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# HARINGEY STRATEGIC PARTNERSHIP BOARD

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TUESDAY, 4TH NOVEMBER, 2008 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

**MEMBERS:** See membership list below.

### AGENDA

**1. APOLOGIES AND SUBSTITUTIONS**

To receive any apologies for absence.

**2. DECLARATIONS OF INTEREST**

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

**3. MINUTES (PAGES 1 - 12)**

To confirm the minutes of the meeting held on 3 July 2008 as a correct record.

**4. URGENT BUSINESS**

The Chair will consider the admission of any 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. PRESENTATION ON COMPREHENSIVE AREA ASSESSMENT (PAGES 13 - 30)**

A presentation will be made.

**6. LOCAL AREA AGREEMENT 1ST QUARTER PERFORMANCE MANAGEMENT REPORT**

This report will be sent to follow.

**7. WORKSHOP SESSION: TOP TWO LOCAL AREA AGREEMENT UNDER PERFORMING TARGETS**

A presentation will be made and there will be an opportunity for discussion.

8. **THEME BOARD PERFORMANCE MANAGEMENT (PAGES 31 - 40)**
9. **AREA BASED GRANT REVIEW (PAGES 41 - 62)**
10. **HSP GOVERNANCE: REVISED TERMS OF REFERENCE (PAGES 63 - 78)**
11. **HARINGEY'S ALCOHOL HARM REDUCTION STRATEGY 2008-11 (PAGES 79 - 120)**
12. **CHILD POVERTY STRATEGY AND ACTION PLAN (PAGES 121 - 128)**
13. **CORE STRATEGY UPDATE (PAGES 129 - 132)**
14. **'NO ONE WRITTEN OFF: REFORMING WELFARE TO REWARD RESPONSIBILITY' -RESPONSE TO GREEN PAPER (PAGES 133 - 156)**
15. **LOCAL AREA AGREEMENT COMPARATIVE INDICATORS (PAGES 157 - 160)**

This report is for information.

16. **THEMATIC BOARD UPDATES (PAGES 161 - 166)**
17. **NEW ITEMS OF URGENT BUSINESS**

To consider any new items of Urgent Business admitted under Item 3 above.

18. **ANY OTHER BUSINESS**

To consider any items of AOB.

19. **DATES OF FUTURE MEETINGS**

To note the following dates of future meetings:

- 26 February 2009
- 27 April 2009

**Dr Ita O'Donovan**  
**Chief Executive**  
London Borough of Haringey  
River Park House  
225 High Road Wood Green  
LONDON N22 4QH

**Xanthe Barker**  
**Principal Committee Co-ordinator**  
Tel: 020 8489 2916  
Tel: 020 8489 2660  
[xanthe.barker@haringey.gov.uk](mailto:xanthe.barker@haringey.gov.uk)

## Membership List

	Sector group	Organisation (s)	No. of reps	Name of representative
Statutory and Core Agencies	Local Authority	Haringey Council	2	<b>Cllr. George Meehan</b> , Leader of the Council (Chair) <b>Dr Ita O'Donovan</b> , Chief Executive
	Health	Haringey Teaching Primary Care Trust Barnet, Enfield, Haringey Mental Health Trust Haringey teaching Primary Care Trust/Council	2	<b>Richard Sumray</b> , Chairman <b>Tracey Baldwin</b> , Chief Executive <b>Maria Kane</b> , Chief Executive
			1	<b>Eugenia Cronin</b> , Director of Public Health (Joint Appointment)
			1	
	Housing	Registered Social Landlords Homes for Haringey	1 1	<b>TBC</b> <b>Michael Jones</b> , Chairman
	Community Safety	Metropolitan Police	1	<b>David Grant</b> , Borough Commander
	Jobs and Training	Job Centre Plus	1	<b>Walter Steel</b>
	Higher Education	Middlesex University	1	<b>Christine Cocker</b>
Further Education	Learning and Skills Council College of North East London	2	<b>Yolande Burgess</b> <b>Paul Head</b> , CoNEL Principal (Vice-Chair)	
Voluntary and Community Sector	Councillors	Haringey Council	3	<b>Cllr. Nilgun Canver</b> <b>Cllr. Lorna Reith</b> <b>Cllr. Kaushika Amin *</b>
	Community Representatives	Community Link Forum	6	<b>Faiza Rizvi</b> <b>Martha Osamor</b> <b>Reverend Nims Obunge *</b> <b>John Egbo</b> <b>Michelle Stokes</b> <b>Derma Ioannou</b>
		HAVCO	1	<b>Robert Edmonds</b>
Other Interests/sectors	Youth	Haringey Youth Council	2	<b>Youth Councillor Shayan Mofitzadeh</b> <b>Youth Councillor Adam Jogee</b>
	New Deal for Communities	The Bridge NDC	1	<b>Rachel Hughes</b>
Themes	Thematic boards	1 x representative from each thematic board	6	<b>Sharon Shoemith</b> -Children and Young People's Strategic Partnership Board <b>Pastor Nims Obunge</b> -Safer Communities Executive Board <b>Cllr Kaushika Amin</b> -Enterprise Partnership Board <b>Cllr. Brian Haley</b> -Better Places Partnership <b>Mun Thong Phung</b> -Well-Being Strategic Partnership Board <b>Cllr John Bevan</b> -Integrated Housing Board
MP's	MP's and GLA reps	2 MP's and 1 GLA representative	3	<b>David Lammy</b> , MP for Tottenham <b>Lynne Featherstone</b> , MP for Hornsey and Wood Green <b>Joanne McCartney</b> , GLA AM for Haringey and Enfield
		<b>TOTAL</b>	<b>35</b>	

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**MINUTES OF THE HARINGEY STRATEGIC PARTNERSHIP BOARD (HSP)  
THURSDAY, 3 JULY 2008**

HSP80.	<p><b>APPOINTMENT OF VICE-CHAIR</b></p> <p><b>RESOLVED:</b></p> <p>That Paul Head be appointed as Vice-Chair for the ensuing Municipal Year.</p>	HSP Manager
HSP81.	<p><b>CONFIRMATION OF MEMBERSHIP AND CURRENT TERMS OF REFERENCE: 2008/09</b></p> <p>The Board received a report requesting that it confirm its Membership and Terms of Reference for the new Municipal Year.</p> <p>It was noted that the Membership and Terms of Reference required amendment in order to recognise the appointment and role of the new CLF representatives.</p> <p>The Board was advised that under agenda Item 16 further amendments were proposed to the Terms of Reference. These were being considered separately as part of a wider review of the HSP's Governance arrangements.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the Membership list, as proposed, be confirmed for the new Municipal Year.</li> <li>ii. That the Terms of Reference be amended to include the new CLF representatives.</li> </ul>	
HSP82.	<p><b>COMMUNITY LINK FORUM</b></p> <p>The Board was advised that presentations had been made to each of the Thematic Boards during the last cycle of meetings. These had set out the relationship between the Partnership and the CLF, the process for the recent CLF election and the Forums objectives and work to date.</p> <p>The new representatives had also had an induction session with the Chair of the relevant Thematic Board and Council officers prior to their first meeting.</p> <p>Feedback was being sought by HAVCO to determine whether it felt the induction process for the CLF representatives had been adequate. This would feed into an evaluation of the work carried out by the CLF since its formation.</p> <p>That Chair thanked Pamela Pemberton of the CLF for the update.</p> <p><b>RESOLVED:</b></p> <p>That the verbal update be noted.</p>	

**MINUTES OF THE HARINGEY STRATEGIC PARTNERSHIP BOARD (HSP)  
THURSDAY, 3 JULY 2008**

<p><b>HSP83.</b></p>	<p><b>CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP BOARD: PRESENTATION</b></p> <p>The Board received a presentation from the Children and Young People's Strategic Partnership Board focussing on Changing Lives 2008/09.</p> <p>The Board was provided with copies of the recently published Changing Lives 2008/09 document.</p> <p>It was noted that the Children and Young People's Plan (CYPP) set out how the objectives included within the Changing Lives initiative would be delivered. It was noted that there was a statutory requirement upon the Council to carry out an Annual Performance Assessment (APA) of the actions included within the Plan.</p> <p>The APA would form a significant part of the information used to assess performance under the Comprehensive Area Assessment (CAA).</p> <p>The Board was advised that there were five key outcomes that the Plan would be assessed against:</p> <ul style="list-style-type: none"> <li>• Being Healthy</li> <li>• Staying Safe</li> <li>• Enjoy and Achieve</li> <li>• Making a Positive Contribution</li> <li>• Achieving Economic Well Being</li> </ul> <p>An additional outcome had been included in relation to Vulnerable Children and performance against this would also be measured.</p> <p>At present an evaluation of the Plan was being carried out and Partners would have a key role to play in this process. The Primary Care Trust (PCT) and other agencies would be asked to contribute to discussion around the delivery of the objectives contained within the Plan.</p> <p>In terms of planning beyond the future of the current CYPP the Board was advised that consultation would commence in the autumn on the development of a plan for 2009/20. This would take a long term view of the needs of Children in the Borough and incorporate the requirements of the national Children's Plan.</p> <p>In response to a query, as to how the views of children and young people would be sought and fed into the Plan, the Board was advised that there were existing mechanisms in place to facilitate this. Schools and parents would also be consulted as part of the process.</p> <p>It was suggested that the Multi Faith Forum should be used as a forum for consultation with children and young people.</p> <p>There was agreement that the Plan should be cross cutting and take on board issues such as crime prevention and the affect of crime upon</p>	<p>Dir</p>
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	<p>It was noted that at present there was no reference to how building work in regeneration areas would impact upon the local community particularly in terms of traffic. The Police representative requested that the Police were made fully aware of any likely impact upon traffic before building work commenced.</p> <p><b>RESOLVED:</b></p> <p>That the draft Delivery Plan for Haringey's Regeneration Strategy be endorsed.</p>	Karen Galey
HSP85.	<p><b>LOCAL AREA AGREEMENT 2007/08: END OF YEAR REPORT</b></p> <p>The Board received a report presenting the Local Area Agreement (LAA) 2007/08 End of Year Statement of Grant Usage.</p> <p>It was noted that although the previous LAA had been superseded by the new style LAA, there was still an expectation that the requirements of the old LAA would be fulfilled.</p> <p>As the accountable body for the Partnership, the Council was required to produce an End of Year Statement of Grant Usage for the LAA. This outlined spend across the mandatory ring fenced pooled funding streams within the LAA grant for the previous financial year.</p> <p>The Board was advised that the Performance Management Group (PMG) had agreed that the Chair of the Partnership should be delegated authority to approve the final report prior to submission to GOL and the HSP was asked to endorse this decision.</p> <p>It was noted that approximately thirty per cent of the funding available had been allocated to Third Sector projects. However, this was not reflected in the allocations made across the Thematic Boards and it was queried how this would be addressed.</p> <p>The Board was advised that the Performance Monitoring Framework attached to the new LAA meant that a new and more qualitative approach was being taken to projects and the delivery of outcomes. As part of this the Joint Strategic Needs Assessment (JSNA) was being carried out that would assess where the skills to deliver this lay.</p> <p>It was noted that the Community and Voluntary Sector was keen to assist in identifying mechanisms to ensure that it was best placed to participate in the delivery of outcomes.</p> <p>There was agreement that work was required to build the capacity of the Voluntary and Community Sector around the delivery of targets and the Chair requested that a report be brought to the PMG in relation to this, with a view to a report being considered at a future meeting of the HSP.</p> <p>It was suggested that a sharp focus upon areas where targets were not</p>	Ass CE PPP/HSP Manager

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	<p>being met was required and that the Partnership should consider what action was needed in order to address these areas. There was agreement that the PMG should receive a report setting out how the format of performance reports could be revised to address this point.</p> <p>The Board discussed the review of projects receiving Area Based Grant (ABG) funding. It was noted that the HSP had previously agreed that 2008/09 would be treated as a transitional year with a review of projects taking place in September after an initial six month period. Since this had been agreed the Commissioning Review Group had met and put together criteria for the review.</p> <p>It was noted that recommendations would be made to the PMG once the review had taken place as to which projects should continue to receive funding.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. To endorse the decision of the PMG that the Chair of the Partnership should be delegated authority to approve the final report prior to submission to the Government Office for London (GOL).</li> <li>iii. That a report should be brought to the PMG and HSP setting out how the capacity of the Voluntary and Community Sector could be built around the delivery of targets included within the LAA.</li> <li>iv. That the PMG should receive a report reviewing the format of Performance reports, with a view to focussing these on exception reporting and putting forward proposals as to how partners could contribute to improving failing targets.</li> </ul>	<p>Ass CE PPP/HSP Manager</p> <p>Ass CE PPP/HSP Manager</p> <p>Ass CE PPP/HSP Manager</p>
<p><b>HSP86.</b></p>	<p><b>LOCAL AREA AGREEMENT END OF YEAR PERFORMANCE HIGHLIGHT REPORT: 2007/08</b></p> <p>The Board received a report that set out performance against Stretch Targets included within the current LAA.</p> <p>An overview was given of performance and it was noted that the Stretch Targets would be incorporated within the new LAA as Local Indicators.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<p><b>HSP87.</b></p>	<p><b>LOCAL AREA AGREEMENT 2008/09 - 2009/11 UPDATE</b></p> <p>The Board received a report setting out progress in relation to the new LAA.</p>	

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	<p>It was noted that the new LAA had been submitted to GOL on 30 May and was due to be signed off my ministers by the end of June 2008. It was not envisaged that GOL would make any substantive changes to the LAA.</p> <p>The Board was advised that there were a number of Indicators where targets had been deferred until 2009/10. Where this occurred the Thematic Boards would continue to manage performance manage these with proxy indicators.</p> <p>In addition to the deferred indicators there were minor alterations to the thirty-five indicators originally selected and these had been agreed by the PMG on 28 May prior to submission.</p> <p>Following the approval of the LAA there would be a national launch followed by a 'London Reception'. Further details would be provided by GOL in due course.</p> <p>Councillor Bevan noted that figures in relation to NI 154 were incorrect and officers agreed to check these before the document was finalised.</p> <p>There was agreement that it would be useful if comparative information was sought from other London Boroughs to see how Haringey's choice of Indicators compared.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. That comparative information in relation to the choice if Indicators be sought and brought back to the Board for information.</li> </ul>	<p>Ass CE PPP/HSP Manager</p> <p>Ass CE PPP/HSP Manager</p>
<p><b>HSP88.</b></p>	<p><b>PROGRESS REPORT: HARINGEY'S COMPACT 'WORKING BETTER TOGETHER' FROM DEVELOPMENT TO IMPLEMENTATION</b></p> <p>The Board received a report detailing progress in relation to the Haringey Compact.</p> <p>It was noted that since its launch the Compact had been recognised as a model of good practice and had received two commendations for Excellence from the Compact Commission.</p> <p>A range of work had been undertaken, including the adoption of the Council's Grant Aid Standards, which aimed to standardise the monitoring and implementation of the grant allocation process across the Council.</p> <p>The Board was advised of work carried out by the Compact and it was noted that it would play a key role in forthcoming review of ABG funded projects.</p>	

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	<p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<p><b>HSP89.</b></p>	<p><b>RISK MANAGEMENT STRATEGY AND FRAMEWORK FOR THE HARINGEY STRATEGIC PARTNERSHIP</b></p> <p>The Board received a report that set out proposals for the introduction of a Risk Management Strategy and Framework for the HSP.</p> <p>The Board was advised that the Risk Management was seen as an increasingly important tool by various bodies responsible for external assessment. Under the new Comprehensive Area Assessment there was an increased focus upon partnership working and therefore the Partnership needed to be able to demonstrate that it had effective systems in place to deal with Risk Management.</p> <p>In addition to this the Audit Commission had also indicated that Local Strategic Partnerships would need to demonstrate that Risk Management was properly embedded.</p> <p>It was proposed that risk registers should be used by the Thematic Boards and the PMG and these would be monitored by the Council's Internal Audit Service. The Service would also provide training on the completion of these via workshop sessions.</p> <p>In response to a query as to whether the registers would focus solely on financial issues, the Board was advised that there would be many elements that would be captured and there would not be a specific focus on financial issues.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the Risk Management Strategy and proposed actions be approved.</li> <li>ii. That the risk registers as set out be implemented across the Thematic Boards and PMG.</li> </ul>	
<p><b>HSP90.</b></p>	<p><b>HARINGEY STRATEGIC PARTNERSHIP: CODE OF GOVERNANCE</b></p> <p>The Board received a report that set out options in relation to the adoption of a new Code of Corporate Governance for the HSP.</p> <p>It was noted that the CAA Key Lines of Enquiry, published earlier in the year had set out the need for a Code of Corporate Governance as part of the Partnership's overall governance framework. In addition to this it was also recognised as being good practice to have such a Code in place.</p> <p>A draft Action Plan setting out proposals in relation to the Code was</p>	

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	<p>included within the report and the Board was invited to comment on this.</p> <p>There was a general consensus that the introduction of a Register of Interests was a positive step.</p> <p>The Board discussed the new CAA and there was agreement that it would be useful if further information could be circulated once received. It was also requested that information in relation to the CPA and should also be circulated to Board members.</p> <p>It was suggested that once further guidance was received in relation to the CAA a report should be received by the HSP setting out the implications of the Assessment and the work that needed to be carried out in order to address this.</p> <p>The Chair was in agreement that a report as set out above should be received by the Board.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the Code of Corporate Governance be approved.</li> <li>ii. That the measures set out to publicise the Code after its adoption be approved.</li> <li>iii. That the Action Plan be approved and that this should form the Annual Governance Statement for the Partnership.</li> <li>iv. That the Terms of Reference for the HSP, the Thematic Boards and PMG should be reviewed in order to ensure compliance and consistency with the Code of Governance.</li> <li>v. That each partner agency should identify a lead officer from within their organisation to be the lead contact on HSP Governance issues.</li> <li>vi. That, once further guidance was received in relation to the CAA, a report should be submitted to the HSP setting out the implications for the Partnership and the work required to address this.</li> </ul>	<p>Ass CE PPP/HSP Manager</p> <p>Head of Local Dem &amp; Member Services</p> <p>All</p> <p>Head of Local Dem &amp; Member Services</p>
<p><b>HSP91.</b></p>	<p><b>HARINGEY STRATEGIC PARTNERSHIP COMPLAINTS HANDLING PROTOCOL</b></p> <p>The Board received a report setting out a proposed Complaints Handling Protocol for the HSP.</p> <p>It was noted that the Local Ombudsman had published a report that had identified problems attached to the handling of complaints where there was a partnership of responsible bodies. In order to address this, the Ombudsman had recommended that Local Strategic Partnerships, amongst others, should establish Complaints Protocols.</p>	

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	<p>In response to a suggestion that the Haringey Compact should be used as a model of best practice and that the Complaints Protocol should reflect this, the Board was advised that there were certain statutory requirements that the Protocol had to fulfil. However, the arrangements in place under the Haringey Protocol could be reviewed to determine whether there were any aspects that could be incorporated.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>i. That the Complaints Protocol be approved.</li> <li>ii. That all Partners should ensure that arrangements were put in place to facilitate the effective implementation of the Protocol.</li> <li>iii. That the appropriate publicity be provided for Services Users and staff (as set out in paragraph five of the report).</li> <li>iv. That the operation of the Protocol be formally reviewed after the initial twelve months of operation and thereafter as required, or if one or more partners consider that modification is necessary.</li> </ol>	<p>Feedback and Info Manager</p> <p>Feedback and Info Manager</p> <p>All</p> <p>All</p> <p>All</p>
<p><b>HSP92.</b></p>	<p><b>COMMUNICATIONS PROTOCOL AND STRATEGY DEVELOPMENT</b></p> <p>The Board considered a report that set out initial proposals in relation to the establishment of a Communications Protocol for the HSP.</p> <p>It was noted an HSP Communication Network had been established in order to drive forward the Strategy.</p> <p>The Board was advised that three types of communication had been identified:</p> <p><u>Corporate Communications</u> –this included internal communications, senior stakeholders such as Government departments, regulators and local community leaders.</p> <p><u>Service Communications</u> –this would focus on service users and promoting access to services and improving awareness of the outcomes achieved by the Partnership.</p> <p><u>Social Marketing</u> –communication in this area would be based around achieving behavioural change that would support targets included within the LAA.</p> <p>It was noted that there was a focus upon perception based indicators within the new LA. Therefore ensuring that the Partnership had a robust Communication Protocol in place was vital.</p> <p>The Board discussed the proposals set out and it was noted that there was nothing included within the report that indicated whether the HSP should have a corporate identity. There was agreement that the HSP should not be given a high profile corporate identity as this would cause</p>	

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	<p>confusion and detract from its objectives.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the HSP Communications Network should develop a Communications and Consultation Strategy and that there should be discussion with individual Thematic Board Chairs in relation to this.</li> <li>ii. That the Strategy should be brought back to a future meeting of the Board for approval.</li> <li>iii. That the Strategy should include reference to any additional resources required to deliver it.</li> </ul>	Head of Comms and Consultation
<b>HSP93.</b>	<p><b>LOCAL AREA AGREEMENT WORKSHOP REPORT</b></p> <p>The Board received the information report.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<b>HSP94.</b>	<p><b>THEMATIC BOARD UPDATES</b></p> <p>The Board received a report that provided a summary of the work streams, activities and recent decisions undertaken by each of the Thematic Boards.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<b>HSP95.</b>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>No new items of urgent business were received.</p>	
<b>HSP96.</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair advised the Board that the Council had recently received three months notice that Liveability, the organisation that supported the Wood Lane Nursery scheme, intended to end its funding.</p> <p>In order to allow the scheme time to identify alternative funding, the Council had agreed to provide funding for an initial three month period. However, there was no guarantee that the Council would be able to maintain this arrangement and the Chair called on Partners to consider whether they were able to assist.</p> <p>It was agreed that further details should be circulated to Partners.</p>	HSP Manager

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<b>HSP97.</b>	<b>DATES OF FUTURE MEETINGS</b>  The Board was asked to note the following dates of future meetings: <ul style="list-style-type: none"><li>• 4 November 2008</li><li>• 26 February 2009</li><li>• 27 April 2009</li></ul>	

COUNCILLOR GEORGE MEEHAN

Chair





**haringey strategic partnership**

**CAA**

**Area Assessment**

# CAA - Scope

Two elements which will inform each other:

- **Area assessment** – will look at how well local public services are delivering better results for local people in local priorities such as health, economic prospects and community safety and how likely they are to improve in the future
- **Organisational assessment** – use of resources and performance management combined into an assessment of organisational effectiveness

# Area Assessment

Will focus on 3 main questions:

1. How well do local priorities express community needs and aspirations?
2. How well are the outcomes and improvements needed being delivered?
3. What are the prospects for future improvements?

# 1. How well do local priorities express community needs and aspirations?

## Key themes:

- how well councils and partners know and engage their communities and understand the needs of marginalised groups
- have communities been involved in identifying priorities
- have communities been involved in assessing whether priorities are delivered
- are partners effective in co-ordinating community engagement and communicate its impact on their decisions

## **2. How well are the outcomes and improvements needed being delivered?**

Inspectors will be looking for answers to:

- How safe is the area?
- How healthy and well supported are people?
- How well kept is the area?
- How environmentally sustainable is the area?
- How strong is the local economy?
- How strong and cohesive are local communities?
- How well is inequality being addressed?
- How well is housing need met?
- How well are families supported?
- How good is the well being of children and young people?

### **3. What are the prospects for future improvements**

Inspectorates will look for answers to:

- Do local partners have the capacity and capability to deliver their ambitions, strategies and plans?
- Are local partners taking adequate action to manage, mitigate or address any risks?
- Are local partners engaged in any exceptional innovative practice?
- How well improvement planning is being implemented –are key objectives and milestones being achieved and do local partners have robust plans for improving?

# Reporting the Area Assessment

Annual reporting with a summary report providing an overview of:

- Key priorities
- Overall successes and challenges
- Summary of prospect
- **Red flags** will be used to indicate that current arrangements are inadequate to deliver improvements but will only be given where inspectorates are not satisfied that sufficient corrective action is being taken. There will be a challenge procedure for red flags - details to be published later
- **Green flags** will only be given for exceptional or innovative practice. Non-awarding of green flags will not be able to be challenged.

