director of Performance
Enfield & Haringey PCTs
Holbrook House
Cockfosters Road
London
EN4 0DE

stephen.deitch@haringey.nhs.uk

This page is intentionally left blank

haringey strategic partnership

Meeting: Well-Being Partnership Board

Date: 8 December 2008

Report Title: Update of the Well-being Strategic Framework and Implementation Plan

Report of: Barbara Nicholls, Head of Commissioning, ACCS

Purpose

To inform the Well-Being Partnership Board (WBPB) of the updates made to the Well-Being Strategic Framework and Implementation Plan.

Summary

Haringey's first Well-Being Strategic Framework, (WBSF) was adopted at the Well-being Partnership Board (WBPB) meeting on 22 October 2007.

The WBPB plays a key role in delivering the WBSF, along with the other thematic partnerships which sit under the Haringey Strategic Partnership (HSP). The priorities and supporting programmes and initiatives of the Framework are monitored through the Well-being Scorecard, at both the WBPB and for those priorities that fall outside the remit to the WBPB, at the HSP's Performance Management Group.

A new Local Area Agreement (LAA) was put in place in 2008. The WBSF (Appendix A) and Implementation Plan (Appendix B) has been revised to reflect the new LAA indicators and national indicator set. The revised Framework also takes into account national policy developments, new local strategies and polices and updated statistics from the Borough Profile and Joint Strategic Needs Assessment.

The updated Framework will go to the WBCE for agreement on 28th November 2008. Agreement for a timeline for full review of the priorities and actions in the implementation plan also to be agreed by the WBCE.

The updated WBSF was taken to a meeting with the Audit Commission on Friday 21st November as evidence for the final Comprehensive Performance Assessment judgement. It will also be used as evidence for the Comprehensive Area Assessment.

Legal/Financial Implications

The Well Being Strategic Framework incorporates priorities from existing plans and strategies to bring together initiatives currently taking place in the

Borough. These initiatives must be implemented within existing resources.
Recommendations i. That the WBPB notes the updates to the WBSF taken to the WBCE on 28 November 2008 ii. That the WBPB support the process agreed at the WBCE on 28 November 2008 on 28 November to undertake a full review of the priorities and actions in the implementation plan by April 2009.
For more information contact: Name: Barbara Nicholls Title: Head of Commissioning Tel: 020 8489 2300 Email address: Barbara.nicholls@haringey.gov.uk

1.0 Background

In December 2006 the WBCE agreed to develop a WBSF to bring together the diverse programmes taking place to improve health and well-being in the borough. This will contribute to the implementation of the *Our Health, Our Care, Our Say* and *Strong and Prosperous Communities* White Papers in the borough.

Haringey's first Well-being Strategic Framework, (WBSF) was adopted at the WBPB meeting on 22 October 2007.

Analysis

1.1 The Well-being Strategic Framework

This Well-being Strategic Framework identifies the strategic priorities for improving well-being in Haringey. 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. It incorporates priorities from existing plans and strategies to bring together the diverse initiatives taking place to improve well-being in the borough.

The WBPB agreed to shape the WBSF around the seven outcomes from the *Our Health, Our Care, Our Say* (OHOCOS) White Paper. These seven outcomes are:

- 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

1.2 Ownership of the Well-being Strategic Framework

While the WBPB has **an input into all 7 outcomes** and some priorities and actions identified are its responsibility, **other priorities and actions are the remit of the other thematic partnerships that sit under the HSP** e.g. Fear of crime - Safer Communities; Building new homes – Housing; Keeping our green spaces attractive – Better Places; and Tackling worklessness and other aspects of economic well being - Enterprise.

Whilst the well-being of children falls under the remit of the Children's and Young People's Strategic Partnership (CYPSP), there is an element of crossover between the CYPSP and the WBPB as children and young people can not 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.

While the WBPB is responsible for the **implementation plan** of the WBSF, there is **joint ownership of the delivery** of the WBSF. Every action in the WBSF is assigned to a lead agency and thematic partnership, which are responsible for its delivery. Responsibility for the monitoring of the priorities and actions of the WBSF that do not fall directly under the remit of the WBPB lie with the HSP's Performance Management Group.

The WBPB has five sub-groups, organised around the seven outcomes of the Well-being Strategic Framework. They are responsible for ensuring that the supporting programmes and initiatives are implemented. The sub-groups monitor the progress on Local Area Agreement (LAA) targets relating to their sub-groups outcomes and account for actions and performance through regular reports to the WBPB.

1.3 The new Local Area Agreement 2008-2011

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. A new LAA was put in place in 2008 reflecting the new national indicator set.

In addition to the WBPB indicators, a number of cross-cutting also contribute to improving the well-being of Haringey residents. A full list of WBPB indicators including cross-cutting indicators can be found below.

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

WBPB LAA Indicators 2008-2011
NI 8 Adult participation in sport (2007-2010 stretch target)
NI 123 16+ current smoking prevalence
NI 39 Alcohol-harm related hospital admission rates
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 149 Adults in secondary mental health services in settled accommodation
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
NI 141 Number of vulnerable people achieving independent living
NI 125 Achieving independence for older people through rehabilitation/intermediate care
Local Indicators
NI 127 Self reported experience of social care users
NI 128 User reported measure of respect and dignity in their treatment
NI 119 Self reported measure of peoples overall health and well-being
Number of older people permanently admitted into residential and nursing care (2007-2010 stretch target)
Number of adults permanently admitted into residential and nursing care (2007-2010 stretch target)
% of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis
Number of accidental dwelling fires (2007-2010 stretch target)
Number of smoking quitters in the N17 area (2007-2010 stretch target)
Cross-cutting LAA Indicators
NI 126 Early access for women to maternity services
NI 140 Fair treatment by local services- proxy to what extent does your local council treat all types of people fairly
NI 35 Building resilience to violent extremism
NI 40 Drug users in effective treatment
NI 51 Effectiveness of CAMHS
NI 56 Obesity among primary school age children in Year 6
NI 112 Under 18 conception rate
NI 113 Prevalence of Chlamydia in under 20 year olds
NI 116 Proportion of children in poverty
NI 156 Number of households living in temporary accommodation
NI 187 Tackling fuel poverty- people receiving income based benefits living in homes with a low energy efficiency rating
Local NI 175 Access to services and facilities by public transport (and other specified models)
Local NI 53 Prevalence of breastfeeding at 6-8 weeks from birth
Local Increase the percentage of children immunised by the 2nd birthday
Local carbon emissions from vulnerable private households (2007-2010 stretch target)

Appendices

Appendix A – Updated Well-being Strategic Framework

Appendix B – Updated Well-being Strategic Framework Implementation Plan

haringey strategic partnership

Haringey's Strategic Framework

for Improving Adults' Well-being

2007-2010

Updated 2008

DRAFT

CONTENTS

FOREWORD 4
EXECUTIVE SUMMARY 6
1 INTRODUCTION 8
1.1 UNDERSTANDING WELL-BEING 8
1.2 THE NATIONAL CONTEXT FOR IMPROVING WELL-BEING 9
1.3 THE LOCAL CONTEXT FOR IMPROVING WELL-BEING 12
1.4 PURPOSE OF THIS FRAMEWORK 17
2 POLICY STATEMENT 20
2.1 AIM 20
2.3 OUTCOMES AND OBJECTIVES 2007-2010 20
2.4 SCOPE OF FRAMEWORK 21
3 EQUALITIES 22
4 LINKS WITH THE SUSTAINABLE COMMUNITY STRATEGY 22
5 LINKS WITH PARTNERS' KEY PRIORITIES 23
5.1 HARINGEY COUNCIL 23
5.2 HARINGEY TEACHING PRIMARY CARE TRUST (HTPCT) 24
5.3 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (BEHMHT) 25
5.4 THE BRIDGE NEW DEAL FOR COMMUNITIES (NDC) 25
5.5 HARINGEY ASSOCIATION OF COMMUNITY AND VOLUNTARY ORGANISATIONS 25
6 MEASURING WELL-BEING 26
6.1 LOCAL AREA AGREEMENT TARGETS FOR IMPROVING WELL-BEING 26
6.2 OTHER TARGETS FOR IMPROVING WELL-BEING 27
6.3 OUTCOMES, RELATED KEY TARGETS AND PRIORITIES 28
6.4 IMPLEMENTATION PLAN 28
6.5 RESOURCES 28
7.0 PRIORITIES 2007-2010 31
7.1 OUTCOME 1: IMPROVED HEALTH AND EMOTIONAL WELL-BEING 31
7.2 OUTCOME 2: IMPROVED QUALITY OF LIFE 38
7. 3 OUTCOME 3: MAKING A POSITIVE CONTRIBUTION 43
6.4 OUTCOME 4: INCREASED CHOICE AND CONTROL 46
6.5 OUTCOME 5: FREEDOM FROM DISCRIMINATION OR HARASSMENT 49
6.6 OUTCOME 6: ECONOMIC WELL-BEING 53
6.7 OUTCOME 7: MAINTAINING PERSONAL DIGNITY AND RESPECT 57
7 MONITORING THE FRAMEWORK 60
REFERENCES 62
GLOSSARY FOR FRAMEWORK AND IMPLEMENTATION PLAN 63
APPENDIX A LEAD CONTACTS FOR EACH OUTCOME 65

DRAFT

APPENDIX B DEVELOPMENT OF THE FRAMEWORK 66

APPENDIX C CONSULTATION ABOUT THE FRAMEWORK 67

APPENDIX C CONSULTATION ABOUT THE FRAMEWORK 68

APPENDIX D LOCAL AREA AGREEMENT TARGETS 2008-2011 69

APPENDIX E SETTING THE SCENE FOR THE FRAMEWORK 70

IMPROVED HEALTH AND EMOTIONAL WELL-BEING 70
IMPROVED QUALITY OF LIFE 70
MAKING A POSITIVE CONTRIBUTION 72
INCREASED CHOICE AND CONTROL 72
FREEDOM FROM DISCRIMINATION OR HARASSMENT 73
ECONOMIC WELL-BEING 74
MAINTAINING PERSONAL DIGNITY AND RESPECT 76

APPENDIX F EQUALITY IMPACT ASSESSMENT OCT 2007 (UNDER REVIEW) 77

DRAFT

Foreword

Welcome to Haringey's first Strategic Framework for Improving Adults' Well-being

Our vision for well-being in Haringey is that everyone in every part of the borough has the best possible chance of an enjoyable, long and healthy life. Although overall people in Haringey are living longer than they did 20 years ago, too many Haringey people are still dying prematurely. There are also big variations between different parts of the borough in how long people live.

This Framework will help us to work together more effectively to reduce these health inequalities, tackle preventable ill health and improve quality of life for all. It will help us to target specific resources where there is most risk of ill health developing, and so ensure that we provide greater opportunities for everyone to lead healthier, rewarding lives as independently as possible.

The Implementation Plan sets out how we will translate our aspirations into positive and tangible outcomes. The Well-being Partnership Board will be responsible for making sure that we achieve these outcomes over the next three years. We will closely monitor progress towards our shared goals.

We can be more effective by sharing information and working together. We know that we still have a lot to learn from each other and also from listening to and involving local people and the voluntary and community groups which represent them. We recognise that getting it right requires new ways of working and thinking, and we are committed to exploring these. We were finalists in the HSJ 2007 Awards for Cost-Effective Partnership Working, and commended in the 2008 MJ Achievement Awards for Partnering with Health Services for developing the Well-being Strategic Framework.

It's going to be a challenge. Together we ***can*** do it. Please join us and play your part in making our well-being vision a reality.

Councillor Bob Harris
Cabinet Member for Adult Social Care and Well-being

Richard Sumray
Chair of Haringey Teaching Primary Care Trust

Robert Edmonds
Chair of Haringey Association of Voluntary and Community Organisations (HAVCO) Voluntary and Community Sector Well-being Theme Group

DRAFT

Bobbie Kennedy on well-being

In 1968, United States Senator Bobbie Kennedy gave a speech at the University of Kansas, in which he set out a vision for society. Although the speech was made over 40 years ago in the USA the aspirations expressed in it about well-being are as relevant today.

He said:

"*But even if we act to erase material poverty, there is another greater task, it is to confront the poverty of satisfaction, purpose and dignity that afflicts us all. Too much and for too long, we seemed to have surrendered personal excellence and community values in the mere accumulation of material things. Our Gross National Product…..counts air pollution and cigarette advertising, and ambulances to clear our highways of carnage. Yet the gross national product does not allow for the health of our children, the quality of their education or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage, neither our wisdom nor our learning, neither our compassion nor our devotion to our country. It measures everything in short, except that which makes life worthwhile."*

Bobbie Kennedy, Speech at University of Kansas, March 18, 1968
(the year he was assassinated)

DRAFT

Executive Summary

This Well-being Strategic Framework identifies the strategic priorities for improving well-being in Haringey. It incorporates priorities from existing plans and strategies to bring together the diverse initiatives taking place to improve well-being in the borough.

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 by the Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP).

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.

DRAFT

Summary of user focussed outcomes and Haringey Priorities 2007-2010

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
• Improve access to effective primary, community and other health care services • Increase physical activity • 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 cultural life and libraries as centres of learning, social, economic and cultural activity • Enhance future facilities for improving well-being • Enable people to undertake life-long learning opportunities • Develop a greater range of social activities within the community • 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 culturally appropriate support for carers, including preparing for when they are no longer able to care • Increase opportunities for people who live independently in their own homes	• 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 culturally 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 crimes • Prevent and reduce domestic violence • Prevent and reduce hate crime and harassment • Address anti-social behaviour	• Increase the number of young people leaving school and entering employment of training • Increase the numbers moving from worklessness into employment • Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems • Prevent homelessness wherever possible • 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 access to small items o equipment to enable people to live independently ir their own homes • Increase the choice and availability of community meals including culturally appropriate 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 the 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. The diagram below illustrates the multiple facets of well-being[1]:

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

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'[2]. 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.'[3]

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.**

1.2 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'[4] identified a key role for both national government and Local Strategic Partnerships in addressing the wider determinants of health inequalities.

---

[2] 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

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

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

The 2004 White Paper *Choosing Health: making healthier choices easier*[5] 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*[6], 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.

The Department of Health's 2006 White Paper *Our Health, Our Care, Our Say* (OHOCOS) 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 Act 2007*. The Act supports the aim of the White Paper to 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 addition, the Act includes 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 Act also legislates that a new statutory partnership for health and well-being under the Local Strategic Partnership be set up (Haringey has had a Well-being Partnership Board reporting to Haringey Strategic Partnership since 2005) 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[7].

[5] 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

[6] Department of Health. *Independence, Well-being and Choice*. 2005 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106477

[7] Haringey set up the Well-being Partnership Board in July 2005 to do this.

DRAFT

There is also a much more prominent position for Local Area Agreements (LAAs)[8] 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 were: healthier communities and older people; children and young people; stronger and safer communities; and, economic development. The new LAA 2008-2011 continues these themes by taking forward the key outcomes set out in the Sustainable Community Strategy, in particular the 'Healthier communities with a better quality of life' outcome. All of these issues will have an impact on improving well-being.

In October 2007, as part of the Comprehensive Spending Review, the Government announced a new single set of 198 national indicators (NIs) for local authorities and strategic partnerships. The new NIs relevant to health and well-being have been incorporated into the Well-being Strategic Framework implementation plan .[9]

The Green paper *Independence, well-being and Choice (2005)* and the White Paper *Our Health, Our Care Our Say (2006) proposed a* vision of social care services that included 'personalisation'. This signalled a strategic shift towards early intervention and prevention. The 'Putting People First' (PPF) concordat and 'Transforming Social Care' circular published in early 2008 set out the Government's intention to make personalisation the cornerstone of public services.

Personalisation is taken to mean

> *the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive.*[10]

This means that everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered**.**

The introduction of personalisation is being hailed as the biggest change to the delivery of social care since the introduction of the NHS and Community Care Act 1990.

---

[8] ODPM Local Area Agreements Guidance: Round three and refresh of rounds one and two. March 2006

[9] The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators CLG 2007 http://www.communities.gov.uk/publications/localgovernment/nationalindicator

[10] *Our health, our care, our say: a new direction for community services*, Department of Health, 2006

To successfully achieve the transformation of social care we must work across boundaries, to include services such as housing, benefits, leisure, transport and health. Effective partnership working is already well established throughout the WBSF and this will provide a strong foundation for the implementation of the personalisation agenda.

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 uses the following definition of well-being:

> '[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'[11] .

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.

The report of the Commission on Integration and Cohesion, *Our Shared Future*, was published in 2007. The commission was announced in the Local Government White Paper of December 2006 and it was chaired by Darra Singh chief executive of Ealing Council. The report provided key recommendations for Councils offering encouragement to do different things according to the needs and circumstances of the local area. Haringey's Community Cohesion Pledge was launched at the Haringey Community Cohesion forum in October 2008. It commits signatories to work to create a sense of belonging, equality and justice across the borough.

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.

1.3 The Local Context for Improving Well-being

Haringey is one of the most ethnically and culturally diverse boroughs in the country, with over half its population coming from a Black or Minority Ethnic background. This diversity of people and cultures is one of the borough's strengths and gives the area its unique vibrancy. Over 190 languages are spoken

[11] Felce and Perry 1995; Danna and Griffin 1999; Diener 2000 (insert)

DRAFT

in Haringey. There is considerable cohesion amongst the borough's different communities. In the 2007 Residents' Survey eight out of ten residents agreed that Haringey is a place where people of different backgrounds get on well together.[12]

However the borough also faces considerable challenges as an outer London borough with an inner London profile. Haringey is the eighteenth most deprived borough in England, and the fifth most deprived in London in 2007. Haringey's widespread level of deprivation is reflected by the finding that of the 144 Super Output Areas (SOAs) 26% are among the top 10% most deprived in the country, which is down from 30% in 2004; all except one of these is in the east of the borough.

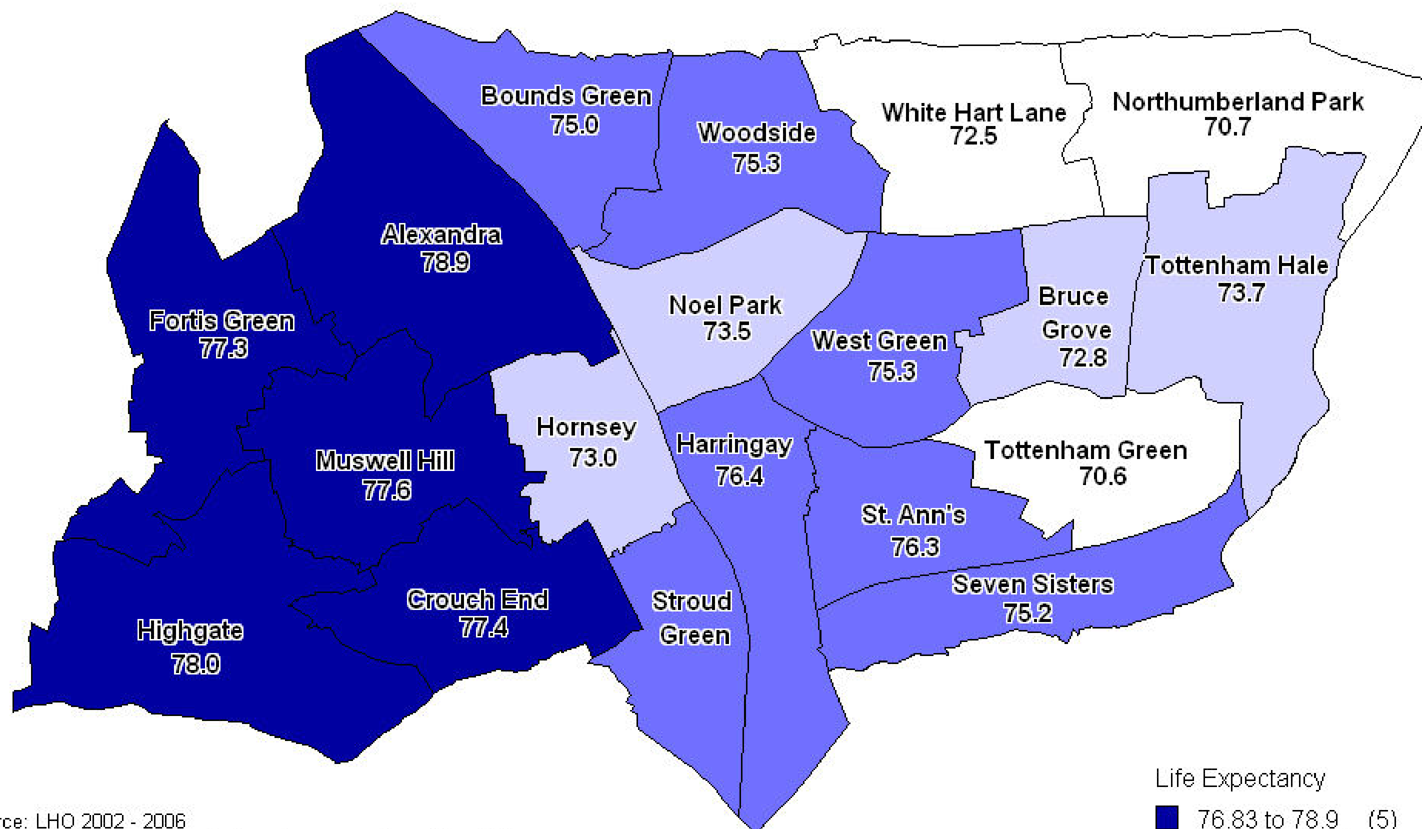
Haringey is both economically and socially polarised. The inequalities are reflected in health. The starkest example of a link between economic deprivation and health is in male mortality rates with a difference of eight years in life expectancy between men living in one of the most deprived wards in Haringey (Tottenham Green– 70.6 years) compared to men living in one of the most affluent wards (Alexandra– 78.9 years) based on 2002-2006 data. The relationship between male life expectancy and ward level deprivation is strong and statistically significant. Reducing these premature deaths is a major challenge for all the partners signed up to the framework. In the context of stark inequalities how do we target deprived communities in order to meet the challenge?

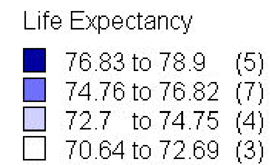
The diagram on the following page graphically illustrates the difference in male life expectancy between the East and the West of the borough.

DRAFT

[12] Residents' Survey 2006-2007, Haringey Council http://www.haringey.gov.uk/index/council/haveyoursay/haveyoursaysurveys/residentssurvey/surveyresults2006-07.htm

Male Life Expectancy
Haringey Wards
2002 - 2006





Source: LHO 2002 - 2006
Please note: Maps on this site have been reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings.
London Borough of Haringey 100019199 2008

Below is a summary of demographic data about the borough. More detail can be found in Appendix E of this document.

Haringey's demographic profile

- Haringey's population is now 225,700, a 0.7 per cent increase on the revised mid-2005 population of 224,100.[13] Haringey's population is projected to expand by 6.6% or 14,900 residents by 2029.
- The Haringey population continued to be evenly balanced in terms of gender with there being 113,000 males compared to 112,600 females in 2006.
- The male population of Haringey is expected to grow faster than the female population; by 2029 there will be 6,400 more males than females in the borough.
- Haringey has a similar age profile to London as a whole, with 31.6% of Haringey residents under 25 (for London the figure is 30.4%). Those aged 25-29 and 30- 34 form the two largest groups in the borough, 11.1% and 11.0% respectively. Over half our population is under 35.
- The population aged 65 and over has declined slightly as a proportion of the total population, from 9.8% in 2001 to 9.4% in 2006 compared to London (12.4% in 2001 to 13.4% in 2006).
- There will be a general shift upwards in the average age of Haringey's population over the next 25 years; the number of those aged between 40 to 69 will grow by 26.7%: that is 17,500 residents. We will also see a significant rise in the number of older people, aged over 65 (20.6% or 4,300 residents).
- 34.4% of Haringey's population belong to a Black and Ethnic Minority group. Haringey ranks as the fifth most diverse borough in London. In 2005, the largest ethnic groups in Haringey were White British (47.6%), White Other (14.1%), Caribbean (8.3%) and African (9.1%).
- The top five countries of birth for new national insurance registrations are Poland, Turkey, Italy, France and Australia with Hungary and Lithuania

[13] 2006 *Mid-year population estimates*, Office for National Statistics (published August 2007)

DRAFT

- Over the last five years the number of asylum seekers arriving in the borough has dropped from 5,823 in March 2001 to 649 in March 2006.