# Organisational Assessment

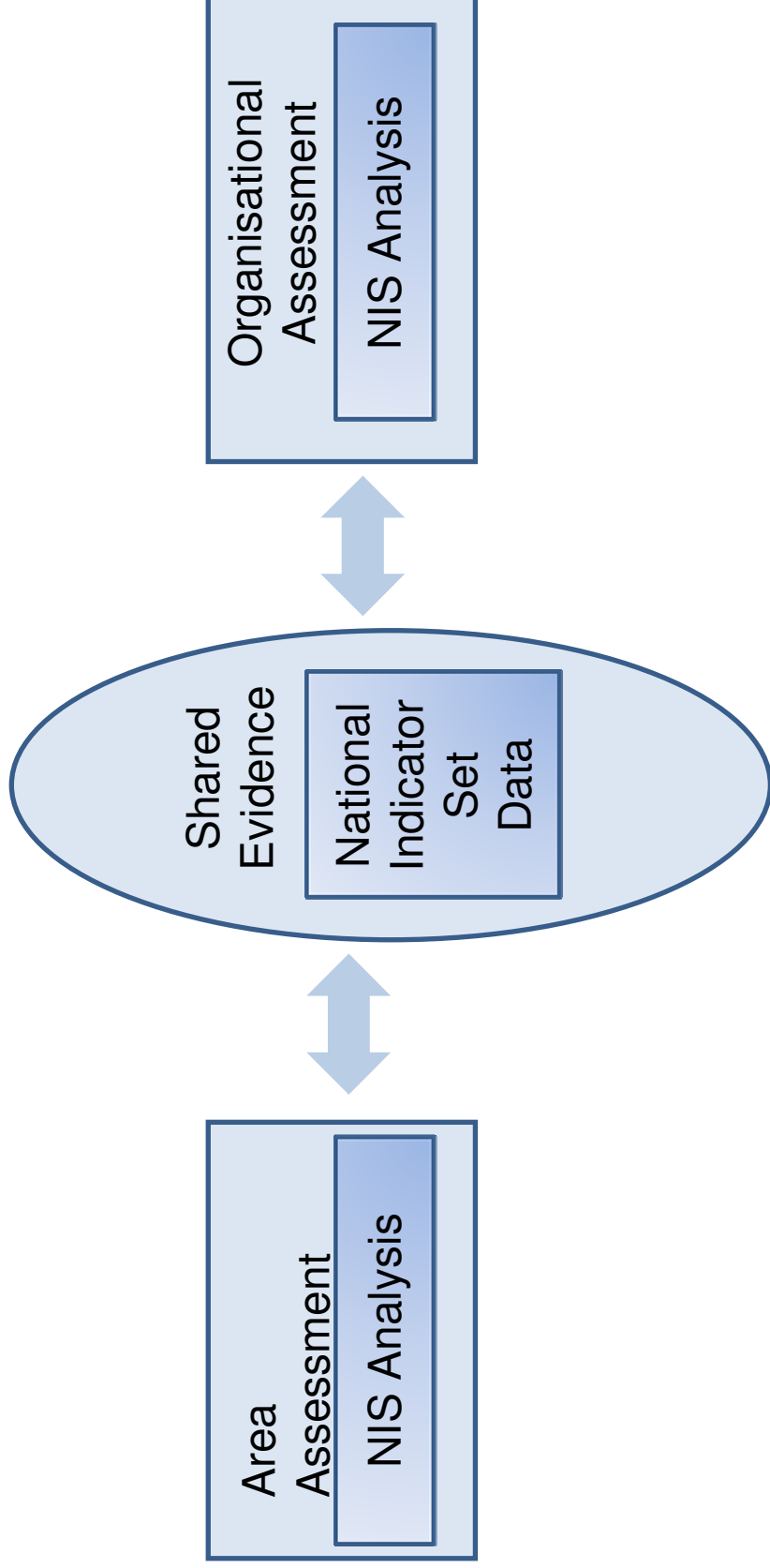
- Will look at how the Council, Police, Fire and PCT deliver value for money through the use of resources assessment and how well it manages its performance

Four key themes:

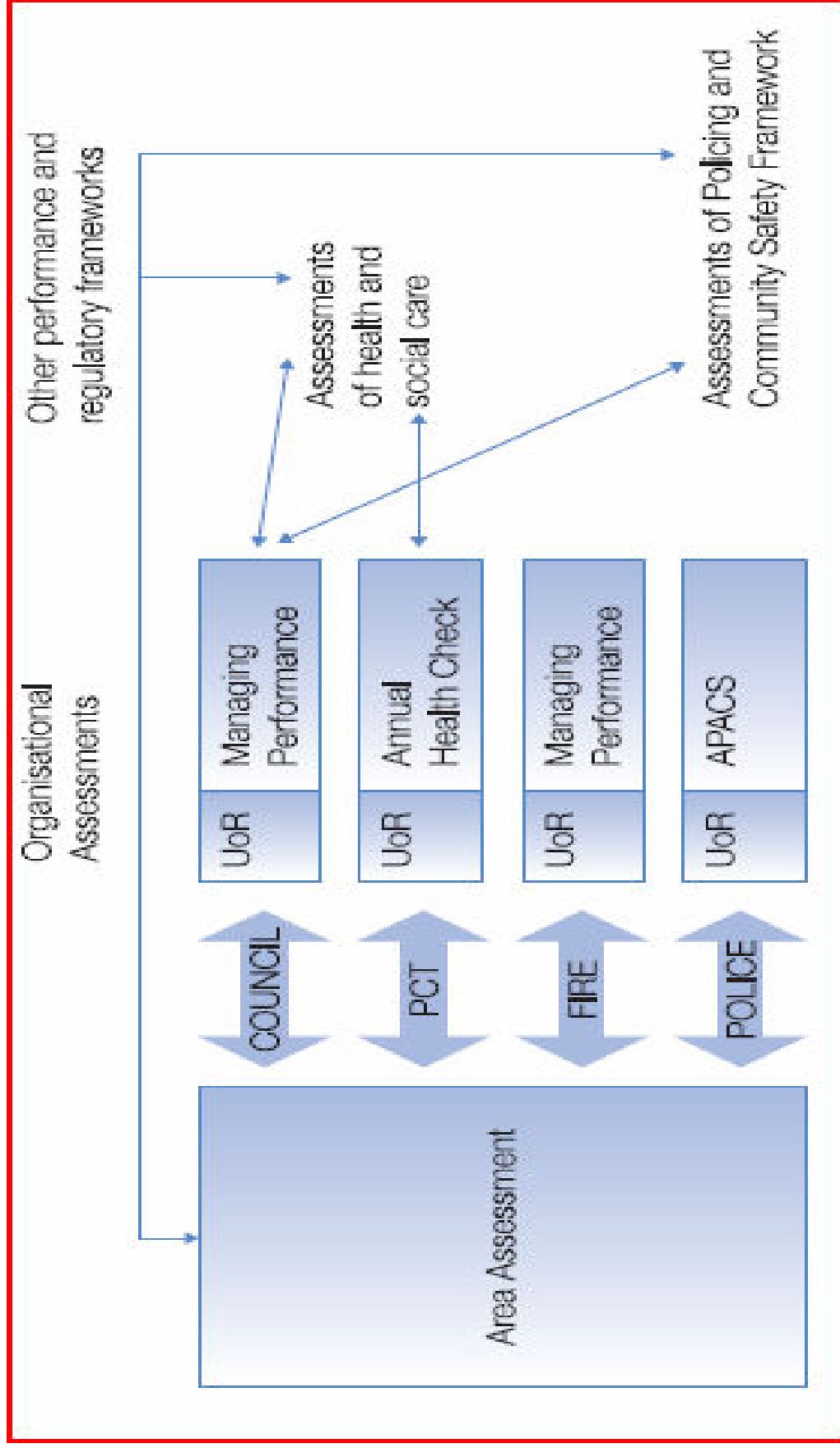
- 1. Managing finances**
- 2. Governing the business**
- 3. Managing resources**
- 4. Managing Performance**



# Link between Area Assessment & Organisational Assessment



# How CAA will align to other performance frameworks



# Timelines

Not 'once a year activity' – evidence will be gathered and updated throughout the year with quarterly updates

Up to mid September	Joint inspectorate gathering latest available information including summer educational attainment
Late September	Joint inspectorate drafts reports, including red and green flags
October	Key issues discussed with local partners. Joint inspectorate undertake final quality assurance
October/November	Draft report shared with partners. Ten days to challenge area assessment and organisational assessment
November	Resolve any challenges through formal process
Late November	Publish reports

**What will the reports look like**

The screenshot shows a web browser window with a menu bar (File, Edit, View, Favorites, Tools, Help) and a toolbar containing icons for Back, Forward, Home, Search, Favorites, and a folder icon. The address bar is empty. The page content includes a navigation menu with links: [About CAA](#), [Methodology](#), [News](#), [Performance information](#), [National reports](#), [Search](#), and [Contact us](#). A main heading reads **My local area**. Below this is a text prompt: "Click on the map or search for your area or postcode". A search input field contains the text Barchester, and a [Find](#) button is positioned to its right. To the right of the search area is a map of the United Kingdom, divided into several light blue shaded regions. The page title, "Comprehensive Area Assessment", is displayed in the top right corner of the browser window.



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Local innovation and excellence in Barchester	Where different action is needed to deliver improvements
 Significantly reduced energy consumption and CO2 emissions  Excellent employment	 Affordable housing  Community cohesion  Educational attainment

### prospects

Only 58 per cent of people in Barchester are satisfied with their area as a place to live. People are worried about whether people from different backgrounds get on well together. More needs to be done to help make sure that people coming into Barchester can integrate with existing communities. There is a significant need for more affordable housing in Barchester but not enough is being done to develop more housing to meet the needs of local people.

Barchester's public services are getting better at protecting the environment. They are using much less energy to heat and power their own buildings. They are also helping local people to greatly reduce the energy they use and many people have been given free advice and cheaper insulation.

The economy in Barchester is growing. More and more people are being helped to get jobs in Barchester. There are many fewer people on benefits and the new jobs are better paid and higher skilled. More people are being helped to start their own businesses, and businesses that already exist are being helped to grow. Crime in Barchester is low and still reducing and most people feel safe. There have been some hotspots for crime in the past. Activities have been targeted to these areas, for example a bigger police presence, and this has reduced the problem. People in some parts of Barchester have been worried about anti-social behaviour. The police, councils and fire service have worked well together to reduce anti-social behaviour.

The health of people in Barchester is getting better. Health services have worked with children in local schools [Find out more...](#)





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## How well is housing need being met?

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### **Red – Insufficient affordable housing**

Barchester is among the least affordable places in the country to live. Providing new housing, particularly affordable housing and rural housing and the related infrastructure, is a key priority across the county which is not being addressed. There is a significant risk that plans to develop 28,000 new housing units, of which 11,500 are to be affordable, by 2015 will not be achieved. Only 312 new affordable housing units were delivered in 2009. There is evidence that the lack of affordable housing has already contributed to a 15 per cent increase in homelessness in the last two years and numbers on the waiting list for social housing have increased by over 40 per cent in the last three years. Satisfaction with housing, and particularly social housing, has fallen by 12 per cent over the last three years. The partnership is aware of the scale of the challenges it faces and the communities of greatest need. However, there is little knowledge of the new communities entering Barchester to support the growing economy that are also placing demands on housing. A major change is needed to achieve the regional plan target of delivering 70,000 new homes by 2020. Housing growth, on the scale proposed, will impact on the local environment and create new demands on transport and schools. However, plans and resources are not currently in place to meet these future needs. While demand for new affordable housing is being met in some areas, local development frameworks in Henford, Jeston and [Northly](#) districts have not identified sufficient sites to meet their needs. What new housing is planned is not close to centres of employment or public services, for example schools and hospitals, which will drive up travel distances, especially by car. Henford, Jeston and [Northly](#) district councils, the [county council](#) and registered providers need to develop stronger working relationships and work more collaboratively and effectively to tackle this challenge.

There is a need for improvements in the condition of privately rented housing across Barchester. In particular, poor quality insulation in much housing in the Jeston and Henford areas is having a significant effect on fuel bills, especially for older people.

Temporary traveller sites in Riverside provide accommodation for approximately 19 families. However, a

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<b>Overall Barchester County Council performs</b>	
<b>Managing performance</b>	<b>adequately</b>
<b>2 out of 4</b>	<b>Value for money</b>
	<b>2 out of 4</b>

**Summary** See a more [detailed report](#) or find out [about Barchester](#)

Barchester County Council performs adequately. The council is providing adequate value for money and manages its performance adequately.

We have found that Barchester County Council puts people first in the way it provides individual services, for example its care services, fear of crime and schools projects. The Council has been successful in delivering reductions in crime, the fear of crime, economic renewal, young people's health and support for those who live at home. However these good individual services must be balanced against other services that are performing less well such as waste management and highways maintenance.

We also have concerns about the future and whether the Council is working well enough with all of its partners and is providing leadership to the community by tackling its priorities in a joined up way. There are gaps in the way that the Council links its high level plans with individual projects such as new housing, improving skills and ensuring long term community cohesion and how it works with its local partners. Barchester County Council manages its finances adequately. Although it is in sound financial health its financial plans are based on minimal consultation with partners and local people and there is only limited shifting of resources to meet its priorities. Value for money has improved but there are still some services that cost more than, but are not performing as well as, similar services provided by other councils.



# Next Steps

Timescale	Action	Who
January 2009	Publish final CAA framework	Audit Commission
February 2009	Publish final council CPA results	Audit Commission
November 2009	Publish first CAA reports	Joint inspectorate

## Next Steps

- Complete assessment against the key questions so that we can identify gaps together
- PMG Session with pilot site on Area Assessment.
- Prepare action plan to address gaps

## PERFORMANCE MANAGEMENT

### 1. Background

From April 2009 there will be a new inspection regime in place, the Comprehensive Area Assessment. This will look at the prospects for local areas and the quality of life for people living there, and assess effective local partnership working. Local Area Agreement (LAA) performance will be central to this.

The Haringey Strategic Partnership (HSP) has decided to implement a new consistent performance management system across all six theme boards to ensure that activity, performance and finance are clearly aligned to the delivery of the LAA targets. The performance management system aims to be the principal method of measuring progress and ensuring value for money.

Clive Jacotine, a management consultant with extensive experience of LSPs, was commissioned to produce guidance for themes on roles and responsibilities and assist in identifying lead officers. Following workshops with mainly finance and performance monitoring staff, an outline process was developed for themes to use. Thematic guidance was then tested with groups from Well-Being and Safer Communities, and some changes made, along with further meetings to refine detail. A number of longer term changes and support have been identified.

### 2. Basic Elements of Performance Management

The Audit Commission has suggested that performance management is broadly about turning ambition into delivery. More specifically it suggests that it is taking action in response to actual performance to improve the outcomes for users.

There is a consensus about the need to properly distinguish performance monitoring (measuring what we do) from performance management (changing what we do), and place a much greater emphasis on the managerial role and taking action to improve outcomes. It is helpful to distinguish four different elements of the performance management function:

- **Source** – provides and inputs data.
- **Monitor** – collates data and reports results
- **Analyst** – analyses results and explains trends
- **Manager** – makes decisions and takes action

### **3. The Task for Themes**

Themes must now performance manage against the targets in the LAA for which they are individually responsible, using the newly developed arrangements. The need for specialist analysis and managerial ownership means that in general primary responsibility for carrying out performance management must lie directly with themes, and not with a corporate function. Their findings will then be reported on to HSP through the Performance Management Group (PMG). This will start with the results from the first quarter of 2008-09 (April-June).

The new Area Based Grant (ABG) has been allocated to Theme Boards in 2008/09 to support delivery of the LAA outcomes. Each Theme Board is therefore responsible for ensuring that the allocated funding is properly accounted for with spending based on agreed activity and programmes and verifiable through sound financial practice and procedures. Audit control issues previously identified will need to be addressed, in line with the recommendations of Haringey Council's Internal Audit report.

### **4. The Task for PMG**

PMG is the body effectively charged by the HSP with the overall performance management of the LAA. For most LAA targets this means ensuring that Theme Boards have effective performance management arrangements in place and these are robustly operated in a timely way. For those LAA targets which are of a truly corporate nature, PMG will have the direct responsibility for carrying out performance management. (This will not include cross-thematic targets where one specific theme has the designated lead responsibility).

PMG also has the responsibility for looking at performance across all the LAA targets and to consider overall trends, and to identify where further analysis or joint working may be required. For instance some issues or initiatives may impact on a range of thematic areas, e.g. teenage pregnancy, school attainment, NEETs and young people entering the criminal justice system.

PMG is responsible for reporting back to HSP, providing assurance that effective performance management is in place, highlighting critical issues and where appropriate making recommendations such as improved ways of working, further commissions or re-allocation of ABG.

## **5. The Outline Performance Management Model for Themes**

From the workshops carried out, some key principles for the performance management arrangements are apparent.

### **5.1 Consistency**

Individual partner organisations can be involved in a number of thematic areas as well as the HSP itself. Consistent performance management processes and reports across themes will help HSP to have clear oversight of the LAA and support effective performance management.

It is important that so far as is reasonably practical, the performance management arrangements for individual partner organisations, particularly public agencies, are compatible with HSP's. Targets and data used should also be consistent between partners and the LAA. A common (or compatible) IT system in use for performance management will help.

### **5.2 Timeliness**

Most targets will be performance managed quarterly by themes, and the core performance management system will be based on this. However some performance information may be considered at partner level monthly or more frequently, and others annually (e.g. educational qualifications attainment). Every theme needs to determine the appropriate frequency against each of its own LAA targets, with guidance from the Council's corporate Performance Management Team.

To be effective it is important that the themes are able to consider the results as quickly as possible once the data is available. A standard deadline of four weeks has been set for collating performance monitoring information, with an exception report for themes being ready to be sent out one week later. The deadline for HSP/PMG report is one further week later, as this report will mainly be drawn up by collating information from the individual theme reports.

To use the monitoring information effectively, themes need to have a mechanism to formally review performance against targets 6-8 weeks after the end of each quarter. This mechanism does not need to be the Theme Board itself, and some themes already have embryonic structures suited to this task, as the HSP has the PMG. Whatever the thematic mechanisms, PMG needs to satisfy itself that there is a clear schedule of meetings set up throughout the rest of the financial year which is aligned with the performance management timescales.

Partner organisations should agree to align their own timescales for performance management as closely as possible with HSP's, and to use data consistent with that used by HSP. This may require some changes to current practices.

### 5.3 Standard Reporting Arrangements

The basic performance management model should be consistent across all themes, using standard presentation formats. A shared IT platform for performance management which interfaces with partner IT systems and avoids duplication of effort (e.g. inputting data and automated report formats), will greatly assist.

It is important that themes have strategic oversight of performance results. This means that while key information has to be presented, unnecessary detail must be avoided. (Detailed scrutiny is the responsibility of Delivery Managers and Commissioning Managers, reporting to designated members of Theme Boards.)

There is now a standard dashboard report format for all themes to complete and use. This has the following elements in a single page format:

- Performance against agreed targets
- Expenditure against profiled budgets

All performance management reports must be simple, clear and strategic. The dashboard should provide the minimum information needed for themes to be able to assess overall performance. In addition there will be a covering report, called an exception report. This will briefly summarise successful performance but most importantly will highlight where targets are not being met, explain reasons and detail what action is being taken to improve performance and what further decisions are required. This is the critical consideration for themes in their strategic role.

There are a variety of targets being considered by themes. HSP's overriding concern will be those within the LAA. Some themes (e.g. Well-Being) have also agreed jointly funded schemes or joint working, and will want to include these in their own thematic performance management reports.

HSP will monitor overall expenditure of Area Based Grant (ABG), even where a commission or intervention is also partly funded by mainstream funding. Themes will also monitor expenditure for any other work they commission or joint working they agree.

Monitoring projects has been less strategic, largely because of the historical way in which they were developed - a national tendency for those areas in receipt of Neighbourhood Renewal Funding (NRF). Typically NRF projects were many in number, centrally monitored and not commissioned through an evidence-based needs assessment. There is now an expectation that with ABG there will be relatively few commissions (albeit some commissions may comprise a number of smaller interventions) based on clear evidence of need and what will work, and mainly agreed through thematic structures. Individual commissions should be

performance managed at theme level only (although financial monitoring of ABG will also be monitored by PMG/HSP).

As full commissioning arrangements are not due to take effect until 2009-10, in the interim all existing projects originally funded through NRF will be performance managed by the appropriate theme where relevant. Only those projects of a truly corporate nature will continue to be monitored by PMG.

As individual projects do not generally operate at a strategic level, and may not be directly related to LAA outcomes, project monitoring information will now be reported on a separate schedule to the dashboard. Only full commissions should be reported on the dashboard itself (from 2009-10 it is unlikely that individual projects will continue to be funded by ABG except as part of a larger commission).

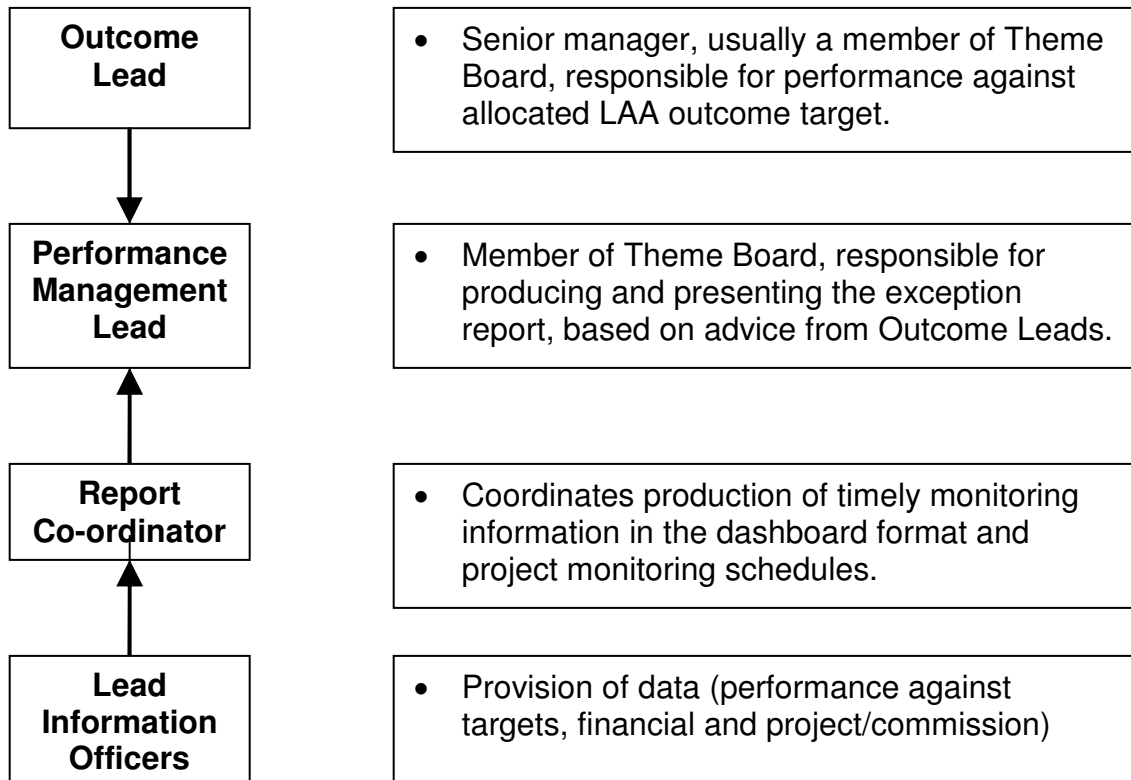
### **5.4 Explicit Roles and Responsibilities**

The Well-Being and Safer Communities Themes have reasonably developed arrangements for performance management. Like HSP itself, which has the Performance Management Group (PMG), these two themes have similar (if embryonic) executive sub-groups which can take the main thematic responsibility for overseeing performance management. However there will have to be some rationalisation of thematic sub-group structures for this to be effective. This approach is recommended for all themes, although this may require HSP to better define the remit for the Theme Boards so their role is clear and consistent. As previously discussed PMG may want to identify suitable performance indicators for Theme Boards to make their own self-assessments of effectiveness. This will assist in managing a focused and strategic agenda.

Where LAA targets are cross-thematic, there is a menu of options to choose how to performance manage:

- To appoint a lead theme.
- Use a cross-thematic sub-group reporting to a lead theme (for instance an Environment sub-group might be linked to Safer Communities, Better Places and Integrated Housing).
- Appoint PMG to performance manage on HSP's behalf.

Set out below is a break down of roles and responsibilities for performance management within themes. Appendix A sets out the probable links between performance management functions and the designated roles, and Appendix B the named individuals identified by each theme for the designated roles, although some individuals may carry out up to two roles. The Performance Management Lead should keep the list of named individuals up-to-date.



## 6. Embedding Performance Management

There needs to be clear communication across HSP's family of partnerships about the importance of effective performance management, and the priority that will be given to it. It will be a key factor in determining how ABG will be spent. This message needs to be cascaded through partner organisations too.

This approach to performance management, with an overriding concern about delivery and changing outcomes for local people, may require a significant cultural shift for many people. As well as running presentations for key staff, other learning options should be considered such as action learning sets. A cross-organisational approach would support better partnership working.

Given the development of the new commissioning approach, it is important that it fully incorporates the performance management model outlined here. Any mismatch needs to be addressed before commissioning is fully implemented.

The new powers for local authorities to scrutinise LAA targets could support performance management providing there is a joint understanding with the HSP to ensure the role of scrutiny is clear and adds value. Possible approaches include the Overview & Scrutiny Committee identifying lead members for each theme's work, and for each theme to make an annual presentation to the Committee.



## 7. Key Recommendations

- 7.1 Confirm thematic responsibilities for performance management as outlined in Section 3, including performance managing designated LAA targets and the spend of allocated ABG.
- 7.2 Confirm PMG's responsibilities as outlined in Section 4.
- 7.3 Clarify the remit of thematic boards and identify suitable performance indicators for self-assessment.
- 7.4 Theme Boards to determine their sub-group structure for performance management and ensure that the meeting schedule is aligned with the performance management timescales.
- 7.5 Partner organisations to align their own performance management arrangements with that of HSP so far as is reasonably possible.
- 7.6 HSP and the Council to agree how the Overview & Scrutiny Committee will support performance management of the LAA.
- 7.7 Encourage common and compatible IT systems for performance management.
- 7.8 Confirm that from 2009/10 ABG-funded projects will be expected to be subject to a strategic commissioning approach which fits with the new performance management arrangements.
- 7.9 Ensure a clear message to HSP's family of partnerships and partner organisations about the importance of effective performance management, and the priority that will be given to it.

## 8. Acknowledgements

The development of these performance management arrangements has been in large part due to the contributions of those staff who took part in the workshops and associated meetings, and in particular the willing commitment of some individuals to the challenge.

The HSP Partnership Team for their organisation of workshops and meetings.

*Clive Jacotine*  
*Neighbourhood Renewal Advisor*

## APPENDIX A

## LINKAGES BETWEEN FUNCTIONS AND ROLES

<b>Source</b> – provides and inputs data.	<b>Lead Information Officers</b> – The timely provision of performance, financial and project data.
<b>Monitor</b> – collates data and reports results	<b>Report Co-ordinator</b> – The co-ordinator coordinates the production of monitoring information in a dashboard format along with associated project monitoring schedules.
<b>Analyst</b> – analyses results and explains trends. <b>See footnote below.</b>	<b>Performance Management Lead</b> – This member of the Theme Board will have the overall responsibility for producing and presenting the exception report for the theme, based on analysis of the dashboard and project monitoring schedule, and the advice of designated Outcome Leads.
<b>Manager</b> – makes decisions and takes action	<b>Outcome Lead</b> – Each LAA outcome target should have an identified lead, who will usually be a member of the appropriate Theme Board (or HSP if it is taking the primary responsibility for a cross-thematic outcome). The Outcome Lead may nominate a Delivery Manager or Commission Manager to be directly responsible for delivery and carrying out detailed performance monitoring. The Outcome Lead will retain responsibility for accounting to the theme for performance against their LAA outcome target, and any associated budget or commission. They will ensure the Performance Management Lead (see below) has the appropriate information for the exception report.

**Footnote**

*Where analysis is straightforward, it can be done by the Outcome Lead or the Performance Management Lead without the need to involve other specialists. However sometimes the factors behind trends will be very complex and specialist advice and input may be necessary (e.g. changing demography, lifestyle choices, and groupings of individual factors). Issues like teenage pregnancy, morbidity, long-term unemployment often have a complex set of causes or factors where expert analysis is important.*

## KEY THEME PERSONNEL FOR PERFORMANCE MANAGEMENT

Theme	Key Working Sub-Group	Outcome Leads	Performance Management Lead	Report Coordinator	Lead Information Officers
HSP (Corporate)	PMG	<b>HSP</b> - Sharon Kemp	Eve Pelekanos	Catherine Cobb	Mike Browne/ Janette Wallace-Gedge Sean Burke Mary Connolly Susan Humphries Pamela Pemberton (HAVCO)
Well-Being	Well-being Chair's Executive (chaired by Eugenia Cronin)	<b>Council</b> - Margaret Allen John Morris Marion Morris Mun Thong Phung Lisa Redfern  <b>TPCT</b> - Tracey Baldwin Vicky Hobart  <b>Fire Brigade</b> – John Brown	Sarah Barter Catherine Brown	Helen Constantine	Sarah Barter, Helen Constantine, Roger Hampson, Yvonne Webb, Pauline Carter
Safer Communities	Merged SCEB PMG and RCG (Resource Co-ordination Group)	<b>Police</b> - Ch Supt Dave Grant  <b>Council</b> - Sharon Kemp  <b>TPCT</b> - Tracey Baldwin	Jean Croot, Supt Nick Simpson	Claire Kowalska, Sean Sweeney	Leo Kearse, Peter De Bourg, Gillian Postlethwait

Better Places	tba*	<b>Council</b> - Jo David	Kate Dalzell	Kate Dalzell	Catherine Humphrey, Denis Lai-Kit, Ajit Sohi
Children & Young People	CYP Advisory Board	<b>Council</b> - Sharon Shoosmith <b>TPCT</b> - Tracey Baldwin	<i>(Be Healthy)</i> - Jan Doust & Claire Wright <i>(Stay Safe)</i> – Cecilia Hitchen <i>(Enjoy &amp; Achieve)</i> - Janette Karklins <i>(MPC)</i> - Jennifer James <i>(AEW)</i> - Janette Karklins	Patricia Walker	Avi Becker, Christine Jorge, Lorraine Tisseverasinghe
Integrated Housing	tba *	<b>Council</b> - Phil Harris	Althea Mitcham	Althea Mitcham	Denis Lai-Kit Ajit Sohi
Enterprise	tba *	<b>Council</b> - David Hennings <b>JCP</b> - Walter Steel	Karen Galey Martin Tucker	Ambrose Quashie Patrick Jones	Ambrose Quashie Ajit Sohi

tba\* - to be advised



**Meeting:** Haringey Strategic Partnership

**Date:** 4 November 2008

**Report Title:** Area Based Grant Review

**Report of:** Sharon Kemp  
Assistant Chief Executive Policy, Performance,  
Partnerships & Communication

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## **1. PURPOSE**

- 1.1 To present the findings of the Area Based Grant (ABG) review.
- 1.2 To make recommendations for improving the management and monitoring of activity funded through the ABG.

## **2. SUMMARY**

- 2.1 A review of ABG activity took place in July / August 2008, as requested by the Performance Management Group (PMG).
- 2.2 144 projects were assessed against agreed criteria. Of these, 116 (81%) received a GREEN overall status, 22 (15%) were assessed as AMBER and 6 (4% as RED).
- 2.3 Appendix 1 shows the detailed outcomes of the review.
- 2.4 A number of recommendations are made in section 3 for improving the management and monitoring of activity funded through the ABG.
- 2.5 The review process has been assessed against Compact criteria and was found to be fair and transparent.
- 2.6 Section 8 summarises the requirements for the financial management and reporting of the area based grant.

### 3. RECOMMENDATIONS

- 3.1 That clear, measurable objectives and outputs, linked to outcomes, are agreed with the Thematic Boards at project start-up and prior to funding being agreed. The review and assessment process must also be agreed at this time. The Haringey Strategic Partnership (HSP) has already agreed that Thematic Boards have responsibility for financial and performance management.
- 3.2 That there should be a link between ABG funded activity and the delivery of local and national priorities, including the achievement of LAA targets. The HSP may consider mapping all activity, regardless of funding sources, contributing to a particular outcome as part of a future Commissioning Framework. This will enable a holistic view of activities across all partner organisations and will provide opportunities for improved planning, reduction of duplication and achievement of value for money.
- 3.3 That consideration is given to rationalising the number of projects within the ABG i.e. where projects have common objectives these could be grouped and reported as a single programme. For example, projects BP14 and BP-15 (Vulnerable Communities Programme and Working with Education & Voluntary Sectors). As with the previous recommendation, this will provide opportunities for improved planning, reduction of duplication and achievement of value for money.
- 3.4 That the discipline of regular monitoring and reporting, against agreed objectives and spend for each project is embedded across all ABG funded activity as set out in the agreed performance management framework for the HSP.
- 3.5 That principles of project and programme management based on national best practice is applied to the management of ABG activity.
- 3.6 From April 2008 the government allocated the ABG on a three-year basis to maximise stability and certainty. It is recommended that this arrangement is extended to the HSP theme boards' ABG funded activity, subject to meeting the requirements of an annual review.
- 3.7 That from 2009/10 a fund is created within the ABG allocation, to manage unforeseen risks and underperformance against the delivery of outcomes.
- 3.8 That consideration is given to aligning ABG funding allocation with existing business planning across partner organisations. This will enable improved planning and alignment of resources. Appendix 2 shows a proposed timetable.
- 3.9 That the PMG provides the outcome of this review to the Thematic Boards and for them to take action to ensure that activity funded through their allocated grant will deliver against the agreed outcomes. Remedial action taken will need to be detailed in the quarterly thematic performance report.

#### **4. BACKGROUND INFORMATION**

- 4.1 In November 2007 the Department for Communities and Local Government detailed the arrangements for the new Area Based Grant as part of the publication 'Development of the New LAA Framework' Operational Guidance. Further guidance was published in February 2008.
- 4.2 The ABG is a non-ring fenced revenue grant, which local authorities are free to use "as they see fit to support the delivery of local, regional and national priorities in their areas, including the achievement of LAA target". As of April 2008, the ABG was allocated on a three-year basis to maximise stability and certainty. The allocations for years two and three are indicative and may be subject to change.
- 4.3 Haringey Council took the decision in the spirit of partnership to share the information on expenditure covered within the ABG and to maximise its usage against the Local Area Agreement outcomes.
- 4.4 The allocation to Haringey Council for the next three year period is £22.24m 2008/09, £23.537m 2009/10 and £23.343m 2010/11. The Haringey Strategic Partnership agreed the allocations to the Thematic Boards for 2008/09 based on a steady state pending a review at six months.
- 4.5 A number of specific grants have been moved into the ABG, which is the sum of all the specific grants from 2008/09 – 2010/11. The specific grants are shown in Appendix 1. This is a transitional measure and ABG guidance states that there is no expectation that funding is used to support the objectives of the former specific grants. However, for some of these grants, such as preserved rights, there are long-term commitments that are linked to statutory duties that the service must continue to deliver. Additional funding streams may be included over the three year period, where Government Departments wish to make extra money available to authorities to address new policy concerns.

#### **5. REVIEW PROCESS**

- 5.1 The review process was conducted over a period of six weeks starting in the week of 21 July 2008. A review team drawn from across the council, including Partnerships, Policy and Performance, the Voluntary Sector Team and Supporting People, was setup to undertake this review. All projects funded under the Area Based Grant were required to participate in the review as a condition of their funding agreement.
- 5.2 The review took the opportunity to test the ABG review process against the new Compact Assessment Framework. The voluntary sector was invited to provide independent scrutiny to the process.
- 5.3 Checks were built into the review process at different stages to ensure fairness and consistency of assessment and to give project managers the opportunity to clarify or provide further information where needed.

5.4 The key stages in the process were:

- A letter sent out to all project managers, setting out the review requirements and providing the review form template to be returned within 2 weeks.
- A second letter sent out the following week, confirming the review process and the assessment criteria. This was followed up with a phone call, to check receipt and understanding of the requirements.
- Projects assessed by a member of the review team. Potential conflicts of interests were considered and mitigated when assigning reviewers.
- Projects assessed by a second reviewer, prior to the initial assessment being collectively agreed by the team.
- Project managers given the opportunity to provide clarification or additional information, where required. This was predominantly done through review meetings, but where small clarifications were required a phone call was deemed sufficient.
- The final assessment, as set out in this report, was collectively agreed by the review team.

5.5 During the review process it became necessary to modify the use of traffic lights to enable a more accurate assessment. Where delivery of outputs was unclear, an AMBER traffic light was applied. The review team found that actual expenditure at activity level was not always available on SAP. It was therefore felt to be more appropriate to use spend reported on the review form. If variances were no more than £1,000 a GREEN status was applied.

## **6. THE REVIEW FINDINGS**

### **General comments**

6.1 The review highlighted the wide-ranging, partnership working that contributes to the delivery of improved outcomes for Haringey's residents.

6.2 The majority of the review forms were completed within tight timescales and project managers were available to provide additional information where required.

6.3 144 projects were assessed against agreed criteria. Of these, 116 (81%) received a GREEN overall status, 22 (15%) were assessed as AMBER and 6 (4% as RED).

6.4 Whilst 121 (84%) of projects received a GREEN assessment for progress against their objectives / outcomes / outputs, a significant number of the projects did not have profiled, measurable outputs. Many of the review forms were weak in detailing achievement against stated outputs.



6.5 A number of projects were in place before the introduction of the new National Indicators and the new LAA. As a result the link between activity and LAA outcome targets is not explicitly made. This was recognised when the allocations to the Thematic Boards were agreed, with 2008/09 being a transitional year.

6.6 The team found that knowledge of the project was not embedded, which meant that there were difficulties in accessing information if project managers were not available. In some cases there were discrepancies between named and actual project managers.

6.7 The size of projects varied from £1,200 to £2.3m. A number of the projects contribute to the same objectives and are managed by the same teams. Consideration should be given to combining these projects in a meaningful way to ensure clarity against delivery, improved value for money and reduction in duplication. For example, projects BP14 and BP-15 (Vulnerable Communities Programme and Working with Education & Voluntary Sectors) could be combined.

6.8 The review highlighted the need for a change in culture to one where the added value delivered through the ABG funded activity is clearly evidenced and reported. This will enable all partners to have the confidence that each project contributes to the agreed outcomes.

### Findings by thematic board

6.9 Below is a summary of the assessment by thematic board. Appendix 1 provides the detailed assessment for each project.

Thematic Board	Amount (£m) *	No of projects	GREEN	AMBER	RED
Safer Communities	2.066	19	15	4	
Better Places	1.944	17	15	2	
Integrated Housing	0.200	2	2		
Enterprise	1.200	3	2	1	
Children & Young People	9.894	44	37	6	1
Wellbeing	5.143	49	37	9	4
Neighbourhoods & Capacity	1.793	9	8		1
<b>Total</b>	<b>22.240</b>	<b>144</b>	<b>116</b>	<b>22</b>	<b>6</b>

\* This amount excludes carry forwards, which are shown in Appendix 1.

Projects that have been assessed as RED overall are:

#### **Children & Young People Thematic Board**

##### **CY-11 4YP and Family Planning Nurse (£64,250)**

The aim of this project is to fund a specialist nurse to provide additional clinical support to a service specifically for young people at the sexual health clinic at St. Anne's Hospital.

This project has been assessed as RED overall due to the difficulties in recruiting a specialist nurse for a short-term and therefore the project is delayed.

#### **Wellbeing Thematic Board**

##### **WB-26 Appropriate Adult Training for B-Tech Award (£15,000)**

The aim of this project is to provide training for people aged 18 and over to make welfare representations for juveniles and vulnerable adults detained in police custody.

This project has been assessed as RED overall as the achieved outputs are not meeting the targets, whilst profiled budget is on spend.

##### **WB-27 Approved Social Work Services (Canning Crescent) (£80,800)**

##### **WB-29 Social Workers (North Tottenham) (£50,000)**

##### **WB-30 Social Workers Running Costs (£34,200)**

The purpose of these three projects is to fund social worker posts and to contribute towards running costs.

All three projects have been assessed as RED overall as limited information has been provided on achievement against objectives. This has been agreed with the project manager. Further information has been provided, but this has not altered the RAG assessment.

#### **Neighbourhoods & Capacity Thematic Board**

##### **NC-09 Voluntary Sector Development (HAVCO) (£35,000)**

The purpose of this project is to provide support and training to 30 third sector organisations. The funding will go towards employing a training and skills development officer.

This project has been assessed as RED overall. This has been agreed with the project manager. No achievement was made against the stated objectives/outcomes/outputs. Full spend against profile has been paid out to HAVCO, but only £1,495 has been spent against overheads.

## **7. COMPACT ASSESSMENT**

- 7.1 The ABG review has been the first to pilot the draft Compact proofing toolkit. The aim was to measure the review against the principles contained within the Compact. This compact assessment supports accountability and transparency of this review.
- 7.2 The Compact proofing of the ABG review process identified key strengths, including fairness, transparency and consistency of the assessment process and regular communication with partners through the HSP and Thematic Boards. The key areas to address are feedback and communicating success which will be strengthened in the next ABG review.
- 7.3 The Compact assessment carried out as part of the ABG Review will be scrutinized by Compact Voice to assess the overall effectiveness of the Compact proofing toolkit.

## **8. FINANCIAL IMPLICATIONS**

- 8.1 The Area Based Grant (ABG): General Guidance 2008 provides guidance to local authorities on the new Area Based Grant, what it is, its relationship to LAA grant, how it will be paid and accounting and reporting requirements.
- 8.2 In Haringey, all ABG is allocated to directorate budgets and is included within individual cash limited budgets and expenditure will be contained within those cash limits.

### **Accounting and Reporting Requirements**

- 8.3 As ABG is a non-ring fenced general grant, the council will not be required to provide any additional information to auditors other than that provided in our statutory accounts.
- 8.4 Financial control will be exercised through normal council procedures for budget management and ABG will be treated as a non specific grant supporting general expenditure. Individual ABG projects will not, therefore, be recorded and monitored through the council's statutory accounts. Utilisation of ABG will be monitored generally through outputs, outcomes and spend.

### **How the HSP should be monitoring spend**

- 8.5 The performance framework agreed by the HSP allows for quarterly monitoring and reporting of performance, activity and spend. Embedding the framework, as well as introducing project management principles, will provide the mechanism for monitoring expenditure against grant allocation.

### **Carry forward**

- 8.6 Given ABG is a non-ring fenced grant, unlike the previous funding streams such the NRF where carry forwards had to be agreed by Government Office, the Council will agree carry forwards at year-end. Therefore, under spend requests

relating to ABG will be considered by the Cabinet under the Council's normal year-end carry forward procedures along with all other revenue and capital balances.

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**APPENDICES**

Appendix 1 – Detailed findings of the ABG review

Appendix 2 – Linking ABG activity allocation to Business Planning

## Appendix 1 - Detailed findings of the ABG review

PNr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
<b>Safer Communities Thematic Board</b>													
SC-01	Community Safety CCTV Management	Develop Safety and Traffic Enforcement CCTV services. Provide management Assisting partners in delivering the CCTV strategy. Provide advice on public area CCTV surveillance and remote enforcement of traffic and parking.	Public Sector	WNF	25,000	6,250	6,000	(250)	✓	A	A	G	Currently behind schedule; recovery evidenced. There is concern with regards to insufficient funding, which the team is attempting to address.
SC-02	Positive Futures	Diversion of young people between 11-19 at risk of exclusion, crime and anti social behaviour, through various sporting, art and personal development activities.	Public Sector	YPSMG	5,000	1,250	1,250	0	✓				REVIEWED AS PART OF POSITIVE FUTURES IN CYPS
SC-03	Tier 4 spot purchasing	Funding towards the cost of commissioning high cost Tier 4 placements for young people and families with severe substance misuse problems.	Public Sector	YPSMG	12,994	0	-	0	*	G	G	G	
SC-04	ASB Grant	Officer is responsible for co-ordinating all strategic work to prevent, reduce and deal with ASB and Hate Crime	Public Sector	SSCF	20,000	6,408	6,408	0	✓	G	G	G	
SC-05	Partnership Boards Annual Delivery Plans	Aligned with Police Basic Command Unit funding to achieve an integrated project resource plan that supports the priorities in Safer for All 2008-2011 Strategy.	Public Sector	WNF	241,300	0	-	0	✓	G	G	G	
SC-06	Safer Communities Provision	Delivers the statutory community safety work in Haringey. Funds the work of crime policy, analysis, research, communications, management and key posts within the YOS.	Public Sector	WNF	464,300	54,785	54,785	0	✓	G	G	G	
SC-07	Senior Practitioner substance misuse	Specialist substance misuse advice and consultation to Social Work and other related staff. Includes co-working on complex childcare cases where substance misuse is a key concern.	Public Sector	YPSMG	47,613	11,903	15,000	3,097	*	A	A	G	Unclear and unquantifiable outputs. Spent more than 25% budget with no spend profile. Spend profile remains outstanding. Noted that agency cost is above ABG grant allowance; have confirmed that overspend will be met by business unit budget.
SC-08	Addressing & Reducing Domestic Violence	Focused on reducing domestic violence and gender abuse in Haringey through initiating actions which target perpetrators, increase public intolerance of DV and prevent DV happening.	Public Sector	WNF	82,400	18,459	15,895	(2,564)	✓	G	G	G	More than 5% underspent; recovery evidenced.
SC-09	Victim Support	Funding to support the core services including emotional and practical support to all victims of crime and bereavement by homicide.	Vol & Comm	WNF	53,000	13,250	13,000	(250)	✓	G	G	G	Recommend amalgamation with Victim Support BME project in CYPS CY-12.

Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
SC-10	Haringey Police Provision	This project will aim to replicate the approaches developed against personal robbery across the relevant offences under NIs 15 & 16	Public Sector	WNF	315,000	76,746	68,684	(8,062)	✓	G	G	R	More than 5% underspent.
SC-11	Youth Offending Service - Asylum Worker	Funds casework with asylum seekers / refugees and foreign nationals through a responsive and ethnically sensitive service.	Vol & Comm	WNF	41,500	10,374	12,253	1,879	✓	G	G	G	Up to 5% overspent; recovery evidenced. Case load determined by courts.
SC-12	DAAT Partnership Support Grant	Co-ordination of national drug and alcohol strategies and the annual treatment plan. Includes commissioning, strategic development, resource management, co-ordination of support services and all statutory communities / availabilities work	Public Sector	SSCF	87,000	21,750	21,750	0	✓	G	G	G	
SC-13	ASBAT	Responds to cases of ASB in private and public sector and to protect the community from the affects of ASB. Delivers on the ASB strategy and the various Government ASB initiatives.	Public Sector	SSCF	229,500	57,375	56,190	(1,185)	✓	G	G	G	Recommend amalgamation with ASBAT Intervention Support (SC-14).
SC-14	ASBAT Intervention Support	Supports a specialist CCTV Officer and the associated activity.	Public Sector	WNF	55,000	8,692	8,696	4	✓	G	G	G	Recommend amalgamation with ASBAT (SC-13).
SC-15	Cosmic	Specialist substance misuse support and advice to parents and carers of children with a substance misuse problem, who have or are vulnerable to developing a substance misuse problem or who are affected by substance misuse.	Public Sector	YPSMG	43,588	0	27,999	27,999	✓	A	G	R	More than 5% overspent.
SC-16	Young Persons Substance Misuse co-ordinator	Post supported will improve the co-ordination and delivery of substance misuse services for vulnerable young people in the borough.	Public Sector	YPSMG	44,547	11,137	25,673	14,536	*	A	G	R	Reported more than 50% of budget spent in first four months.
SC-17	Substance Misuse Worker - LAC	A senior practitioner (qualified social worker) based within the LCAS service providing specialist input to workers and individual young people.	Public Sector	YPSMG	45,340	11,335	11,220	(115)	*	G	G	G	
SC-18	Preventing Violent Extremism Fund	Promote values of the Muslim faith, challenge extremist ideology and create a wider understanding of Islam across the partnership.	40% Public, 60% Vol & Comm	PVEF	179,000	21,000	10,000	(11,000)	✓	G	G	A	More than 5% underspent; recovery evidenced. Delayed spend as a result of the late notification of funding.
SC-19	Anti Burglary Support Project (Reduce Acquisitive Crime)	To provide support and practical assistance to elderly who have been the victim of burglary or burglary artifice.	Vol & Comm	WNF	40,000	10,000	10,614	614	✓	G	G	G	
SC-20	Vulnerable Young Persons Worker	Work with vulnerable people in Haringey schools at risk of substance misuse to prevent NEEt's and signpost to treatments where appropriate.	Public Sector	YPSMG	35,000	8,750	8,750	0	✓	G	G	G	
					<b>2,067,082</b>	<b>349,464</b>	<b>374,167</b>	<b>24,703</b>					<b>Safer Communities Total</b>

Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
<b>Better Places Thematic Board</b>													
BP-01	Accessible Transport Programme	Community Transport for older and disabled people. Project includes training and volunteering opportunities for local people.	Vol & Comm	WNF	80,000	19,986	19,986	0	✓	G	G	G	
BP-02	Street Wardens	Support for the Street Wardens Service.	Public Sector	SSCF	139,000	34,749	34,749	0	✓	G	G	G	
BP-03	Finsbury Park Enforcement Officers	Contribution to the enforcement service covering the tr-borough area of Finsbury Park.	Vol & Comm	WNF	30,000	7,500	7,500	0	✓	G	G	G	
BP-04	Green Outreach	Coordinated programme of nature conservation education, recreation and volunteering activities across the borough, in partnership with the BTCV	Vol & Comm	WNF	100,000	20,000	20,000	0	✓	G	G	G	
BP-05	Parks Cleansing	Enhanced Parks and Open Spaces cleaning and hygiene operations during summer months	Public Sector	WNF	150,000	48,500	48,500	0	✓	G	G	G	
BP-06	Tottenham High Road Manager	High Road management through business support and brokerage with key agencies.	Public Sector	WNF	60,000	14,402	14,402	0	✓	A	A	G	Agreed with project manager that evidence against targets / outputs needs to be clarified.
BP-07	Fly Tip Management	Clearance of fly-tips on unregistered land in the borough. Also, provides a co-originated approach for all services involved.	Public Sector	WNF	150,000	16,000	4,914	(11,086)	✓	A	A	R	More than 5% underspent; outputs partially met.
BP-08	Graffiti & Fly-Posting Removal	Provide a graffiti removal service to proactively remove graffiti in response to calls received from residents and Members.	Public Sector	WNF	75,000	24,000	8,148	(15,852)	✓	G	G	G	More than 5% underspent due to late receipt of invoices.
BP-09	Litter Management	Provision of litter bins, cigarette butt bins and dog waste bins.	Public Sector	WNF	135,000	3,000	8,011	5,011	✓	G	G	G	More than 5% overspent; recovery evidenced.
BP-10	Mobile Clean-Up Teams & Street Cleaning	Provide mobile clean up teams to carry out concentrated clean up of litter and detritus that normal sweeping cannot address.	Public Sector	WNF	200,000	51,000	30,040	(20,960)	✓	G	G	R	More than 5% underspent.
BP-11	Saturday Night Collection	To provide 2 vehicles to clear waste from the main roads in the borough on Saturday nights.	Public Sector	WNF	70,000	18,000	12,086	(5,914)	✓	G	G	G	More than 5% underspent; recovery evidenced. Late submission of invoices.
BP-12	Street Washing	Provision of a limited programme of pro-active pavement washing and reactive service to deal with spillages.	Public Sector	WNF	38,500	9,000	6,266	(2,734)	✓	G	G	R	More than 5% underspent.
BP-13	Street Enforcement	Salary costs of 6 Street Enforcement Officers to investigate incidents of environmental crime	Public Sector	WNF	250,000	62,500	62,500	0	✓	G	G	G	
BP-14	Vulnerable Communities Programme	As above.	Public Sector	WNF	50,000	11,550	20,986	9,436	✓	G	G	G	Recommend amalgamation with BP-15. More than 5% overspent; recovery evidenced. Early spend commitments against the programme.