- The IMD 2007shows that Haringey has moved from being in 2004 the 13th most deprived borough to, in 2007, the 18th most deprived borough in England. It remains the 5th most deprived in London, behind Tower Hamlets, Hackney, Islington, and Newham.

- Haringey's widespread level of deprivation is reflected by the finding that of the 144 Super Output Areas (SOAs) 26% are among the top 10% most deprived in the country, which is down from 30% in 2004; all except one of these is in the east of the borough.

- While the borough's rate of progress (since 2001) at GCSE has been at more than twice the national rate, GCSE achievement is below England as a whole.

- Male life expectancy is 76.5 years (1.8 years below the average for England and Wales) and female life expectancy is 80.8 years (0.6 years below the average for England and Wales). For males the gap with the national average is widening; the difference was 1.3 years in 1996-8, but is now 1.8 years.

- The main causes of death in Haringey are circulatory disease and cancer.

- A higher estimated proportion of adults eats healthily than in England overall. However, 1 in 6 adults is still obese.

- Haringey has a lower estimated level of binge drinking and fewer alcohol-related hospital admissions than England overall.

- Alcohol-related crime in Haringey is significantly worse than the English average[7].

- Haringey's teenage conceptions rate has begun to fall significantly in recent years, down from 80.4 young females in every 1000 in 2002 (when 313 young females conceived) to 63.7 girls in 2006 (when 236 young females conceived). 15 of Haringey's 19 wards have teenage conception rates over 54.3, placing them among the highest 20% in England.

- A greater proportion of people rate their health as 'not good' compared to England as a whole.

- Road injuries and deaths are high, as they are in most of London

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** is responsible for the welfare of children and young people. It 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)

DRAFT

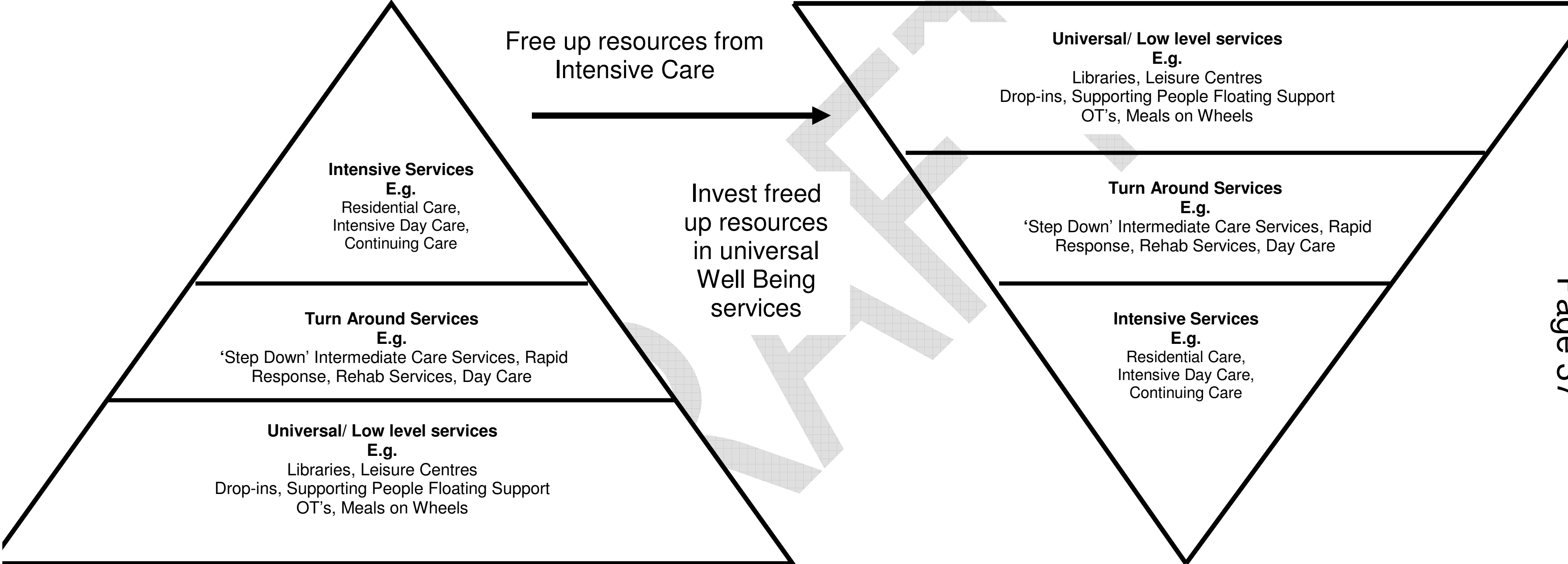
- Strengthen working relationships between organisations which support people in Haringey
- Strengthen links between the thematic partnerships which sit underneath the HSP

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.

1.5 Reason for the change

The WBSF is designed to shift the emphasis from a narrow focus on ill-health and vulnerable people to a wider focus encompassing holistic well-being for everyone. The following diagram 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



DRAFT

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 *Our Health, Our Care, Our Say* 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 others' well-being. 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 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:

- The diversity of all Haringey's communities and the different aspirations of individuals are valued and responded to appropriately
- 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

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 (BEHMHT) North Middlesex University Hospital Trust, Whittington Hospital Trust, Haringey Association of Voluntary and Community Organisations (HAVCO), Haringey Forum of Residents' Associations (HFRA), College of North East London (CoNEL), Haringey Probation Service and the Metropolitan Police.

DRAFT

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, 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, 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.

2.4 Scope of Framework

The Framework is aimed at **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.

DRAFT

3 Equalities

An Equalities Impact Assessment (EIA) has been carried out on the WBSF. It found that the WBSF 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. It is not expected to have an adverse impact on any groups nor lead to direct or indirect discrimination.

The EIA concluded that:

- 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 about 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.

- 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.

The EIA is being updated in 2008.

4 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

DRAFT

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

DRAFT

5 Links With Partners' Key Priorities

5.1 Haringey Council

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 Partnership Board Outcomes	Council Priorities
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

5.2 Haringey Teaching Primary Care Trust (HTPCT)

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*.

DRAFT

5.3 Barnet, Enfield and Haringey Mental Health Trust (BEHMHT)

The BEHMHT provides specialist mental health services for Haringey residents. It has a vision of promoting mental well-being and three relevant strategic themes:

- to lead and influence the development of person-centred networks to deliver effective, high quality services
- to be the first choice for staff, patients and commissioners by building a reputation for excellence
- to develop innovative partnerships

5.4 The Bridge New Deal For Communities (NDC)

The Bridge NDC is a regeneration programme based in the Seven Sisters area of Tottenham. Its vision for the area is *to build a sustainable community of communities* and to *make the area thrive economically, flourish socially and regenerate it for current and future residents.* The Health, Social Care, Sport and Leisure Theme is responsible for delivering healthy living initiatives in the Bridge NDC area. The main achievement has been the creation of the Laurels Healthy Living Centre. The Laurels has improved and expanded facilities for GP practices in the area. It also acts as a hub for healthy living and community projects.

5.5 Haringey Association of Community and Voluntary Organisations

HAVCO is the borough's Council for Voluntary Service. According to its mission statement:

> ***HAVCO exists to enable the voluntary and community sector in Haringey to be strong and sustainable and to perform to its full potential serving the diverse communities of the borough and influencing local policies.***

In 2006 HAVCO was in contact with more than 650 voluntary groups. HAVCO is a key partner in delivering and implementing the WBSF.[14] The Haringey Voluntary and Community Sector (HVCS) Well-being Theme Group aims ***to promote healthy living and reduce health inequalities in Haringey and to encourage opportunities for active living*** by engaging and representing the voluntary and community sector in Haringey, as well as by promoting partnership working both within the sector and across sectors to achieve the Well-Being Strategic Objectives.

The Theme Group's priorities are to:

- Improve partnership between public, patients, community groups, other NHS bodies, Council & other partners;

[14] HAVCO *Annual report 2005/06*

- Improve innovation and best practice, primary and community care development;
- Improve standards of service of the HVCS;
- Assist with HVCS participation in procurement process;
- Review and update the database of the HVCS in Haringey and making it accessible to the HPCT for use in contracting and contacting HVCS organisations; and
- Help reduction in inequalities in health and well being.

6 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.

6.1 Local Area Agreement Targets for Improving Well-being

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. A new LAA was put in place in 2008 reflecting the new national indicator set.

The new LAA indicators that are the responsibility of the Well-being Partnership Board (WBPB) can be found in the table below. In addition to the WBPB indicators, a number of cross-cutting also contribute to improving the well-being of Haringey residents. A full list of WBPB indicators including cross-cutting indicators can be found at Appendix D.

DRAFT

WBPB LAA Indicators 2008-2011
NI 8 Adult participation in sport (2007-2010 stretch target)
NI 123 16+ current smoking prevalence
NI 39 Alcohol-harm related hospital admission rates
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 149 Adults in secondary mental health services in settled accommodation
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
NI 141 Number of vulnerable people achieving independent living
NI 125 Achieving independence for older people through rehabilitation/intermediate care
Local Indicators
NI 127 Self reported experience of social care users
NI 128 User reported measure of respect and dignity in their treatment
NI 119 Self reported measure of peoples overall health and well-being
Number of older people permanently admitted into residential and nursing care (2007-2010 stretch target)
Number of adults permanently admitted into residential and nursing care (2007-2010 stretch target)
% of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis
Number of accidental dwelling fires (2007-2010 stretch target)
Number of smoking quitters in the N17 area (2007-2010 stretch target)

6.2 Other Targets for Improving Well-being

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 is particularly important in 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.

DRAFT

- **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.

6.3 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 in the table on Page 29; 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 7. We have also included Scrutiny Reviews where relevant.

6.4 Implementation Plan

Accompanying this document is a separate Implementation Plan. This details priorities, supporting programmes and initiatives, and related targets which have been identified for each outcome. 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.

6.5 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 the Area Based Grant (ABG) provide the resources for these existing plans and strategies, and therefore provide the funding needed to ensure the delivery of the outcomes of the Framework.

DRAFT

Table to show User Outcomes linked to Key Performance Indicators

User Outcome	Key Performance Indicators/LAA targets 2008-2011
Improved health and emotional well-being	• NI 8 Adult participation in sport (2007 – 2010 stretch target) • NI 39 Alcohol-harm related hospital admission rates • NI 121 Mortality rate from all circulatory diseases at ages under 75 • NI 123 Stopping Smoking • Local % of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis • Local Number of smoking quitters in the N17 area (2007 - 2010 stretch target) • NI 126 Early access for women to maternity services • NI 51 Effectiveness of CAMHS services • NI 56 Obesity among primary school age children in Year 6 • NI 112 Under 18 conception rate • NI 113 Prevalence of Chlamydia in under 20 years olds • Local NI 53 Prevalence of breastfeeding at 6-8 weeks from birth • Local Increase the % of children immunised by the 2nd birthday
Improved quality of life	• NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information • NI 141 Number of vulnerable people achieving independent living • NI 149 Adults in secondary mental health services in settled accommodation • NI 35 Building resilience to violent extremism • NI 40 Drug Users in effective treatment • NI 156 Number of households living in temporary accommodation • Local 175 Access to services and facilities by public transport (and other specified models) • Local Number of accidental dwelling fires (2007 -2010 stretch target) • Local Carbon emissions from vulnerable private households (2007 -2010 stretch target) • Local Number of Green Flag parks (2007-2010 stretch target) • Local Number of parks achieving Green pennant status (2007-2010 stretch target) • Local The % of people who report they are satisfied or fairly satisfied with local parks & green spaces (2007-2010 stretch target)
Making a positive contribution	• NI 127 Self reported experience of social care users?? • NI 4 % of people who feel that they can influence decisions

DRAFT

User Outcome	Key Performance Indicators/LAA targets 2008-2011
	in their locality • NI 6 Participation in regular volunteering • Local NI 7: Environment for a thriving third sector
Increased choice and control	• NI 125 Achieving independence for older people through rehabilitation /intermediate care • Local NI 127 Self reported measure of social care users • Local Number of older people permanently admitted into residential and nursing care (2007 -2010 stretch target)
Freedom from discrimination and harassment	• NI 140 Fair treatment by local services
Economic well-being	• NI 116 Proportion of children in poverty • NI 187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating • Local Carbon emissions from vulnerable private households (2007 -2010 stretch target)
Maintaining personal dignity and respect	(NI128 User reported measure of self respect and dignity in their treatment)

DRAFT

7.0 Priorities 2007-2010

7.1 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

DRAFT

Haringey, and partners are determined to work together to improve mental health in the borough.[15]

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.

DRAFT

[15] Joint Mental Health Strategy 2005-08

Related Documents
Adult Drug Treatment Plan 2007-08
Alcohol Related Harm Reduction Strategy 2008-11 (in development)
Changing Lives – The Children and Young People's Plan 2006-09
Contaminated Land Strategy 2005
Domestic Violence Strategy 2008-2012
Drug and Alcohol Action Team User Involvement Strategy 2006-08
Drug Related Death Strategy 2005-08
Experience Counts 2005-2010 (under review)
Environmental Services Enforcement Policy 2005 (under review)
Food and Nutrition Strategy (in development)
Greenest Borough Strategy 2008-2018
Haringey Local Development Scheme 2007
Haringey Policing Plan 2007-08
Haringey Sexual Health Strategy 2005-07
Haringey Teaching Primary Care Trust Commissioning strategy plan 2007-2012
Developing World Class Primary Care in Haringey May 2008
Haringey Teenage Pregnancy Strategy 2001-2010
Healthy and Equal: Improving the Health of People with Profound and Multiple Learning Disabilities Scrutiny Review 2007
Haringey's Homelessness Strategy 2008-2011
Infant Mortality Action Plan 2007-10 (being updated)
Joint Mental Health Strategy 2005-08
LAA Action Plan 2008-2011
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
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 2008-12
'Safer for All' Haringey's Community Safety Partnership Plan (2008 – 2011)
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

DRAFT

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, breast and bowl cancer 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
- Increase the number of women who book for ante natal care before the 12th week of pregnancy.

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 Olympic 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

DRAFT

- 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

- Adopt the draft Tobacco Control Strategy, and establish a Tobacco Control Alliance to oversee its implementation
- Continue to implement the ban on smoking in public places by advising local businesses and employers, developing workplace based support for employees to quit and working through Children Centres to protect the children from the harmful effects of smoke in the home.

- Increase uptake of HTPCT quit smoking cessation services, particularly amongst people with mental health problems, teenage and young parents, Irish and Turkish men and other BME groups with high smoking prevalence, deprived neighbourhoods, and people in routine/manual employment.
- Develop new pathways into quit smoking services, building on referrals from other services.

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 Key Individual Network engagement (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 embed a new crack-cocaine/poly-drug use service

DRAFT

- 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

DRAFT

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

DRAFT

7.2 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

DRAFT

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 (under review)
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 (under review)
Haringey Adult Learning Services Plan (in development)
Haringey Policing Plan 2008-09
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 for All' Haringey's Community Safety Partnership Plan (2008-2011)
Safer Haringey Communications Plan (in development)
Sport and Physical Activity Strategy 2006-10
Supporting People Strategy 2005-10
Haringey's local Development Framework Core Strategy 2010-2020

DRAFT

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
- Promote job clubs in libraries

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 the 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 and cultural 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

DRAFT

- 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

DRAFT

- Further develop re-ablement services

10) **Provide support for 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

DRAFT

7. 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. All people with disabilities, including people with learning disabilities, have the right to participate in the community on equal terms. The Disability Discrimination Act 2005[16] 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 organisations will develop and maintain volunteering within their organisations, 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

[16] 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
Day Opportunities Strategy – Older People (in development)
Experience Counts 2005-10 (under review)
Haringey Compact 2006 and 'Working Better Together' - Haringey's Three Year Work Plan 2006 - 2009
Haringey Infrastructure Development Plan 2005
HAVCO Business Plan 2005-08
Community Engagement Framework (forthcoming)
Sport and Physical Activity Strategy 2006-10
Haringey Community Cohesion Pledge 2008

DRAFT

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[17] /community groups on the HSP
- Fully involved second-tier organisations
- Involve users and carers in influencing policies
- Develop a User Payment and Involvement Policy

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

Supporting Programmes/Initiatives

- 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

[17] 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-centred – 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.

DRAFT

Related Documents
Better Care Higher Standards Charter 2007-2009
Communication Strategy: Adults with Learning Disabilities 2005
Experience Counts 2005-10 (under review)
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

DRAFT

- 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

DRAFT

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, but 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[18]:

> "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."

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

DRAFT

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 2008-1012
Enforcement Strategy – Safer and Cleaner (in development) March 2008
Haringey Council Equalities Public Duties Scheme 2007-10
Haringey Policing Plan 2008-09
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 2008-2011
Safer Communities Communication Plan (in development)
'Safer for All' Haringey's Community Safety Partnership Plan (2008-2011)
Victim Support National Office Strategic Plan 2005-08
Haringey Community Cohesion Pledge 2008

DRAFT

Freedom from Discrimination or Harassment Priorities 2007-2010

1) Provide services in a fair, transparent and consistent way[19]

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 confidential help and advice Drop in service

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 for hate crime and harassment
- Encourage reporting and recording

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

DRAFT

- Improve responses to hate crime and harassment, and referrals between agencies

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

DRAFT

6.6 Outcome 6: Economic Well-being

Objective 6: To create opportunities for employment, 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 Haringey Strategic Partnership 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:

DRAFT

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

DRAFT

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 an employment support service with the College of North East London

2) Increase the numbers moving from worklessness into employment

Supporting Programmes/Initiatives

- Develop and deliver three flagship employment and skills programmes:
  - The Haringey Guarantee -
  - The North London Pledge
  - Families Into Work based in Northumberland Park
- Further develop partnerships with public/private sector employers and community/voluntary organisation to identify needs and offer a range of solutions, including customised training courses.

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
- Continue to support the 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

DRAFT

- 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

- Work with Reed in Partnership to support the *Pathways to Work* (DWP) programme
- 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
- Work with the Teaching Primary Care Trust, Reed in Partnership and other partners on Increasing access to Psychological Therapies programme.

DRAFT

6.7 Outcome 7: Maintaining Personal Dignity and Respect

Objective 7: To ensure good quality, culturally appropriate personal care, prevent abuse of service users occurring wherever possible, and to deal 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

DRAFT

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

Related Documents
Safeguarding Vulnerable Adults Policy and Procedures March 2008
Experience Counts 2005-10 (under review)
Food and Nutrition Strategy (in development)
Personal Sexual Relationships Strategy (in development)

DRAFT

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

- Revise the Sexual Rights, Relationships and Health Policy Guidelines to include all client groups

- Further develop safeguarding for self-funders

DRAFT

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:

Priorities and actions	Partnership Board
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 regular 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 Well-being Strategic Framework is accompanied by an Implementation Plan, which describes the supporting programmes and initiatives to be undertaken to

DRAFT

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).

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 are responsible for ensuring that the supporting programmes and initiatives are implemented. The sub-groups monitor the progress on Local Area Agreement (LAA) targets relating to their sub-groups outcomes and account for actions and performance through regular reports to the WBPB. 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.

In addition we are also consulting residents to get their views on how well we are improving well-being in Haringey through the Place Survey and Adult Service Outcome Survey.

DRAFT

References

Danna, K and Griffin, R (1999), *Health and well-being in the workplace,* Journal of Management, Vol 25, 3, Pages 357-384

Diener, E. (2000) *Subjective well-being,* American Psychologist 55 Pages 34-43

Felce, D and Perry, J (1995) *Quality of life: its definition and measurement*, Research in Developmental Disabilities, 16 (1): Pages 51-74

Goodman, A. (2005) et al, *Hate Crime in Haringey,* Middlesex University, quoted in Haringey's *Hate Crime and Harassment Strategy* 2007-08

Greater London Authority 2005: *The Second London Domestic Violence Strategy*

Pollard, E and Lee, P (2003) *Child Well-Being: a systematic review of the literature*, in Social Indicators Research, Vol. 61, No. 1, p. 60, quoted in Galloway, S. 2006

Whitehead, M and Dahlgren, G (1991) diagram from The Lancet 199, as amended by Barton, H and Grant M (2006), and the UKPHA Strategic Interest Group (2006) in *A health map for the local human habitat,* Journal of the Royal Society for the Promotion of Health, Vol 126, No 6, Pages 252-253

Legislation and Government Publications

Choosing Health: making healthier choices easier (2004) Department of Health
Commissioning Framework for Health and Well-being (2007) Department of Health

Health and Social Care Outcomes and Accountability Framework 2008-09 to 2010-11 (2007) Department of Health

Independence, Well-being and Choice (2005) Department of Health

Local Government Act 2000

Local Government and Public Involvement in Health Act (2007)

Our Health, Our Care, Our Say (2006) Department of Health

Strong and Prosperous Communities, the Local Government White Paper (2006)

Tackling Health Inequalities: a programme for action (2003) Department of Health

DRAFT

Glossary for Framework and Implementation Plan

ABG: Area Based Grant
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
CAA A new approach that will provide the first independent assessment of the prospects for local areas and the quality of life for people living there.
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
CYPSP: Children and Young People's Strategic Partnership
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

DRAFT

Appendix A Lead Contacts for Each Outcome

Well-being Outcome	**Lead Contact** **Co-Chair Outcome Focused Group (Title)**	**Lead Contact** **Co-Chair Outcome Focused Group (Current Lead)**
Improved health & emotional well-being	Head of Health Inequalities, HTPCT Assistant Director Recreation, HC	Vicky Hobart (Replacement starts Jan 09) John Morris
Improved quality of life ***and*** Economic Well-being	Assistant Director Culture & Libraries, HC Assistant Director Community Housing, HC	Diana Edmonds Phil Harris
Making a positive contribution	Director HAVCO Voluntary Sector Rep	Naeem Sheikh Robert Edmonds
Increased choice & control ***and*** Freedom from discrimination & harassment ***and*** Maintaining dignity & respect	Assistant Director Adult Services, HC Head of Strategic Commissioning Adults & Older People, HTPCT	Lisa Redfern Alex McTeare (replacement TBC)
Joint Commissioning	Director Strategic Commissioning, HTPCT Assistant Director Commissioning & Strategy, HC	Helen Brown Margaret Allen

DRAFT

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:

DRAFT

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.

The work of the partners in putting together the Framework and improving well-being has formed a part of the application which was a finalist for the Health Service Journal 2007 Award for Cost-Effective Partnerships Working.[20]

The Framework and Implementation Plan was updated in 2008 to reflect the new national indicators, policy developments and data taking into account progress on the supporting programmes and initiatives. A full review of the priorities and actions in the implementation plan will take place in April 2009.

DRAFT

[20] http://www.hsjawards.co.uk/HSJAwards2007Shortlist.asp?m_pid=0&m_nid=18476

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
- LAA Block Group on Healthier Communities and Older People to agree priorities 2006-2007
- 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)
- Well-being Partnership Board event to finalise priorities and agree implementation structure

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 Disabilities Partnership Board), the voluntary and community sector well-being theme board and 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.

DRAFT

Appendix D Local Area Agreement Targets 2008-2011

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

WBPB LAA Indicators 2008-2011
NI 8 Adult participation in sport (2007-2010 stretch target)
NI 123 16+ current smoking prevalence
NI 39 Alcohol-harm related hospital admission rates
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 149 Adults in secondary mental health services in settled accommodation
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
NI 141 Number of vulnerable people achieving independent living
NI 125 Achieving independence for older people through rehabilitation /intermediate care
Local Indicators
NI 127 Self reported experience of social care users
NI 128 User reported measure of respect and dignity in their treatment
NI 119 Self reported measure of peoples overall health and well-being
Number of older people permanently admitted into residential and nursing care (2007-2010 stretch target)
Number of adults permanently admitted into residential and nursing care (2007-2010 stretch target)
% of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis
Number of accidental dwelling fires (2007-2010 stretch target)
Number of smoking quitters in the N17 area (2007-2010 stretch target)
Cross-cutting LAA Indicators
NI 126 Early access for women to maternity services
NI 140 Fair treatment by local services- proxy to what extent does your local council treat all types of people fairly
NI 35 Building resilience to violent extremism
NI 40 Drug users in effective treatment
NI 51 Effectiveness of CAMHS
NI 56 Obesity among primary school age children in Year 6
NI 112 Under 18 conception rate
NI 113 Prevalence of Chlamydia in under 20 year olds
NI 116 Proportion of children in poverty
NI 156 Number of households living in temporary accommodation
NI 187 Tackling fuel poverty- people receiving income based benefits living in homes with a low energy efficiency rating
Local NI 175 Access to services and facilities by public transport (and other specified models)
Local NI 53 Prevalence of breastfeeding at 6-8 weeks from birth
Local Increase the percentage of children immunised by the 2nd birthday
Local carbon emissions from vulnerable private households (2007-2010 stretch target)

DRAFT

Appendix E Setting the Scene for the Framework

Below are some key facts that relate to each of the well-being outcomes.

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 (Tottenham Green – 70.6 years) compared to men living in one of the most affluent wards (Alexandra– 78.9 years) based on 2002-2006 data.
- Male life expectancy is 76.5 years (1.8 years below the average for England and Wales) and female life expectancy is 80.8 years (0.6 years below the average for England and Wales). For males the gap with the national average is widening; the difference was 1.3 years in 1996-8, but is now 1.8 years.
- Hospital admissions for stroke in Haringey occurred in 2004/05 to 2006/07 at a rate of 47.7 per 100,000. Higher rates of stroke admissions were observed in the wards of Tottenham Hale, Seven Sisters, Woodside and White Heart Lane. Lower rates were observed in Muswell Hill and Stroud Green.
- In 2006 the death rate for cancer in Haringey was 118.6 per 100,000 compared to 112,9 for London as a whole.
- Infant mortality in Haringey (2004-2006) was 7.2 per 1000 live births. Between 2004 to 2006 infant mortality rates in Haringey were the highest in London. .
- 8.2% of Haringey babies weighed less than 2,500 grams at birth between 2004 to 2006 compared to the national figure of 6.4%.
- 16 of Haringey's 19 wards have teenage conception rates over 54.3 per 1000 (conceptions in females less than 18 years of age). Haringey teenage conception rate, however, is beginning to fall, down from 79.3 girls in every 1000 in 2002 to 63.7 in 2005. High rates correlate closely within the wards with the highest levels of poverty and deprivation.
- 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.
- 56.3% of Haringey residents surveyed as part of the Active People Survey 2006 participated in moderate physical activity for at least 30 minutes at least three times per week..

Improved Quality of Life

- More than 2.1 million visitors to our libraries in 2007/08
- 4000 enrolments on learning courses targeted annually in 2007/08
- Provide a mobile library especially designed with disability access.
- 2.15 million visits were made to our public libraries in 2007/08

DRAFT

- 1.3 million books, CDs, videos, DVDs and toys were issued by libraries in 2007/08
- 86% of customers over 15 rated the library service as 'very good' or 'good' in 2007/08
- Delivered a full and successful programme of events and activities for adults and children, supporting learning, recreation, well-being, literature, music and Black History Month
- 36,500 people visited Bruce Castle Museum in 2007/08
- 1274 people enrolled on learndirect courses in 2007/08
- 2263 people were given guidance on their career and learning development in 2007/08
- Crime was the top personal concern in the Council's 2007/08 Annual Residents' Survey. It was mentioned by 46%of all respondents. This is compared to 54% in London. In 2007/08 79% of residents felt very safe or fairly safe outside during the day compared with 75% of residents in 2004/05. In contracts, only 41% of residents report feeling safe at nighttime in 2007/08.
- Total Notifiable Offences have fallen annually since 2003/04 with an overall drop of 18.7% between 2002/03 and 2006/07. A total of 29487 offences were committed in Haringey in 2007-08, 3.6% lower than in 2006/07. Haringey had the 13th highest number of offences per 1000 population of the 32 London boroughs and the 6th highest among its 13 'Most Similar' Crime and Disorder Reduction Partnerships.
- Haringey continues to perform well in relation to burglary with consistent reductions over the last three financial years[21]; 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. 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.
- Crimes that have shown an increase in 2008 are Domestic Burglary and Theft From a Motor Vehicle (TFMV). [22]
- Haringey achieved a 7.3% reduction in violent offences[23] during 2008/09.[24]
- Adult social care services in Haringey support 809 people using day care services at 31/10/08 and deliver 13139 hours of home care per week for 1163 service users.[25]
- There are approximately 16,000 carers in the borough, of which 1000 are on the Haringey Council register. These figures are likely to be

[21] Unless otherwise stated, crime data included below is from the Partnership Data Report, which is produced by the Safer Communities Partnership
[22] Detailed statistics will be released in a new Strategic Assessment in 2008.
[23] '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
[24] Ibid
[25] based on an annual survey 8th to 14th September 08.

DRAFT

underestimates, as many people who provide help and support to a relative, friend or neighbour do not identify themselves as carers.

Making a Positive Contribution

- Haringey has a large, vibrant community and voluntary sector, with some 600 groups on the council's database, although the true number is believed to be closer to 1000.
- 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.
- Haringey Area Assemblies attract an average of over 50 attendees[26].Haringey is consistently below the turnout figures for London (and for UK for the 2005 Parliamentary elections). Turnout tends to be lower in more deprived areas, Haringey has above average levels of deprivation, even by London standards. For the last two borough council elections (2002 and 2006), however, Haringey's turnout has improved by almost 8 percentage points closing the gap with London turnout (from 3.8 to 2.1 percentage points). At the 2008 London Mayoral/Assembly election, Haringey experienced a 15% increase in voter turnout on 2004 figures, compared with a 20% increase across London.
- The 2006 borough council elections figures, shows the gap between the ward with the lowest turnout in the borough (27% in Tottenham Green) and the highest turnout (45% in Highgate) is 18 percentage points. Turnout tends to be lower in the more deprived east of the borough.

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

[26] Area Assemblies provide residents with an opportunity to question 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.

DRAFT

- In August 2004, the claim rate for Attendance Allowance[27] 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.
- 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

- There are currently (May 2007) 12,150 IB/SDA claimants in Haringey, representing 7.7 per cent of the working age population. This is down from the 12,440 (7.9 per cent claim rate) IB/SDA claimants in Haringey a year earlier and is also at its lowest level in six years.
- The highest concentrations of IB/SDA claimants are mainly in the east of the borough, specifically in areas in Bruce Grove, Harringay, Hornsey, Noel Park, Northumberland Park, West Green, White Hart Lane and Woodside wards. In these areas, IB/SDA claim rates range from 11.8 per cent and 15.3 per cent.

Freedom From Discrimination or Harassment

- The police dealt with 1552 domestic violence offences in Haringey in 2007-2008[28].
- Based on national averages the costs of domestic violence for Haringey are[29]:

	£ 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 2006-2007, there were 185 racist offences, 46 homophobic offences 25 faith hate offences and one disability discrimination offence in Haringey. In 2007/08 there were 192 racist offences.
- Haringey had the 6th lowest rate of racist offences in London in 2007/08 for the number of racist offences and lowest amongst its ‘Most Similar’ and

[27] 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
[28] Data supplied by Haringey Council’s Domestic Violence Co-ordinator
[29] Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8th June 2005

neighbouring boroughs. Haringey has the 10th highest number of faith hate offences in

- London and 7th highest number of homophobic offences.

Economic Well-being

Employment/unemployment

- Haringey ranks as one of the most deprived boroughs in the country. At 2006/07, 8,000 people were estimated to be ILO unemployed in Haringey – this represents 7.1 per cent of the working age population. The ILO unemployment rate in Haringey has fallen significantly since the high of 12.7 per cent at 2001/02. Haringey's ILO unemployment rate is now below that of London (7.6 per cent) but remains above the England average of 5.5 per cent.
- In October 2007 there were 6,720 Haringey residents claiming Job Seekers Allowance, which at a rate of 4.3%, is considerably higher than the rate for London (2.7%) and is over twice as high as the rate for Great Britain (2.1%)[30]Across Haringey, there remain persistent pockets of unemployment deprived areas. This is particularly true in Northumberland Park where, in certain parts, JSA claim rates reach as high as 16.7 per cent – nearly four times the borough average and nearly eight times the national average. Estimates from the GLA show Northumberland Park to have the highest JSA claim rate out of all wards in London[31].

- There are currently (May 2007) 12,150 IB/SDA claimants in Haringey, representing 7.7 per cent of the working age population. Unlike JSA claimants, the majority of IB/SDA claimants in Haringey are longer term. At May 2007, 56.5 per cent IB/SDA claimants had been in receipt of these benefits for five years or more. This figure has increased by 37.2 per cent (1,860 claimants) since May 2000. However, the same story is true for London and England.

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.

---

[30] Data from Greater London Authority and Office for National Statistics

[31] GLA (2007) *Claimant count data by age, gender and duration for London boroughs and wards, October 2007*: GLA Data Management and Analysis Group.

- 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 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)

- There were 6,720 Job Seeker Allowance (JSA) claimants in Haringey in October 2007**;** Northumberland Park had the highest JSA claim rate out of all wards in London.
- The current JSA claim rate in Haringey of 4.3% per cent still remains above the London average of 2.7 per cent and the England average of 2.1 per cent, although the gap has narrowed considerably in recent years.

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.Key findings of the Housing Needs Assessment 2007[7]include:

• The assessment identified a shortfall of approximately 4,865 affordable housing units per annum;
• An estimated 21% of households were living in unsuitable housing, with disrepair and unfitness as major problems;
• 8.9% of households were overcrowded
• In 2005/06, 431 single vulnerable people were accepted as homeless
• Single parents and people from black and minority ethnic communities were more likely to be in housing need;
• All 19 wards display an overall shortage of affordable housing, but the shortage was most apparent in Harringay, Bruce Grove, Northumberland Park and Tottenham Green; and
• The requirement for affordable housing was most acute for three and four bedroom properties.

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.
- A new contract with British Gas to continue the ‘Here to HELP’ initiative in Haringey was signed in January 2007. Approximately ***1065*** homes have received improved energy efficiency and home security measures via the ‘Here to HELP’ scheme run by British Gas.
- The definition of fuel poverty is of someone who spends more than 10% of their income on keeping themselves warm. The fuel poverty indicators from the Centre for Sustainable Energy rank Haringey as 230th out of 304 local authorities, with 5.7% of households deemed to be in fuel poverty.

Maintaining Personal Dignity and Respect

Adult Social Care Services in Haringey:

- Supported 4,500 people using our safe and sound community alarm service in 2006/07.
- 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.

DRAFT

Appendix F Equality Impact Assessment Oct 2007 (Under Review)

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

DRAFT

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)*.[32] 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 and accompanying

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

DRAFT

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.

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[33]
- 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[34]
- 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

[33] 2005 mid-year population estimates: Full Briefing August 2006, Haringey Council
[34] 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

- 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)[35] in the Tottenham Parliamentary Constituency (east of the borough) are amongst the 10% most deprived in the country. However, fewer 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[36].
- Based on national averages the costs of domestic violence for Haringey are £ 97.19 million in total[37]
- 952 people in Haringey were living in a same-sex relationship in 2001[38]
- There were 31 civil partnerships in Haringey in December 2005, when civil partnerships became legal[39] and 188 in 2006[40]

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.

---

[35] 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.

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

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

[38] 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

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

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

DRAFT

- 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.
- 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.[41] 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* [42] 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)

[41] http://harinet.haringey.gov.uk/index/council/strategiesandpolicies/local_area_agreement.htm#teia
[42] Callum C & White P, Tobacco in London: The preventable burden. Smokefree London & London Health Observatory, March 2004.

DRAFT

- Nationally as at 2004 32% of manual workers smoked compared to 21% of those in non-manual occupations. [43] 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

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

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

DRAFT

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

DRAFT

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
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.
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.
3	Making a positive contribution	To encourage opportunities for active living including getting involved, influencing decisions and volunteering	Older people, women and disabled 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

DRAFT

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.

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

DRAFT

This page is intentionally left blank

Well-being Strategic Framework Implementation Plan Update- Draft			
***Our Health, Our Care, Our Say* (OHOCOS) Outcome**	**Haringey Objective**	**Haringey Priorities in the Well-being Strategic Framework**	**Key Performance Indicators**
Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey	• Improve access to effective primary, community and other health care services	• NI 119 Self-reported measure of people's overall health and wellbeing DH DSO • NI 120 All-age all cause mortality rate PSA 18 • NI 122 Mortality from all cancers at ages under 75 DH DSO • NI 126 Early access for women to maternity services PSA 19 • NI 131 Delayed transfers of care from hospitals DH DSO • NI 134 The number of emergency bed days per head of weighted population DH DSO • NI 137 Healthy life expectancy at age 65 PSA 17 • Number of older people permanently admitted into residential and nursing care • Number of adults people permanently admitted into residential and nursing care • % of HIV-infected patients with CD4 count • Clients receiving a review (PAF D40)
		• Reduce physical inactivity	• NI 8 Adult participation in sport and active recreation

Draft

			•
		• Improve diet and nutrition	• NI 56 Obesity among primary school children in Year 6 •
		• Reduce the number of people who smoke, and the number of people exposed to second hand smoke.	• NI 121 Mortality rate from all circulatory diseases at ages under 75 DH DSO • NI 123 Stop Smoking
		• Prevent premature deaths from suicide, accidents and injuries	•
		• Reduce the harm caused by drugs and alcohol	• NI 39 Rate of hospital admissions per 100,000 for alcohol related harm • NI 40 Number of drug users recorded as being in effective treatment
		• Improve sexual health	• NI112 Under 18 conception rate • NI113 Prevalence of Chlamydia in under 20 year olds
Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey	• Improve mental health	• NI 51 Effectiveness of CAMHS services
		• Protect people from environmental and communicable threats to health	
Improved	To promote	• Promote cultural life and libraries as centres	• NI 9 Use of Public Libraries

Draft

quality of life	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	of learning, social, economic and cultural activity	• NI 10 Visits to Museums and Galleries • NI 11 Engagement in the Arts • Visitors to Libraries Per 1000 • Visitors to Museums Per 1000 • Cost per library visit
		• Enhance future facilities for improving well-being	• Parks • Children and young people's satisfaction with parks and play area
		• Enable people to undertake life-long learning opportunities	• HALS
		• Develop a greater range of social activities within the community	•
		• Reduce fear of crime	• NI Awareness of civil protection arrangements in the local area • NI 27 Understanding of local concerns about anti-social behaviour and crime issues by the local council and police
		• 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	• NI 175 Access to services and facilities by public transport
		• Improve sports and leisure provision	
		• Enhance home care	• NI 136 People supported to live independently

Draft

			through social services (all ages) PSA 18 • NI 139 The extent to which older people receive the support they need to live independently at home PSA 17 • Households receiving intensive home care per 1,000 population (PAF C28 BVPI 53)
		• Provide culturally appropriate support for carers, including preparing for when they are no longer able to care	• NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information DH DSO
		• Increase opportunities for people to live independently in their own homes	• NI 138 Satisfaction of people over 65 with both home and neighbourhood PSA 17 • NI 141 Number of vulnerable people achieving independent living CLG DSO • NI 142 Number of vulnerable people who are supported to maintain independent living CLG DSO • NI 143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence PSA 16 • NI 145 Adults with learning disabilities in settled accommodation PSA 16 • NI 147 Care leavers in suitable accommodation PSA 16 • NI 149 Adults in contact with secondary mental

Draft

			health services in settled accommodation PSA 16
Making a positive contribution	To encourage opportunities for active living including getting involved, influencing decisions and volunteering	• Create opportunities for having a say in decision making	• NI 3 Civic participation in the local area
		• Promote user and carer involvement and engagement in service commissioning and delivery	• NI 127 Self reported experience of social care users PSA 19
		• Increase opportunities for volunteering	• NI 6 Participation in regular volunteering • NI 7 Environment for a thriving third sector
Increased choice and control	To enable people to live independently, exercising choice and control over their lives	• Ensure service users and carers have a say, and are involved in developing their care plans	• NI 125 Achieving independence for older people through rehabilitation/intermediate care DH DSO • NI 132 Timeliness of social care assessment DH DSO • NI 133 Timeliness of social care packages DH DSO
		• Provide appropriate care in the community	• NI 129 End of life care - access to appropriate care enabling people to choose to die at home DH DSO
		• Promote the use of direct payments as widely as possible	• NI 130 Social Care clients receiving Self Directed Support (Direct Payments and Individual

Draft

			Budgets) DH DSO
		• Further access to employment through individual budgets	•
		• Support individuals with long-term conditions in self- management	• NI 124 People with a long-term condition supported to be independent and in control of their condition DH DSO
		• Develop housing related support services for vulnerable people	•
Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment	• Provide services in a fair, transparent and consistent way[1]	• NI 140 Fair treatment by local services PSA 15 • 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)
		• Address stigma associated with long- term conditions such as mental health problems and sexual ill health	
		• Support victims and witnesses of crime	Crime targets? • NI 26 Specialist support to victims of a serious sexual offence

Draft

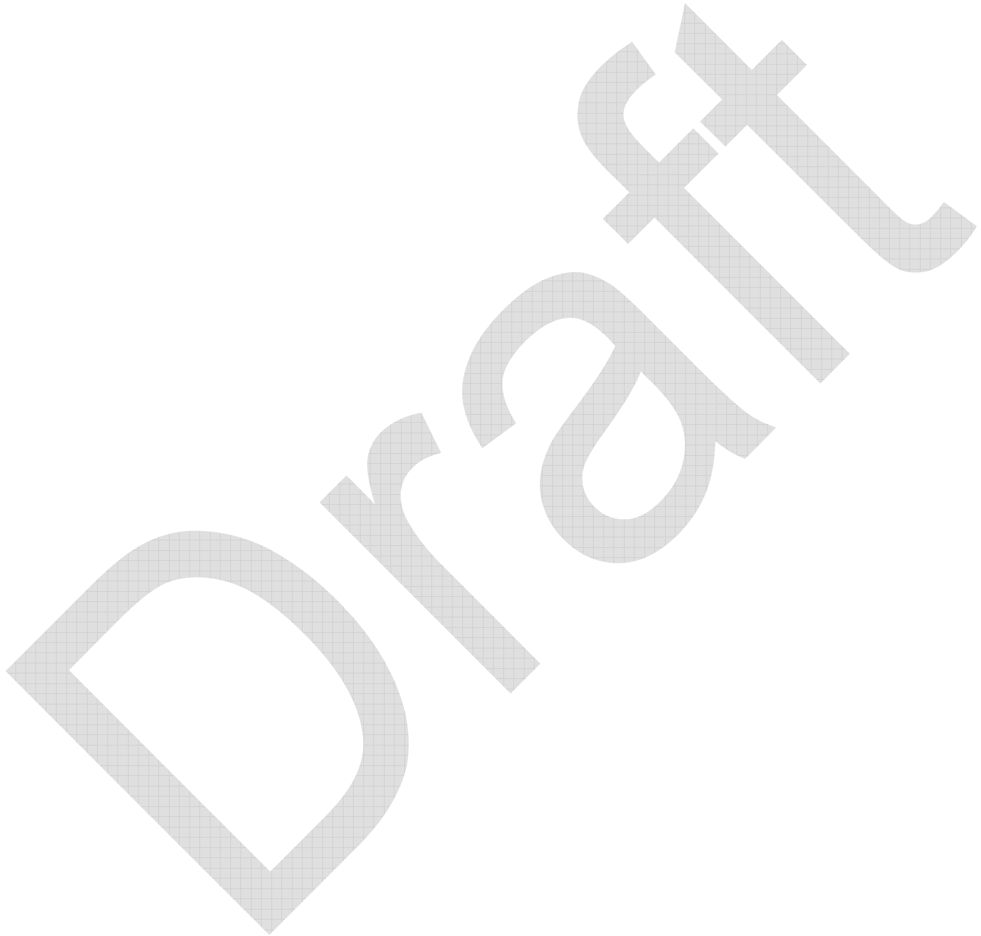
		• Prevent and reduce domestic violence	• NI 34 Domestic violence- murder • NI Repeat incidents of domestic violence
		• Prevent and reduce hate crime and harassment	• NI 1 % of people who believe people from different backgrounds get on well together in their local area
		• Address anti-social behaviour (ASB)	• NI 17 Perceptions of anti-social behaviour • NI 24 Satisfaction with the way the police and local council dealt with anti-social behaviour • NI 25 Satisfaction of different groups with the way
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 young people leaving school and entering employment or training	• NI 117 16-18 year olds not in education employment and training
		• Increase the numbers moving from worklessness into employment	• NI116 Proportion of children in poverty • NI 151 Overall employment rate (working age) • NI 152 Working age people on out of work benefits • NI 153 Working age people claiming out of work benefits in the worst performing neighbourhoods.
		• Improve the ease of access to employment	• NI 150 Adults in contact with secondary mental

Draft

Draft

		and mainstream provision for disabled people, including those with mental health problems and long-term conditions	health services in employment PSA 16 • NI 144 Offenders under probation supervision in employment at the end of their order or licence PSA 16 • NI 146 Adults with learning disabilities in employment PSA 16 • NI 148 Care leavers in employment, education or training PSA 16
		• Prevent homelessness wherever possible	• NI 156 Number of households living in temporary accommodation
		• Maximise the supply of good quality affordable housing available to homeless people	• NI 155 Number of affordable homes delivered (gross)
		• Reduce fuel poverty	• NI 187 Tackling fuel poverty- people receiving income based benefits living in homes with low energy efficiency.
		• Ensure that vulnerable people have decent, energy efficient homes	• NI 158 % of non-decent council homes
Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care, preventing abuse of service users occurring wherever possible, dealing with it appropriately and	• Improve access to small items of equipment to enable people to live independently in their own homes	• NI 128 User reported measure of respect and dignity in their treatment DH DSO • Availability of single rooms (PAF D37) • Numbers of relevant staff in post who have had training in addressing work with vulnerable adults.
		• Increase the choice and availability of community meals including culturally appropriate meals	•

	effectively if it does occur	• Protect vulnerable adults from abuse	•



LAA Indicators

This page is intentionally left blank

Meeting: Well-Being Strategic Partnership Board

Date: 3 December 2008

Report Title: Draft Well-Being Strategic Partnership Board Risk Register

Report of: Margaret Allen, Assistant Director Commissioning and Strategy

Purpose

To provide the Well Being Partnership Board with a draft well being risk register.

Summary

Theme boards are now taking ownership of risk registers. The attached risk register include risks associated with the running of the partnership board and the key indicators.

Legal/Financial Implications

N/A.

Recommendations

That the Well Being Partnership Board to note the draft risk register. A final version will be reported back to the Well Being Partnership Board in March 2009.