PNr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
BP-15	Working with Education & Voluntary Sectors to increase fitness activities / sports participation among young people	Coordinated programme of sports participation, development and celebratory activity in collaboration with other services and the voluntary sector.	Public Sector	WNF	100,000	35,476	35,476	0	✓	G	G	G	Recommend amalgamation with BP-14.
BP-16	Community Clear-Ups	All eligible households in Haringey are provided with a free collection of up to 15 bulky items once per year.	Public Sector	WNF	80,000	0	-	0	✓	G	G	G	
BP-17	Recycling Projects	Promotion of recycling and waste management services to increase participation in Haringey.	Public Sector	WNF	215,000	53,747	43,828	(9,919)	✓	G	G	R	More than 5% underspent. Lack of clarity around spend breakdown against profile.
<b>Better Haringey Total</b>					<b>1,922,500</b>	<b>429,410</b>	<b>377,392</b>	<b>(52,018)</b>					
<b>Integrated Housing Thematic Board</b>													
IH-01	Tackling Fuel Poverty	Reduce the incidence of fuel poverty in Haringey, thereby ensuring that every resident lives in a warm, comfortable home which they are able to afford to heat.	Public Sector	WNF	51,000	9,519	9,900	381	✓	G	G	G	
IH-02	Improvement & Repairs Programme - HMOs	Management and enforcement of HMO Licensing following The Housing Act 2004.	Public Sector	WNF	171,000	42,750	42,750	0	✓	G	G	G	
<b>Integrated Housing Total</b>					<b>222,000</b>	<b>52,269</b>	<b>52,650</b>	<b>381</b>					
<b>Enterprise Thematic Board</b>													
EN-01	City Growth & Economic Development Support	Programme of interventions that support business growth and development and that equip Haringey residents with the skills, knowledge and support to become successfully self employed.	70% Public, 30% Vol.	WNF	250,000	0	-	0	✓	G	G	G	
EN-02	The Haringey Guarantee	Programme of interventions to engage workless residents from the 12 "worst wards" in Haringey by assessing barriers to sustained employment and agreeing an action plan of support to return to work.	70% Public, 30% Vol.	WNF	631,000	190,000	89,093	(100,907)	✓	A	A	R	Agreed with project manager that evidence against targets / outputs needs to be clarified. More than 5% underspent; lack of clarity around reported spend.
EN-03	Families into Work	A multi-agency approach in Northumberland Park to address wider social exclusion issues by working intensively with families to improve the life chances of all family members.	Public Sector	WNF	319,000	19,000	15,397	(3,603)	✓	G	G	A	Projected spend for advertising costs and IT software was overestimated. It is likely that the underspent will be allocated to additional work within the scheme.
<b>Enterprise Total</b>					<b>1,200,000</b>	<b>209,000</b>	<b>104,490</b>	<b>(104,510)</b>					
<b>Children and Young People Thematic Board</b>													
CY-01	Exposure C / Fwd fm 2007 / 08			PAYP	18,487	0	-	0	-				CARRY FORWARD - Reviewed as part of current project
CY-02	Positive Futures	Diversion of young people between 11-19 at risk of exclusion, crime and anti social behaviour, through various sporting, art and personal development activities.	Public Sector	WNF	40,527	9,924	11,173	1,249	✓	G	G	G	More than 5% overspent; provision for some activities paid in advance. Recommend amalgamation with CY-04, CY-05, CY-06, CY-07 and CY-08.



PNr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
CY-03	Primary Team Salary Costs	To support the LA's central costs for the employment of staff leading on the primary strategy, and to contribute towards the administrative costs of supporting the Primary Strategy.	Public Sector	PNSCCA	173,000	43,265	43,263	(2)	✓	G	G	G	
CY-04	Community Cohesion - Youth Inclusion Programme	Diversionary and developmental activities for those aged 13-19 at risk of social exclusion and community crime.	Public Sector	PAYP	111,000	27,490	27,490	0	✓	G	G	G	Recommend amalgamation with CY-02, CY-05, CY-06, CY-07 and CY-08.
CY-05	PAYP - Holiday Programme	Diversionary and developmental activities for those aged 8-19 at risk of social exclusion and community crime.	50% Public, 50% Vol & Comm	PAYP	466,200	123,660	123,660	0	✓	G	G	G	Recommend amalgamation with CY-02, CY-04, CY-06, CY-07 and CY-08.
CY-06	Positive Futures - Diversionary Sporting Activities	Diversion of young people between 11-19 at risk of exclusion, crime and anti social behaviour, through various sporting, art and personal development activities.	Public Sector	PAYP	86,669	16,950	16,950	0	✓	G	G	G	Recommend amalgamation with CY-02, CY-04, CY-05, CY-07 and CY-08.
CY-07	Summer University	A high quality, integrated range of holiday activities for young people that will improve life chances, establish a sense of community and tackle social exclusion.	Public Sector	PAYP	55,500	26,381	32,204	5,823	✓	G	G	G	Up to 5% overspent against total PAYP budget (CY-02, CY-04, CY-05, CY-05, CY-06, CY-07); recovery evidenced. Recommend amalgamation with CY-02, CY-04, CY-05, CY-06 and CY-08.
CY-08	Young Enterprise	To be delivered to young people for 2 years across Haringey. Commencing during the summer 2008, it will deliver business entrepreneur skills to those aged 11-19	Public Sector	PAYP	45,325	0	-	0	✓	G	G	G	Recommend amalgamation with CY-02, CY-04, CY-05, CY-06 and CY-07.
CY-09	Children in Care	Implement the Care Matters - Time for Change white paper 2007 and the Children and Young Person's Bill to improve outcomes for children in care.	Public Sector	CMWP	280,000	0	-	0	✓	G	G	G	
CY-10	Social care workforce reform	Enables Haringey to support appropriate levels of training and qualifications for all children's social care staff.	Public Sector	CSCWR	280,000	5,574	12,518	6,944	✓	G	G	R	More than 5% overspent. Most of the spend will take place in July and October.
CY-11	4YP and Family Planning Nurse	Nurse will be an integral part of the 4YP network of services for young people providing a holistic approach including a clinical support to a service	Public Sector	WNF	64,250	0	3,123	3,123	✓	R	R	R	No project activity, no evidence of recovery due to inability to recruit to short-term contract post in specialist area.
CY-12	Young Persons and Ethnic Minority Dev Project	Service to provide support and advice to young and BME victims of crime.	Vol & Comm	WNF	38,759	0	-	0	✓	A	A	G	Following clarification of work at review meeting, it is still unclear what outreach work is being undertaken to ensure sufficient support to BME communities. Recommend amalgamation with Victim Support BME SC-09.
CY-13	Free Travel	Delivers a function largely already delivered by the Mayor's free travel guarantee to school age children.	Public Sector	ERTFT	3,000	0	-	0	*	G	G	G	
CY-14	Sustainable Travel	Support the Council in complying with the general duty on sustainable travel.	Public Sector	STGD	16,000	0	-	0	✓	G	G	G	
CY-15	Sustainable Travel C / Fwd fm 2007 / 08			STGD	16,500	0	-	0	✓				CARRY FORWARD - Reviewed as part of current project

PNr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
CY-16	Behaviour Improvement Programme	Improve behaviour and attendance, reduce exclusion and involvement in crime and to meet the statutory requirement of providing suitable education for children and young people excluded from school.	Public Sector	SDG	852,200	0	-	0	✓	G	G	G	
CY-17	Behaviour Improvement Programme C / Fwd fm 2007 / 08			SDG	140,823	119,353	119,353	0	✓				CARRY FORWARD - Reviewed as part of current project
CY-18	Extended Schools	Supports the development of the full core offer of extended school activities across Haringey.	45% Public, 55% Vol & Comm	EXSSU	402,000	0	-	0	*	G	G	G	
CY-19	Extended Schools C / Fwd fm 2007 / 08			EXSSU	332,900	4,038	4,038	0	✓				CARRY FORWARD - Reviewed as part of current project
CY-20	Behaviour & Attendance Consultant	Supports schools to improve standards of behaviour and meet attendance targets in order to raise standards of attainment at Key Stage 3 and Key Stage 4 in line with annual targets.	Public Sector	SNSCCA	63,000	15,750	15,750	0	✓	G	G	G	
CY-21	Connexions	Provides information, advice, guidance and access to personal development opportunities. Aims to remove barriers to learning and progression and help young people make a smooth transition to adulthood and working life.	Public Sector	Connexions	2,299,000	446,000	457,142	11,142	✓	A	A	G	Unclear on evidence of how it is meeting its targets / outputs.
CY-22	School Intervention	Provide extra support for schools which are of concern through specific projects or agreed outcomes.	Public Sector	SIG	48,000	0	-	0	✓	G	G	G	
CY-23	School Intervention C / Fwd fm 2007 / 08			SIG	51,800	12,000	12,000	0	✓				CARRY FORWARD - Reviewed as part of current project
CY-24	Children's Fund	Provide more and improved co-ordinated preventive services for children and young people aged 5 to 13 years and for their families / carers, to help break the cycle of poverty.	Public Sector	CF (Inc ontrack)	654,100	50,250	50,012	(238)	✓	G	G	G	
CY-25	Fair access to schools	Post to support parents of children at the point of secondary transfer, providing advice and guidance particularly for vulnerable families.	Public Sector	CA	46,000	11,490	16,878	5,388	✓	A	G	R	More than 5% overspent; ABG allocation for salary cost only. Additional money spent on translated information for parents and laptop with specialist software.
CY-26	Fair access to schools C / Fwd fm 2007 / 08			CA	44,000	0	-	0	-				CARRY FORWARD - Reviewed as part of current project
CY-27	Creating Opportunities for Better Living / Breakfast Clubs	Provision of free breakfast club places to eligible children in 7 primary schools and 1 secondary school.	Public Sector	WNF	114,650	0	-	0	✓	G	G	G	Invoices for last term due in July.
CY-28	City Learning Centre	Provide innovation in ICT for schools in Haringey. Available as a central resource of expertise for schools to use.	Public Sector	SDG	238,000	59,500	59,499	(1)	✓	G	G	G	
CY-29	City Learning Centre C / Fwd fm 2007 / 08			SDG	25,323	25,323	25,323	0	✓				CARRY FORWARD - Reviewed as part of current project

Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	
CY-30	Excellence in Cities	Raise performance, achieve excellence and transform school education through a targeted programme of support for small groups of schools in areas of deprivation	Public Sector	SDG	213,600	34,000	33,999	(1)	✓	G	G	
CY-31	Excellence in Cities C / Fwd fm 2007 / 08			SDG	60,053	37,230	37,230	0	✓			CARRY FORWARD - Reviewed as part of current project
CY-32	ICT in Schools	To significantly enhance the quality of teaching and learning in schools and to further modernise the way in which schools are run and organised	Public Sector	SDG	151,000	37,780	37,749	(31)	✓	G	G	
CY-33	School Improvement Partners	Provide a structured programme of visits that give a balance of challenge and support to schools. SIPs negotiate annual targets and have provide increased levels of challenge.	Public Sector	SIPS	78,000	12,000	15,000	3,000	✓	G	G	More than 5% overspent. Whilst spend has been agreed with the project manager; a revised spend profile remains outstanding.
CY-34	Secondary Strategy	Part of national drive to raise standards across primary and secondary education and improve children's educational attainment with focus on core subject areas in need of greatest improvement	Public Sector	SNSCCA	149,000	37,256	37,248	(8)	✓	G	G	
CY-35	Healthy Schools	Build capacity within schools to enable them to achieve and maintain Healthy School status.	Public Sector	EHP	72,000	37,000	12,758	(24,242)	✓	G	G	More than 5% underspent. Whilst the original spend profile was confirmed as incorrect by the project manager; a revised spend profile remains outstanding.
CY-36	Healthy Schools C / Fwd fm 2007 / 08			EHP	52,200	7,300	7,300	0	✓			CARRY FORWARD - Reviewed as part of current project
CY-37	CF Ontrack	Work with 8 – 18 year olds to prevent entrance to youth justice system and support to those who have offended and received reprimands to prevent re-offending.	Public Sector	CF (Inc ontrack)	378,900	73,348	73,348	0	✓	G	G	
CY-38	Support to Supplementary and Community Schools	Support and development of SCLS to help the contribute to delivery of "Every Child Matters"	Public Sector	WNF	12,750	0	-	0	✓	G	G	
CY-39	Reparation Project	Support and development of the reparation work delivered through the YOS	Public Sector	WNF	42,750	8,916	9,409	493	✓	G	G	
CY-40	YOS Parenting Worker	Support and development of the parenting support work delivered through the YOS	Public Sector	WNF	42,750	10,150	9,886	(264)	✓	G	G	
CY-41	Youth Offending & Youth Prevention (formerly YISP)	Assessment and support for young people at risk of offending and those who are at the early stages of offending.	Public Sector	WNF	72,750	18,189	10,827	(7,362)	✓	G	R	More than 5% underspent due to resourcing issues.
CY-42	Youth Offending Service	Core support for the multi-disciplinary YOS in Haringey	Public Sector	WNF	292,000	73,600	72,572	(1,028)	✓	G	G	
CY-43	Haringey Shed	Advance and promote inclusion amongst young people in Haringey using music, dance and drama.	Vol & Comm	SDG	73,000	18,250	18,249	(1)	✓	G	G	

Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
CY-44	Child and adolescent mental health services	Provide multi disciplinary services to children and young people with mental health problems and disorders for assessment, treatment and support	Public Sector	CAMHS	895,000	223,750	104,969	(118,781)	*	A	A	R	More than 5% underspent. Two different spend profiles referred to on form which requires clarifying. Unclear on evidence against first quarter targets, but a new IT system has been put in place to address this going forward. Need to only received one review form if this is to remain as one project.
CY-45	Governor Support and Training Unit	Marketing activities to recruit volunteers to become school governors, particularly those from BME backgrounds.	Public Sector	SDG	1,200	1,200	1,220	20	✓	G	G	G	
CY-46	Special Educational Needs	Establishment of the Speech, Language and Communication Service (SLCS) in partnership with Haringey Teaching Primary Care Trust.	Public Sector	SDG	314,000	78,497	78,497	0	✓	G	G	G	
CY-47	Special Educational Needs C/ Fwd 2007 / 08			SDG	27,373	12,111	12,111	0	✓				CARRY FORWARD - Reviewed as part of current project
CY-48	Improving Literacy - now known as Improving Functional Skills (with work related focus)	Targeted intervention to improve literacy skills through English KS3 & KS4	Public Sector	WNF	119,900	29,975	59,704	29,729	✓	G	G	A	More than 5% overspent. Whilst early spend has been agreed, with the project manager, a revised spend profile remains outstanding.
CY-49	14-19 Programme	Provide dedicated advice and guidance to a variety of groups as well as direct employment skills and accreditation	Public Sector	14-19 FFP	76,000	32,000	37,500	5,500	✓	G	G	R	More than 5% overspent.
CY-50	Parental Involvement	Develop parental and community involvement as a key tool for raising achievement with schools.	Public Sector	WNF	139,164	18,344	-	(18,344)	✓	G	G	R	More than 5% underspent.
CY-51	Teenage Pregnancy and Teenage Parents	Focuses on activities that address teenage conceptions, specifically targeting reducing risk taking behaviour and improving advice and information.	Public Sector	TP	170,000	15,501	33,818	18,317	✓	A	A	G	Up to 5% overspent; recovery evidenced. Potential issue around baseline target being used and target not being met.
CY-52	Teenage Pregnancy, Sexual Health & Parental Support	Build on previous years work by targeting young fathers and to support the third children's network.	Public Sector	WNF	102,750	25,688	24,336	(1,352)	✓	A	A	A	Up to 5% underspent. Outputs partially met. Full assessment to be made when data is available.
CY-53	Safeguarding children and young people review	Enable the Council to fulfil statutory duty of reviewing all child death in care cases	Public Sector	CDRP	68,000	0	-	0	✓	G	G	G	
CY-54	School Travel Advisors Salary	Support the development and implementation of School Travel Plans	Public Sector	STAA	23,000	5,751	5,700	(51)	✓	G	G	G	
CY-55	Unallocated			EHP	29,087	0	-	0	-				UNALLOCATED
					<b>10,663,240</b>	<b>1,844,784</b>	<b>1,763,806</b>	<b>(80,978)</b>					
<b>Children and Young People</b>													
<b>Well Being Thematic Board</b>													
WB-01	Support to Carers	Provision of culturally appropriate support and respite to carers in Haringey	Public Sector	CG	927,200	763,100	267,918	(495,182)	✓	A	G	R	More than 5% underspent; profile is inaccurate and needs to be reviewed. One project review form should be submitted instead of 5.
WB-02	Reaping the Benefits	Outreach project in the SOA wards providing advice / assistance on benefit entitlement and debt.	Vol & Comm	WNF	97,000	23,985	23,040	(945)	✓	G	G	G	

Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
WB-03	Physical Disabilities Residential	Contribution to the legacy costs of people placed in residential care.	Public Sector	PRGI	50,876	12,719	12,720	1	*	G	G	G	
WB-04	Accessing Employment Through Individualised Budgets	Provides intensive, individually tailored support for people with learning disabilities into paid work.	Public Sector	WNF	15,500	2,080	3,297	1,217	✓	G	G	R	More than 5% overspent.
WB-05	Cycling Club	Support the running of a cycle club with specially adapted bikes for people with learning disabilities and their supporters.	Public Sector	WNF	9,500	2,100	2,524	424	✓	G	G	G	
WB-06	Welfare to Work for Disabled People	Co-ordinates the Welfare to Work for disabled people strategy and actions ensuring disabled access mainstream employment & skills programmes.	Public Sector	WNF	40,000	12,540	12,540	0	✓	G	G	G	
WB-07	20% of Total Carers Grant Allocation to CYPs	Provide short break services to children and young people with disabilities and their families and to provide support for young carers.	Public Sector	CYPs	231,800	57,800	57,800	0	✓	A	A	R	Outputs not quantified. More than 5% underspent.
WB-08	Home Support Workers & Outreach Street Drinkers	Advice, support and interventions to 'street drinkers' and problem drinkers isolated within their own homes.	Vol & Comm	WNF	78,000	20,072	19,202	(870)	✓	G	G	G	
WB-09	Libraries for Life	The project supports highly accessible libraries in the centre and east of the borough.	Public Sector	WNF	194,500	53,800	42,006	(11,794)	✓	G	G	G	More than 5% underspent; recovery evidenced.
WB-10	The Six8four Centre	Improving the quality of life for people with severe and enduring mental health problems by promoting social inclusion, wellbeing and training with the possibility of a return to college or work.	Public Sector	WNF	78,000	19,500	19,500	0	✓	G	G	G	
WB-11	Health in Mind - Mental Health	Therapeutic network and graduate mental health workers	Public Sector	WNF	73,000	18,252	11,030	(7,222)	✓	G	G	R	More than 5% underspent due to vacancy which will be filled in September.
WB-12	Alexandra Road	Provides emergency 24 hour care to prevent hospital admission and respite care to mental health service users and their carers	Public Sector	MHG	128,200	32,050	32,052	2	*	G	G	G	
WB-13	Clarendon Centre	Service for adults recovering from severe and enduring mental illness receiving a service from secondary mental health services.	Public Sector	MHG	56,601	14,150	14,151	1	*	G	G	G	
WB-14	CSW Assertive Outreach	provide intensive daily support to mental health service users living in their own homes and work to maintain clients living independently and seek to prevent readmission to hospital.	Public Sector	MHG	45,000	11,250	11,250	0	*	A	A	G	Unclear and unquantifiable outputs.
WB-15	Employment & Training	Provision of access to employment, the development of individual employment projects, and training for service users	Public Sector	MHG	89,822	22,456	22,455	(1)	*	G	G	G	
WB-16	Mental Health Residential	Provided by Central Government to replace monies originally provided in relation to individual service users eligible for Preserved Rights.	Public Sector	PRGI	241,939	60,485	60,486	1	*	G	G	G	

Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
WB-17	Studio 306	Emerging social firm providing volunteering and potential employment for adults recovering from mental illness.	Public Sector	MHG	26,478	6,620	6,618	(2)	*	A	A	G	Unclear and unquantifiable outputs.
WB-18	Haringey Therapeutic Network	Therapeutic network and graduate mental health workers	Public Sector	WNF	60,000	0	-	0	✓	G	G	G	
WB-19	Assessment & Care - Older People	Support the Council's Safeguarding agenda and is key to the safeguarding partnership.	Public Sector	MHCAG	35,858	8,964	8,964	0	✓	G	G	G	
WB-20	Preserved Rights Grant Income - Older People	Funding transferred from DHSS in 1993 for people who were moved into residential care from long stay institutions	Public Sector	PRGI	293,000	73,248	73,251	3	✓	G	G	G	
WB-21	Black & Minority Ethnic Carers Respite	Delivers monthly support group meeting to carers.	Vol & Comm	WNF	19,500	5,411	5,411	0	✓	G	G	G	
WB-22	Community Income	Provides benefit advice to local people and offers support when applying for relevant benefits	Vol & Comm	WNF	31,500	7,875	7,875	0	✓	G	G	G	
WB-23	Learning Disabilities JT Comm Residential	To finance community care (residential) placements for an established group of clients	Public Sector	PRGI	267,562	66,891	66,900	10	*	A	A	G	Unclear and unquantifiable outputs.
WB-24	Learning Disabilities Residential	To finance community care (residential) placements for an established group of clients.	Public Sector	PRGI	522,373	130,593	130,500	(93)	*	A	A	G	Unclear and unquantifiable outputs.
WB-25	Learning Disability Day Services	Funding to help deliver the Valuing People White Paper 2001	Public Sector	LDDF	236,000	59,000	58,800	(200)	*	G	G	G	
WB-26	Appropriate Adult Training for B-Tech Award	Training for people to make welfare representations for juveniles and vulnerable adults detained in police custody.	Vol & Comm	WNF	15,000	5,685	5,694	9	✓	R	R	G	Have recruited 16 people against a target of 40, however profiled budget is on spend.
WB-27	Approved Social Work Services (Canning Crescent)	Approved Social Worker (ASW) posts within the community mental health service.	Public Sector	MHG	80,800	20,200	24,600	4,400	*	R	R	R	Lack of clarity on actual spend. Limited information provided on achievement against objectives. This has been agreed with the project manager. Budget remains RED as highest quoted spend is greater than 25%.
WB-28	CSW Assertive Outreach	Provides intensive daily support to mental health service users living in their own homes and works to maintain clients living independently and seeks to prevent readmission to hospital.	Public Sector	MHG	49,000	12,250	11,250	(1,000)	*	G	G	G	
WB-29	Social Workers (North Tottenham)	Funds a Social Worker post within the community mental health service and contribution to team running cost.	Public Sector	MHG	50,000	12,500	1,200	(11,300)	*	R	R	R	Lack of clarity on actual spend. Limited information provided on achievement against objectives. This has been agreed with the project manager. Budget remains RED as highest quoted spend is greater than 25%.