For more information contact:

Name: Margaret Allen
Title: Assistant Director Commissioning and Strategy
Tel: 020 8489 3719
Email address: margaret.allen@haringey.gov.uk

Appendices: Well Being Partnership Board Risk Register

This page is intentionally left blank

HSP – Well-being Theme Board Risk Register 2008-09

Well-being Theme Board Significant Risks

This document sets out the HSP Well-being Theme Board key risks, as per our agreed approach. The risks are based upon the LAA targets, which have been included below for information.

i. NI8 - Adult participation in sport (2007 – 2010 stretch target)
ii. NI39 - Alcohol-harm related hospital admission rates
iii. NI21 - Mortality rate from all circulatory diseases at ages under 75
iv. NI123 - 16+ smoking rate prevalence
v. NI125 - Achieving independence for older people through rehabilitation /intermediate care -delayed until Oct 2008 (provisional)
vi. NI135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information
vii. NI141 - Number of vulnerable people achieving independent living
viii. NI149 - Adults in secondary mental health services in settled accommodation - delayed until 2009

Key to the Risk Register:

Ref: Details the reference number (usually the National Indicator) for the risk.

Risk Identified: Details the risk identified by the PMG or Theme Board.

Inherent Risk: Is assessed by Impact (I) and Likelihood (L). The Inherent risk is the impact of the risk occurring, and how likely it is to occur, without any mitigating actions in place to address the risk. The Impact and Likelihood of the risks are scored from Low to High according to the schedule in Appendix 1 of this report. The rankings can be tied into the overall HSP risk framework.

Controls: The actions and processes which are currently in place to manage the risk identified.

Residual Risk: Is assessed on the same rankings as Inherent Risk. The Residual Risk is the impact and likelihood of the risk occurring with the current controls in place.

Further Action: Where there is outstanding residual risk, further actions have been identified by the Theme Board to reduce the exposure of the Theme Board to the risk. A separate action plan, including a timetable for implementation of the further actions, will be produced where appropriate.

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
Lack of continuity of membership across the theme board							
W-B1	Lack of continuity of membership impacts on the ability to deliver on outcomes/targets: • High turnover of members • Inability to recruit and/or retain right members • Non-attendance of members at meetings • Lack of continuity and/or succession planning **Risk Owner:** Co-Chairs of sub-groups.	Low	Low	• Agreed recruitment procedures for Theme Board membership • Responsibility for filling posts identified • Training & Development for Theme Board members • Reporting processes to highlight and identify vacancies and/or non-attendance • Membership reviewed annually **Control Owner:** Co-Chairs of sub-groups.	Low	Low	• Action plan to address identified gaps to be drawn up. • Terms of reference/membership to be reviewed annually and to be ratified at WBCE. • Regular further workshops (next to be held on 21 January 09) to discuss effectiveness of sub-group structure and ensuring delivering to well being objectives.

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
Data Quality and/or Information management arrangements							
W-B2	• Information requirements not identified • Responsibility for data collection and verification not identified and/or assigned to specific officers • Information provided is inaccurate or not in accordance with agreed timescales **Risk Owner:** Co-Chairs of sub-groups.	Med	Med	• Monitoring and capturing information by the well being outcome focussed groups and reviewed quarterly. **Control Owner:** Co-Chairs of sub-groups. Quarterly well being scorecard submitted. **Control Owner:** ACCS and HTPCT Performance Managers	Low	Low	• Scrutiny from the joint commissioning and performance sub-group. **Further action owner:** co chairs of the Joint Commissioning and Performance sub-group.
Governance arrangements							
W-B3	• Proper governance arrangements not in place • Principles of good governance not embedded • Theme board members fail to act in accordance with principles of good governance. • Declarations or conflicts of interest not completed	Low	Low	• WBPB terms of reference reviewed and ratified annually. • Members of the WBPB and sub-groups declare any personal and/or pecuniary interests with respect to agenda items and do not take part in any decision required with respect to these items. **Control Owner:** WBPB and Co-Chairs of sub-groups.	Low	Low	No further action required.

DRAFT

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	• Potential conflicts of interest not addressed/acted on to ensure appropriate decisions are taken **Risk Owner:** WBPB.						
Non-delivery of outcomes; allocation of resources, commissioning, spend, linkages to other theme boards/cross-cutting work not identified							
W-B4	Oucomes not delivered: • Lack of, or ineffective financial and/or performance monitoring • Resources not allocated, or not allocated appropriately • Inadequate financial and/ or management information provided to the Theme Board • Commissioning not carried out according to plan • Expenditure exceeds allocated budget • Failure to spend allocated budget within agreed/ approved timescales (potential loss of grant funding)	High	Low	• Sub-groups are outcome focussed. • Structure and terms of reference of sub-groups and WBPB agreed by WBPB. • OHOCOS outcomes monitored and reviewed by sub-groups. • Sub-groups work together to ensure there is joint ownership and delivery of the framework. • WBPB monitor the implementation of projects delegated to the well-being sub groups. • Sub-groups monitor the implementation of projects delegated to them and report to the WBCE. • WBPB and Sub-groups	Low	Low	• Regular further workshops (next to be held on 21 January 09) to discuss effectiveness of sub-group structure and ensuring delivering to well being objectives. • Monitor frequency of sub-group meetings. • Create cycle of regular

DRAFT

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	• Effective reporting does not take place • Failure to work effectively with other theme boards on relevant issues **Risk Owner:** Co-Chairs of sub-groups.			monitor progress on LAA targets. • Sub-groups consider, comment on and endorse, as appropriate strategic documents from other partnership boards or sub-groups relating to group's outcomes that require a joint multi-agency response. • Sub-groups report to the partnership board via the sub-group chairs. • Sub-groups account for actions and performance through regular reports to the WBPB via the joint commissioning group which manages finance and performance of the WBPB. • WBPB monitors 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. • WBPB accounts for actions			update reporting from sub-groups to WBCE.

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
				and performance through regular reports to the HSP via the joint commissioning group which manages finance and performance for the WBPB. WBPB nominates a member to represent it on the HSP board. **Control Owner:** Co-Chairs of sub-groups.			
Adult participation in sport (2007 – 2010 stretch target)							
NI8	Failure to increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5%. **Risk owner:** ACCS- AD Recreation	Low	High	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Med	No further action required.
	Failure to increase the proportion of older people (60+) use of our leisure centres by 5% per annum from 101,000 to 116,920.	Low	Med	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport	Low	Low	Partnerships working with Adult SS, Age Concern, etc.

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	Risk owner: ACCS- AD Recreation			and Leisure			
	Failure to increase the proportion of disabled people use of our leisure centres by 5% from 96,000 to 111,132. **Risk owner:** ACCS- AD Recreation	Low	Med	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Low	Partnerships working with Adult SS, Age Concern, etc.
	Failure to increase the proportion of lower socio economic use of our leisure centres by 2% from 112,000 to 118,855. **Risk owner:** ACCS- AD Recreation	Low	Med	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Low	Partnership working with relevant agencies
	Failure to increase sports and leisure use equally across BME communities and reduce the differential by 2% from 4%. **Risk owner:** ACCS- AD	Low	High	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Med	Partnership working with relevant agencies

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	Recreation						
	Failure to increase parks and open space use across BME communities and reduce the differential by 3% from 10.3% to 7.3%. **Risk owner:** ACCS- AD Recreation	Low	High	Targeted activity programmes and publicity plus outreach work. Community champions initiative. Monitoring through annual parks survey. **Control owner:** Parks and Open Spaces Manager	Low	Med	No further action required.
	Failure to increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66. **Risk owner:** ACCS- AD Recreation	Med	High	Publicity, HARIACTIVE initiative, enhanced activity programmes, events calendar. Monitoring through annual parks survey and quarterly programmed use monitoring. **Control owner:** Parks and Open Spaces Manager & Policy and Development Manager	Med	Med	Review by RSMT to determine what further action may be required.
	Failure to increase the percentage of residents visiting a park at least once a month 3% from 88.3% to 91.3%. **Risk owner:** ACCS- AD Recreation	Med	High	Publicity, HARIACTIVE initiative, enhanced activity programmes, events calendar. Monitoring through annual parks survey and quarterly programmed use monitoring. **Control owner:** Parks and Open Spaces Manager & Policy and Development Manager	Med	Med	Review by RSMT to determine what further action may be required.

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
Alcohol-harm related hospital admission rates							
NI39	Delay in undertaking data analysis of alcohol related hospital admissions and mortality Failure to make impact on alcohol-harm related hospital admissions. **Risk owner:** Associate Director of Public Health for Adults and Older People	Low	Low	Specification for analysis drafted, and analyst commissioned **Control owner:** Associate Director of Public Health for Adults and Older People	Low	Low	No further action required.
Mortality rate from all circulatory diseases at ages under 75							
NI21	Capacity to remodel stroke care (hyper-acute centres, care pathways, rehabilitation, on-going support). **Risk owner:** Associate Director of Public Health for Adults and Older People	Med	Low	Scrutiny of stroke prevention in progress. New PH consultant lead for stroke **Control owner:** Associate Director of Public Health for Adults and Older People	Low	Low	OSC review underway.
16+ smoking rate prevalence							
NI123	Failure to appoint to tobacco control commissioner post to	Med	Low	Interim commissioner appointed	Low	Low	Recruitment to vacant advisor

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	oversee Tobacco Control Strategy implementation Staff turn over in quit smoking team, including new manager **Risk Owner:** Associate Director of Public Health for Adults and Older People			Manager now in post **Control owner:** Associate Director of Public Health for Adults and Older People			post
Achieving independence for older people through rehabilitation /intermediate care -delayed until Oct 2008 (provisional)							
NI125	Failure to improve the involvement of people in care planning by increasing the number of person-centred care plans. **Risk owner:** Co-chairs of the 4-5-7 outcome sub-group (AD Adult Service & Head of Strategic Commissioning Adults & Older People).	Low	Low	• Scrutinised in monthly performance call over. • Monitored through bi-monthly 4-5-7 outcome sub-group. **Control owner:** ACCS- AD Adult Services	Low	Low	No further action required.
Carers receiving needs assessment or review and a specific carer's service, or advice and information							
NI135	Failure to improve information and communication methods	High	Med	• Number of carers who receive an assessment of their needs,	Med	Low	• Implement the Carers

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	with carers. **Risk owner:** Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).			leading to services and/or further information/advice monitored through performance call overs. • Role and needs of carers are standing items on team meeting agendas. • Individual worker supervision includes review of numbers of carers assessments completed and carer outcomes achieved. • Learning disability carers forum meets regularly. Issues are reported back to the Learning Disability Partnership Board and to the carers commissioner. • Carers Partnership Board reconvened with a work plan agreed. **Control owner:** ACCS Head of Strategic Commissioning			Partnership Board work plan including the information and communicati on workstream. • Make links with other sub-groups as appropriate.
	Failure to offer culturally appropriate assistance and support for the cared-for	High	Med	• BME voluntary sector partners commissioned to (i) provide services to BME carers (ii)	Med	Low	• Implement the Carers Partnership

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	person. **Risk owner:** Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).			perform advocacy role (iii) complete carers assessments on behalf of council. • Revised carers strategy to include full needs/gap analysis of current services to inform future model of care. **Control owner:** ACCS Head of Strategic Commissioning			Board work plan. • Make links with other sub-groups as appropriate.
	Delay in developing a commissioning strategy for carers. **Risk owner:** Co-chairs of the 2-6 outcome sub-group (AD Culture & Libraries and AD Community Housing).	Med	Low	• Carers Partnership responsible for managing process of developing strategy including consultation. **Control owner:** ACCS Head of Strategic Commissioning	Low	Low	• Implement the Carers Partnership Board work plan. • Make links with other sub-groups as appropriate.
Number of vulnerable people achieving independent living							
NI141	Failure to increase access to day opportunities. Failure to increase the number of older people helped to live at home per	Med	Med	• All clients in supported housing to be given a basic benefit check to maximise their income on arrival in the service and assistance in	Low	Low	• 100% of tenants to have had a benefit check within

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	1,000 aged 65 and over. Failure to increase the number of younger physically disabled people helped to live at home per 1,000 aged 18-64. Failure to increase the number of service users who are supported to establish and maintain independent living. Failure to increase the number of service users who have moved on in a planned way from a temporary living arrangement. **Risk owner:** Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).			applications as needed. • Support the planning and implementation of individual budgets. • Support implementation of employing people with disabilities. **Control owner:** ACCS – AD Commissioning and Strategy			6 weeks of arrival on the scheme. • Pilots in physical disabilities and learning disabilities already • *Haringey Guarantee update to be included here.*
Adults in secondary mental health services in settled accommodation - delayed until 2009							
NI149	Failure to increase the number of adults aged 18-64 with mental health problems helped to live at home.	Low	Low	Monitored and scrutinised at monthly performance call over meetings with all service leads.	Low	Low	No further actions required.

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	Risk owner: Co-chairs of the Outcome 1 sub-group (Associate Director of Public Health for Adults and Older People and AD Recreation)			**Control owner:** ACCS – AD Adult Services			

DRAFT

HSP – Well-being Theme Board Risk Register 2008-09

Appendix A1

Impact and Likelihood Scales

To be used as a guide in assessing risk ratings:

Descriptor	Impact Guide	Likelihood Guide
LOW	No or limited impact. Financial loss up to £10,000, or no impact outside single objective or no adverse publicity	Up to 10% likely to occur in next 12 months
MEDIUM	Financial loss up to £300,000, or impact on many other processes, or local adverse publicity, or regulatory sanctions (such as intervention, public interest reports)	Up to 40% likely to occur in next 12 months
HIGH	Financial loss up to £1 million, or major impact at strategic level, or closure/transfer of business	Up to 90% likely to occur in next 12 months

DRAFT

This page is intentionally left blank

Agenda Item 8

haringey strategic partnership

Meeting: Well-Being Strategic Partnership Board

Date: 8 December 2008

Report Title: Update on Joint Strategic Needs Analysis (JSNA) – Phase 2

Report of: JSNA Steering Group

Purpose

To provide the Well Being Strategic Partnership Board with an update on the JSNA Phase 2.

Summary

The JSNA Phase 2 prioritises four areas for detailed needs assessment:

- Sexual health
- Mental health
- Vulnerable children & young people
- Population

The above is underpinned by the development of an interagency "data platform" which will facilitate the web based access to the JSNA, the underlying data sets and the sharing of data.

Each needs assessment will be driven forward by a partnership task group comprising of lead agencies. There is also a technical group that steers the investigation into population estimates, projection and mobility and the development of the data sharing platform. The task groups report back to the JSNA Steering Group.

Legal/Financial Implications

No specific legal implications.

There are no additional financial implications: JSNA Phase 2 will be contained within the existing resource commitment.

Recommendations

i. To note the 4 priorities for detailed needs assessment.

ii. To note the setting up of the 4 task groups and the draft Terms of References. Feedback on the Terms of Reference in particular on the

scope and membership is welcomed. iii. To request a report back on progress in 3 months.
For more information contact: Name: Jin Lim Title: Associate Director – Public Health (Children & Young People) Tel: 020 8442 5800 Email address: jin.lim@haringey.nhs.uk

Background

The undertaking of Joint Strategic Needs Assessment (JSNA) became a statutory duty for Directors of Public Health, Directors of Adults' Services and Directors of Children's Services on 1 April 2008. The purpose of the JSNA is to ensure that the commissioning of services is based on population need.

The JSNA describes the current and future health, care and well-being needs of a population and is a key resource for all agencies that have a role in improving health and well-being locally. The JSNA will be critical in determining the local priorities, and will contribute to the development of the Community Strategy and Local Area Agreements.

The JSNA is based on a core dataset, including the National Indicator Set. Local areas are expected to supplement this with additional locally relevant information to add depth and insight into the needs of their populations.

The JSNA has particular relevance to the Haringey Strategic Partnership as it will provide evidence for the development of strategies and commissioning plans during 2008/09 and will inform service changes from 2009/2010 onwards.

Progress in developing Haringey's JSNA

As outlined in the project initiation document, Phase 1 of Haringey's JSNA has been overseen by a JSNA Steering Group chaired by the Joint Director of Public Health, supported by a JSNA Delivery Group with representatives from partner organisations to support the technical aspects of developing the JSNA including data and IT requirements.

In Phase 1, we have:

- Developed a webpage describing the process, products and planned consultation on the Council's website, with links to HTPCT's website (http://www.haringey.gov.uk/index/social_care_and_health/joint_strategic_needs_analysis.htm)

- Produced a report on the minimum dataset for Haringey (Executive summary attached in Appendix A)

- Identified key knowledge gaps, and prioritised issues on which to focus on Phase 2 of the JSNA (Appendix B sets out the prioritisation process)

In Phase 2, we plan to:

1. Develop a web-based tool to host the JSNA minimum data set and future work

2. Address some of the knowledge gaps through four work streams focused on:
   - Sexual health
   - Mental Health
   - Vulnerable children and young people
   - Population change and growth

3. Develop a JSNA network to engage with voluntary and community groups on population need, test out early findings and gather intelligence held outside the statutory sector. This will also enable us to ensure that stakeholders are kept informed of relevant developments.

The draft Terms of References are attached as Appendix C. Feedback on the Terms of References, particularly on scope and membership are welcomed.

Appendices

Appendix A Executive Summary – JSNA Minimum Dataset
Appendix B Summary of prioritisation process
Appendix C Draft Terms of References for Task Groups

Appendix A:

Towards Joint Strategic Needs Assessment in Haringey: The core dataset, August 2008

Executive summary

In December 2007, the Department of Health published guidance[1] on Joint Strategic Needs Assessment (JSNA), which outlines a core dataset for local partners undertaking JSNA.

We recognise that significant progress has already been made in Haringey towards describing and identifying need in the community. This progress comes in the form of completed needs assessments of service streams such as in the Children and Young People's Service, as well as high-level reviews of current needs in Haringey including the Borough Profile and the Annual Public Health Report. This document builds upon these needs assessments and provides a summary of what is currently known about need in Haringey.

This document is not the final output of the JSNA process. In Haringey, JSNA will be a rolling programme of work rather than a single definitive needs assessment.

The main objectives of this document are to:

- Establish a high level picture of need in Haringey by reporting against indicators in the core data set,
- Summarise existing pieces of work which assess need in Haringey,
- Outline the major indicators available locally and some key trends demonstrated by these indicators
- Provide a resource for commissioning
- Identify major gaps in data availability,
- Identify priorities for future collection/ collation of data,
- Identify areas where our understanding of need is lacking.

This document does not:

- Replace the requirement for service areas to conduct detailed analysis of need within their services,
- Provide a comprehensive assessment of need across all services and populations in Haringey.

Detailed discussion of major sources of information are provided under the following chapter headings (Chapters 2-6):

- Describing the Haringey population
- Social and environmental context
- Disease risk factors and lifestyle
- Illness and premature death
- Service provision

---

[1] Department of Health. Guidance on Joint Strategic Needs Assessment. UK Department of Health, London. December 2007

We also summarise several major needs assessments that have already been carried out in Haringey in recent years (Chapter 7).

The information contained in this document supports much of what we already know about Haringey. Haringey is, in demographic terms, an exceptionally diverse and fast changing borough. 50% of the population overall, and three-quarters of young people, are from ethnic minority backgrounds, and around 200 languages are spoken in the borough. Haringey's population is projected to expand by 6.6 per cent or 14,900 residents by 2029, according to the ONS projections and by 10.6 per cent or 23,800 residents by 2031 according to the GLA projections estimates. Overall, the economy in Haringey appears to be about average for London, and reasonably competitive by national standards. Alongside this prosperity the borough has high levels of deprivation relative to both London and national standards. The health of the people in Haringey is generally worse than the England average. Life expectancy in men, infant mortality and teenage pregnancy appear worse than the England average. There are health inequalities within Haringey by location, gender, level of deprivation and ethnicity. Haringey has at least ten wards among the most deprived areas in England; and men from the most deprived group have six years shorter life expectancy than those in the least deprived group.

We have existing and well established mechanisms for understanding need and service use in Haringey. Significant work has already been done in many service areas towards understanding this need. Taking stock of what we already know in each of the chapters has allowed us to clearly identify areas where we need to do more work to understand need in Haringey. We currently do not know what effect projected population growth will have on needs in the community in 5-10 years' time. Also, while we understand how the people of Haringey use services, we do not always understand the extent of unmet need in the community, that is, whether there are people who currently do not use our services who have the capacity to benefit from services we provide.

This document has allowed us to identify the following areas where further needs assessment work is required:

- Measuring and understanding needs of mobile and transient populations,
- Developing more reliable measures of smoking prevalence and other disease risk factors, particularly in different communities within Haringey,
- Measuring and understanding the extent of unmet need for mental illness (treatment and prevention) services in adults and children,
- Understanding needs relating to sexual health to explain continuing high rates of teenage conceptions, unwanted pregnancy and STIs in Haringey,
- Understanding how people transition through services and how their need for services changes with time, e.g. through adolescence
- Understanding the potential of preventive services for people at risk to prevent them requiring services in the future.

Under the umbrella of JSNA we will undertake an ongoing program of work, which will involve seeking to obtain some of the information identified as a knowledge gap.

Prioritisation of areas of needs assessment as part of JSNA

Criteria for selecting area of needs assessment for JSNA:

First order criteria: (must be present for area to be considered, score 1-3)

1. Local area agreement (and sustainable community strategy) target
2. Gap identified in *Towards JSNA in Haringey*
3. Impact on commissioning/ financial sustainability

Second order criteria: (score 1-3)

4. Potential for assessment to be used in more than one content area
5. Size of population affected
6. Severity of outcomes
7. New/recent evidence of cost effective intervention
8. Window of opportunity/ Link to strategic outcomes/ Impact on decision making
9. Ability/capacity to undertake assessment AND act on findings

Criteria	**Mental health**	**Sexual Health**	**Vulnerable children and young people**	**Impact of population growth on services**	**Others??**
Scope	TBC – probably incremental approach required	Population wide	Vulnerable only – include children with additional needs/ disabilties, youth offending/ NEETs	Incremental approach required	
1. Local area agreement (and sustainable community strategy) target	7 targets in LAA**[3]**	3 targets**[2]**	Lots, mostly education**[3]**	All targets indirectly**[3]**	
2. Gap identified in *Towards JSNA in Haringey*	Yes – poor understanding of current need**[3]**	Yes – poor outcomes in Haringey**[3]**	Existing needs assessment, refreshed annually. Needs assessment required for subgroups such as vulnerable children and young people**[2]**	Very little population projection information used for service planning and financial projections**[3]**	
3. Impact on commissioning	**[3]**	**[3]**	**[3]**	Has the potential to impact significantly on commissioning and financial planning for services**[3]**	
Total for first order criteria	**9**	**8**	**8**	**9**	
4. Potential for assessment to be used in more than one content area	Safer Communities, Children's, Well-being, Enterprise, Housing**[3]**	CYP, Well-being, Enterprise**[2]**	tackle transition issue, sexual health issues**[2]**	Yes – across all areas**[3]**	
5. Size of population affected (prevalence/incidence)	Unknown but expected to be large**[2]**	Large**[2]**	Large**[2]**	Large – all**[3]**	
6. Severity of	Low - High**[2]**	Low - High**[2]**	Low - High**[2]**	Low - High**[2]**	

Criteria	Mental health	Sexual Health	Vulnerable children and young people	Impact of population growth on services	Others??
outcomes					
7. New/recent evidence of cost effective intervention	**[1]**	**[1]**	**[1]**	**[1]**	
8. Window of opportunity/ Link to strategic outcomes/ Impact on decision making	Yes, Mental Health Strategy review**[3]**	Yes, sexual health strategy review**[3]**	Yes – currently refreshing CYP needs assessment**[2]**	All service planning. Key stated outcome of JSNA. **[3]**	
9. Ability/capacity to undertake assessment AND act on findings	Yes, broad support			Need for actuarial capacity? Modelling capacity?	
Total for second order criteria	**11**	**10**	**9**	**12**	
Implementation issues	**Large project, would necessarily involve collection of raw data. Would need assistance from JSNA steering group.**	**Well scoped needs assessment, national model with data present. PCT may be able to fund external agency to conduct this work.**	**Needs assessment for all CYP refresh in progress. Additional work and possibly collection of raw data would be required to better assess the needs of vulnerable children and young people.**	**Interest in finance in PCT to tender for external agency to conduct this work independent of JSNA. Would need input from JSNA steering group and buy-in from council to ensure partnership focus and aligns with goals of JSNA.**	

This page is intentionally left blank

APPENDIX C

DRAFT Terms of References for the Phase 2 task groups

Population
Sexual Health
Vulnerable children & young people
Mental Health
Technical Group / Data sharing platform

Population

Lead
Policy & Performance, Haringey Council
Public Health, Haringey PCT

Aim
- To lead the investigation into the “true” population in Haringey

Tasks
- To commission, steer & project manage pilot work (CASS or UEL)
- To assess shared approach to MOSAIC, ACORN & other “value added” warehouse approaches

Membership
- Policy & Performance, Haringey Council
- Children and Young People's Service
- Adult, Culture and Community Social Services
- Public Health, Haringey PCT
- *Others?*

Frequency
Every 2 weeks / email or other contact as necessary

Sexual Health

Lead
Sexual Health Commissioner, Haringey PCT

Aim
- To scope & lead the commissioning of the Sexual Health Needs assessment

Tasks
- Scope and agree Tender
- Steer the work and sign post successful Tender
- Project manage the Needs Assessment
- Receive feedback and emerging findings and act as link to relevant decision making and other forums

Membership
- Sexual Health Commissioning, Haringey PCT
- Sexual health - Provider
- Children and Young People's Service
- Adult, Culture and Community Social Services
- Public Health, Haringey PCT
- Others?

* in consultation with voluntary sector

Frequency
Every 2 weeks / email or other contact as necessary

Vulnerable children & young people

Lead
Policy & Performance, Haringey Council
Public Health, Haringey PCT

Aim
- To scope & lead the commissioning of the Vulnerable children & young people needs assessment

Tasks
- Scope and agree Tender
- Steer the work and sign post successful Tender
- Project manage the Needs Assessment
- Receive feedback and emerging findings and act as link to relevant decision making and other forums

Membership
Policy & Performance, Haringey Council
Public Health, Haringey PCT
Children and Young People's Service (Safeguarding, data, youth services, schools)
Adult, Culture and Community Social Services
Children Commissioning, Haringey PCT / Council
Others?

Frequency
Every 2 weeks / email or other contact as necessary

Mental Health (adults)

Lead
Adult, Culture and Community Social Services
Mental Health Commissioning, Haringey PCT

Aim
- To scope & lead the commissioning of the Mental Health Needs assessment (adults)

Tasks
- Scope and agree Tender
- Steer the work and sign post successful Tender
- Project manage the Needs Assessment
- Receive feedback and emerging findings and act as link to relevant decision making and other forums

Membership
- Adult, Culture and Community Social Services
- Public Health, Haringey PCT
- Mental Health Commissioning, Haringey PCT
- BEH MH Trust
- Others?
- Voluntary Sector / user?

Frequency
Every 2 weeks / email or other contact as necessary

Technical Group

Lead
Policy & Performance, Haringey Council
Public Health, Haringey PCT

Aim
- To develop and implement a data sharing approach between key agencies in Haringey
- To develop and implement a web based tool to facilitate the sharing of data

Tasks
- To consider approaches form other boroughs
- To assess current mechanisms
- To assess good practice (eg LHO site)
- To consider “data warehousing”

Membership
- Policy & Performance, Haringey Council
- Children and Young People's Service
- Adult, Culture and Community Social Services
- Public Health, Haringey PCT
- Others?

Frequency
Every 2 weeks / email or other contact as necessary

Agenda Item 9

Meeting: Well-Being Partnership Board

Date: 8 December 2008

Report Title: Experience Counts: Review and Update

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

Purpose

To provide a progress update on the review and update of Experience Counts, Haringey's strategy for improving the quality of life for older people 2005-2010.

To seek continued support and involvement from the WBPB for the process.

To seek approval from the WBPB on a proposed way forward for monitoring progress of the revised strategy, using the Well-being Strategic Framework.

Summary

Launched in 2005, the strategy covers the period 2005-2010. Its aim is to improve the quality of life for older people in Haringey by tackling discrimination and promoting positive attitudes towards ageing.
The action plan was scheduled to run from 2005-2008, and therefore the original key initiatives are currently being reviewed and updated. As before, older people are at the key drivers of the process.

Legal/Financial Implications

In order for key initiatives to be included in the reviewed and updated action plan, which will run to 2011, they must have an identified resource.

Recommendations

i. That the Well-being Chairs Executive (WBCE) and the Well-being Partnership Board (WBPB) continue to support the process of reviewing and updating.

ii. That organisations represented by the WBCE and the WBPB support the process by:

- agreeing that Well-being Partnership Outcome-Focused Sub Groups are the most appropriate vehicles for managing relevant targets in the revised action plan.
- identifying resources for ongoing and new actions in the revised strategy.

- ensuring that appropriate SMART targets are set for every action:
  - **Specific** (well-defined, no misunderstanding)
  - **Measurable** (quantity, quality, time, cost)
  - **Achievable** (challenging but realistic about abilities)
  - **Resourced** (what you need to get there, eg money, time staff)
  - **Time bound** (when to complete by)
- ensuring that appropriate leads are identified to continue ongoing work and to take on new targets in the revised plan.

For more information contact:

Name: Liz Marnham
Title: Policy Officer Adult, Culture and Community Services
Tel: 020 8489 3914
Email address: liz.marnham@haringey.gov.uk

Background

The current strategy consists of 10 goals, 34 priorities and 176 targets, with over 70 contributors.

Older people were the key drivers for the strategy, and agreed ten objectives, or 'goals':

- **Being respected:** ensuring that older people are respected and valued
- **Keeping informed:** ensuring that older people have accurate information on which to base their decisions
- **Staying healthy:** promoting healthy living
- **Being active:** creating opportunities for being active, including getting involved, volunteering, socialising and life long learning
- **Choosing work:** creating opportunities for employment
- **Feeling safer:** creating safer communities
- **Having a safe, comfortable and well-maintained home:** ensuring that older people have a safe, comfortable and well-maintained home (and garden) which meets their needs.
- **Living with support:** enabling older people to live independently with support for as long as possible in their own homes
- **Getting out and about:** ensuring that older people are able to get out and about, including being able to use public transport
- **Making the most of your income:** enabling older people to maximise their income

Experience Counts Reference Group: 10 September 2008

The programme for this partnership consultation event was planned by a small project group which included representatives from council, health, voluntary sector and the Older People's Partnership Board.

Thirty-two members of the Older People's Reference Group attended, took part in discussions and fed back on the progress of Experience Counts to

date; their views were also sought on the direction of the strategy in its next stage.

The event included staff from partnership organisations who, with older people from the Haringey Forum for Older People, facilitated tables representing the 10 goals of Experience Counts.

As well as the Forum and Older People's Partnership Board, voluntary sector organisations represented included Age Concern, Young at Heart, Haringey Mobility Forum, Haringey Alzheimer's Society, Greek Cypriot Elders, Haringey Wheelchair Users Group, United Reformed Church Disabled Group, Islamic Culture Centre and the Campbell Court Tenants Association.

Councillor Catherine Harris, Haringey's first Dignity in Care Champion, opened the day and joined in the table discussions.

There is a need to ensure involvement of all partners, in particular in goals 4 and 5, as well as a number of nominated health leads as a result of their ongoing reorganisation process.

Feedback on the event from participants has been very positive.

Action Plan 2008-2011

Focus groups are in progress and are due to be completed by mid-December. Ten focus group meetings have been scheduled – one for each goal of the strategy - to look at the outcomes of the 10 September event incorporating feedback received on the day and afterwards as part of the consultation process. Additionally, feedback from the Haringey Forum for Older People's event in July has been taken into account.

Each focus group consists of older people who helped facilitate at the 10 September event and leads from partnership organisations. To date, there have been a number of positive discussions although there remain some concerns as outlined in point 2.6 (above).

Work is now under way to identify a final list of actions under the seven outcomes, as well as leads for each of them, resources and SMART targets.

The intention is to align the revised action plan much more closely with the Well-being Strategic Framework (WBSF), linking revised priorities and actions to the WBSF's seven outcomes and incorporating relevant National Indicators. This will enable the ongoing work on Experience Counts to be monitored through the Well-being Partnership process. Well-being Partnership Board outcome-focused sub-groups will be asked to take responsibility for monitoring actions relevant to their group.

Equalities Impact Assessment

This is in progress and was presented to Haringey Council's Adult, Culture and Community Services Equalities Board who provided feedback on the work to date and ideas for progressing it to the next stage.

Next steps

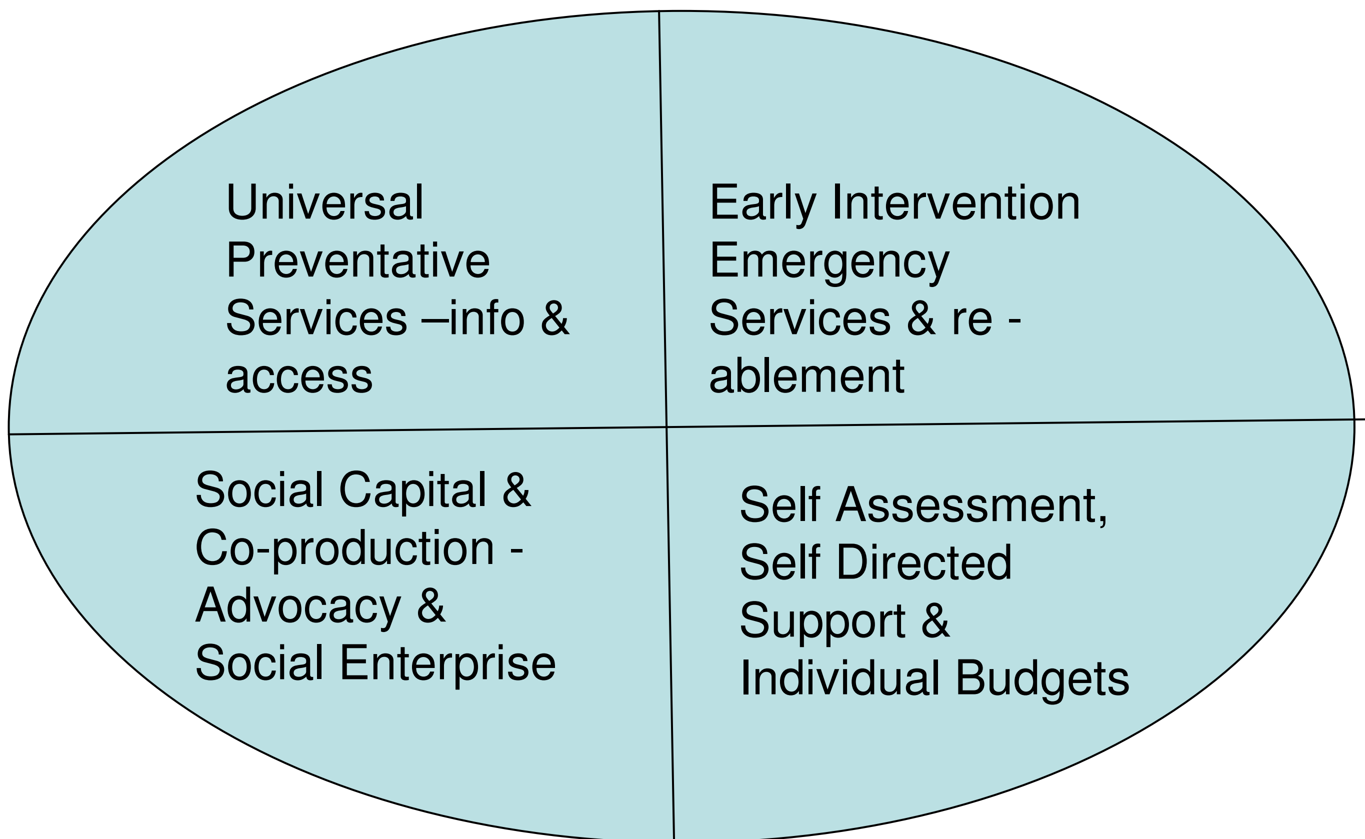
Progress will continue to be reported to the Older People's Partnership Board and to the WBCE.

It has been agreed to reschedule the finished update so that it goes to Well-being Chairs Executive on 21 January 2009 and Well-being Partnership Board on 2 March 2009 to enable this fuller review and revision to take place with community and staff in partner organisations.

Transforming Adult Social Care In Haringey

- Where are we now ?
- What do we need to do next ?
- Where do we wish to be in 6 months time?

The Four Quarters of Transforming Social Care



WHERE ARE WE NOW ?

- **Transforming Social Care Board & Programme Coordinating Group in place**
- **High level plan and milestones in place**
- **Briefings for management teams, staff and local organisations in progress**
- **Pilot Project for People with Physical Disabilities underway testing the SAQ , involving service users and carers in the process**
- **Pilot Project for people with Learning Disability just starting having recruited ……..**
- **Agreed version 1 of new Access Pathway to Universal Preventative Services and Self Directed Support, the need for an Integrated Access Team & the need for income maximisation / fairer charging to move up the pathway ****
- **Recognition that in the context of Haringey in particular the Self Assessment will have to be validated by a well developed risk assessment**
- **Senior Policy Office Personalisation starts 1.12. 08 to develop new information, pathway, policies and procedures.**

WHAT DO WE DO NEXT ?

- Broaden the membership of the Transforming Social Care Board
- Plan & Agree the budget for 09/10 to assist with the development of advocacy, the reconfiguration of Frameworki, the process of consultation and external challenge & the development of the Access Team
- Develop & implement the Integrated Access Team & relate this to corporate changes in customer relations management & the reconfiguration of Frameworki
- Clarify the functions of support planning and brokerage and decide on the relationship and staffing of these roles
- Develop and test the RAS for Physical Disability and Learning Disability
- Recruit further members of the Transformation Programme Team
- Focus on the need for cultural change in briefings & consultation tempered by reality in relation to positive risk taking

Where do we need to be in 6 months time ?

- Access Team in place & reconfiguring framework
- Version 1 of the RAS for physical disability Individual budgets to be in place
- Pilot project for people with physical disabilities to be completed and consulted on & have resolved the balancing act between self assessment & risk assessment
- Planning roll out of self assessment and self directed support during 09/10 for people with physical disabilities
- Pilot project for people with Learning Disabilities nearing completion
- Developing Commissioning for self directed support
- Planning the implementation of the older peoples pilot project learning from the pilot for people with physical disabilities

This page is intentionally left blank

Agenda Item 11

haringey strategic partnership

Meeting: Well-Being Partnership Board

Date: 8 December 2008

Report Title: Cultural Strategy Update

Report of: Diana Edmonds (Assistant Director, Culture, Libraries & Learning)

Purpose

To inform the WBPB of the development of Haringey's new Cultural Strategy.

Summary

The Council's existing Cultural Strategy expired in the spring of 2008 providing an opportunity to review the Council's approach to co-ordinating and promoting cultural activity in the Borough**.**

A new Cultural Strategy and action plan are currently being developed by initially pulling together our current commitments in terms of the local and wider policy context, the Adult, Culture and Community Service (ACCS) Business Plan 2008-09 and the Cultural Strategy Issues Paper agreed by CEMB on 12th February 2008.

The action plan will deliver the outcomes and objectives set out in the London Cultural Strategy April 2004 focused at a local level. A consultation process to consider our current commitments in terms of regional priorities and to meet local needs and aspirations begun in September 2008.

The Strategy will be signed of by the HSP in Spring 2009.

Haringey's new Cultural Strategy will strengthen Haringey's strategic approach to arts and culture which in turn provides opportunities to tackle social exclusion, contribute to regeneration, to promote safer communities and encourage healthier lifestyles.

Legal/Financial Implications

No additional funding is sought at this point in time, although funding may be sought in future through the normal application routes.

Recommendations

That the WBPB note the draft Cultural Strategy and consultation timetable.

For more information contact:

Name: Diana Edmonds
Title: Assistant Director, Culture, Libraries & Learning
Tel: 020 8489 2759
Email address: Diana.edmonds@haringey.gov.uk

1.0 Background

1.1 The Council's existing Cultural Strategy expired in the spring of 2008 providing an opportunity to review the Council's approach to co-ordinating and promoting cultural activity in the Borough.

1.2 A Cultural Strategy Issues Paper was agreed at CEMB on the 12th February 2008 that introduced the development of the new strategy and discussed the role of the local authority in supporting and facilitating cultural activity.

5. ANALYSIS

5.1 The development process

Haringey's first Cultural Strategy covered the period from 2002-2007 and a new cultural strategy and action plan is currently being developed in two phases.

Phase 1 of the development of the strategy involves pulling together our current commitments in terms of the local and wider policy context, the Adult, Culture and Community Service (ACCS) Business Plan 2008-09 and the Cultural Strategy Issues Paper.

It includes an action plan to deliver the outcomes and objectives set out in the London Cultural Strategy focused at a local level. The actions set out in the action plan have already been agreed and are also drawn from the ACCS Business Plan and the Action Plan set out in the Cultural Strategy Issues Paper. The draft strategy can be found at Appendix 1.

The draft strategy includes the following outcomes and objectives:

No.	Outcomes	Objectives
1	***Excellence***- Achieving cultural excellence in Haringey	Objective 1: Ensure cultural institutions and events in Haringey are of high quality
		Objective 2: Improve cultural infrastructure and support programmes to raise the profile of Haringey's cultural diversity
		Objective 3: Develop a Haringey brand and promote Haringey's cultural offer
		Objective 4: Protect and enhance Haringey's cultural heritage.
2	***Creativity-*** Recognition	Objective 5: Promote creativity as a

No.	Outcomes	Objectives
	that creativity is central to the success of Haringey	significant contributor to Haringey's economy and success
		Objective 6: Support cultural education programmes and lifelong learning in Haringey
3	***Access***- All residents and visitors have access to culture in the Borough.	Objective 7: Increase access to culture to all in Haringey
		Objective 8: Empower Haringey's communities through culture
		Objective 9: Linking in with high quality cultural provision locally, regionally and nationally
4	***Value***- All residents and visitors get the best value out of its cultural resources	Objective 10: Ensure Haringey makes best use of funding available for culture

Phase 2 will involve further work to decide on the final outcomes and objectives to be included in the strategy. As part of Phase 2 a consultation process has begun to add to our current commitments to meet both our regional commitments and meet local needs and aspirations. The consultation will began in October 2008 and a timetable is attached at Appendix 2. The consultation will be wide reaching and innovative to successfully engage all relevant stakeholders, in particular the creative industries.

This document will be developed in partnership with the creative industries, the voluntary sector and the community to best reflect the needs and aspirations of the borough regarding arts and culture. A Steering Group has been set up to lead the development of the strategy and includes members from Adult Services, Economic Regeneration, Children and Young People, Finance, Equalities, Older People and the creative industries. The group is chaired by the Director of Culture, Libraries and Adult Learning. This group is meeting regularly to drive the development of the strategy.

An equalities impact assessment will be undertaken during Phase 2 of the development process.

Appendices
Appendix 1 – Draft Cultural Strategy
Appendix 2 – Consultation Timetable

This page is intentionally left blank

Appendix 2

Cultural Strategy Draft Consultation Dates

Action	Date	Comments	Progress
Put consultation in Consultation Calendar	August	Asap	completed
Consultation begins	30th September 08		completed
Set up Steering Group	September	Membership Agreed First Meeting 16th October	completed
Brief Councillor Basu	Before 6th October		completed
Draft Strategy to Overview and Scrutiny Committee	6th October	Report due 25th September	completed
Report to DMT and other Directorate DMTs.	October		
CEMB/EAB-update only	18th November		
WBCE	28th November	Already scheduled: update not sign-off	
WBPB	2nd March 09		
HSP	Spring 09	To be confirmed	

This page is intentionally left blank

Agenda Item 12

Meeting: **Well-Being Strategic Partnership Board**

Date: **8 December 2008**

Report Title: **Update on Development of Carers Strategy**

Report of: **Barbara Nicholls, Head of Commissioning, ACCS**

Purpose

To update the Well-Being Strategic Partnership Board on the planned revision of *Haringey Carers Strategy* and to seek agreement on the attached Project Brief.

Summary

The Carers Strategy 2005/08 requires review and updating in particular to take account of the requirements and recommendations in the National Carers Strategy published in June 2008. Consultation with carers, users and other key stakeholders is due to commence in January 2008 and will be complete by mid April 2008. An action plan will be developed and be managed and monitored through the Carers Partnership Board

Legal/Financial Implications

Nil at this time – any initiatives from the completed strategy must be implemented within existing resources.

Recommendations

i. To note the approach proposed to the review/develop of a new Carers Strategy.

ii. To note and approve the Project Brief.

iii. To note the intention to bring the finalised Carers Strategy to the Well-being Partnership Board in May 2009 (as per Project Brief attached as an appendix).

For more information contact:

Name: Barbara Nicholls
Title: Head of Commissioning
Tel: 020 8489 3328
Email address: barbara.nicholls@haringey.gov.uk

1. Background

1.1 The 2001 census identified 15,889 carers in Haringey. According to the figures in the Carers UK report published in September 2007[1] the value of that care, calculated as replacement care, is estimated to be £236.5 million. The figures highlight the contribution carers are making and the cost of providing replacement care if a carer is no longer able to provide it. Supporting carers is cost effective and contributes to the well-being of carers and that of the people for whom they care.

1.2 The current *Haringey Carers Strategy* is a multi-agency strategy which was developed in partnership with carers. It covers the period *2005-2008* and so needs revising and updating.

1.3 Since 2005 there have been a number of national and local policy developments relevant to carers which need to be taken into account in a new local strategy. These include:

Key National developments

- ***Our Health Our Care Our Say*** White Paper[2], January 2006
- ***New Deal for Carers*** February 2007
- New **national indicators for health and social care**[3], October 2007
- **National carers strategy**[4], June 2008
- Carers are increasingly featuring in national debates on equalities issues[5]

Key local developments

- Two voluntary sector carers' consultation events October 2007
- **Well-being Strategic Framework** adopted October 2007
- The second year of Carer of the Year Award 2008
- The appointment of Cllr Catherine Harris as Carers Champion and Chair of the Carers Partnership Board (CPB).
- Recruitment drive for carers to join the CPB and first meeting of revitalised CPB in September 2008
- The personalisation agenda[6] which was signalled by the government in *Transforming Social Care* January 2008 and is being taken forward by the personalisation programme in Haringey.

2. Implications

2.1 We are now in a position to move rapidly on the development of a new partnership strategy for carers in Haringey reflecting the aspirations of Haringey carers, national recommendations and Well-being Strategic Framework priorities.

---

[1] *Valuing Carers- calculating the value of unpaid care.* Carers UK September 2007
http://www.carersuk.org/Newsandcampaigns/Valuingcarers/Fullreport

[2] Department of Health January 2006

[3] http://www.communities.gov.uk/publications/localgovernment/nationalindicator

[4] *Carers at the heart of 21st century families and communities:" A caring system on your side. A life of ypur own."* HM government June 2008

[5] *The Equality Bill-Government response to the consultation.* July 2008

[6] http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

2.2 Clear strategic priorities are needed for commissioning and provision of services for carers from:

- the Area Based Grant into which the previously ring-fenced Carers Grant has now been subsumed
- the new 'breaks' money for carers announced with the national carers strategy which will be paid via PCTs. (National guidance is awaited). Indications in November 08 are that the £150 million, £50 million will be made available to localities via PCT in 2009/10 and the remaining £100 million in 2010/11. The NHS Operating Framework for 2009/10 will be released shortly and it is understood will include a statement about the use of the breaks money. On announcing the additional funding for breaks for carers in June 2008, the Government stressed the need for Local Authorities and PCT's to work together to ensure a joined up approach with use of Carers Grant (now in the ABG) and any other local funding for supporting carers.

2.3 The recommendations in this report provide a way of taking this work forward with the involvement of carers via the reinvigorated CPB.