PNr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
WB-30	Social Workers Running Costs	Funds running costs to enable social Worker posts within the community mental health service to carry out duties effectively.	Public Sector	MHG	34,200	8,550	9,000	450	*	R	R	G	Limited information provided on achievement against objectives. This has been agreed with the project manager.
WB-31	Health in Mind - Healthy Eating	Increase the level of physical activity, increase access to healthy foods and provide nutrition education sessions to older people (50+) living within SOA wards	Public Sector	WNF	148,000	36,927	38,892	1,965	✓	G	G	G	Up to 5% overspent; recovery evidenced.
WB-32	Happy Opportunities	Empower at least 30 adults, 50 years and older primarily from BME communities, to build their capacity so that real positive changes are made.	Vol & Comm	WNF	17,000	3,904	4,070	166	✓	G	G	G	
WB-33	Supporting People Services	Funds the Supporting People team (one Commissioning and Review manager and 3 project officers).	Public Sector	SPAG	212,000	53,000	54,000	1,000	*	G	G	G	
WB-34	Salsa Club	Dance and salsa classes for elderly in Haringey. Classes are combination of exercise, music, self expression and socialising.	Vol & Comm	WNF	9,000	3,570	3,710	140	✓	G	G	G	
WB-35	Mental Health Capacity Act	Commission a training provider / s to deliver briefing and training sessions to approximately 970 staff across the Adults Service from November 2008	Public Sector	MHCAG	20,000	0	-	0	✓	G	G	G	
WB-36	Benefits Outreach	Provide a targeted advice and welfare rights campaign to 'hard to reach' older people from BME communities and those living with long term health condition(s) mainly in SOAs	Vol & Comm	WNF	45,000	8,629	5,468	(3,161)	✓	G	G	R	More than 5% underspent due to temporary vacancy now filled.
WB-37	Forum for Older People	Capacity building older residents to enable effective civic participation	Vol & Comm	WNF	51,000	11,820	14,014	2,194	✓	G	G	R	More than 5% overspent.
WB-38	Out and About - Befriending and Community Development	Recruits, trains and places volunteer befrienders with older people who are isolated or who are at risk of social isolation	Vol & Comm	WNF	35,500	8,847	8,775	(72)	✓	G	G	G	
WB-39	Commissioning Support	Supports the placements of individuals in the community, who have particularly high needs.	Public Sector	MHG	76,818	19,206	19,206	0	✓	G	G	G	
WB-40	Mental Health Commissioning	Supports the placements of individuals in the community, who have particularly high needs.	Public Sector	MHCAG	51,142	12,786	12,786	0	✓	G	G	G	
WB-41	Mental Health Jt Comm Health	Supports the placements of individuals in the community, who have particularly high needs.	Public Sector	PRGI	38,250	9,564	9,564	0	✓	G	G	G	
WB-42	African Caribbean Leadership Council	ACLC provides a counselling service to Black and African Caribbean individuals within a community specific service.	Vol & Comm	MHG	29,000	7,251	7,251	0	✓	G	G	G	

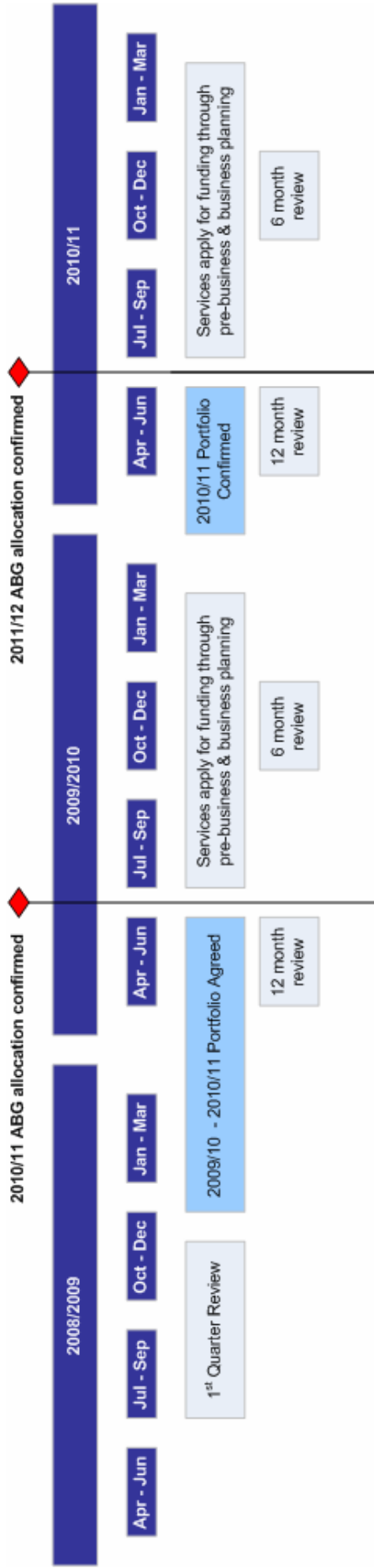


Pnr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
WB-43	CAB	Provides benefits advice and expert intervention to mental health service users in both St Ann's Hospital and the community.	Vol & Comm	MHG	19,000	4,749	4,749	0	✓	G	G	G	
WB-44	HAGA	Supports the Alcohol, Mental Health and Housing Support Worker at HAGA	Vol & Comm	MHG	30,000	7,500	9,407	1,907	✓	A	G	R	More than 5% overspent.
WB-45	MIND in Haringey	Supports the delivery of advocacy to mental health service users and was commissioned to provide a focus on people from afro-Caribbean / African origin.	Vol & Comm	MHG	32,000	8,001	7,998	(3)	✓	G	G	G	
WB-46	Open Door	Provides a range of specialist projects to provide emotional and therapeutic support to young people (12 – 24), parents and carers.	Vol & Comm	MHG	25,000	6,249	6,249	0	✓	G	G	G	
WB-47	PRA Haringey User Network	To work with service users and focus on outreach to establish links, training opportunities and personal development for people with mental health needs.	Vol & Comm	MHG	19,000	4,749	4,749	0	✓	A	A	G	Have agreed with the project manager that targets / outputs needs to be clarified and quantified.
WB-48	Rainer	Offers an Appropriate Adult Service in Haringey custody suites for people with mental health, learning disabilities and children who have been arrested for an offence.	Vol & Comm	MHG	20,081	5,019	5,019	0	✓	G	G	G	
WB-49	Smoking Cessation Project	Increase the number of 16+ smoking quitters in Haringey, particularly amongst priority groups identified in NICE Guidance	Public Sector	WNF	100,000	0	-	0	✓	A	A	G	Limited information supplied on achievements against objectives.
WB-50	Health in Mind - Physical Activity	Deliver of a physical activity referral scheme, based on obesity and other care pathways currently being piloted	Public Sector	WNF	87,500	16,218	22,758	6,540	✓	G	G	R	More than 5% overspent; additional spend on advertising and production of resources for referrers
					<b>5,143,500</b>	<b>1,772,114</b>	<b>1,260,699</b>	<b>(511,415)</b>					
<b>Well Being Total</b>													
<b>Neighbourhoods and Capacity</b>													
NC-01	Baseline assessments and surveying peoples' perceptions - <i>New Project</i>	Research that will provide information to the council and partnership regarding resident perception and satisfaction.	Public Sector		50,000	0	-	0	✓	G	G	G	
NC-02	Links (Local Involvement Network)	Aim of the LINK is to facilitate local communities to influence key health & social care commissioning decisions by giving them a stronger voice.	20% Public, 80% Vol & Com (subject to change)	LIN	170,000	30,000	30,350	350	✓	G	G	G	
NC-03	HSP Management	Programme management and co-ordination of Haringey's Local Area Agreement and Area Based Grant on behalf of the strategic partnership	Public Sector		242,000	29,870	29,885	15	✓	G	G	G	
NC-04	HR Development and Training	Provides NVQ Training, short courses training, Social Work Trainee Scheme and PQ Awards	Public Sector	ASCWRT	606,000	93,229	83,279	(9,950)	✓	G	G	R	More than 5% underspent.



PNr	Project	Project Description	Sector	Funding Stream	2008 / 09 ABG Allocation	Profiled Spend	Reported Spend	YTD Variance	Spend Profile Returned	Overall RAG Status	Progress	Spend	Comment
NC-05	Volunteering Brokerage Project	Increase the number of Haringey residents engaging in formal voluntary activity within organisations and groups	Vol & Comm		40,000	13,032	4,754	(8,338)	✓	G	G	R	More than 5% underspent.
NC-06	Empowerment Seed Funding	Supports project costs within Neighbourhood Teams	Public Sector	WNF	106,000	0	-	0	✓	G	G	G	
NC-07	Neighbourhoods	Staff and core costs for the Neighbourhood Management Service	Public Sector	SSCF	479,000	94,000	96,000	2,000	✓	G	G	G	
NC-08	Development of Community Empowerment Network	Increase the level, accessibility, and quality of services meeting local need and community cohesion through greater engagement and influence.	Vol & Comm	SSCF	65,000	32,500	34,099	1,599	✓	G	G	A	Up to 5% overspent.
NC-09	Voluntary Sector Development	Provide support and training to third sector orgs. to strengthen infrastructure, governance, project management, finance and fundraising, partnership work and procurement and quality assurance	Vol & Comm		35,000	17,500	1,495	(16,005)	✓	R	R	R	Agreed RED status with project manager, 'no achievement was made against the objectives / outputs' given on Review Form. Spend on SAP paid out to HAYCO, but only £1495 spent against overheads.
<b>Total</b>					<b>1,793,000</b>	<b>310,191</b>	<b>279,862</b>	<b>(30,329)</b>					
					<b>23,011,322</b>	<b>4,967,231</b>	<b>4,213,066</b>	<b>(754,165)</b>					
					<b>769,459</b>								
					<b>22,241,863</b>								
					<b>Less Carry Forward</b>								
					<b>2008 / 09 ABG Grant</b>								

**Appendix 2 – Linking ABG activity allocation to Business Planning**





**Meeting:** Haringey Strategic Partnership

**Date:** 4 November 2008

**Report Title:** HSP Governance: Revised Terms of Reference

**Report of:** Sharon Kemp, Assistant Chief Executive, Policy, Performance, Partnership & Consultation

#### **Purpose**

To present the revised Terms of Reference for the Haringey Strategic Partnership (HSP) for approval.

#### **Summary**

The Terms of Reference for the Haringey Strategic Partnership have been revised to take account of the expectations placed on Local Strategic Partnerships following the publication of the Statutory Guidance - Creating Strong, Safe and Prosperous Communities 2008, and the new Comprehensive Area Assessment (CAA) which comes into effect from April 2009.

The HSP Meeting of 3<sup>rd</sup> July adopted a new Code of Corporate Governance and agreed that the Terms of Reference for the Partnership be reviewed to take account of any new expectations placed on Local Strategic Partnerships. The meeting also agreed that the update include the Community Link Forum (CLF) within the Terms of Reference as the mechanism for representation from the Voluntary and Community Sector on the Board and its sub-structures.

The HSP Performance Management Group meeting of 6 October discussed the revised Terms of Reference and agreed that the document at Appendix 1 is recommended for adoption to this meeting.

#### **Legal/Financial Implications**

##### **Financial:**

Not applicable.

**Legal:**

The main legal implications are in paragraph 2.2 of the report.

**Recommendations**

To agree the revised HSP Terms of Reference attached at Appendix 1.

**For more information contact:**

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**Background**

1.1 Haringey Strategic Partnership was set up in 2002 as the Local Strategic Partnership for the Borough. Its main functions were to develop the Community Strategy and agree the Neighbourhood Strategy, and to allocate Neighbourhood Renewal Funding through a bidding process. It was restructured in 2007 extending the number of Theme Boards from 5 to 6, and established a Performance Management Group (PMG) to oversee the business of the Partnership - providing a forum for the main public sector members to consider issues outside the main meetings.

**2. Report**

2.1 The Statutory Guidance: Creating Strong, Safe and Prosperous Communities places significant emphasis on the role of the Local Strategic Partnership as the vehicle for strengthening partnership working at a local level. The new Comprehensive Area Assessment from April 2009 will have a strong focus on effectiveness of partnership arrangements in setting and delivering priorities for the local area. A robust LSP which broadly complies with governance guidance would be a key way of demonstrating this. According to the guidance published in July, the role of the LSP is now to:

- Exercise a leadership and governing role
- Have oversight of an aim to coordinate community consultation and engagement
- Produce a Sustainable Community Strategy (SCS)
- Produce a Local Area Agreement (LAA)
- Have oversight of the planning and alignment of resources

- Review and performance manage progress against the agreed targets.
- 2.2 The LSP remains a body with no legal status and where the guidance ascribes statutory functions to it, they are legally the responsibility of the local authority e.g. the duty to prepare the LAA and the SCS. Partner agencies have a duty to co-operate in agreeing these and in the implementation of the targets.
- 2.3 The Guidance recognises the different models of governance that have been adopted for LSPs in other areas with different arrangements in terms of leadership, membership and sub-structures. It also recognises that LSPs are at varying levels of development but states that the direction of travel must be towards more robust arrangements with embedded democratic accountability. The structure “should include some form of executive board, which is able to take decisions underpinned by the main thematic partnerships ...”
- 2.4 The draft revised Terms of Reference are attached at Appendix 1. These in many respects re-confirm the current arrangements but also seek to clarify the reporting lines and accountabilities between the main HSP Board, the PMG and the Theme Boards. The roles and terms of reference for each are specified with some changes to the operating arrangements.

#### Membership

- 2.5 The guidance for LSP’s stresses the importance of connecting the LSP to local democracy. The Leader of the Council is the Chair of the HSP, and Cabinet Members already sit on the Theme Boards connected to their portfolio area. Theme Boards choose the thematic reps from their own membership, in some instances this is a Cabinet Member and/or Chair of the Theme Board.
- 2.6 The new CAA framework places the Police, Council, Health and Fire Service as the four organisations whose organisational assessments will feed into the Area Assessment. Currently the Fire Service is represented upon the Well Being Theme Board and Safer Communities but not at the HSP or PMG. The Fire Service will therefore be asked to take-up a seat on both of these.
- 2.7 The PMG agreed that Health Partners have 3 seats on the HSP Board, re-confirming membership to Barnet, Enfield and Haringey Mental Health Trust.
- 2.8 The Private Sector is represented at the Enterprise Theme Board. The PMG consider that more opportunities for engagement between the HSP and Business are created such as the hosting of breakfast meetings.
- 2.9 The GLA – Transport for London (TfL) and the London Development Agency (LDA) – have seats on the Better Places Partnership and Enterprise respectively. The strengthening of TfL’s role in ‘place shaping’

will need further discussions, and how best they can engage with the HSP will be taken up with them.

2.10 The role of the Community Link Forum in providing the voluntary and community sector representation across the partnership structure, and the number of places is written into the Terms of Reference.

#### Format and Conduct of Meetings

2.11 The HSP Board and Theme Boards are re-confirmed as open meetings. The PMG is a closed meeting as it is advisory and deals with the operational business of the HSP.

#### Code and Rules of Conduct

2.12 It is proposed that 'standard' rules of conduct are formally adopted and incorporated into the operational arrangements of the HSP and its sub-structures. These rules will apply to all members of boards incorporating the Principles of Public Life as the ethical framework for the Partnership, the declaration of interests (a standard item on all agendas) and dealing with complaints.

### **3. Conclusions**

3.0 The HSP Terms of Reference have been revised and updated to clarify the reporting lines and accountabilities between the main HSP Board, the PMG and the Themes Boards.



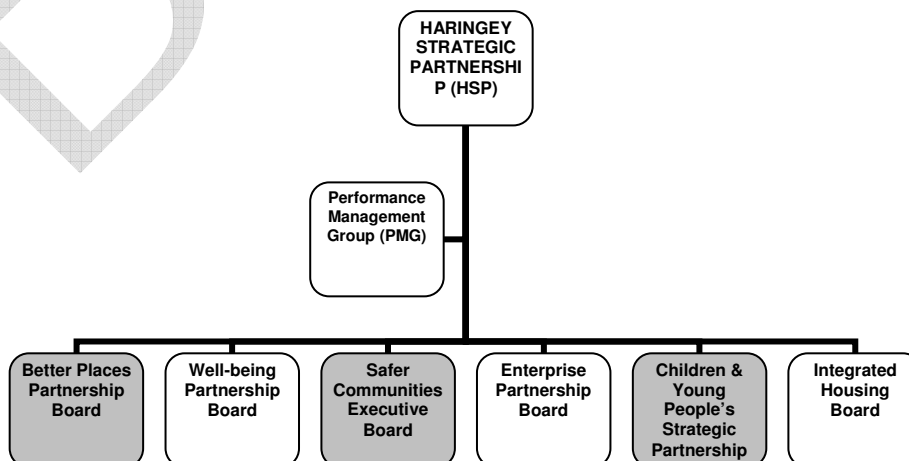
## Revised Terms of Reference

### Introduction

1. Haringey Strategic Partnership (HSP) is the Local Strategic Partnership for the London Borough of Haringey. Set up in 2002, its primary purpose is to bring together the public, private, and voluntary and community sectors to work together to improve the quality of life for all who live, work in, and visit Haringey.

### Section 1 - HSP Structure and Membership

2. The HSP structure is shown below in diagrammatic form. It is a 'family' of partnerships comprising:
  - A Board
  - A Performance Management Group
  - Six Theme Partnership Boards
    - Better Places
    - Children and Young People
    - Enterprise
    - Safer Communities
    - Integrated Housing
    - Well-being
  - Haringey Community Link Forum (Voluntary & Community Sector)
3. The Board and the Theme Partnerships may establish specific working /tasks groups to address particular issues and will hold conferences and stage events and activities as appropriate. Together with consultation and engagement structures, these are ways in which the wider community can be effectively engaged in issues and in ways that are of particular interest to them.



## The Role of the HSP

4. As the “partnership of partnerships”<sup>1</sup> for the borough the HSP will:
- Exercise a **leadership and governing role** through identifying and articulating the needs and aspirations of local communities and reconciling or arbitrating between competing interests
  - Have **oversight of and coordinate community consultation and engagement** activities of individual partners and where appropriate combine them
  - Produce a **Sustainable Community Strategy (SCS)** based on data and evidence from the local area and its population, to establish a shared local vision and priorities for action
  - Produce a **Local Area Agreement (LAA)**, based on the priorities identified in the Sustainable Community Strategy
  - Have **oversight of the planning and alignment of resources** in the locality (where relevant to delivery of the Sustainable Community Strategies and LAA) in order to achieve more effective and efficient commissioning and ultimately better outcomes. Although, each partner will remain accountable for its decisions taken in relation to funding streams allocated to it
  - **Review and performance manage progress** against the priorities and targets agreed in the LAA and ensure delivery arrangements are in place

## Guiding principles

5. The Haringey Strategic Partnership will:
- Seek to engage the diverse communities and interests that exist within Haringey within its work
  - Set a shared strategic framework to improve the quality of life for all who live, work and visit Haringey
  - Identify priorities for co-ordinated action with all key partners from the Public, Private, Voluntary and Community sectors
  - Interface with Government, regional and sub-regional bodies and partner organisations to maximise benefits to the borough
  - Ensure that all partners have equal opportunity to express the views of their organisation or community of interest and that those views are given equal consideration
  - Oversee the work of its thematic boards focusing on issues and services that cut across thematic, geographical and organisation boundaries.

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<sup>1</sup> Creating Strong, Safe and Prosperous Communities: Statutory Guidance July2008



## The Board

### Role and Responsibilities

6. The Board acts as the main forum for the partnership to ensure that the key issues for the borough are considered. Its primary role is to articulate the needs and aspirations of local people and to ensure that the HSP is addressing these.
7. The Board will review performance management information at each meeting on progress towards the Sustainable Community Strategy outcomes and achievements against the Local Area Agreement targets and agree the annual review of the Partnership's activities through an annual report that will be communicated to residents in an accessible format.

### Terms of Reference

8. The terms of reference for the Board are to:
  - i. develop an agreed vision for Haringey and a plan of action working towards this vision
  - ii. monitor Haringey's progress against the Sustainable Community Strategy outcomes and the Local Area Agreement as the medium term delivery plan for the strategy
  - iii. use a common performance management framework to monitor progress in delivering the Sustainable Community Strategy and Local Area Agreement
  - iv. monitor the progress of agreed actions and their impact against measurable baselines to assess the effectiveness of both the strategy and its implementation on the borough and residents.
  - v. share information about the borough and local needs and best practice in the planning and delivery of services
  - vi. approve governance arrangements and protocols for how the partnership operates and conducts its business
  - vii. approve the strategic commissioning framework and joint procurement opportunities that encourage efficiency and best value across services and delivery arrangements
  - viii. act as the main opportunity for partners to meet and share information to inform future Partnership activity and priorities
  - ix. raise topical, relevant issues that affect the remit of the Partnership as appropriate
  - x. oversee (in accordance with government guidelines) the co-ordination, implementation and review of:
    - The Sustainable Community Strategy
    - The Local Area Agreement
    - Other programmes or initiatives as directed by government or agreed by Partnership

**Membership of the HSP Board**

9. The HSP Board comprises the following Members which includes representation from each of the sectors and representation from each of the theme areas.

	Sector Group	Organisation (s)	No. of reps
Statutory/Core Agencies	Local Authority	Leader of the Council Chief Executive	2
	Health	Haringey Teaching Primary Care Trust	2
		Barnet, Enfield & Haringey Mental Health Trust	1
	TPCT/Council	Director of Public Health (Joint Post)	1
	Housing	Registered Social Landlord Homes for Haringey	2
	Community Safety	Metropolitan Police	1
	Jobs and Training	JobCentre Plus	1
	Higher Education	Middlesex University	1
	Further Education	Learning and Skills Council CONEL	2
Cabinet Members	Haringey Council	3	
Voluntary and Community Sector	Community Link Forum (CLF)	HAVCO (standing position)	1
		Community reps – elected positions	6
Other Interests/Sectors	Youth	Haringey Youth Council	2
	New Deal for Communities	The Bridge, NDC	1
Themes	Thematic boards	Representative from each thematic board: * Better Places Partnership * Children & Young People's Strategic Partnership * Enterprise Partnership * Integrated Housing Board * Safer Communities Executive Board * Well-Being Partnership Board	6
MP's	MP's and GLA reps	2 MP's and 1 GLA rep	3
		<b>Total</b>	<b>35</b>
Others	Observers	GOL	

## **Review**

10. Membership of the Partnership will be reviewed annually to ensure that all interests are adequately represented and meet statutory requirements as well as good practice on engagement and involvement.

## **Chair of the Board**

11. The Leader of Haringey Council will be the Chair of the HSP. This appointment will be confirmed at the Annual General Meeting.
12. The Chair will take decisions on behalf of the Partnership where such decisions are genuinely urgent and delay to the next meeting of the HSP Boards would seriously prejudice interest of the Partnership. S/he will consult all PMG members so far as practicable in advance of the decision. The Chair's decision will have immediate effect and will be reported to the next HSP Board meeting for noting.

## **Vice Chair of the Board**

13. A Vice Chair from an organisation other than the Council will be selected annually by the HSP.

## **Deputies**

14. Members may arrange for a Deputy to attend on their behalf. This person should be formally notified to the Haringey Council's Committee Secretariat so they can be included in all mailings etc.
15. Members cannot arrange for a Deputy to attend on their behalf on more than two occasions, and not consecutively.

## **Level of Representation**

16. Partner bodies are responsible for ensuring that they are represented at their most senior officer or Board Member level for the HSP Board and Theme Boards.
17. These representatives are responsible for disseminating decisions and actions required back to their own organisation, ensuring compliance with any actions required and reporting back progress to the HSP.

## **Observers and "expert witnesses"**

18. The Government Office for London will be a 'standing' observer at the HSP Board meeting.
19. With the permission of the Chair other regional or sub-regional partners may be called upon to attend Board meetings as necessary acting as "expert witnesses" (but not as Members) for specific items.

## **Voluntary and Community Sector**

20. The Voluntary and Community Sector will be represented on the Partnership through the Community Link Forum (CLF) – the 'forum of

forums' for the community and voluntary sector in Haringey.<sup>2</sup> The CLF will have 32 places on the HSP providing representation across the partnership structure as follows:

- HSP Board – HAVCO Chair + 6 elected community representatives
- HSP PMG – HAVCO Chief Executive
- 6 Theme Boards – 1 HAVCO representative + 3 elected representatives for each board.

## **Theme Boards**

### **Role and Responsibilities**

21. The theme boards will be determined by the HSP. Each theme board is responsible for its own operating arrangements and will be responsible for the outcomes identified in the Sustainable Community Strategy and the improvement targets within the Local Area Agreement that relate to their remit. The theme boards will also be responsible for performance managing and reporting on progress in delivering the outcomes and targets within their thematic area.
22. The Council's Cabinet (portfolio) members will be Members of their respective Theme Partnerships.
23. Chairs of the Theme Boards will be appointed from amongst the members of the relevant HSP Theme Board.
24. Each Theme Board will select from its membership a representative to sit on the main HSP Board.
25. Each Theme Board will agree its membership based upon national good practice, skills, knowledge, experience and local context.