3. Use of appendices

Appendix 1: Haringey Carers Strategy Project Brief for consideration/approval

This page is intentionally left blank

Commissioning and Strategy

Haringey Carers Strategy Review Project

Project Brief

Updated November 2008

DOCUMENT CONTROL

CHANGE HISTORY

Version	Author	Date	Change
V0.1	CK/JB	06 Aug 08	Initial
VO.1a	CK/JB/BN	23 Oct 08	Revised draft
VO.1b	CK/JB/BN	16 Nov 08	Revised draft
VO.1b	BN	27 Nov 08	Revised draft
V0.2			Final Draft
V1.0			Final

REVIEWERS

Version	Reviewer	Role	Date
VO.1a	ACCS DMT	Directorate Management Team	29 Oct 08
VO.1a	WBCE	Wellbeing Chairs Executive	31 Oct 08
VO.1b	CPB	Carers Partnership Board	16 Nov 08
VO.1c	WBPB	Wellbeing Partnership Board	08 Dec 08

APPROVERS

Version	Approver	Role	Date
VO.1a	Lisa Redfern	AD Adult Services Project Sponsor LAA carers indicator lead	31 Oct 08
VO.1b	Cllr Catherine Harris	Carers Champion	

DISTRIBUTION

Version	Name	Role
V0.1a		

CONTENTS

1 PROJECT DEFINITION 4
1.1 Description 4
1.2 Objectives 4
1.3 Customer Quality Expectations 4
1.4 Scope 4
1.5 Exclusions 5
1.6 Relationship with other events 5
2 PROJECT PLANNING 6
2.1 Approach 6
2.2 Constraints 6
2.3 Assumptions 7
2.4 Initial Milestone Plan 7
2.5 Proposed Next Steps 8
3 BUSINESS CASE 8
3.1 Initial Business Case 8
4 RISK LOG 11
4.1 Initial Risk Log 11
5 AUTHORITY TO PROCEED 12
5.1 Sign-Off 12

1 PROJECT DEFINITION

1.1 DESCRIPTION

This project is being set up:

- To review Haringey Carers Strategy 2005-2008
- To revise the strategy in the light of national and local developments in policy for carers
- To produce an updated 5 year partnership strategy for Haringey carers for 2008- 2013 with an accompanying action plan to be reviewed in 3 years

1.2 OBJECTIVES

To produce a strategy which:

- meets the aspirations of Haringey carers
- meets the requirements of the national carers strategy 2008[1]
- provides a strategic framework for the implementation of both of the above and a financial and operational framework

1.3 CUSTOMER QUALITY EXPECTATIONS

- Updating Haringey's strategy starts the process outlined in the national strategy of ensuring "*that the needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve*."[2]

1.4 SCOPE

A definition of ***carer*** needs to be agreed. Below is the proposed national definition and two current definitions used in Haringey:

Government strategy 2008 definition out for consultation

A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.[3]

Barnet, Enfield and Haringey Mental Health Trust *Mental Health Carers Strategy 2007* definition

someone who provides practical unpaid help or emotional support to family members, neighbours or friends who are suffering from mental health difficulties; e.g. a carer may or may not live in the same home as the person they are caring for.

---

[1] *Carers at the heart of 21st century families and communities:" A caring system on your side. A life of ypur own."* HM government June 2008

[2] As above Page 8

[3] As above Page 19

Haringey Carers Strategy 2005-2008 definition

A carer is someone who looks after a partner, parent, brother or sister, son or daughter (including adult children) or a friend who is disabled, and would not be able to live in the community without their help. They are unpaid.

For the purposes of the revised strategy for adults in Haringey this means carers aged 18 and over of people aged 18 and over where the cared for person lives in the borough. The strategy also needs to take account of the current pan-London protocol in operation for cross borough carers' assessments.[4] This agreement covers arrangements for assessment and support for carers who live in a different borough from the person they care for.

1.5 EXCLUSIONS

- This strategy is for adults as outlined in 1.4 above and will not cover children and young people and their carers – this work will be included in the Children & Young Persons Plan. (Support for carers aged under 18 years and for parent carers of disabled children is provided by the Children and Young People's Strategic Partnership.)

1.6 RELATIONSHIP WITH OTHER EVENTS

Nationally

The profile of carers has been moving up the national agenda over the last months.

- **National strategy for carers**
  This was published in June 2008 following a national consultation. It raises the profile of carers and the Government's vision for their support over the next ten years. Some new money will be available for this via Primary Care Trusts (PCTs). Guidance on this is awaited.

- **New Deal for carers: taskforce reports**[5]
  Four task forces were set up to develop the strategy. Their detailed reports were published in July 2008.

- **Equality issues**
  - There has been ongoing debate about whether carers should be regarded as an equality strand in the new Equality Bill to be published later this year. In its response to the consultation on the proposed Bill[6] the government have indicated that they do not intend to consider carers as a separate equality strand despite strong representations from carers' organisations to do so.
  - In a landmark ruling in July 2008 the European Court of Justice upheld the case of "discrimination by association" brought by Sharon Coleman,

[4] *Cross border carers' assessments: A protocol for assessment of carers who live in a different local authority area to that of the person they care for.* Greater London Authority 2006

[5] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086585

[6] *The Equality Bill-Government response to the consultation.* July 2008

the mother and carer of a disabled child. For the first time disability discrimination law now applies to carers[7]

Locally

Related relevant events

- Cllr Catherine Harris is the new Carers Champion and the first councillor in this role.
- The Carers Partnership Board (CPB) has been re-invigorated. Over 30 carers have applied for membership. The first meeting of the new CPB, chaired by Cllr Catherine Harris, and attended by nine carers took place on 30 September 2008. The terms of reference have been rewritten in line with Well-being Partnership Board sub-groups.
- An Overview and Scrutiny Review of services for carers may be carried out in 2008-2009.
- The personalisation agenda[8] which was signalled by the government in *Transforming Social Care in* January 2008 is being taken forward by the personalisation programme in Haringey. The personalisation of social care will have wide-ranging implications for carers and the people they care for.

2 PROJECT PLANNING

2.1 APPROACH

- **Overall approach**

Delivering the strategy will be undertaken using the Council's Project Management Framework. The following list proposes project sponsorship and suggested Project group members.

Suggested Project team
Project Sponsor: AD Adult Services – Lisa Redfern. (Lead for LAA Carers target)
Council Membership
Project Manager: Jan Bryant, Commissioning Manager
Commissioning & Strategy: Barbara Nicholls, Head of Commissioning
Policy and Strategy: Carmel Keeley
Adult Services: Douglas Maitland-Jones, Service Manager Mental Health; Una De Vere, Practice Manager Physical Disabilities
Equalities: Eve Featherstone
Carers: from CPB
HTPCT: non executive director and staff member
BEMHT: staff member
HAVCO: representing provider view *

* A separate Carers Provider Forum is to be established and provider input will be sought through this.

- **Consultation methodology**

---

[7] http://www.communitycare.co.uk/Articles/2008/07/18/108891/carer-sharon-coleman-wins-landmark-discrimination-ruling.html
[8] http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

- Multi-agency consultation under WBPB using Council consultation framework and calendar
- Consultation Plan to be produced
- Research Governance approval needed
- Use CPB as reference group starting November 2008
- Consult client group partnership boards and outcome focused groups for comment.

2.2 CONSTRAINTS

- Resources
- Competing priorities for officers' time
- Because of the cross-cutting nature of carers' issues there may be difficulty getting simultaneous buy-in from all partners
- Differences of views or priorities

2.3 ASSUMPTIONS

- Parity of interest between carer and cared for
- Carers of Haringey residents will be drivers of the strategy
- All partners will work collaboratively
- Partners will engage and devote the necessary time to the project
- Sufficient resource capacity will be available both in terms of
    - time for officers carrying out the work and
    - finances to develop and publish the Easy read version and hard copies of the summary[9]

2.4 INITIAL MILESTONE PLAN

No	Milestone(s)	Target Date	Milestone Owner
1.	Project Brief approved	29 Oct 08 18 Nov 08	DMT CPB
2.	Equalities Impact Assessment (EIA) to be started	Dec 08	Policy Officer/ Commissioning Manager
3.	Draft strategy produced – this will be consultation document to be taken through CPB (as above) for initial comments/changes	15 Dec 08	Policy Officer/ Commissioning Manager

[9] The Well-being Strategic Framework summary booklet cost £3012 in March 2007 for 7000 copies of a 20 page colour A5 size booklet

No	Milestone(s)	Target Date	Milestone Owner
4.	Consultation with CPB Consultation with others according to Council Consultation Framework (consultation notice period to start no later than mid November 2008)	To start at CPB 30 Sept 08 Mid Jan – mid April 2009	Policy Officer/ Commissioning Manager
5.	Strategy document finalised and produced	Late April 09	
6.	Summary to be funded and produced (£3,000 approx)	To start May 09	Policy Officer/ Commissioning Manager
7.	Easy read version to be produced	To start May 09	Policy Officer/ Commissioning Manager
8.	Project completed	Apr – Jun 09	Full Council/HSP/WBPB
9.	Project closure report approved	May 09	WBPB
10.	Project closure report approved	May 09	Cabinet Advisory Board
11.	Project closure report approved	Jun 09	Full Council
12.	Project closure report approved	TBC	Haringey Strategic Partnership
13.	Post Project Implementation Review	TBC	

2.5 Proposed Next Steps

- Commissioning Manager and Policy Officer to progress Project Brief to DMT/ Well-being Chairs Executive / Carers Partnership Board after approval by senior managers.
- Draft terms of reference of Carers Partnership Board written by Commissioning Manager, being considered by CPB

3 BUSINESS CASE

3.1 Initial Business Case

Carers have a new higher profile, nationally and locally and are driving the agenda for change. In October 2007 there were two carers' consultation events in the borough, the first organised by Black and Minority Ethnic (BME) Carers Support Service and the second by Haringey Carers Centre. Feedback from both of these events and ongoing input from carers will inform the revision of the strategy.

The support carers provide is essential to the well-being of the people they care for and carers' own well-being is essential.

A new framework is needed:

- to enable all partners to deliver their statutory responsibilities to Haringey carers
- for the equitable and transparent use and effective monitoring of:
  - the carers' element of the Area Based Grant
  - new money from the national strategy via the PCT
  - other sources of funding as applicable

The current Haringey Carers Strategy runs until 2008, so needs updating.

The National Context

As mentioned earlier the review and revision of the Haringey Carers' Strategy is a necessary updating to bring it in line with:

- national legislative developments
- the new national strategy

National Carers Strategy Outcomes related to adult carers

1. Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
2. Carers will be able to have a life of their own alongside their caring role
3. Carers will be supported so that they are not forced into financial hardship by their caring role
4. Carers will be supported to stay mentally and physically well and treated with dignity

Relevant links to local priorities

Haringey Strategic Partnership's Sustainable Community Strategy[10]-
Healthier people with a better quality of life
is the outcome from *Sustainable Community Strategy 2007-2010* most relevant to carers.
The relevant priority is:
Support people to make healthy choices and lead healthy lives.
Through improved community based services we will support vulnerable members of the community so that they can remain at home and maintain their independence and we will give support and recognition to the role of carers.

Well-being Strategic Framework outcomes and objectives
Outcome 2: 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.

Well-being Strategic Framework Priority - Provide support for carers, including preparing for when they are no longer able to care

Local Area Agreement Improvement Target
Proposed Improvement Indicator:
National Indicator (NI) 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.

[10] http://harinet.haringey.gov.uk/index/council/performance_and_finance/councilplan.htm

Public Service Agreement (PSA) Link:
Department of Health (DH) Departmental Strategic Objective (DSO) Ensure better care for all

Haringey Council's Key Priorities
The following priorities from the Council Plan 2007-2010[11] are generally relevant to carers:

- Encouraging lifetime well being at home, work, play and learning;
- Promoting independent living while supporting adults and children when needed;
  Under this priority the key actions for the next three years of particular relevance to carers are as follows:
  Support vulnerable people to live independently with a better quality of life by:
    - Ensuring that assessments and reviews are person centred and shared with service users and carers
    - Providing support for unpaid carers including preparing for when they are no longer able to care
    - Delivering excellent, customer focused cost effective services.

[11] http://harinet.haringey.gov.uk/index/council/performance_and_finance/councilplan.htm

4 RISK LOG

4.1 INITIAL RISK LOG

Risk	Risk Owner	Impact (H/M/L)	Probability (H/M/L)	Proximity (MM/YY)	Mitigation Plan Summary
HTPCT capacity to engage fully in strategy development		H	L	Nov/Dec 08	• Identify a non-executive director who sits on HSP as carers champion • Identify a senior officer as carers' lead to sit on CPB
As ABG carers' money is not ring-fenced. Risk of other needs being prioritised		H	M	Current	• Make the case for carers • Robust performance management
Lack of clarity or agreement about how new money in National Carers' Strategy via PCTs to be used		H	M	Current	• Agree and implement clear criteria and protocols via Joint Commissioning Group

Impact status -
H in excess of 5% project budget or £500k, whichever is the lower amount OR adverse national publicity;
M between 2.5% and 5% project budget or £250k and £500k, whichever is the lower amount OR adverse local publicity;
L up to 2.5% project budget or £250k, whichever is the lower amount AND no adverse publicity

Probability status – H more that 60% likelihood, M up to 60% likelihood, L up to 20% likelihood
Proximity – when is the risk likely to occur OR until when is risk relevant to the project

5 AUTHORITY TO PROCEED

5.1 SIGN-OFF

Sign-off --- **Project Sponsor**

Lisa Redfern

Assistant Director, Adult Services, Adult, Culture and Community Services

haringey strategic partnership

Meeting: **Well-Being Strategic Partnership Board**

Date: **8 December 2008**

Report Title: **Haringey's Homelessness Strategy 2008 - 11**

Report of: **Director of Urban Environment**

Purpose

The purpose of this report is to provide the Board with details of Haringey's new Homelessness Strategy and how it is to be implemented.

Summary

Given the impact that homelessness is having on the health, educational attainment, life chances and well-being of the residents of Haringey, tackling homelessness is one of the biggest challenges facing the borough.

This three year, multi agency strategy sets out how the Council and its partners will work together to prevent homelessness, tackle the causes of homelessness and provide better outcomes for people who are homeless or at risk of homelessness.

Haringey is committed to halving the number of households in temporary accommodation by the year 2010. This strategy will play a significant part in helping us to achieve that target.

With its ambitious Action Plan, the strategy supports many of the key objectives in the Well-Being Strategic Framework and has the potential to completely transform Haringey's housing and homelessness services.

Legal / Financial Implications

The Homelessness Act 2002 places a statutory obligation on all local authorities to undertake a review of homelessness and produce a homelessness strategy at least once every five years.

The strategy is required to set out how the Council proposes to:

(a) prevent homelessness in the Borough;

(b) secure that sufficient accommodation is and will be available for people in the Borough who are or may become homeless;

(c) secure the satisfactory provision of support for people in the Borough who:

(i) are or may become homeless; or

(ii) have been homeless and need support to prevent them becoming homeless again.

The legislation does also allow the Council to pursue specific localised objectives and actions. The report sets out the specific areas covered by the strategy.

In common with many other local authorities, Haringey produced its last, 5 year Homelessness Strategy in July 2003. The new Homelessness Strategy had to be approved and published by 31 July 2008.

Haringey's new Homelessness Strategy 2008-11, published in July 2008, complements the Temporary Accommodation Reduction Plan 2008-10 which sets out how the Council is planning to reduce the number of homeless households living in temporary accommodation to 2,600 by March 2010.

Consideration has been given to the financial implications of the Homelessness Strategy, and most of the planned improvements and initiatives can be delivered within existing budgets. Where detailed assessment and costing of proposals indicate that extra investment is needed, funding will be sought from Communities and Local Government Department as appropriate and, if required, it will be considered as part of the Council's financial planning process. The proposed improvements and initiatives which require additional resources will not be undertaken until funding has been clearly identified and approved.

The Government is intending to change the current Housing Benefit subsidy arrangements from 2010/11. Although the potential financial impact of these changes has been taken into account in the Council's medium term financial strategy (and reflects the proposed reduction in the use of temporary accommodation), the exact financial implications will need to be evaluated and costed when full details of the new subsidy arrangements are announced in 2009.

Recommendations

That the Board notes this report and supports the objectives and implementation of Haringey's Homelessness Strategy 2008-11.

For more information contact:

Name: Phil Harris
Title: Assistant Director for Strategic and Community Housing Services
Tel: 020 8489 4338
Email address: phil.harris@haringey.gov.uk

Background

Haringey's Homelessness Strategy 2008-11 provides the necessary framework and impetus for effective partnership working and the delivery of efficiently managed and co-ordinated services for people who are homeless or at risk of becoming homelessness.

It supports the Sustainable Community Strategy and the delivery of the Local Area Agreement by helping to address some of the most pressing issues facing the borough, including child poverty, community safety, educational attainment, health inequalities, poor housing conditions, Worklessness and the planned reduction in the use of temporary accommodation.

Development of the Homelessness Strategy has afforded the opportunity for Haringey to review how effective it has been in tackling homelessness and to assess how well equipped it is to meet future needs.

Unlike most other local authorities, Haringey has chosen to produce a three year Homelessness Strategy. As well as ensuring that everyone focuses on the task in hand, the three year timescale reflects the fact that, in halving the Council's use of temporary accommodation (from 5,200 to 2,600) by the year 2010, the Strategy will transform not just the housing situation in Haringey but also the quality and effectiveness of partnerships.

The Strategy emphasises the need for early intervention, homelessness prevention and partnership. It also seeks to reduce people's reliance on the homelessness legislation and social housing to meet their housing needs.

Development of the Homelessness Strategy has been inclusive and there is widespread multi agency support for ensuring that it is implemented successfully. The appointment of Homelessness Champions, together with the endorsement of the Integrated Housing Board, has ensured that the Homelessness Strategy is owned by stakeholders.

Links to the Well-Being Strategic Framework

The Homelessness Strategy will contribute to the achievement of many of the key priorities in the Well-Being Strategic Framework:

- **Improved health and emotional well-being**
  (Improve mental health)

- **Improved quality of life**
  (Increase opportunities for people to live independently in their own homes)

- **Making a positive contribution**
  (Create opportunities for having a say in decision making; Promote user involvement and engagement in service commissioning and delivery)

- **Increased choice and control**
  (Develop housing related support services for vulnerable people)

- **Freedom from discrimination or harassment**
  (Provide services in a fair, transparent and consistent way; Prevent and reduce domestic violence; Prevent and reduce hate crime and harassment)

- **Economic well-being**
  (Increase the numbers moving from worklessness into employment; Prevent homelessness wherever possible; Maximise the supply of good quality affordable housing available to homeless people; Ensure that vulnerable people have decent, energy efficient homes

Key strategic objectives

The Homelessness Strategy 2008-11 identifies **nine key strategic objectives** that meet local and national strategic priorities, and focus on service delivery and improvement.

Expressed as a set of stakeholder commitments, the nine key objectives describe Haringey's aspirations and how they will be achieved:

(1) We will actively support and promote a partnership approach to preventing homelessness

(2) We will invest in early intervention and effective homelessness prevention

(3) We will increase the supply of affordable homes

(4) We will provide choice and encourage independence

(5) We will halve, by March 2010, the number of homeless households in temporary accommodation

(6) We will improve the quality and suitability of temporary accommodation

(7) We will work proactively to safeguard children and vulnerable adults

(8) We will improve customer service, involvement and satisfaction

(9) We will ensure that our policies and procedures are fair, transparent and widely understood

Implementation of the Homelessness Strategy

Responsibility for ensuring the successful and timely implementation of the strategy will rest with the Homelessness Strategy Implementation Group that comprises key stakeholders and reports to the Integrated Housing Board.

The primary mechanism for delivering the actions in the Action Plan will be the nine themed delivery groups:

- Communications

- Partnership
- Customer Experience
- Children, Young People and Families
- Vulnerable Adults
- Homelessness Prevention and Tenancy Sustainment
- Housing Options
- Temporary Accommodation
- Training, Education and Skills

Each delivery group has its own terms of reference and is accountable for ensuring that those parts of the Action Plan that are allocated to them are implemented successfully and on time.

Complementing the work of the Council's own Service Improvement Groups, the delivery groups will produce a short delivery plan for each part of the Action Plan. Membership will reflect Haringey's multi agency approach to tackling homelessness.

A fresh approach

Haringey's new Homelessness Strategy demands a fresh approach to the way in which everyone in the borough tackles and prevents homelessness.

With its emphasis on multi agency working, implementation of the Homelessness Strategy will ensure that all of the key issues are discussed and addressed.

To make a meaningful impact on the number of homeless people who are not in education, employment or training, homelessness services will be aligned with Jobcentre Plus, the employment advisers and the Haringey Guarantee.

The creation of a homeless households support service (comprising the network of people whose work involves regular contact with homeless people in temporary accommodation) will ensure that service users receive consistent messages and are kept fully informed about services, initiatives and their move-on options.

More than ever before, service users will be actively consulted and involved in designing, monitoring and improving the services provided for people who are homeless or at risk of becoming homeless.

Conclusion

With its ambitious Action Plan, the Homelessness Strategy has the potential to completely transform Haringey's housing and homelessness services.

Given the impact that homelessness is having on the health, educational attainment, life chances and well-being of Haringey's residents, it is essential that everyone in the borough assists its implementation.

Appendices

Appendix: Homelessness Strategy 2008-11

As stated on the agenda front sheet, the Strategy can be obtained via this link, to the Council's website:

http://harinet.haringey.gov.uk/homelessness_strategy.pdf

Agenda Item 16

haringey strategic partnership

Meeting: Well-Being Strategic Partnership Board

Date: 8 December 2008

Report Title: Supporting People Long Term Funding Plan

Report of: Margaret Allen – Assistant Director for Strategy and Commissioning (LBH – Adults, Culture and Community Services) &
Chair of Haringey's Supporting People Partnership Board

Purpose

To seek views from members of the Well Being Partnership Board on the direction of travel for the Supporting People Programme and it's medium to long term funding priorities

Summary

The Government's three year funding settlement for 2008 – 2011, brought a reduction in Haringey's Supporting People grant of 13% over three years. This will mean having to find £3 million of expenditure savings by 2011.

Haringey's Supporting People programme has been highly successful in identifying efficiency savings and in closing provision that is not needed, which has reduced annual spending by £3 million. The programme has also managed to build capacity without additional investment, worth £2 million. Overall the net benefit of the programme's effective Value for Money approach is worth £5 million (a 21% efficiency saving since 2003). However, the savings now required will be difficult to achieve through efficiencies alone.

This suggests a re-alignment of the programme's priorities and how services are funded. This may result in some provision being significantly reduced and/or alternative funding sources being identified.

This consultation now seeks statutory and non statutory stakeholder views on how this might be done and on how future SP investment should be focused.

The first round of consultation started in the week commencing the 20 October 2008 and concluded on Monday 24 November 2008.

The Themes emerging from the consultation and other work commissioned by the SP Partnership Board will be considered at the Well Being Theme Board at it's meeting on the 8th December 2008.

A second round of consultation, based on the emerging themes, will start in the week commencing the 8th December 2008, which will conclude on the 12

January 2009.
Legal/Financial Implications Not applicable.
Recommendations That the report be noted.
For more information contact: Name: Mathew Pelling Title: Commissioning Manager Tel: 020 8489 3340 Email address: mathew.pelling@haringey.gov.uk

Background

- In 2007/08 Haringey's Supporting People Grant was reduced by 2% by the Government, reducing it from £21.765 million to £21.330 million.