### **Terms of reference**

26. The terms of reference for the theme boards will include:
  - i. develop the thematic input of the Sustainable Community Strategy
  - ii. monitor performance of key targets under the LAA
  - iii. consider exception reports in respect of those targets not being achieved, agreeing corrective action and forwarding an explanatory report to the PMG and the HSP Board
  - iv. approve proposals (activities and interventions) for agreed priority targets

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<sup>2</sup> Haringey Community Link Forum Agreement – Haringey Council and Haringey Association of Voluntary & Community Organisations (HAVCO), July 2007.

- v. develop and implement commissioning arrangements for the delivery of agreed activities and interventions and ensuing accountability against what has been commissioned
- vi. drive delivery and ensure that plans are in place to achieve the targets and outcomes within their remit.

## **Performance Management Group**

### **Roles and Responsibilities**

- 27. The Performance Management Group (PMG), brings together the key decision makers in the borough enabling them to provide a steer to the work of the Partnership, the theme partnership boards and other sub groups.
- 28. The group will ensure that the Sustainable Community Strategy and the Local Area Agreement is being delivered by the Theme Boards at an operational level – checking that milestones and targets are being met and that project plans are on track to deliver the agreed outcomes.

### **Terms of Reference**

- 29. The terms of reference for the PMG are to:
  - i. oversee the business of the Partnership, ensuring that the decisions of the HSP Board are implemented across the Partnership and action is taken to secure delivery of the agreed outcomes
  - ii. steer the work of the Partnership, its Theme Boards and sub-groups and ensure that effective performance management arrangements are in place to track progress
  - iii. identify and advise on changes to the structure, membership and operating arrangements of the Partnership
  - iv. monitor and review the Partnership's Code of Corporate Governance and Risk Management Strategy
  - v. develop the strategic commissioning arrangements for the delivery of agreed activities and interventions and ensure that the theme boards are accountable for programmes and interventions within their remit
  - vi. 'scan the horizon' and interpret strategic issues and national policy to ensure that the HSP and the Theme Boards anticipate opportunities and challenges and that these are addressed
  - vii. agree joint plans and strategies to improve the overall effectiveness of the Partnership.
- 30. The PMG will be chaired by the Chair of the HSP, or in his/her absence will be chaired by the Vice Chair or a nominated deputy. Meetings will be held 6 to 8 weekly with additional meetings at the discretion of the Chair to consider any urgent business, if necessary.
- 31. Membership of the group will be confirmed by the HSP and will include:
  - The Chair of the HSP – Leader of the Council

- The Vice Chair – Principal of CONEL
- The Chief Executive of the TPCT
- The Borough Commander
- Haringey Council's Chief Executive
- The Chief Executive of HAVCO
- The District Manger Job Centre Plus

32. The quorum for any valid meeting of the PMG will be three members including the Leader of the Council or his/her Deputy.

## **Section 2 – Format and Conduct of Meetings**

### **Frequency of meetings**

33. Ordinary meetings of the Partnership and the Theme Boards will be held four times a year (The year will run from 1<sup>st</sup> June to 31<sup>st</sup> May). Additional meetings will be arranged if necessary.

34. Meetings will be held at an appropriate venue within the borough. Meetings will generally be open to the press and public as observers, but will be closed for items of exempt or confidential business, as necessary.

### **Calendar of meetings**

35. A calendar of normal (quarterly) meetings will be provided at the commencement of each year.

### **Dispatch of Agendas**

36. Agendas will be dispatched electronically at least five working days before the meeting. The agenda, papers and minutes will be available to the public on request from Haringey Council's Committee Secretariat and accessible via Haringey Council website <http://www.haringey.gov.uk>

37. Late or additional items may only be considered if the meeting agrees to do so at the invitation of the Chair.

### **Quorum**

38. To make decisions, meeting must be quorate. A quorum will be at least a quarter of the members.

### **Voting and decisions**

39. The HSP will endeavour to arrive at all decisions by consensus. In exceptional circumstances if a member requests it, a vote may be taken. In this case the Chair will take a vote by show of hands.

40. Each member has one vote. Decisions will be by simple majority. Observers are not eligible to vote. In the event of a tied first vote, a second vote will be taken with the Chair having a casting vote.

### **Accountability**

41. The London Borough of Haringey is the accountable body for the HSP. The Partnership is accountable through the London Borough of Haringey to regional and central government and the wider community.
42. Representatives will speak for the organisation or network that they represent at meetings and carry back to their organisation the key messages and decisions of the Partnership.

#### **Final ruling**

43. The Chair's interpretation of the code relating to conduct of business at meetings shall be final.

#### **Funding**

44. Partners can make financial or "in kind" contributions to supporting the partnership.

### **Section 3 – Code and Rules of Conduct**

#### **Standards in Public Life**

45. Members of the Partnership agree to abide by the Seven Principles set out by the Committee on Standards in Public Life (set out in Appendix 1) when attending meetings or carrying out the business of the HSP.

#### **Absence**

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

#### **Declarations of Interest**

47. The key guiding principle is that when acting as a Board Member, Members must avoid conflicts between their private interests and their public role as a Board member.
48. Members must declare any personal interests, including interests arising from membership of other public or voluntary bodies with respect to agenda items at the start of the meeting. A member may attend, speak and vote on any item where an interest is declared except when the majority of the other members present without an interest decide that the interest is of such significance that the member concerned must leave the room for that item.

#### **Hospitality**

49. Members should treat with caution any offer or gift, favour or hospitality made to them as a Board Member as acceptance can lead to a public perception of the HSP contrary to the Nolan Principles. Board Members are required to declare any gift or hospitality received with an estimated value of £25 or more.

**Personal Behaviour**

50. Members are required to be courteous and respectful to all persons with whom they come into contact through their HSP work and never to conduct themselves in a manner which could be regarded as bringing the Partnership into disrepute.

51. If unacceptable behaviour occurs during a meeting, the Chair may request the member to withdraw and subsequently raise the matter with the nominating body.

**Non-Discrimination**

52. No Member shall discriminate against any person or organisation on grounds of perceived difference and Members are expected to take every opportunity to promote equality and diversity in the course of their work on the HSP.

**Public Statements**

53. Individual Members should not make press/public statements on behalf of the HSP. Requests for such statements should be referred to the HSP Lead Officer in the Council who will liaise with the respective Chair about the release of statements. Individual Members should not publicly oppose decisions made by the HSP

**Complaints**

54. The HSP seeks to operate in a transparent and fair manner when carrying out their duties and work programme. In doing so they aim to listen and learn and put things right within the resources available.

55. Any complaints will be dealt with in accordance with the HSP Complaints Protocol.

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## **Appendix 1: The Nolan Seven Principles of Public Life**

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The Committee on Standards in Public Life (originally the Nolan Committee) set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

### **Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

Holders of public office should promote and support these principles by leadership and example.

*(Standards in Public Life: First Report of the Committee on Standards in Public Life (1995) Cm 2850 p.14)*

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haringey strategic partnership

**Meeting:** Haringey Strategic Partnership

**Date:** 4 November 2008

**Report Title:** Haringey's Alcohol Harm Reduction Strategy 2008 -11

**Report of:** Sharon Kemp – Assistant Chief Executive – Policy, Partnerships & performance

### **Purpose**

To inform the HSP of the development of an Alcohol Harm Reduction Strategy for Haringey.

To encourage comment and feedback.

### **Summary**

The Alcohol Strategy for 2008-11 builds upon Haringey's first strategy that ended in March 2008 and takes into account new statutory duties and guidance.

Its aims are to tackle the health and social harms associated with alcohol, as well as alcohol-related crime and anti-social behaviour.

Haringey has the highest rate of male alcohol-related mortality in London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions.

Alcohol is also linked to violent crime in the Borough, as well as anti-social behaviour such as street drinking. Parental drinking is a factor in a significant proportion of cases that come to the child protection register.

The new Local Area Agreement includes a target to reduce alcohol-related hospital admissions. The strategy addresses this, along with a number of other targets where alcohol misuse is a contributory factor.

The strategy proposes a strategic framework that places different strands of activity within the relevant HSP Thematic Board to manage delivery. A separate strategy group will ensure all the strands are coordinated.

### **Legal comments**

Legal have been consulted and have made the following comment:

The *Crime and Disorder Act 1998* places a duty on the Council, together with the local police authority, chief officer of police, fire and rescue authority and primary care trust, to formulate and implement strategies designed to reduce crime and disorder and to combat the misuse of alcohol (and other substance abuse) in the local authority area.

This strategy has been drafted in accordance with that duty.

### **Finance Comment**

Finance have been consulted and made the following comments:

Much of the activity proposed in the strategy forms part of core business and will be covered by existing budgets however some additional resources have been identified as necessary particularly to support the change in emphasis in the strategy from interventions based on enforcement & treatment to a more pro-active approach based on local intelligence and targeted prevention.

The Haringey Teaching Primary Care Trust (HTPCT) has earmarked £250k in its investment strategy for 2009/10 to deliver the Alcohol Strategy however, as more detailed costings are worked up additional requirement may be identified which will have to be addressed separately.

### **Recommendations**

- i. To endorse the strategic priorities contained in this strategy.
- ii. To endorse the proposed strategic/monitoring & evaluation framework as outlined on page 24 of the strategy.
- iii. To support and collaborate with the proposed approach and delivery programmes, wherever relevant.

### **For more information contact:**

Name: Marion Morris  
Title: Drug & alcohol Strategy Manager  
Tel: 020 8489 6909  
Email address: [marion.morris@haringey.gov.uk](mailto:marion.morris@haringey.gov.uk)

### **Background**

The production, implementation and monitoring of this strategy is a statutory requirement under the *Crime and Disorder Act 1998* and subsequent reviews of this legislation.

The Government new National Alcohol Strategy – calls for strategies that address all alcohol related harms – which is the approach taken by Haringey in the development of this strategy. The broad headings and overall content has been proposed in guidance published by the Home Office and Department of Health.

All priorities in the strategy reflect levels of need and ways of working locally, and the content of the strategy is in line with Haringey's Community Strategy and Local Area Agreement. To be effective in reducing alcohol-related harm, there needs to be a coordinated response from a wide variety of organisations – this is not just an issue for enforcement agencies, or for the health service. The strategy proposes a strategic framework that places different strands of activity within the relevant HSP thematic board to manage delivery. An Alcohol Strategy Group reporting into the Safer Communities Executive and Wellbeing and Children & Young Peoples Strategic Partnership Board will ensure all the strands are coordinated.

### **Appendices**

Strategy and Annual Action Plan attached.

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## **Dying for a drink?**

### **Haringey alcohol harm reduction strategy 2008-11**

#### **Foreword**

There can be no doubt that alcohol plays an important part in our society, whether it be for celebration, socialising, an accompaniment to food, or 'drowning our sorrows'. Of course not everybody drinks alcohol, but one way or another, we are all affected by alcohol use.

In Haringey, as for the rest of England, alcohol-related hospital admission rates are rising rapidly as more and more people are drinking to excess. Residents report concern about street drinking; disorder late at night around pubs and clubs; and children's use of alcohol. These issues are serious: Haringey has the highest alcohol-related death rate for men in London, and we cannot let that continue.

We are pleased to introduce to you Haringey's alcohol harm reduction strategy *Dying for a drink?* that sets out the nature and extent of alcohol problems in the borough as we understand them at present, and identifies where there are gaps in knowledge to be explored. It reviews the many activities currently underway to tackle alcohol-related harm and its consequences and highlights where we need to concentrate our efforts in future.

Reducing alcohol-related harm is everybody's business – the Council, Primary Care Trust, Police, schools, and voluntary sector must all work together if we are to be successful. Above all, the people living, working and studying in Haringey must have the information, support and encouragement to enjoy alcohol safely – and not to suffer the consequences of other people's drinking.

#### **Cllr Nilgun Canver**

Cabinet Member for Enforcement and Safer Communities

#### **Tracey Baldwin**

Chief Executive Officer, Haringey TPCT

## 1. Executive Summary

### 1.1 The need for an alcohol strategy

There is a statutory duty on Crime and Disorder Reduction Partnerships to have a strategy that addresses alcohol-related crime and disorder. Government guidance, in line with the national alcohol strategy *Safe. Sensible. Social.*, calls for strategies that go beyond a crime focus and also address health harms and the impact of alcohol on children and families - which is the approach this strategy adopts.

Haringey has the highest rate of male alcohol-related mortality in London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions. Alcohol is also linked to domestic violence and other violent crime in the borough, as well as anti-social behaviour such as street drinking. Parental drinking is a factor in a number of cases focused on the protection of children.

This strategy builds on Haringey's Alcohol Harm Reduction Strategy 2005/08 and addresses alcohol-related harms by coordinating existing activity better, improving our understanding of the issues and developing new responses to the problems.

### 1.2 Key aims and objectives

The overarching strategic aim is:

**To minimise the health and social harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.**

Objectives of the strategy are:

- to reduce alcohol-related crime, especially violent crime, and anti-social behaviour
- to reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions
- to prevent alcohol-related harm to children and young people
- to raise awareness of sensible drinking

### 1.3 Strategic framework

The strategy objectives fall within the remit of three of Haringey Strategic Partnership's thematic boards: Safer Communities, Well-being and Children and Young People. The implementation plan is therefore split across all of them, with each board responsible for the delivery of the appropriate actions.

An alcohol strategy group sitting under the DAAT will have oversight of the implementation plan as a whole, and will be responsible for evaluating the effectiveness of the strategy and for reviewing the implementation plan on an annual basis.

### 1.4 Monitoring and Evaluation

Actions within the strategy are incorporated into the action plans of various boards that report into the HSP via its thematic partnerships. The existing



performance management and monitoring structures within those partnerships will monitor and evaluate the individual activities and initiatives for which they are responsible. The Drug and Alcohol Action Team's Alcohol Strategy Group will co-ordinate and evaluate the overall effectiveness of the strategy.

## 1.5 Outline of targets

The strategy is linked to the following targets:

Indicator	Baseline	Target 2010/11
NI 15: serious violent crime rate		Baseline and targets to be set as part of year 1 refresh
NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police	24%	28% feel very or fairly well informed
NI 39 and VSC26: Alcohol-related hospital admissions	1342 (06/07)	1824 (a 1% reduction each year in the underlying upward trend)
NI 111: First time entrant (aged 10-17) to the Youth Justice System	373	tba
NI 112: Under 18 conception rate	59	tba
NI 113: Prevalence of Chlamydia in under 20 year olds	15%	15% (screened or tested)
NI 121: Mortality rate from all circulatory diseases at ages under 75	98 per 100,000 (07/08)	92
NI 195: Improved street and environmental cleanliness (levels of a. graffiti, b. litter, c. detritus and d. fly-posting)	a. 21% b. 32% c. 3% d. 3% (2006/07)	a. 12% b. 24% c. 3% d. 2%
Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	201 (05/06)	156
Local target: Number of accidental dwelling fires (2007-2010 stretch target)	248 (05/06)	230 (stretch target ends 2010)

## 2. Background

### 2.1 Introduction

Alcohol can play an important and positive role in British society but alcohol misuse can harm individuals, families and the wider community. The economic impact of alcohol misuse is around £20bn per year for England and Wales.

In June 2007 the Government published *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, which builds on the strategy for England it produced in 2004. *Safe. Sensible. Social.* restates the Government's long term aim, which is to minimise the health harms, violence, crime and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly. It has three overarching goals:

- to reduce the levels of alcohol-related violent crime, disorder and anti-social behaviour
- to reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area
- to reduce chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions

These goals are reflected in a new Public Service Agreement (PSA) for alcohol, which for the first time commits the Government to reducing alcohol-related harm. Associated with the PSA is a new statutory duty on Crime and Disorder Reduction Partnerships to put in place a local strategy to tackle alcohol-related crime and antisocial behaviour. Guidance from the Home Office, Department of Health and the Department for Children, Schools and Families says that it is best practice for these local strategies also to address health harm and the impact of alcohol on children and families.

In Haringey, the Drug and Alcohol Action Team produced, with partner agencies, a three-year alcohol harm reduction strategy in 2005. This document updates and replaces the 2005-08 strategy. It takes into account *Safe. Sensible. Social.* and associated new duties and guidance, and also incorporates the findings of a review of local alcohol-related problems and concerns. It was developed by the DAAT during Spring 2008 through discussion with stakeholders and a conference in July.

The findings of a review of teenagers' alcohol and drug use, commissioned by the Overview and Scrutiny Committee in summer 2008 will be incorporated into the Young People's Specialist Substance Misuse Treatment Plan 09/10.

### 2.2 Alcohol-related harm in Haringey

#### 2.2.1 Borough profile

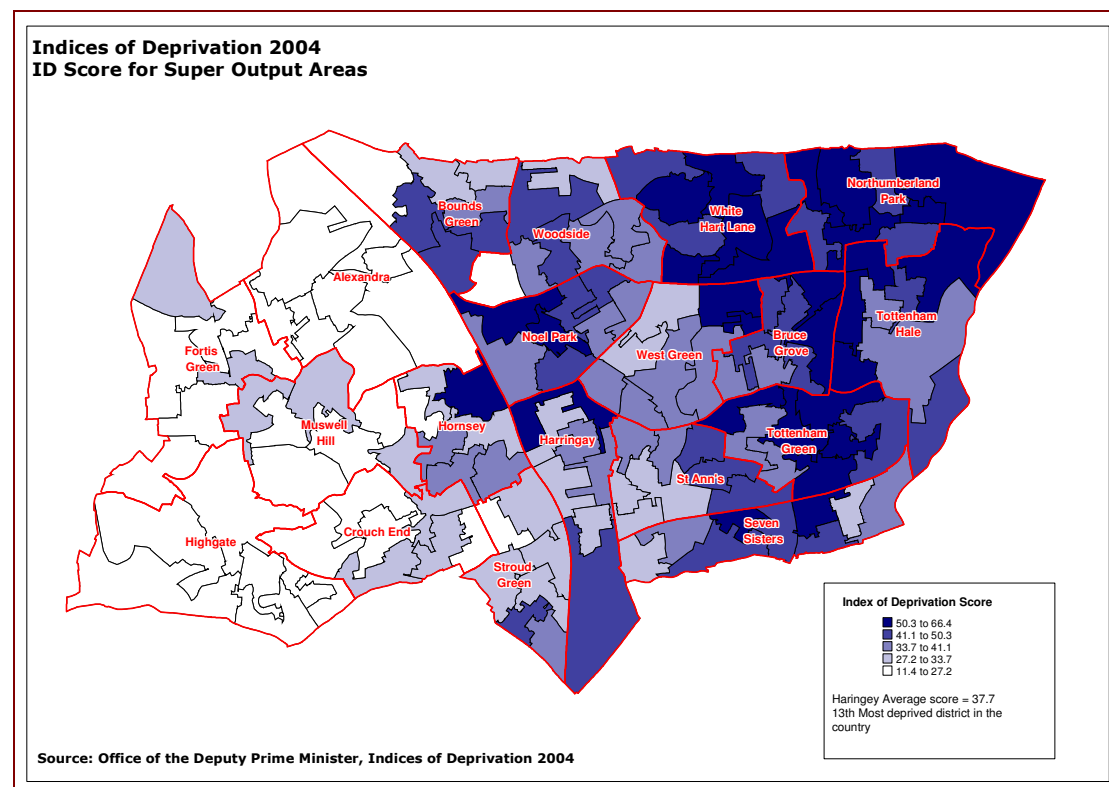
The borough's population has grown by 8.4% since 1991 and is projected to grow by a further 12.6% by 2016 to 233,125. In the 2001 Census, 34% of residents were classified as being from 'non-white' communities. When 'other white' born in Eastern Europe and the Middle East, White Irish and 'other white' born in the UK and Ireland are included in the definition of black and ethnic minorities then almost 49% of Haringey's population is from black and ethnic minority communities.

Haringey continues to attract large numbers of international migrants. National Insurance Number registrations give an indication as to the changing profile of

entry of legal, working age migrants into Haringey. The top three countries of origin for new registrations between 2002/03 and 2006/07 were Poland (8770 registrations), Turkey (1980) and Italy (1350).

Using the Index of Multiple Deprivation, Haringey is the 18th most deprived authority nationally and the 5th most deprived authority in London. 27% of Haringey's Super Output Areas (SOAs) are among the 10% most deprived in the country. These SOAs are concentrated in the east of the borough, mainly in White Hart Lane and Northumberland Park (see figure 1 below).

Figure 1



## 2.2.2 Prevalence of alcohol use and misuse

### Adults 16 to 64

On average Londoners drink less often than the rest of the population in England and fewer drink above the recommended sensible limits (see box 1). The 2004 General Household Survey (GHS) found that:

- 32% of men in London reported drinking above sensible limits (compared with 39% in England as a whole)
- 15% of women in London reported drinking above sensible limits (22% for England)

These percentages should be treated with caution as they are based on self-reported consumption and people often understate the amount they drink.

The Department of Health's 2005 *Alcohol Needs Assessment Research Project* found that a smaller percentage of Londoners are hazardous or harmful

drinkers (see box 1 for definitions) than in England as a whole, but a higher proportion of Londoners are dependent drinkers, as follows:

- 21% of adult Londoners (16 to 64) are hazardous or harmful drinkers (compared with 23% in England)
- 5% of adult Londoners are dependent drinkers (4% for England)

For Haringey, this suggests that (based on ONS 2001 population figures):

- **31,653 adults aged 16 to 64 are hazardous or harmful drinkers**
- **7,536 adults aged 16 to 64 are alcohol dependent**

The North West Public Health Observatory (NWPHO) has produced synthetic estimates of harmful drinking, defined as consumption of more than 50 units of alcohol per week for males and more than 35 units of alcohol per week for females. For Haringey the proportion is 6.17%. Therefore:

- **10,065 adults are drinking at harmful levels**

#### **Box 1: sensible limits and definitions of drinking levels**

*Sensible drinking:* no more than 3-4 units a day for men, and no more than 2-3 units a day for women.

*Binge drinking:* 8 or more units of alcohol for men, and 6 or more units of alcohol for women on their heaviest drinking day in the past week.

*Hazardous drinking:* drinking above recognised 'sensible' levels but not yet experiencing harm.

*Harmful drinking:* drinking above 'sensible' levels and experiencing harm.

*Alcohol dependence:* drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

### **Older people**

A Scottish study<sup>1</sup> on alcohol and older people reported survey evidence that older people drink lower quantities of alcohol than younger people. There is evidence that the pattern of drinking changes – as people get older they are likely to drink more frequently, but to consume less per day. Over recent years, the number of older people who exceed recommended levels appears to be increasing.

In a national inquiry into mental health services for older people, Age Concern found<sup>2</sup> that people aged between 55 and 74 have the highest rates of alcohol-related deaths in the UK, and recommended that services “pay more attention to invisible groups like older people with alcohol and drug misuse problems”.

The prevalence of problematic drinking in Haringey amongst older people is not known at present, but anecdotal evidence suggests it is worth investigation.

<sup>1</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? NHS Health Scotland, 2006

<sup>2</sup> Improving services and support for older people with mental health problems, Age Concern, 2007 www.mhilli.org

## Children

On average young Londoners (aged 11-15) drink less often than young people in England. In 2000 the survey of smoking, drinking and drug use in young people (Information Centre) found that:

- 17% of boys in London had drunk in the last week, compared with 25% in England
- 14% of girls in London had drunk in the last week (23% in England)

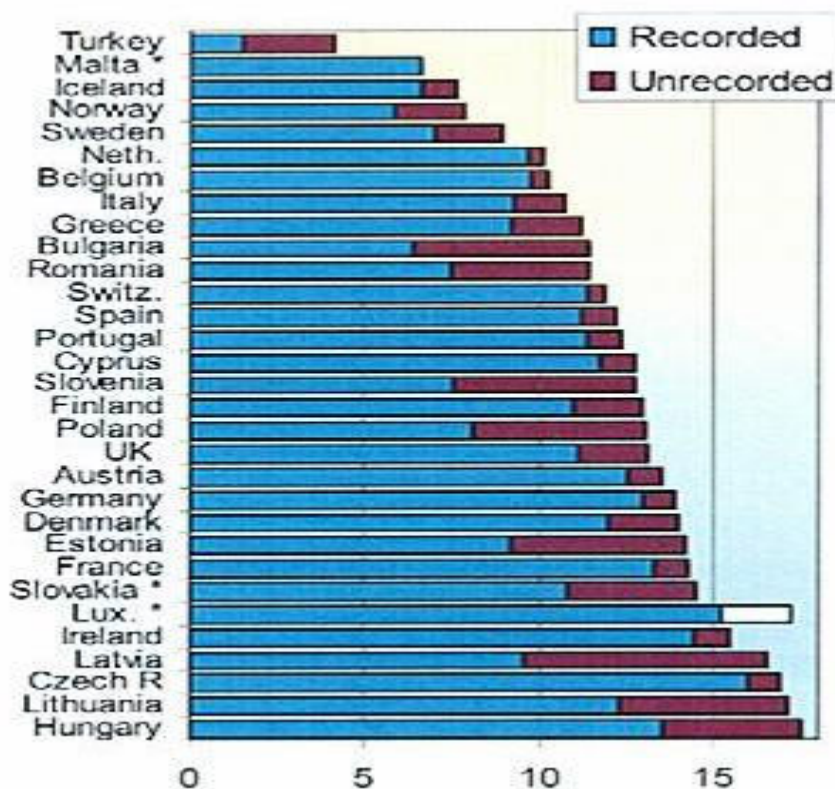
The 2006 survey found that in England the prevalence of drinking alcohol in the last week had declined to 20% of girls and 21% of boys. It also found that the mean alcohol consumption per week of 11 to 15 year olds who had drunk in the last week was 12.3 units for boys and 10.5 for girls (in England).

## Ethnic differentials in alcohol use

In 2004 the Health Survey for England found that people from many ethnic minority groups in England (Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) were on average more likely to be non-drinkers and less likely to drink above recommended levels or to binge drink than the general population. People from the Irish group, however, were more likely to drink above recommended levels and to binge drink than the general population. It is not known whether this is a contributory factor in the high rates of alcohol related deaths in the borough – and it will require further investigation.

Figure 2 shows how per capita alcohol consumption varies across Europe. Poland, from which Haringey has by far the highest rates of inward economic migration (see 2.2.1 above) has similar consumption rates to the UK.

**Figure 2: Adult alcohol consumption in European countries (litres per year per person 15+)** Source: Alcohol in Europe, Institute of Alcohol Studies, 2006



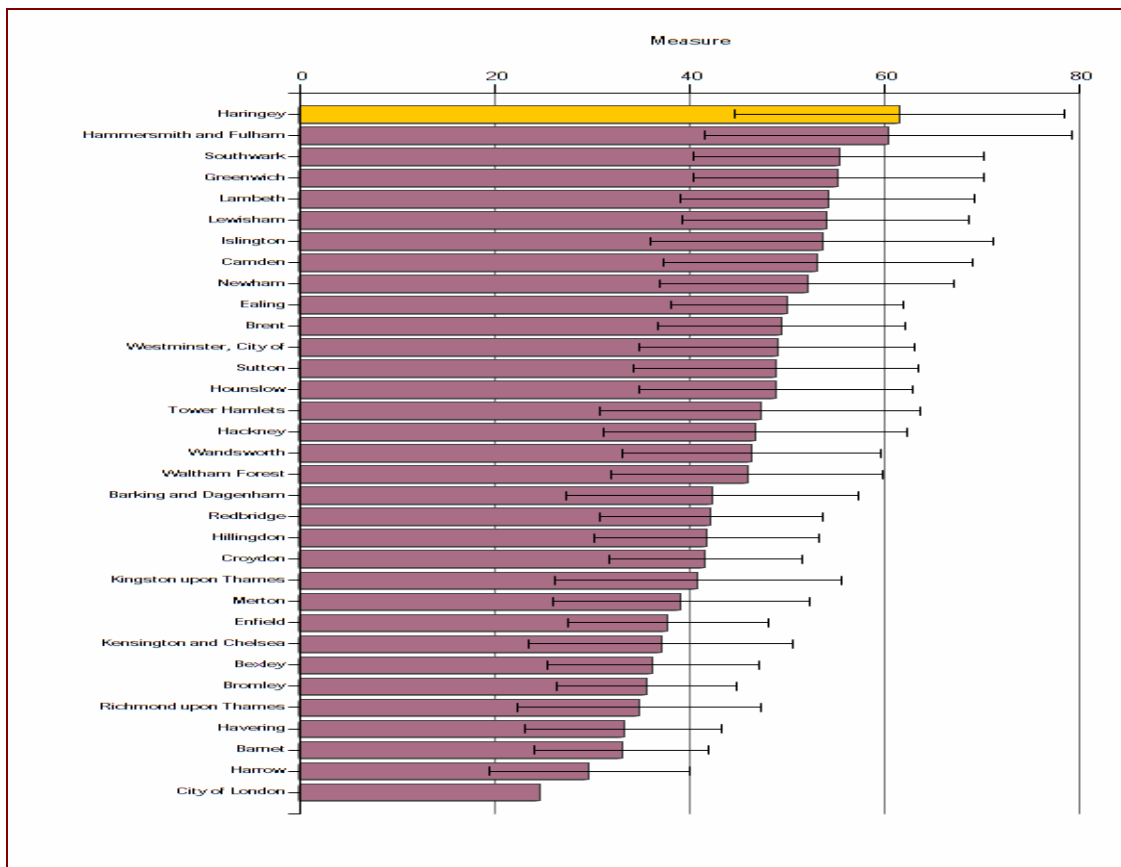
### Socio-economic differentials in alcohol use

Per capita consumption and alcohol-related harm are closely correlated at population level, but the harm an individual suffers as result of alcohol misuse depends on the context in which they drink as well as the amount they drink. An individual with low socio-economic status is likely to suffer more harm (through factors such as poorer nutrition, financial problems, less secure employment) than somebody of higher status who is drinking the same amount (London Health Observatory briefing on alcohol and Choosing Health, 2006).

### 2.2.3 Health harm

According to data collated by the North West Public Health Observatory for 2005, Haringey has a significantly worse mortality rate for chronic liver disease than the English average. Haringey has the highest male mortality rate in London from alcohol-attributable causes (figure 3), and the 18<sup>th</sup> highest for females.

Figure 3: alcohol-attributable mortality, males (2005) (source: NWPHO)



Hospital admissions for alcohol-related conditions more than doubled from 2002/03 to 2006/07. The current rate of increase in admissions is projected to see Haringey match the higher London and English rate by 2010/11 if left unchecked.

An audit of all patients attending North Middlesex A&E department during a 10 day period in March 2007 found that 52% of male patients and 21% of female were AUDIT C positive – ie drinking at hazardous levels. The AUDIT C scores for 13% of all patients indicated dependent drinking.

Alcohol is often used problematically by people with mental health problems, which can seriously affect the ability of services to assess, treat and care for patients safely and effectively. The use of alcohol can make symptoms worse and trigger acute illness relapse. Local data from the Dual Diagnosis Service shows that 26% of patients triaged during the 6 month period from September 07 were alcohol users.

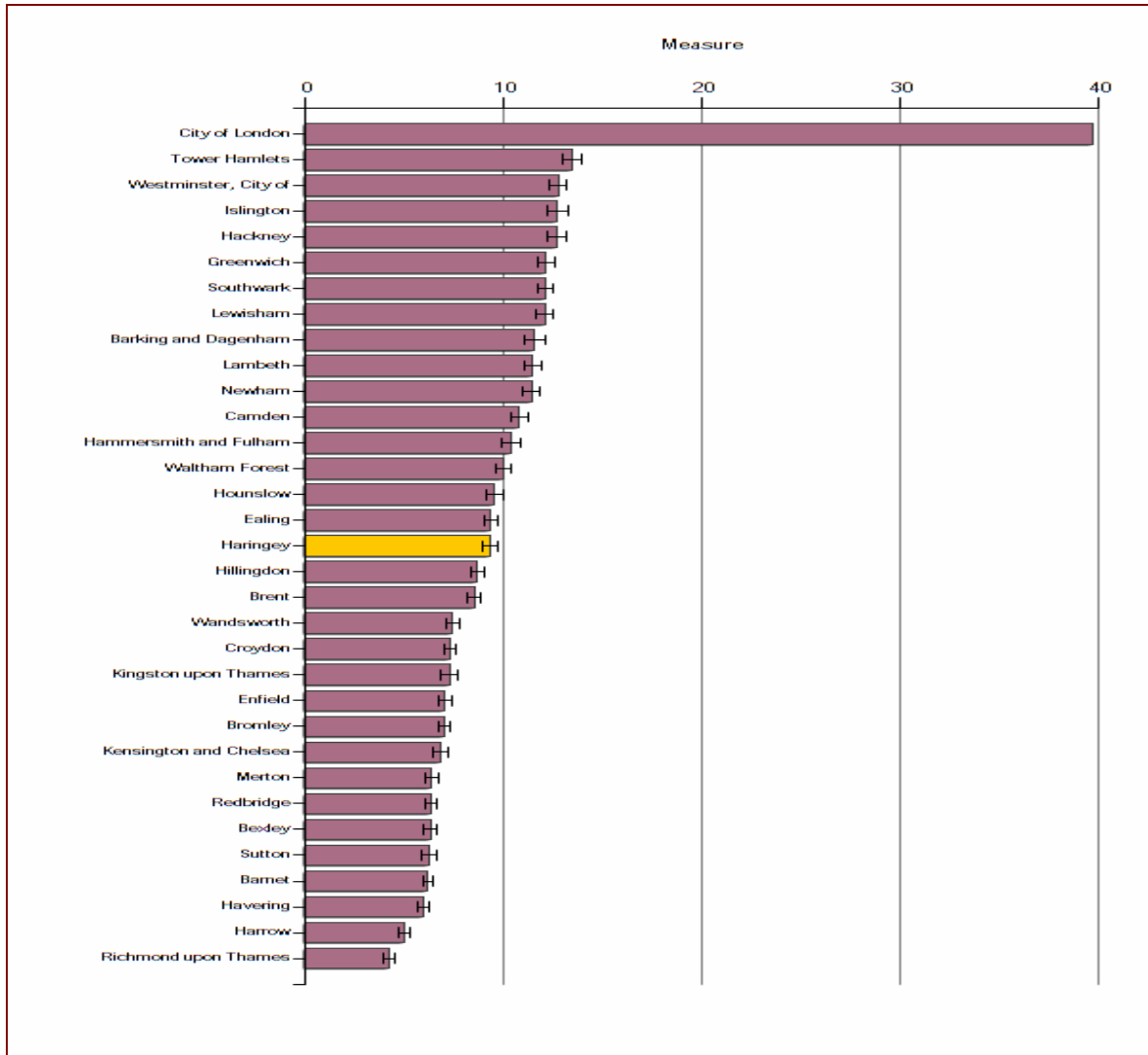
Homelessness is associated with alcohol misuse, and St Mungo's South Tottenham hostel report that a disproportionate number of their residents are alcohol dependent. Two residents died in their forties in the last 18 months of alcohol-attributable causes (after multiple hospital admissions).

#### **2.2.4 Alcohol-related crime and anti-social behaviour Crime**

North West Public Health Observatory data suggests that Haringey is ranked seventeenth highest in London for alcohol-related violence (crude rate per 1,000 population) (see figure 4 below).



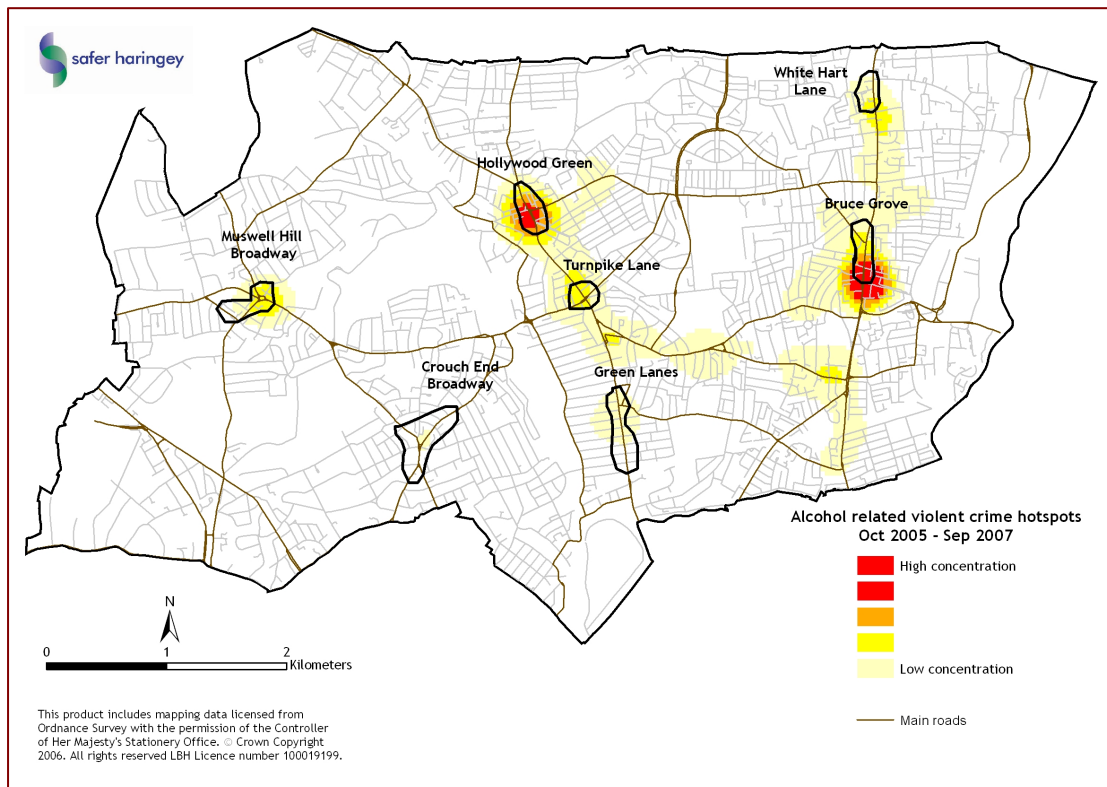
Figure 4: alcohol-related violent crime 2006/07



Analysis of crime statistics for 2005/06 and 2006/07 indicates that alcohol-related violence accounted for 10% of all violence in Haringey, and less than 2% of all offences. However, under-recording of the involvement of alcohol in crime is common in London and elsewhere, so 10% is probably lower than the true figure. Actual bodily harm (ABH) was the most common alcohol-related violence against the person offence (50%), followed by harassment (24%) and common assault (15%).

The map below shows hotspots of alcohol related crime in Haringey for the period of October 2005 to September 2007. The areas highlighted with a black border have the greatest concentration of licensed premises.





There are clear reads across to the ASB/environmental crime and waste management agenda (Public Realm Management) strategy in that alcohol related ASB/crime hotspots are in the same areas where waste management have issues. Through this alcohol strategy issues will be effectively targeted and tackled.

Of the 688 *crime-related* hospital admissions of Haringey residents during January to October 2006, 245 (36%) were also alcohol-related. Of these, 21 admissions (3%) were flagged as violence-related.

### Domestic and gender based violence

The links between substance misuse and domestic violence are well known; the *Crime in England and Wales 2001/2* survey found that domestic violence victims reported 45% of perpetrators were under the influence of alcohol at the time of the assault. Further, national research suggests between 35% and 70% of survivors of domestic violence misuse drugs and alcohol.

Domestic violence constitutes 30 per cent of all violent crime in Haringey. In 2006/7 the police recorded 3310 incidents of Domestic Violence in Haringey which amounts to a decrease of almost 10% compared to the previous year. 2006-07 saw no Domestic Violence murders in Haringey. Wards in the east of the borough were by far the worst affected by Domestic Violence. Some contributing factors are higher levels of deprivation and high density housing.

Of the 1,135 referrals to Haringey's domestic violence service, Heathstone, in 2006/07 192 cases involved alcohol use by the perpetrator (17%), and 42 cases where the victim was using alcohol problematically (4%).

There were 238 sexual offences in Haringey in 2006/07, and just under a quarter were rape with the remaining classified as 'other sexual', mostly sexual assaults. 20% (48) of all sexual offences were recorded as alcohol-related where the victim or suspect had been drinking at the time of the offence. 14% (26) of other sexual offences and 38% of rapes (22) were alcohol-related.

For rape where alcohol was involved, a third of the victims had been drinking prior to the offence, and 12% of the suspects (see table below)

	Been drinking...			Total
	Suspect	Victim	Both	
Other sexual	8.9%	7.2%	1.7%	180
Rape	12.1%	32.8%	6.9%	58
<b>Total</b>	<b>9.7%</b>	<b>13.4%</b>	<b>2.9%</b>	<b>238</b>

The wards disproportionately affected by alcohol-related violence including domestic and gender based violence are Tottenham Green, Noel Park, Northumberland Park and Tottenham Hale. Alcohol-related violence tends to occur most often during the weekend and generally in the early hours of the morning or evening; the times when people tend to be out, or at home, drinking.

### Anti-social behaviour

Anecdotal evidence from a June 2008 survey of Safer Neighbourhood Team sergeants and ward panel chairs found that the main areas of continuing concern are:

- **street drinking:** the problems associated with street drinking are not new, they include intimidation, litter, noise and public urination.
- **young people drinking in public places**
- **rowdiness associated with licensed premises.** It should be noted that enforcement officers consulted as part of the strategy development felt that the level of problems associated with licensed premises is low relative to other London boroughs.

Haringey ranked 8<sup>th</sup> lowest (ie 8<sup>th</sup> best) in London for percentage of residents saying that people being drunk and rowdy in public spaces is a problem (31%) in the Best Value Performance Indicators Survey 2006/07.

### Fire deaths

Research for London Fire Brigade into fire deaths during 1996-2000 found that nearly a third of accidental dwelling fire victims had some alcohol measured in their bloodstream. Haringey had the 8<sup>th</sup> highest fatality rate for accidental dwelling fires in London over this period, with 9.9 deaths per million population.

The numbers are small, but it should be noted that alcohol intoxication is associated with accidental fire in general and not just with relatively rare fatal fires. People who have been drinking are more likely to cause a fire, while their ability to escape is impaired.

## 2.2.5 Impact of alcohol misuse on children and families

Problem drinking can affect all aspects of family functioning, with seven key areas of family life being adversely affected, including its social life, stable finances and good communication. Relationships between family members, employment and health issues can also be adversely affected by alcohol misuse. Heavy drinking is also strongly correlated with conflicts, disputes and domestic violence and this too has a damaging effect on children. Marriages with alcohol problems are twice as likely to end in divorce (see *Alcohol and the family: a position paper from Alcohol Concern* [www.alcoholandfamilies.org.uk](http://www.alcoholandfamilies.org.uk)).

There is anecdotal evidence in Haringey that a significant proportion of carers misuse alcohol, perhaps as a coping mechanism. The number of people caring for people with severe alcohol problems in the borough is not known.

Problem drinking by parents can be disruptive to children and families. The problem is widespread, with up to 1.3 million children estimated to be living in a family with a problem drinking parent in England. Research in this area shows that parental problem drinking can be a source of social and emotional turmoil in families, which can result in both short-term distress during childhood and long-term distress across a wide range of areas. Statistics suggest that alcohol plays a part in around a third to a quarter of known cases of child abuse (see *Understanding Alcohol Issues for Professionals working with Parents*, [www.alcoholandfamilies.org.uk](http://www.alcoholandfamilies.org.uk)).

The main risks to children associated with parental alcohol misuse are:

- Neglect of parental responsibilities, leading to physical, emotional or psychological harm
- Exposing children to unsuitable care givers or visitors
- Use of the family resources to finance the parents' drinking
- Effects of alcohol which may lead to uninhibited behaviours eg inappropriate display of sexual and/or aggressive behaviour and reduced parental vigilance
- Unsafe storage of alcohol thus giving children ease of access
- Adverse impact of growth and development of an unborn child

In Haringey, a number of stakeholders expressed concern about the local prevalence of parental alcohol misuse and its impact on children. Parental drinking is a factor in a number of cases focused on the protection of children. COSMIC, a service for children and families affected by substance misuse saw 324 children in 2006/07, of whom 31 were on the child protection register, 26 were classed as in need and 37 were in care or looked after by the council. The service took on 162 new adult clients (ie substance misusing parents) in 2006/07.

For young people's own use of alcohol, the government suggests in its 2008 *Youth Alcohol Action Plan* that:

- Alcohol can contribute to unacceptable behaviour by young people that can be a significant problem for the rest of the community, for example through anti-social behaviour or crime
- Drinking at an early age can cause serious health problems, both in the short and the long-term. There is also new evidence that drinking too much alcohol can impair adolescent brain development

- Drinking too much alcohol is strongly associated with a wide range of other problems which adversely affect the welfare of teenagers, for example, unprotected sex, teenage pregnancy, failing at school and the use of illicit drugs

There is anecdotal evidence for some of this in Haringey, but it has not been reported as a major concern. See section 2.2.2 above for prevalence of young people's drinking and section 2.2.4 for details of young people drinking in public places.

## 2.3 Current responses to alcohol-related harm Haringey

There is much going on already to tackle alcohol problems in the borough. This section sets out the main activities, and is not intended to be a comprehensive list.

### 2.3.1 Activity to reduce alcohol-related health harm

Alcohol is currently included where relevant in HPCT's health promotion work, for example in connection with nutrition and physical activity, although the level of activity is limited at present.

In line with Department of Health guidance<sup>3</sup>, a pilot screening and brief intervention project in North Middlesex A&E department and four primary care practices has been in place since late 2007.

### 2.3.2 Specialist treatment

**HAGA** (Haringey Advisory Group on Alcohol) is the principal specialist alcohol treatment service in Haringey. HAGA offer a range of services including:

- Individual counselling – offering people the chance to discuss their problem in a confidential setting with an experienced counsellor.
- Community Alcohol Team – offering assessment and detoxification from alcohol at home and in the community.
- Access to residential detox and residential rehabilitation
- HAGA provides assessment for and referral to alcohol detox beds and 3 month residential rehabilitation programmes.
- HAGA Centre – offers a structured day programme lasting three months which includes training in how to reduce drinking, offering an alcohol-free 'drop-in', group work, individual key-working and housing support, acupuncture and aromatherapy.
- COSMIC - offers workshops and advice for children, parents and other professionals around alcohol and substance misuse.
- Kinesis – offers employment advice and training, in order to help people recovering from alcohol and drug problems get back to work.
- Project Newstart – supports 15 residents in 3 shared houses in their aim to remain alcohol and drug-free and be resettled into permanent accommodation.

<sup>3</sup> Alcohol Misuse Interventions – guidance on developing a local programme of improvement  
[http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&dID=18933&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=18933&Rendition=Web)

- Community Outreach Team – works with street drinkers and other groups who experience difficulty in accessing mainstream health and related services.
- Domestic Violence – offers one-off confidential advice and information or gives long term support around legal, housing and benefits issues and works closely with Hearthstone.
- Mental Health and Housing worker - offers support to clients suffering from alcohol and long term mental health problems with the primary objective of assisting clients in maintaining their housing and reducing the harm caused by their drinking.

**In-volve Haringey** works with young people under 21 in Haringey who are using drugs or alcohol themselves, or are affected by someone else's drug or alcohol use. Services offered include:

- Confidential information and advice
- One-to-one support / key-working
- Complementary therapies
- Assessment and access to medical interventions
- Advocacy (help resolving situations with others)
- Access to education and training

Haringey's drug services **DASH** and **Eban** work with clients who use alcohol alongside other drugs.

Haringey's dual diagnosis service works with patients who have alcohol problems and severe and enduring mental health problems.

Investment in **specialist alcohol services** for 08/09 totals £1,002,241, broken down as follows:

- Haringey TPCT: £240,133 plus 72,000 for the screening and brief intervention pilot
- Haringey Social Services: £389,771
- Haringey Supporting People: £48,866 for Project Newstart
- £134,879 for the Resettlement Project
- £116,592 for the Day Centre Floating Support Outreach Workers Project (all HAGA projects)

### 2.3.3 Activity to tackle alcohol-related crime

Core police activity includes policing alcohol-related disorder associated with licensed premises, work with the licensed trade and involvement in test purchasing operations. There is a targeted inspection and enforcement regime by police and council licensing and trading standards departments that concentrates on high-risk and badly-run premises.

Core Probation activity includes rehabilitation of offenders with alcohol problems. Haringey Community Justice Court began hearing cases in January 2008. The court covers the Tottenham Hale, Tottenham Green, Seven Sisters and Northumberland Park areas. It deals with a wide range of offences committed in these areas, including alcohol-related offences.

Hearthstone provides survivors of domestic violence in Haringey with access to all the support they need in one place. The centre brings together housing

officers, Victim Support volunteers, police Community Safety Officers, and staff from the council's Equalities and Diversity Unit. Hearthstone and HAGA work together in accordance with best practice set out by the Home Office-funded Stella Project to support survivors of domestic violence who have substance misuse problems.

#### **2.3.4 Activity to tackle alcohol-related anti-social behaviour**

The existing Designated Public Place Order (known locally as an alcohol control zone) was expanded from May 1<sup>st</sup> 2008 as a response to anti-social behaviour arising from street drinking. In addition, a multi-agency problem-solving group has been established to address concerns about street drinkers outside Wickes/Seven Sisters tube. A further three areas are now being considered (as at July 2008).