- The reduction was informed by the Government's proposed distribution formula, which identifies significant long term reductions in Haringey's SP grant

- In the Government's announcement last year of Local Government funding for 2008 – 2011, the level of national funding for the Supporting People programme was set at £1.686bn for 2008/09, £1.666bn for 2009/10 and £1.636bn for 2010/11

- For Haringey this translated into a reduction in Supporting People grant to £20.68 million (3% reduction) in 2008/09; £19.64 million (5% reduction) in 2009/10 and £18.66 Million (a further 5% reduction) in 2010/11

- It should be noted that the Government has also announced that Local Authorities will be allowed to carry forward accumulated underspends, achieved through previous years efficiencies

- Since 2003 Haringey's Supporting People grant has been significantly reduced from £23.7 million – The Council has been very successful in using effective value for money policies and tools in finding the savings needed, without effecting strategically relevant services or any significant service reductions

- This combined with carried forward underspends (allowed by central Government on SP spending since 2003) and the full year effect of efficiencies achieved in 2007/08, allowed expenditure reductions in 2008/09 to be limited £340,000

- The Supporting People Partnership Board's financial model provided for a much smaller expenditure reduction in 2008/09, in order to allow all partners time to plan for the more challenging long term expenditure reductions.

- Further and much more significant expenditure reductions of £1.4 million in 2009/10 and £1.2 million in 2010/11 are needed.

- Further efficiencies are likely to be achieved but this level of reduction goes beyond the efficiencies that are possible – The Supporting People Partnership and HSP now need to decide how SP investment should be realigned so that it continues to deliver against key targets and is able to provide for critical needs.

- The Supporting People programme is ring fenced with strict Government directions and conditions governing how SP funding is spent and which define the governance arrangements (there must be a commissioning body driving the programme where the Council, NHS PCT and probation all have an equal vote).

- However, it is likely that in 2009/10 the Government will remove the ring fences and that SP funding will be included in Area Based Grant

- Appendix 1 provides the detailed three year projections of Supporting People spend and the levels of annual reductions needed, resulting from the Government's announcement of three year SP grant allocations last December.

- Appendix 2 provides a detailed list of services and projects commissioned through the Supporting People programme, including their capacity, levels of annual SP investment, outline performance information and which Haringey Strategic Partnership thematic area they may be linked to

- Earlier this year the Supporting People Partnership Board launched a consultation exercise to seek views across statutory (Health, Social Care, Safer Communities and Probation) and non statutory stakeholders (including providers of SP funded services), to ascertain the effect of potential funding and service reductions in each of vulnerable client groups covered by the Supporting people programme

- The exercise was also designed to seek views on what contribution Supporting People services make towards achieving key priorities and targets, including Local Area Agreement (LAA) targets

- The first round of consultation concluded on the 24th November 2008

- Alongside the consultation process a detailed examination has been undertaken looking at what demonstrable outcomes Supporting People services are achieving against LAA targets and what potential savings

are being achieved by the Supporting People programme against other statutory and public funding streams

- Appendix 3 details the questions that are were asked

- Haringey's Supporting People programme is one of the largest sectors of support in the Borough and provides 80% of all funding available to the non statutory sector. In total just under 10,000 households receive some level of support through the programme and it employs over 750 support workers, employed by the various providers and services commissioned by Supporting People

- It should be noted that the Audit Commission rated Haringey's SP programme as good (2 stars), emphasising it's strength of governance and leadership; successful approach to addressing diverse needs; strong performance management and VFM frameworks; it's achievement of successful outcomes for vulnerable residents and it's strong strategic planning

- More specifically the programme delivers:

  - 140 housing related support services delivered through 80 external contractors and 20 internal.

  - There are about 4,000 (44%) accommodation based supported units, where the support is linked to a particular block of flats, house, hostel etc.

  - Of this 2,276 units are provided through sheltered housing warden services for older people

  - There are 5,200 (56%) floating support/outreach units provided, where the support is delivered to a vulnerable household living in an ordinary housing setting.

- The approximate breakdown of services and spend by client group is as follows:

SP PROGRAMME BUDGET 2006/07 BY CLIENT GROUP		
Client Group	TOTAL 2006/07	
	% Units Capacity	% Budget
Generic	0.4	0.5
Homeless families with support	7.2	13.9

needs		
Mentally Disordered offenders	0.1	1.3
Offenders or people at risk of offending	0.4	1.6
Older People with support needs	53.5	24.2
People with alcohol problems	0.3	1.4
People with drug problems	0.2	0.7
People with HIV/Aids	0.5	0.4
People with Learning Difficulties	1.5	9.8
People with Mental Health Problems	5.4	17.3
People with Physical/Sensory Disability	1.3	1.7
Refugees	2.9	3.1
Rough Sleeper	0.2	2.1
Single Homeless with support needs	10.5	13.1
Teenage Parents	0.2	0.8
Women at Risk of Domestic Violence	13.7	2.8
Young people at risk	1.2	3.9
Young people leaving care	0.6	1.3

Emerging Themes

- A critical need to ensure that Haringey's Supporting People programme supports the delivery of the Borough's new Homeless Strategy and the target of reducing the number of homeless households in temporary accommodation within 2 years

- A need to restructure SP funded support services targeted at older people to address the over supply of some supported housing services and to address the under supply in more intensive extra care supported housing – However, significant challenges in achieving these changes given that 3,000 older residents have access to these services

- A need to increase and develop the supply of more intensive supported housing for vulnerable homeless young people at risk

- That direct access floating support services that can address most low level needs are delivering the most effective outcomes; are performing well and are offering significant savings on other public funding streams

- Supported housing offering short term low level support is emerging as a much less effective model with few residents successfully moving onto independent housing – Strong evidence to decommission this model of service

- Refuge services for domestic violence survivors are highly effective, offering the best performance against planned move on into independent housing

- For residents with significant, complex and challenging needs, supported housing offering intensive (24/7) support is the most effective model of service – There is strong evidence of need for these services

- Evidence that across the programme that there are significant outcomes being achieved in terms of preventing a large number of vulnerable people loosing their independence and being admitted to hospital, residential care etc. and that this is substantially alleviating funding pressures on the NHS, Social Care etc.

- Strong evidence to support additional investment from Health and other statutory partners in Haringey's SP programme – Eventhough many of these agencies are benefactors of the programme, the level of funding they provide is negligible

Appendix 1 – Long Term Funding Model for Haringey's Supporting People Programme

% Grant Reduction		3	5	5	
	2007/08	**2008/09**	**2009/10**	**2010/11**	**Total Savings**
PROJECTED EXPENDITURE					
Projected Expenditure as at Period 6 2007/08	21,368,100	21,456,211	20,753,478	19,491,013	
Less full year effect of contract savings/inflation in 07/08	n/a	-362,733			
	21,368,100	**21,093,478**	**20,753,478**	**19,491,013**	
Saving Targets		-340,000	-1,470,000	-1,200,000	**-3,010,000**
Add Cost of council-tax benefit clients	88,111				
Investment in new services					
Inflation award from 09/10			207,535	194,910	
Projected Expenditure at year-end	**21,456,211**	**20,753,478**	**19,491,013**	**18,485,923**	
Grant Income in financial year	(21,330,020)	(20,682,294)	(19,648,179)	(18,665,770)	
Carry-forward of grant income from previous year	(205,000)	(78,809)	(7,625)	(164,792)	
Total carry-forward remaining for following year	**(78,809)**	**(7,625)**	**(164,792)**	**(344,639)**	

Appendix 2 – Services currently commissioned through Haringey's Supporting People Programme

Supporting People Service Decommissioning - Tiering Options

Sector	Provider	Service	Annualised Contract Value	Units	Total value of each tier	Target	2007/08 KPI Performance against target Q1 (%/Number) Q2 (%/Number) Q3 (%/Number) Q4 (%/Number) Annual throughput – (%/Number Moved On) Annual number %/Number of unplanned departures	Latest Composite QAF Score	Other Data Available	Thematic Board
Level 1										
Homeless Families with Support Needs	LBH Social Services	Younger Children Assessment Team (YCAT)	£161,000.00	40		98%	KPI1 – Numbers establishing independence Q1 – 100/55 Q2 – 100/58 Q3 – 100/54	Levels B/C	Capacity Being Reduced A review of the service found that it may not be eligible for SP funding.	Children and Young People

						Q4 – 100/59 Throughput - %/Number of people departing the service in 2007/08 141/66 %/Number of unplanned departures : 0/0			
Older People with Support Needs	Hornsey Housing Trust	Hornsey Housing - floating Support Scheme	£152,318.27	46	98%	KPI1 – Numbers establishing independence Q1 – 100/46 Q2 – 100/46 Q3 – 100/46 Q4 – 100/44 Throughput - %/Number of people departing the service in 2007/08 98/4 %/Number of unplanned departures : 0/0	Level B		Well Being
Older People with Support Needs	LBH Adult Care Housing	LBH Community Good Neighbourhood Schemes	£330,000.00	402	98%	KPI1 – Numbers establishing independence Q1 – 100/466 Q2 – 100/466 Q3 – 100/464	Level B	Capacity Being Reduced	Well Being

						Q4 – No data Throughput - %/Number of people departing the service in 2007/08 100/16 %/Number of unplanned departures : 0.1/2			
					£643,318.27				

Level 2

*Single Homeless with Support Needs	CARA Irish Housing Association	Liberty Mews (Eldon Works)	£5,498.59	6	75%	KPI2 – Numbers with planned move on Q1 – 100/2 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 108/3 %/Number of unplanned departures : 0/0	Level D	Being decommissioned	Integrated Housing Board
*Single Homeless with Support Needs	CARA Irish Housing	Craven Park Road. Stroud	£52,563.59	16	75%	KPI2 – Numbers with planned move	Level D	Being decommissioned	Integrated Housing Board

	Association	Green -CA				on Q1 – 0/0 Q2 – 100/2 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 107/3 %/Number of unplanned departures : 0/0			
*Single Homeless with Support Needs	CARA Irish Housing Association	Woodstock Road-Victoria Terrace	£41,885.38	13	75%	KPI2 – Numbers with planned move on Q1 – 100/2 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 103/3 %/Number of unplanned departures : 33/1	Level D	Being decommissioned	Integrated Housing Board

*Single Homeless with Support Needs	CARA Irish Housing Association	Hampden Lane	£31,076.68	7		75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level D	Being decommissioned	Integrated Housing Board
*Single Homeless with Support Needs	CARA Irish Housing Association	Hampden Road-High Road -CA	£40,554.94	11	**£171,579.18**	75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level D	Being decommissioned	Integrated Housing Board

Older People with Support Needs	Anchor Trust	Anchor Trust	£13,838.19	48		KPI1 – Numbers establishing independence Q1 – 100/56 Q2 – 100/57 Q3 – 100/57 Q4 – 100/54 Throughput - %/Number of people departing the service in 2007/08 100/7 %/Number of unplanned departures : 0/0	Level C		Well Being
Older People with Support Needs	ASRA Greater London Housing Association	ASRA Greater London- long term	£26,575.65	25	98%	KPI1 – Numbers establishing independence Q1 – 100/33 Q2 – 100/33 Q3 – 100/33 Q4 – 100/33 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level C		Well Being

Older People with Support Needs	EPIC Trust	Swallow House	£57,041.16	35	98%	KPI1 – Numbers establishing independence Q1 – 100/36 Q2 – 100/34 Q3 – 100/36 Q4 – 97/34 Throughput - %/Number of people departing the service in 2007/08 100/5 %/Number of unplanned departures : 0.7/1	Level C		Well Being
Older People with Support Needs	Hanover Housing Association	Edmansons Close Sheltered Housing	£11,684.69	49	98%	KPI1 – Numbers establishing independence Q1 – 97/58 Q2 – 100/60 Q3 – 98/59 Q4 – 97/61 Throughput - %/Number of people departing the service in 2007/08 100/8 %/Number of unplanned departures : 1.2/3	Level C		Well Being

Older People with Support Needs	Haringey NHS Primary Care Trust	Physiotherapy Service	£10,790.34	3		98%	KPI1 – Numbers establishing independence Q1 – 100/9 Q2 – 100/5 Q3 – 100/9 Q4 – 100/11 Throughput - %/Number of people departing the service in 2007/08 170/14 %/Number of unplanned departures : 0/0	Level C		Well Being
Older People with Support Needs	Hill Homes	Nuffield Lodge	£2,658.76	8		98%	KPI1 – Numbers establishing independence Q1 – 100/23 Q2 – 95/22 Q3 – 100/23 Q4 – 100/23 Throughput - %/Number of people departing the service in 2007/08 95/2 %/Number of unplanned departures Departures; 1/1	Level D		Well Being

Older People with Support Needs	Hornsey Housing Trust	Palm Tree Project	£60,093.60	14		98%	KPI1 – Numbers establishing independence Q1 – 100/14 Q2 – 100/14 Q3 – 100/14 Q4 – 100/14 Throughput - %/Number of people departing the service in 2007/08 101/1 %/Number of unplanned departures : 0/0	Level B		Well Being
Older People with Support Needs	Hornsey Housing Trust	Sheba Court	£40,098.90	11		98%	KPI1 – Numbers establishing independence Q1 – 100/12 Q2 – 100/12 Q3 – 100/12 Q4 – 100/12 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level B		Well Being

Older People with Support Needs	Hornsey Housing Trust	Olive Tree House	£48,022.01	15	98%	KPI1 – Numbers establishing independence Q1 – 100/23 Q2 – 95/22 Q3 – 100/23 Q4 – 100/23 Throughput - %/Number of people departing the service in 2007/08 95/2 %/Number of unplanned departures : 0/0	Level B		Well Being
Older People with Support Needs	LBH Adult Care Housing	LBH Sheltered Schemes	£1,711,539.75	1029	98%	KPI1 – Numbers establishing independence Q1 – 99/1025 Q2 – 100/1029 Q3 – 100/1017 Q4 – 100/1018 Throughput - %/Number of people departing the service in 2007/08 99.5/109 %/Number of unplanned departures : 0.6/27	Level B		Well Being

Older People with Support Needs	LBH Voluntary Sector Team	Haringey Somali Carers Trust	£60,403.19	23	98%	KPI1 – Numbers establishing independence Q1 – 83/24 Q2 – 100/23 Q3 – 100/23 Q4 – 96/23 Throughput - %/Number of people departing the service in 2007/08 108/7 %/Number of unplanned departures : 6/6	Level C		Well Being
Older People with Support Needs	LBH Voluntary Sector Team	Haringey Chinese Centre	£50,004.77	18	98%	KPI1 – Numbers establishing independence Q1 – 100/40 Q2 – 97.5/39 Q3 – 100/40 Q4 – 100/30 Throughput - %/Number of people departing the service in 2007/08 204/2 %/Number of unplanned departures : 0/0	Level C		Well Being

Older People with Support Needs	LBH Voluntary Sector Team	Haringey Irish Community Centre	£10,415.29	3	98%	KPI1 – Numbers establishing independence Q1 – 100/3 Q2 – 100/3 Q3 – 100/6 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08 125/3 %/Number of unplanned departures : 0/0	Level D	Being decommissioned	Well Being
Older People with Support Needs	LBH Voluntary Sector Team	Cypriot & Elderly Disabled Group	£148,632.15	43	98%	KPI1 – Numbers establishing independence Q1 – 100/43 Q2 – 100/43 Q3 – 100/43 Q4 – 100/43 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level C		Well Being

Older People with Support Needs	London & Quadrant Housing Trust	Jubilee Court	£18,519.58	27	98%	KPI1 – Numbers establishing independence Q1 – 100/34 Q2 – 100/35 Q3 – 97/35 Q4 – 94/34 Throughput - %/Number of people departing the service in 2007/08 103/5 %/Number of unplanned departures : 2/3	Level C		Well Being
Older People with Support Needs	London & Quadrant Housing Trust	The White House	£20,091.73	28	98%	KPI1 – Numbers establishing independence Q1 – 100/30 Q2 – 96/29 Q3 – 100/30 Q4 – 100/30 Throughput - %/Number of people departing the service in 2007/08 100/3 %/Number of unplanned departures : 0.8/1	Level C		Well Being

Older People with Support Needs	London & Quadrant Housing Trust	Cozen Court	£2,420.47	11	98%	No data for 2007/08	Level C		Well Being
Older People with Support Needs	London & Quadrant Housing Trust	Amelia House- Ravensdale Mansions	£16,600.83	25	98%	No data for 2007/08	Level C		Well Being
Older People with Support Needs	London & Quadrant Housing Trust	Floating Support for Older People	£7,091.51	9	98%	KPI1 – Numbers establishing independence Q1 – 100/9 Q2 – 100/10 Q3 – 100/8 Q4 – 100/7 Throughput - %/Number of people departing the service in 2007/08 94/2 %/Number of unplanned departures : 0/0	Level C		Well Being
Older People with Support Needs	Methodist Homes Housing Association	The Paddock	£4,389.39	9	98%	KPI1 – Numbers establishing independence Q1 – No return Q2 – 96/27 Q3 – 100/26 Q4 – No return Throughput - %/Number of people departing the service in 2007/08 103/2	Level C		Well Being

						%/Number of unplanned departures : 1.85/1			
Older People with Support Needs	Presentation Housing Association	Clive Lloyd House	£24,089.48	25	98%	KPI1 – Numbers establishing independence Q1 – 100/24 Q2 – 100/27 Q3 – 100/27 Q4 – No return Throughput - %/Number of people departing the service in 2007/08 96/0 %/Number of unplanned departures : 0/0	Level C		Well Being
Older People with Support Needs	Sanctuary Housing Association	Claudia Jones House and Redruth	£40,846.63	67	98%	KPI1 – Numbers establishing independence Q1 – 100/65 Q2 – 100/67 Q3 – 98/65 Q4 – 100/67 Throughput - %/Number of people departing the service in 2007/08 98/10	Level C		Well Being

						%/Number of unplanned departures : 0.3/1			
Older People with Support Needs	Servite Houses	Jubb Powell House	£19,689.14	31	98%	KPI1 – Numbers establishing independence Q1 – 100/30 Q2 – 100/31 Q3 – 100/31 Q4 – 100/31 Throughput - %/Number of people departing the service in 2007/08 99/4 %/Number of unplanned departures : 0/0	Level C		Well Being
Older People with Support Needs	Servite Houses	Servite House	£19,164.06	30	98%	KPI1 – Numbers establishing independence Q1 – 100/30 Q2 – 100/30 Q3 – 100/30 Q4 – 100/27 Throughput - %/Number of people departing the service in 2007/08 97/5 %/Number of	Level C		Well Being

						unplanned departures : 0/0			
Older People with Support Needs	Southgate Churches & Wood Green HA	Rosecroft	£12,631.61	38	98%	KPI1 – Numbers establishing independence Q1 – 97/37 Q2 – 100/38 Q3 – 97/37 Q4 – 100/36 Throughput - %/Number of people departing the service in 2007/08 98/6 %/Number of unplanned departures : 1.75/2	Level C		Well Being
Older People with Support Needs	Southgate Churches & Wood Green HA	John Aldis House	£1,120.55	6		No data	Level C		Well Being
Older People with Support Needs	Step Forward	Passmore Edwards House	£68,793.11	36	98%	KPI1 – Numbers establishing independence Q1 – 100/37 Q2 – 100/36 Q3 – 100/37 Q4 – 100/38 Throughput - %/Number of people departing the service in 2007/08	Level A		Well Being

							102/4 %/Number of unplanned departures : 0/0			
Older People with Support Needs	Step Forward	Sylvia Lawla Court	£59,856.87	26		98%	KPI1 – Numbers establishing independence Q1 – 100/27 Q2 – 100/28 Q3 – 100/26 Q4 – 100/26 Throughput - %/Number of people departing the service in 2007/08 103/3 %/Number of unplanned departures : 0/0	Level A		Well Being
Older People with Support Needs	Step Forward	Cherry Tree House	£55,621.83	24	**£2,622,725.24**	98%	KPI1 – Numbers establishing independence Q1 – 100/27 Q2 – 100/28 Q3 – 100/27 Q4 – 100/27 Throughput - %/Number of people departing the service in 2007/08	Level A		Well Being

							101/3 %/Number of unplanned departures : 0/0			
People with HIV / AIDS	Kush Housing Association	Kush Supported Housing Service	£8,850.46	3	**£8,850.46**	98%	KPI1 – Numbers establishing independence Q1 – 100/3 Q2 – 100/3 Q3 – 100/2 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08 91/1 %/Number of unplanned departures : 0/0	Level C		Well Being
					£2,803,154.88					
Level 3										
Rough Sleeper	St Mungos Housing Association	Vartry Road	£466,379.77	22		75%	KPI2 – Numbers with planned move on Q1 – 100/5 Q2 – 80/4 Q3 – 100/2 Q4 – 100/3 Throughput - %/Number of	Level C		Integrated Housing Board

						people departing the service in 2007/08 117/17 %/Number of unplanned departures : 6/1			
Single Homeless with Support Needs	Broadway (form Housing Services Agency)	Broadway Short term	£80,636.84	16	75%	KPI2 – Numbers with planned move on Q1 – 67/2 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 104/3 %/Number of unplanned departures : 33/1	Level C		Integrated Housing Board
Single Homeless with Support Needs	Broadway (form Housing Services Agency)	Northumberland Park	£37,725.26	7	75%	KPI2 – Numbers with planned move on Q1 – 100/2 Q2 – 100/1 Q3 – 0/0 Q4 – 0/0 Throughput -	Level C		Integrated Housing Board

						%/Number of people departing the service in 2007/08 46/3 %/Number of unplanned departures : 0/0			
Single Homeless with Support Needs	Christian Action (Enfield) Housing Association	Single Homeless Project	£36,954.71	22	75%	KPI2 – Numbers with planned move on Q1 – 100/1 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 106/3 %/Number of unplanned departures : 33/3	Level C		Integrated Housing Board
Single Homeless with Support Needs	Stonewall Housing Association	Holmdale Terrace	£52,479.31	6	75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 100/2 Q3 – 0/0 Q4 – 100/1 Throughput - %/Number of	Level C		Integrated Housing Board

						people departing the service in 2007/08 87/3			
Single Homeless with Support Needs	St Ignatius Housing Association Ltd	St Ignatius Housing Association Ltd	£133,346.81	49	**£807,522.70** 75%	KPI2 – Numbers with planned move on Q1 – 100/2 Q2 – 43/3 Q3 – 50/1 Q4 – 50/2 Throughput - %/Number of people departing the service in 2007/08 91/15 %/Number of unplanned departures : 46/7	Level C		Integrated Housing Board
Generic	LBH Voluntary Sector Team	Haringey Corporate Voluntary Sector Team	£103,029.02	40		N/A	Not Reviewed	Central support & development function	Well Being
Refugees	Phoenix Community Care Ltd	Tenancy Support Service	£82,855.69	10	98%	KPI1 – Numbers establishing independence Q1 – 100/21 Q2 – 100/21 Q3 – 100/21 Q4 – 100/21 Throughput - %/Number of people departing the service in	Level D		Well Being

						2007/08 100/0 %/Number of unplanned departures : 2.3/1			
Refugees	LBH Voluntary Sector Team	Turkish Cypriot Women's Project	£124,727.27	45	98%	KPI1 – Numbers establishing independence Q1 – 100/61 Q2 – 100/60 Q3 – 100/54 Q4 – 98/46 Throughput - %/Number of people departing the service in 2007/08 123/42 %/Number of unplanned departures : 0.45/1	Level C		Well Being
Refugees	LBH Voluntary Sector Team	Ethiopian Community Centre	£8,228.17	3	98%	KPI1 – Numbers establishing independence Q1 – 100/3 Q2 – 100/3 Q3 – 100/3 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08	Level C		Well Being

						100/0 %/Number of unplanned departures : 0/0			
Refugees	LBH Voluntary Sector Team	Eritrean Community in Haringey	£21,652.51	8	98%	KPI1 – Numbers establishing independence Q1 – 100/35 Q2 – 100/29 Q3 – 100/34 Q4 – 100/41 Throughput - %/Number of people departing the service in 2007/08 434/14 %/Number of unplanned departures : 0/0	Level D	Being temporarily managed and supported by St Mungos	Well Being
Refugees	LBH Voluntary Sector Team	Haringey Somali Community & Cultural Centre	£102,394.28	44	98%	KPI1 – Numbers establishing independence Q1 – 98/45 Q2 – 100/47 Q3 – 100/52 Q4 – 100/49 Throughput - %/Number of people departing the service in 2007/08	Level C		Well Being

						110/18 %/Number of unplanned departures : 0.5/1			
Refugees	LBH Voluntary Sector Team	Kurdish Community Centre	£80,089.87	33	98%	KPI1 – Numbers establishing independence Q1 – 100/36 Q2 – 100/33 Q3 – 100/36 Q4 – 98/39 Throughput - %/Number of people departing the service in 2007/08 110/13 %/Number of unplanned departures : 0.6/1	Level C		Well Being
Refugees	LBH Voluntary Sector Team	Cypriot Community Centre	£40,443.97	16	98%	KPI1 – Numbers establishing independence Q1 – 100/16 Q2 – 100/16 Q3 – 100/16 Q4 – 100/16 Throughput - %/Number of people departing the service in 2007/08 100/0	Level C		Well Being

							%/Number of unplanned departures : 0/0			
Refugees	LBH Voluntary Sector Team	Kurdish Advice Centre	£109,769.14	46	**£673,189.92**	98%	KPI1 – Numbers establishing independence Q1 – 100/46 Q2 – 100/46 Q3 – 100/46 Q4 – 98/48 Throughput - %/Number of people departing the service in 2007/08 102/3 %/Number of unplanned departures : 0.5/1	Level C		Well Being
Women at Risk of Domestic Violence	Haringey Women's Forum	Haringey Women's Forum	£61,710.78	18	**£61,710.78**	98%	KPI1 – Numbers establishing independence Q1 – 100/23 Q2 – 100/18 Q3 – 100/19 Q4 – 96/22 Throughput - %/Number of people departing the service in 2007/08 115/11	Level C		Safer Communities

						%/Number of unplanned departures : 1.2/1			
					£1,542,423.40				
Social Care/Long Term Support									
Frail Elderly	Abbeyfield Muswell Hill Society	Abbeyfield Muswell Hill	£45,444.59	9	98%	KPI1 – Numbers establishing independence Q1 – 100/19 Q2 – 100/20 Q3 – 91/21 Q4 – 100/21 Throughput - %/Number of people departing the service in 2007/08 94/2 %/Number of unplanned departures : 2/2	Level C		Well Being
Frail Elderly	Hornsey Housing Trust	Abyssinia Court	£145,298.16	34	98%	KPI1 – Numbers establishing independence Q1 – 100/38 Q2 – 100/34 Q3 – 100/37 Q4 – 100/36 Throughput - %/Number of people departing	Level B		Well Being

							the service in 2007/08 98/7 %/Number of unplanned departures : 0/0			
Frail Elderly	Hornsey Housing Trust	Margaret Hill House	£100,081.44	23		98%	KPI1 – Numbers establishing independence Q1 – 100/24 Q2 – 100/23 Q3 – 100/23 Q4 – 100/21 Throughput - %/Number of people departing the service in 2007/08 98/11 %/Number of unplanned departures : 0/0	Level B		Well Being
Frail Elderly	Servite Houses	Ashling House	£15,568.81	7	**£306,393.00**	98%	KPI1 – Numbers establishing independence Q1 – 100/12 Q2 – 100/13 Q3 – 100/13 Q4 – 100/13 Throughput - %/Number of people departing the service in	Level C		Well Being

							2007/08 98/1 %/Number of unplanned departures : 0/0			
People with Mental Health Problems	New provider from Jan 08	West Contract	£1,400,000.00	160		N/A			New Services - Mental Health Sector being re-commissioned in 2008/09. New 5 year contracts to be in place by Jan 09	Well being
People with Mental Health Problems	New provider from Jan 08	Central Contract	£1,400,000.00	160		N/A			New Services - Mental Health Sector being re-commissioned in 2008/09. New 5 year contracts to be in place by Jan 09	Well Being
People with Mental Health Problems	New provider from Jan 08	East Contract	£1,400,000.00	160	**£4,200,000.00**	N/A			New Services - Mental Health Sector being re-commissioned in 2008/09. New 5 year contracts to be in place by Jan 09	Well Being
People with Learning Disabilities	Haringey Association for Independent Living	Philip Lane	£225,820.22	9		98%	KPI1 – Numbers establishing independence Q1 – 87/7 Q2 – 100/7 Q3 – 87/7 Q4 – 100/7 Throughput - %/Number of people departing	Level C		Well Being

						the service in 2007/08 93/3 %/Number of unplanned departures : 6.6/2			
People with Learning Disabilities	Haringey Association for Independent Living	Support Service	£381,004.57	31	98%	KPI1 – Numbers establishing independence Q1 – 100/30 Q2 – 100/30 Q3 – 100/30 Q4 – 100/30 Throughput - %/Number of people departing the service in 2007/08 100/2 %/Number of unplanned departures : 0/0	Level C		Well Being
People with Learning Disabilities	Haringey Association for Independent Living	Altair Close	£407,758.70	18	98%	KPI1 – Numbers establishing independence Q1 – 100/17 Q2 – 100/18 Q3 – 100/17 Q4 – 100/17 Throughput - %/Number of people departing the service in	Level C		Well Being

						2007/08 101/4 %/Number of unplanned departures : 0/0			
People with Learning Disabilities	Haringey Association for Independent Living	Wellesley Road	£102,500.13	5	98%	KPI1 – Numbers establishing independence Q1 – 100/5 Q2 – 100/4 Q3 – 100/4 Q4 – 100/5 Throughput - %/Number of people departing the service in 2007/08 95/1 %/Number of unplanned departures : 0/0	Level C		Well Being
People with Learning Disabilities	Hoffmann Foundation for Autism	Hoffmann de Visme Foundation	£49,291.19	4	98%	KPI1 – Numbers establishing independence Q1 – 100/4 Q2 – 100/4 Q3 – 100/4 Q4 – 100/4 Throughput - %/Number of people departing the service in 2007/08	Level C		Well Being

						80/0 %/Number of unplanned departures : 0/0			
People with Learning Disabilities	Haringey Association for Independent Living	Whittington Road	£58,061.07	4	98%	KPI1 – Numbers establishing independence Q1 – 100/4 Q2 – 100/4 Q3 – 100/4 Q4 – 100/4 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level C		Well Being
People with Learning Disabilities	LBH Adult Placement Scheme	LBH - Adult Placement Scheme	£22,665.98	4	98%	KPI1 – Numbers establishing independence Q1 – 100/4 Q2 – 100/4 Q3 – 100/4 Q4 – 100/4 Throughput - %/Number of people departing the service in 2007/08	Level C		Well Being

						100/0 %/Number of unplanned departures : 0/0			
People with Learning Disabilities	LBH Community Support Work Team	Floating Outreach Housing Support	£21,984.75	11		No data	Level C		Well Being
People with Learning Disabilities	LBH Community Support Work Team	Community Support	£22,323.62	9	98%	KPI1 – Numbers establishing independence Q1 – 100/20 Q2 – 100/20 Q3 – 100/20 Q4 – 100/20 Throughput - %/Number of people departing the service in 2007/08 100/0	Level C		Well Being
People with Learning Disabilities	Lifeways Community Care	Supported Living-long term	£64,076.27	2	98%	KPI1 – Numbers establishing independence Q1 – 100/2 Q2 – 100/2 Q3 – 100/2 Q4 – 100/2 Throughput - %/Number of people departing the service in 2007/08 100/0	Level C		Well Being

						%/Number of unplanned departures : 0/0			
People with Learning Disabilities	Marcus & Marcus Ltd	Coleraine Road Mental Health Unit	102,310.54	1	98%	KPI1 – Numbers establishing independence Q1 – 100/1 Q2 – 100/1 Q3 – 100/1 Q4 – 100/1 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level C		Well Being
People with Learning Disabilities	Norwood	Tetherdown	£63,223.74	4	98%	KPI1 – Numbers establishing independence Q1 – 100/4 Q2 – 100/4 Q3 – 100/4 Q4 – 100/4 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of	Level C		Well Being

						unplanned departures : 0/0			
People with Learning Disabilities	Penta Hact	Haringey LD A	£129,560.92	10	98%	KPI1 – Numbers establishing independence Q1 – 100/9 Q2 – 100/9 Q3 – 100/9 Q4 – 100/9 Throughput - %/Number of people departing the service in 2007/08 75/0 %/Number of unplanned departures : 0/0	Level C		Well Being
People with Learning Disabilities	Precious Homes Ltd	Burgoyne Supported Housing Project	£101,438.72	4	98%	KPI1 – Numbers establishing independence Q1 – 100/4 Q2 – 100/4 Q3 – 100/4 Q4 – 100/4 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of	Level C		Well Being

						unplanned departures : 0/0			
People with Learning Disabilities	Precious Homes Ltd	Burghley Supported Housing Project	£202,877.43	11	98%	KPI1 – Numbers establishing independence Q1 – 100/9 Q2 – 90/9 Q3 – 100/10 Q4 – 100/10 Throughput - %/Number of people departing the service in 2007/08 95/2 %/Number of unplanned departures : 2.3/1	Level C		Well Being
People with Learning Disabilities	Precious Homes Ltd	Precious Homes-272 Lordship Lane	£76,079.04	3	98%	KPI1 – Numbers establishing independence Q1 – 100/3 Q2 – 100/3 Q3 – 100/3 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned	Level C		Well Being

							departures : 0/0			
People with Learning Disabilities	Precious Homes Ltd	Turnpike Lane & Gathorne Road	£177,517.76	9		98%	KPI1 – Numbers establishing independence Q1 – 100/9 Q2 – 88/8 Q3 – 100/8 Q4 – 100/9 Throughput - %/Number of people departing the service in 2007/08 97/1 %/Number of unplanned departures : 2.8/1	Level C		Well Being
People with Learning Disabilities	Precious Homes Ltd	Precious Homes - The Mews & Green Lanes	£76,079.04	3	**£2,284,573.69**	98%	KPI1 – Numbers establishing independence Q1 – 100/3 Q2 – 100/3 Q3 – 100/3 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures :	Level C		Well Being

						0/0			
People with a Physical or Sensory Disability	Habinteg Housing Association	Habinteg HA	£7,943.96	17	98%	KPI1 – Numbers establishing independence Q1 – 95/22 Q2 – 100/20 Q3 – 100/21 Q4 – 100/23 Throughput - %/Number of people departing the service in 2007/08 96/2 %/Number of unplanned departures : 1.1/1	Level B		Well Being
People with a Physical or Sensory Disability	Haringey NHS Teaching Primary Care Trust	Speech & Language Therapy Department	£18,488.49	5	98%	KPI1 – Numbers establishing independence Q1 – 100/11 Q2 – 100/9 Q3 – 100/11 Q4 – 100/18 Throughput - %/Number of people departing the service in 2007/08 245/12	Level C		Well Being

						%/Number of unplanned departures : 0/0			
People with a Physical or Sensory Disability	LBH Winkfield Resouce Centre	Winkfield Floating Support	£80,000.00	34	98%	KPI1 – Numbers establishing independence Q1 – 100/58 Q2 – 100/59 Q3 – 100/58 Q4 – 100/54 Throughput - %/Number of people departing the service in 2007/08 127/50 %/Number of unplanned departures : 0.4/1	Level C		Well Being
People with a Physical or Sensory Disability	LBH Voluntary Sector Team	Phoenix Group	£54,907.20	21	98%	KPI1 – Numbers establishing independence Q1 – 100/21 Q2 – 100/21 Q3 – 100/21 Q4 – 100/21 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of	Level C		Well Being

							unplanned departures : 0/0			
People with a Physical or Sensory Disability	Apna Ghar Housing Association	Apna Ghar	£22,317.47	12	**£183,657.12**	98%	KPI1 – Numbers establishing independence Q1 – 100/13 Q2 – 100/13 Q3 – 100/13 Q4 – 100/13 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Level B		Well Being
					£6,974,623.81					
Level 4										
People with Alcohol Problems	Haringey Advisory Group on Alcohol	Philip Lodge	£135,249.50	10		75%	KPI2 – Numbers with planned move on Q1 – 100/2 Q2 – 50/1 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in	Level C		Safer Communities

							2007/08 105/5 %/Number of unplanned departures : 40/2			
People with Alcohol Problems	Haringey Advisory Group on Alcohol	Outreach Project (Day Centre)	£116,911.84	38	**£252,161.34**	98%	KPI1 – Numbers establishing independence Q1 – 84/37 Q2 – 100/38 Q3 – 97/38 Q4 – 89/57 Throughput - %/Number of people departing the service in 2007/08 121/37 %/Number of unplanned departures : 8/15	Level C		Safer Communities
People with Drug Problems	Haringey Advisory Group on Alcohol	Roseberry Drug	£49,000.00	5		75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 100/3 Q3 – 0/0 Q4 – 67/2 Throughput - %/Number of people departing	Level C		Safer Communities

						the service in 2007/08 110/6			
People with Drug Problems	North West London Housing Association	NWLHA- PDR	£161,595.35	18	**£210,595.35** 75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 0/0 Q3 – 0/0 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08 108/9 %/Number of unplanned departures : 66/6	Level C		Safer Communities
Offenders or People at risk of Offending	North West London Housing Association	North West London Schemes	£332,039.06	45	75%	KPI2 – Numbers with planned move on Q1 – 20/1 Q2 – 100/1 Q3 – 25/1 Q4 – 33/1 Throughput - %/Number of people departing the service in 2007/08 189/15	Level C		Safer Communities

							%/Number of unplanned departures : 60/9			
Offenders or People at risk of Offending	Penrose Housing Association	Knight Court	£10,552.53	3	**£342,591.59**	98%	KPI1 – Numbers establishing independence Q1 – 100/2 Q2 – 100/3 Q3 – 100/3 Q4 – 100/3 Throughput - %/Number of people departing the service in 2007/08 92/1 %/Number of unplanned departures : 0/0	Level C		Safer Communities
Young People Leaving Care	LBH Leaving Care Scheme	Care Leavers Scheme	£274,976.61	60		98%	KPI1 – Numbers establishing independence Q1 – 100/83 Q2 – 88/76 Q3 – 100/72 Q4 – 100/76 Throughput - %/Number of people departing the service in 2007/08 110/36	Level C		Children and Young People

						%/Number of unplanned departures : 3/10			
Young People at Risk	Christian Action (Enfield) Housing Association	Northumberland Park	£34,746.87	4	75%	KPI2 – Numbers with planned move on Q1 – 100/1 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 106/3 %/Number of unplanned departures : 66/2	Level C		Children and Young People
Young People at Risk	Community Housing Association	Patchwork Community HA- Young Persons	£447,011.97	43	75%	KPI2 – Numbers with planned move on Q1 – 100/2 Q2 – 100/3 Q3 – 0/0 Q4 – 100/1 Throughput - %/Number of people departing the service in 2007/08 87/8	Level C	Some units not available due to refurbishment	Children and Young People

						%/Number of unplanned departures : 25/6			
Young People at Risk	EPIC Trust (Alone In London)	Lansdowne Road	£112,167.18	8	75%	KPI2 – Numbers with planned move on Q1 – 100/1 Q2 – 100/2 Q3 – 100/1 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 100/4 %/Number of unplanned departures : 0/0	Level C		Children and Young People
Young People at Risk	LBH Housing Services	Accomm Support Officer Youth Offending	£37,585.00	10	98%	KPI1 – Numbers establishing independence Q1 – 100/7 Q2 – 87/7 Q3 – 100/7 Q4 – 100/6 Throughput - %/Number of people departing the service in 2007/08 70/1	B/C		Children and Young People

							%/Number of unplanned departures : 3.5/1			
Young People at Risk	Rainer Housing (North London)	Hermitage & Cavendish Road	£25,044.84	6		75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 96/1 %/Number of unplanned departures : 100/1	Level C		Children and Young People
Young People at Risk	Rainer Housing (North London)	Stapleton Hall Road	£57,492.33	6	**£989,024.80**	75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 100/1	Level C		Children and Young People

							%/Number of unplanned departures : 100/1			
Teenage Parents	Epic Trust	Teenage Parent Floating Support	£103,000.00	20			N/A	Not Reviewed	New service	Children and Young People
Teenage Parents	Community Housing Association	Young Mother & Baby Unit	£70,467.95	11	**£173,467.95**	75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 100/1 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 98/1 %/Number of unplanned departures : 0/0	N/A	Being decommissioned	Children and Young People
Homeless Families with Support Needs	EPIC Trust	Tenancy Support Service HARTS	£2,841,739.47	658		98%	KPI1 – Numbers establishing independence Q1 – 95/722 Q2 – 99/741 Q3 – 99/747 Q4 – 98/729 Throughput - %/Number of	Level B		Children and Young People

							people departing the service in 2007/08 107/421 %/Number of unplanned departures : 2/66			
Older People with Support Needs	Novas Ouvertures Group	60+ In Haringey	£1,304,000.00	300		98%	KPI1 – Numbers establishing independence Q1 – 93/349 Q2 – 99/359 Q3 – 100/407 Q4 – 100/444 Throughput - %/Number of people departing the service in 2007/08 132/370 %/Number of unplanned departures : 2/31	Level C		Well Being
Single Homeless with Support Needs	Community Housing Association	Key Support	£1,449,631.63	420	**£5,595,371.10**	98%	KPI1 – Numbers establishing independence Q1 – 98/510 Q2 – 97/548 Q3 – 97/550 Q4 – 97/552 Throughput - %/Number of people departing	Level B/C		Integrated Housing Board

						the service in 2007/08 121/314 %/Number of unplanned departures : 2.9/65			
Women at Risk of Domestic Violence	Christian Action (Enfield) Housing Association	Domestic Violence Floating Support	£42,025.00	10	98%	KPI1 – Numbers establishing independence Q1 – 100/7 Q2 – 100/11 Q3 – 100/16 Q4 – 100/4 Throughput - %/Number of people departing the service in 2007/08 120/7 %/Number of unplanned departures : 0/0	Level C		Safer Communities
Women at Risk of Domestic Violence	Haringey Womens Aid	Haringey Womens Aid	£183,682.15	15	75%	KPI2 – Numbers with planned move on Q1 – 40/4 Q2 – 100/6 Q3 – 100/9 Q4 – 100/1 Throughput - %/Number of	Level C		Safer Communities

						people departing the service in 2007/08 147/26 %/Number of unplanned departures : 23/6			
Women at Risk of Domestic Violence	LBH Hearthstone	Hearthstone DV Advice and Support Centre	£50,000.00	1278	75%	KPI2 – Numbers with planned move on Q1 – No data Q2 – 100/240 Q3 – 100/218 Q4 – No data Throughput - %/Number of people departing the service in 2007/08 254/318 %/Number of unplanned departures : 0/0	Level C		Safer Communities
Women at Risk of Domestic Violence	Newham Asian Women's Project	Haringey Asian Women's Aid	£127,755.00	10	75%	KPI2 – Numbers with planned move on Q1 – 100/6 Q2 – 100/5 Q3 – No data Q4 – 100/5 Throughput - %/Number of people departing	Level C		Safer Communities

							the service in 2007/08 155/16 %/Number of unplanned departures : 0/0			
Women at Risk of Domestic Violence	Newlon Housing Group	Dispersed Units for Women / Children Fleeing DV	£25,793.00	4		75%	KPI2 – Numbers with planned move on Q1 – 0/0 Q2 – 0/0 Q3 – 0/0 Q4 – 0/0 Throughput - %/Number of people departing the service in 2007/08 100/0 %/Number of unplanned departures : 0/0	Not Reviewed		Safer Communities
Women at Risk of Domestic Violence	NIA Project	Women's Refuge	£104,925.53	6	**£534,180.68**	75%	KPI2 – Numbers with planned move on Q1 – 50/1 Q2 – 50/1 Q3 – 67/2 Q4 – 100/1 Throughput - %/Number of people departing the service in	Level C		Safer Communities

						2007/08 133/8 %/Number of unplanned departures : 37/5			
					£8,097,392.81				
Level 5									
Older People with Support Needs	Metropolitan Care & Repair	Metropolitan Care & Repair	£129,073.45	318		N/A	Level A/B		Well Being
Generic	LBH Community Alarms	Community Alarms	£224,350.90	725	**£353,424.35**	N/A	Level B		Well Being

*** Note: SPPB agreed not to fully decommission the supported housing provision for the single homeless - However, the needs mapping commissioned for this client group suggested that up to a 40% reduction in capacity is very possible - This approach was agreed by the SPPB - Inclusion of CARA services in tier 2 is not specific to CARA but simply reflects this fact**

Total Annual Contracted Expenditure	£20,414,337.52

Expenditure less Social Care/Long Term Tier	£13,439,713.71

Key to Performance Definitions and QAF Scores:

- The six QAF standards include:

- Support Planning
- Health and Safety
- Managing Risk
- Protecting people from abuse
- Fair access and equal opportunities
- Complaints

- QAF scores against each standard are:

- Level A – Excellent/Leading Practise
- Level B – Good level of quality
- Level C – met the required standards
- Level D – below required standards

- KPI Definitions are:

KPI1 - Percentage of service users who have been supported to establish independent living

Note: KPI1 covers both long term accommodation based services like sheltered housing and short term floating support services that either support vulnerable people living in ordinary housing (Council tenants, private tenants, owner occupiers etc.) or homeless households that are either in temporary accommodation or who have no fixed address.

Short term services offering floating support may expect a much greater level of turnover and throughput than for sheltered housing aimed at older residents. For many floating services as they are more often likely to be dealing with socially excluded and difficult to engage households, it is not surprising that for some of these services the level of unplanned departure might be slightly higher than long term sheltered housing. This may be particularly true of larger services such as Key Support and HARTS aimed at homeless households.

However, performances that fall below 95% would be the cause for concern and indicate poor performance against all types of service covered by KPI1. In addition floating support services with little or no throughput in a year would also be of concern and indicate poor performance. As these are short term services for people living in their own homes, it is expected that floating support should be achieving a good level of positive throughputs.

KPI2 - Percentage of service users who moved on in a planned way

Note: This KPI covers short term accommodation based services (offers housing and support for up to 2 years). This might include supported hostels for the single homeless, young people etc. Where a short term service covered by KPI2 achieves no departures for two quarters or more in a year, then this would be the cause for concern and indicate poor performance. In addition any performance falling below the 75% target would be the cause of concern.

Appendix 3 - Key Stakeholder Questions and Participants

Q1 Having reviewed Appendix 2 are any of the services and projects critical to your agency in terms of the delivery of your LAA targets and other key performance indicators?

Q2 If so have you any empirical or qualitative evidence to support this?

Q3 Are any of the services and projects key in terms of delivering against any critical needs or unmet needs that your agency has identified and if they are can you specify these needs?

Q4 Do you have any robust needs evidence and analysis to support this?

Q5 If you have identified services in Appendix 2 that are key in terms of delivering against your performance indicators and targets and/or needs, can you please describe what the impact would be if Supporting People investment and funding is withdrawn?

Q6 Are there other sources of funding that could be accessed to fund these services?

Q7 Do you have evidence of the quality outcomes being delivered by these services and if so what is this; how was it gathered and how was it assessed?

Q8 Have you any suggestions and comments on how the SP savings might be achieved without the loss of key services?

Q9 Are there any areas of unmet need or key priorities, as they relate to vulnerable households, which the services in Appendix 2 don't appear to be addressing?

Q10 If there are can you specify these and provide the evidence to support this?

Q11 Overall do you have any comments, evidence or thoughts on the impact and benefits of the Supporting People programme and services it funds (see Appendix 2) – Can you specify these?

Q12 Do you think ring-fencing is necessary and if so do you think it should be applied to the whole programme of parts of the programme?

Q13 If you think that partial ring-fencing is justified can you specify which sectors should be ring-fenced and why?

Q14 If ring-fencing is considered as a likely option how long do you think it should remain in place and do you have any suggestions on how ring-fencing should be approached?

Q15 Any further issues not covered by the above?

This page is intentionally left blank