Safer Neighbourhood Teams have been in place across the 19 wards in the borough from April 2006. The aim of these teams is to tackle anti-social behaviour and local problems. Alcohol-related neighbour nuisance, neglect of properties and failed tenancies are common and addressed as part of Homes for Haringey and registered social landlords' core business. ASBAT, the council's anti-social behaviour action team, deals with housing-relating anti-social behaviour requiring input over and above that which housing officers can provide.

#### **2.3.5 Activity to address the impact of alcohol misuse on children and families**

Alcohol education is provided in schools as part of PSHE (personal, social and health education) within the council/PCT Healthy Schools Programme.

In-Volve Haringey is commissioned by the DAAT to provide a specialist drug and alcohol service for young people aged 13 to 21 years. Services include: harm reduction, psychosocial interventions, group work, family work, pharmacological intervention and access to residential treatment.

The Youth Offending Service receives monies via the Youth Justice Board to employ two drug workers to work with young people in the criminal justice system. The DAAT commissions two posts within the Children's Service – one to work with Looked After Children who have drug or alcohol problems, and a Senior Practitioner to provide 'expert advice' to other Social Workers working with parents affected by substance misuse. Domestic violence is often linked with parental alcohol misuse and links are being developed between the Local Safeguarding Children Board and the Domestic Violence Strategic Partnership Board.

COSMIC is commissioned by the DAAT to provide support and advice to children and families experiencing drug or alcohol problems. COSMIC holds drop-in sessions that aim to build family relationships and provides telephone advice and support in case conferences for parents/families as required. COSMIC involves young services users and has well-developed user participation processes which feed into service improvement for children and young people.

To tackle under-age sales of alcohol, the licensing department, with trading standards (and the police), undertakes a rolling programme of test purchasing.

## **3. Local priorities in tackling alcohol-related harm**

### **3.1 Gaps**

The gaps highlighted in this section have been identified by stakeholders during the development of the strategy and by comparison of what is currently happening in Haringey against Government guidance.

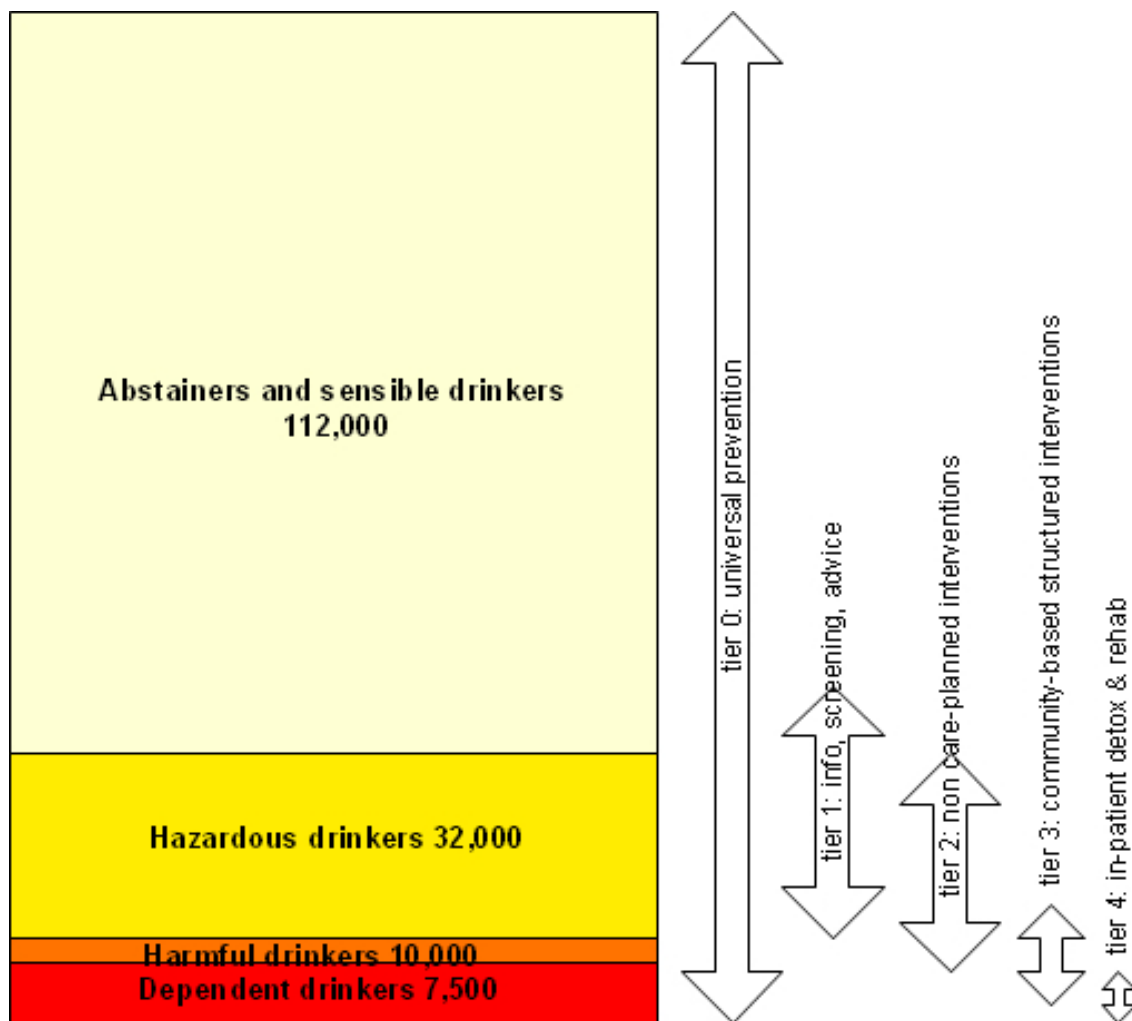
#### **3.1.1 Health**

Current alcohol health promotion, screening and early intervention is very limited and needs to be expanded if it is to impact on reducing the rate of alcohol-related hospital admissions. There is an opportunity to include alcohol within the remit of the PCT's proposed Health Trainer's scheme and within strategies for obesity and cardiovascular disease. This should be possible within existing resources.

This leaves a gap in alcohol-specific health promotion, i.e. work to raise awareness of sensible drinking in the general population, and also alcohol awareness training for generic professionals. The figure below shows how this fits into the Department of Health's Models of Care for Alcohol Misuse (MOCAM) – and adds as “tier 0” for universal prevention.



**Figure 5: applying Models of Care for Alcohol Misusers (MOCAM) to Haringey's adult population (16-64)**



The evidence base suggests media campaigns can raise awareness but are less effective at changing behaviour. However, research also suggests people are largely ignorant about units of alcohol and sensible drinking limits. The Government is committed to raising awareness through national campaigns and there is to be a London-wide campaign in 2008. There is no need to replicate these at local level, but there is an opportunity to ensure the information is available in the main community languages on the relevant partnership websites and at key health and social-care settings.

During summer 2008 it will be known if proposed funding for three new posts within the PCT's public health team, including one with an alcohol remit, has been approved. Similarly, proposals for a social marketing project lead by public health may be approved – this should include alcohol.

The tier 1 pilot alcohol intervention scheme in North Middlesex A&E has a strong evidence base, and is part of a £3M Department of Health research project to test best practice. As the research continues, the pilot should evolve to take account of its finding, and so remain at the forefront of best practice in England. Similar schemes elsewhere have been effective in reducing hospital



admissions; Haringey's scheme will make an important contribution to reducing the rate of alcohol-related admissions.

Aside from A&E, primary care is another key setting for screening and early intervention. Again, there is a strong evidence base to support this. The pilot scheme with four practices is a good start, but ideally all practices would have the opportunity to deliver it. In June 2008 NHS published *Primary Care Service Framework: Alcohol Services in Primary Care*<sup>4</sup>, designed to support commissioners, practitioners and providers in setting up alcohol interventions in primary care.

There is currently no routine screening and early intervention happening in workplace or criminal justice settings. The evidence base for this is less well-established but good practice guidance in the government's local alcohol strategy says work should be developed in these settings.

For specialist treatment, stakeholders reported the following gaps in the current system:

- Detox and residential rehabilitation for people with complex needs
- Care for people with Korsakoff's syndrome (although the numbers are low)
- Housing for people in treatment
- Aftercare (limited to HAGA drop-ins)
- Alcohol interventions in the criminal justice system (pre-court)
- Assertive outreach to support housing officers and carers
- Services for older people with alcohol problems

### **Estimating need for specialist treatment**

In terms of capacity of specialist treatment, estimates of need using the Rush Model<sup>5</sup> indicate that a reasonable level of provision would have capacity to treat 15% of the in-need population (defined as harmful and dependent drinkers) each year. This would mean, for example, capacity for:

- 909 assessments per year
- 545 community detoxes (there were 68 in 2006/07)
- counselling for 381 people (83 had counselling in 2006/07)
- day care for 207 people (296 in 06/07)
- in-patient detox for 54
- residential and move-on for 165

**Clearly, this indicates a significant lack of capacity across the system (with the exception of day care).**

To determine how important these gaps are, there should be a review of the treatment system as a whole to ensure there is an appropriate balance of evidence-based interventions across the so-called four tiers of intervention, to ensure there is a clinical governance framework and to ensure it meets the

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[http://www.primarycarecontracting.nhs.uk/uploads/primary\\_care\\_service\\_frameworks/primary\\_care\\_service\\_framework\\_-\\_alcohol\\_v9\\_final.pdf](http://www.primarycarecontracting.nhs.uk/uploads/primary_care_service_frameworks/primary_care_service_framework_-_alcohol_v9_final.pdf)

<sup>5</sup> The Rush Model is the best established method of estimating capacity. Rush B (1990) A systems approach to estimating the required capacity of alcohol treatment services, *British Journal of Addiction* **85(1)** p49-59

needs of local communities. To date, investment has focused primarily on tier 3 treatment, for a relatively narrow band of the population. A commissioning framework is needed that will: align the various funding streams across health, social care, housing and the criminal justice system; establish a formal commissioning cycle that includes assessment of need; and set out commissioning roles for the DAAT, PCT, Social Services etc as appropriate.

### **3.1.2 Community safety**

There are no major gaps apparent in current responses to alcohol-related crime and anti-social behaviour (ASB) but the various partnerships and agencies involved would benefit from:

- better data
- better understanding of the drinking culture and needs of diverse communities
- training in the various tools and powers available
- protocols for licence reviews
- more input from and joint working with specialist alcohol workers and generic outreach workers (resources permitting)

Lack of data on alcohol-related ASB is not confined to Haringey, but it does limit how effectively partners can deal with tackling problems. Recent changes to various legislation covering anti-social behaviour and licensing mean that police and council enforcement agencies now have a wide range of powers to tackle problem premises, street drinking and other alcohol-related ASB. Training is needed so that these powers are used as effectively as possible.

In conjunction with the training there should be agreed protocols on the use of key enforcement powers such as the licence review, so that procedures are triggered automatically when certain criteria are met (eg two underage sales).

Safer Neighbourhood teams and housing officers routinely come across drinkers who are causing anti-social behaviour in one way or another but who are unlikely to accept help with their drinking. It may be that specialist outreach workers could work alongside ASB colleagues to help minimise the impact of this behaviour.

There were 19 test purchases for underage sales of alcohol in 2007/08 as part of a rolling programme by police and Trading Standards. There were four sales (21%) and all led to prosecution.

### **3.1.3 Children and families**

In 2006 the Children's Service and Haringey Community Police Consultative Group (HCPCG) jointly organised a conference to hear about young people's views on tackling issues of safety. In a workshop on drugs and alcohol, young people said that drugs education lessons (which cover drugs and alcohol), were excellent for knowledge, exploring attitudes, harm minimization and role plays which synthesise drug use situations.

However, a strong point to emerge was that drug education should be included in other areas of the curriculum, besides PSHE and not treated as an isolated subject. Unfortunately drug education is not currently part of the statutory

curriculum and it is difficult to change the situation in Haringey without policy change at national level.

A number of young people felt that their parents were out of touch with the problems that young people encounter in our society and it was suggested that it would be a good idea to set up parent groups to develop drug awareness.

Haringey's strategy will address education for children and parents and take into account the Department for Children, Schools and Families' 2008 *Youth Alcohol Action Plan* with respect to parental responsibility. A scrutiny review of drug education for children commenced in June 2008 and its findings should inform the Young Persons Treatment Plan in 09/10.

Responsibility for commissioning services for /addressing alcohol misuse in children and families now falls within the remit of Children's Services. As the new Children's Network and Children's Centres develop in Haringey, it will be important to 'mainstream' alcohol within them, albeit with support initially from the DAAT. There needs to be routine awareness training (on how to spot parental drinking and where to refer parents) for all professionals whose focus is the child.

### **3.1.4 Community engagement**

A number of stakeholders highlighted the need for a better understanding of the needs of certain communities with respect to their alcohol use. This includes the visible minority of new communities of economic migrants who drink outside, communities where drinkers are stigmatised and may find it difficult to seek help, older people and carers.

The borough has various mechanisms in place for consulting with and engaging the community, and these should be used as appropriate to inform the ongoing work of the strategy. However, there also needs to be pro-active community development work. Treatment agencies are not currently resourced to undertake all the work necessary to raise the profile of alcohol within diverse communities nor to understand the alcohol-related needs of community groups. A specialist function may need to be created to achieve this first step.

Specialist alcohol outreach work may then need to be developed and targeted where it is most needed. Joint working with community groups is likely to be more successful if alcohol is already firmly on the agenda. Capacity building, involving training and the employment of people from within communities to undertake alcohol-related work, can run alongside this.

## **3.2 Consultation on the strategy**

The strategy and action plan were developed through discussion with people from a wide range of statutory and voluntary sector agencies, as well as community leaders, councillors and Ward Panel chairs. A stakeholder event was held in July 2008 to review the evidence on alcohol-related harm in the borough and to discuss the draft strategy objectives.

In September 2008 residents were asked to comment on the draft strategy at Wood Green, Bruce Grove, St Anne's and Hornsey/Crouch End Area Assemblies and a stall at Shopping City. 49 people returned survey forms with their comments. 94% agreed that the proposed strategy objectives were the right ones. Only two respondents (4%) said that alcohol misuse is not an issue in Haringey. The survey asked about different aspects of alcohol-related harm. Of those that responded, 39% agreed noise is an issue, 42% agreed street drinking is an issue; 44% agreed littering and loitering is an issue; 53% agreed health problems are an issue; 46% agreed violent crime is an issue; 51% agreed domestic violence that is linked to alcohol misuse is an issue; and 53% agreed quality of life (eg in parks, shopping areas, housing estates, flats, on transport) is an issue.

Responses to the question 'what do you think you can do to help control or reduce alcohol consumption' covered a range of suggestions: more education; personal responsibility for self and friends/family; limiting the availability of alcohol; more enforcement and provision of alternative activities. These suggestions are all reflected in the strategy action plan. Some respondents called for an increase in the price of alcohol: this is an issue for the government at national rather than local level. Specifically, the suggestions included:

- *Talk to people about the problems alcohol can cause. Go into schools and talk to young people about the dangers*
- *Reduce pub opening times*
- *Moderate my own use of alcohol*
- *Personally very little*
- *Alternative leisure activities. Youth club support*
- *More educational activities*
- *Educate people – harms, safe drinking, alternatives such as diet, low alcohol drinks*
- *Strict controls*
- *I work as a mental health nurse at the Whittington and do often give advice on alcohol aversion/harm minimisation*
- *Taking personal responsibility for myself, friends and family*
- *Fewer Off Licences*
- *Education on detrimental effects*
- *Stop selling cheap booze and higher the drinking age*
- *Educate our own children about the benefits /disadvantages of alcohol*
- *Make my family aware of the need to consume alcohol sensibly*
- *Have more wardens to supervise area*
- *Street drink ban borough wide*
- *Educate my circle against it. Be aware of early signs of dependence*
- *Contribute to fair justice*
- *Support interventions*
- *Report issues of concern but to whom?*
- *Increase education at an earlier age. More street patrols on the streets and parks to reduce drinking in public outdoor spaces. Fines for littering*
- *Increase the price of alcohol by £2 to £6. Reduce soft drink prices*
- *Object to the wholesale granting of licences to sell alcohol*
- *I made a decision in my teens to abstain from alcohol in order to tip the balance away from excessive alcohol consumption*
- *Sit down and discuss as family to look at problem*

- *Alternative leisure activities for all ages*
- *More publicity re changes, more education to young people, more training for children and young people staff re early identification*
- *Not drink at home during the week*
- *More of a police presence and hard fines*
- *Need someone patrolling the areas advising or shelters*

### 3.3 Priorities

Based on the evidence of alcohol-related harm in Haringey, the views of stakeholders and analysis of gaps in the current response, the priorities for the strategy are as follows:

- Addressing the knowledge gaps around factors that contribute to Haringey's high rates of alcohol-related mortality
- Developing a commissioning framework for alcohol treatment, to include early interventions and clinical governance
- Developing datasets to inform action on alcohol-related harm
- Improving the enforcement and coordination of existing tools and powers to address alcohol-related ASB
- Addressing the impact of parental alcohol misuse on children and families

### 3.4 Strategic aims and objectives

The overarching strategic aim is:

To minimise the health harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

Objectives of the strategy are:

- i. **To reduce alcohol-related crime, especially violent crime, and anti-social behaviour by:**
  - Improving data and intelligence
  - Training enforcement agencies in new powers
  - Establishing a programme of joint enforcement activity targeted at problem premises
  - Developing a multi-agency approach to street drinking
- ii. **To reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions by:**
  - Developing a commissioning framework for alcohol treatment
  - Exploring alcohol issues for older people
  - Developing targeted interventions to reduce hospital admissions related to alcohol
  - Training council and other staff in alcohol-awareness
- iii. **To prevent alcohol-related harm to children and young people by:**
  - Implementing the findings of the scrutiny review into Young People's Specialist Substance Misuse Treatment Plan 09/10

- Developing child protection protocols for parental drinking cases
  - Training workers in identifying parental drinking and signposting
- iv. **To raise awareness of sensible drinking by:**
- Implementing an alcohol prevention programme
  - Mainstreaming alcohol in health promotion activity

## 4. Implementation of the strategy

### 4.1 Strategic framework for implementing the alcohol strategy

The Haringey Strategic Partnership (HSP) sets the main priorities for public services in Haringey. Five thematic partnership boards are tasked with co-ordinating the delivery of the Haringey Strategic Partnership's priorities. The thematic boards are:

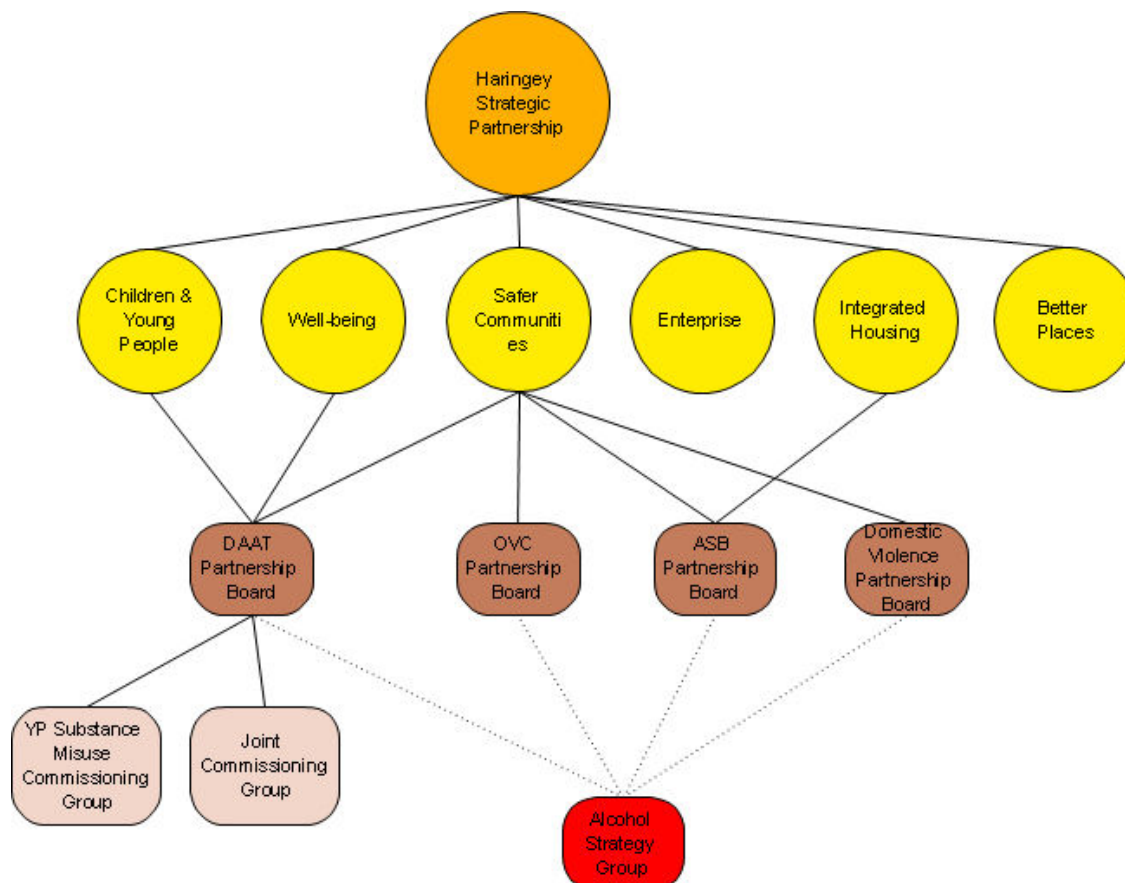
- Children and Young People Strategic Partnership
- Better Places
- Enterprise
- Well-Being
- Safer Communities Executive Board
- Integrated Housing Board

Alcohol misuse impacts to some extent on the work of all the boards, but the strongest links to the alcohol strategy are with the Children and Young People, Well-being and Safer Communities Partnerships.

Until the implementation of this strategy, the main areas of activity *specifically* aimed at reducing alcohol-related harm were enforcement, lead by the police and Haringey council, and specialist treatment, lead by the DAAT. Both fell within the remit of Haringey Safer Communities Partnership. Now, with the adoption of a target within the Local Area Agreement to reduce the rate of alcohol-related hospital admissions, responsibility for an important strand of the strategy falls to the Well-being Partnership Board.

Commissioning responsibility for children and young people's substance misuse services transferred from the DAAT to the Children and Young People Services in April 2008, therefore the Children and Young People Strategic Partnership will have responsibility for activity in the strategy aimed at reducing the impact of alcohol on children and families.

Activity to reduce alcohol-related crime and anti-social behaviour will be delivered by boards that sit under and report to the Safer Communities Partnership (via the Safer Communities Executive Board, SCEB). Figure 6 below shows the interrelationship between the different boards and partnerships involved.

**Figure 6: Haringey Strategic Partnership and related Boards**

An alcohol strategy group, reporting to the DAAT, will oversee all strands of activity and will have responsibility for ensuring the activity is coordinated and for evaluating the overall effectiveness of the strategy.

The alcohol strategy ties into a number of key partnership strategies and plans, see Appendix 1.

## 4.2 Action plan

The action plan to support the objectives of this strategy is available as a separate document.

## 5. Monitoring, evaluation and review of the strategy

### 5.1 Monitoring and evaluation

Actions within the strategy are incorporated into the action plans of various boards that report into the HSP via its thematic partnerships (see 4.1 above). The existing performance management and monitoring structures within those partnerships will monitor and evaluate the individual activities and initiatives they are responsible for.

However, the strategy has many strands of activity that support and complement each other. The DAAT's alcohol strategy group will evaluate the strategy as a whole by considering its overall effectiveness.

At political level, the cabinet member for Enforcement and Safer Communities and the Chief Executive of Haringey Teaching PCT will ensure delivery of the strategy.

## **5.2 Review of the strategy**

The implementation plan will be reviewed annually by the DAAT's alcohol strategy group and adjusted accordingly. The review will take account of:

- evaluation of effectiveness (see 5.1 above)
- new or changing local priorities
- Government policy and developments through the national alcohol strategy

This review process is included in the strategy action plan.



## Appendix 1: strategies and plans that link to the alcohol strategy

Plan	Relevant objective/target
Sustainable Community Strategy 2007-16	Safer for All; healthier people with a better quality of life
Local Area Agreement	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target) NI 39: Alcohol-related hospital admissions (improvement target) NI 195: Improved street and environmental cleanliness (levels of graffiti, litter, detritus and fly-posting) Local target: Repeat victimisation of domestic violence (2007-2010 stretch target) Local target: Number of accidental dwelling fires (2007-2010 stretch target)
Safer for All, Haringey's Community Safety Partnership Plan 2008-2011	tba
Domestic and Gender Based Violence Strategy 2008-12	Improve the support and safety of those who experience or are threatened by Domestic or Gender Based Violence.
Licensing Policy 2008	Promotion of licensing objectives
Well-being Plan 2007-10	Promote healthy living and reduce health inequalities (Reduce the harm caused by drugs and alcohol)
Obesity Strategy 2007-10 (in development)	tba
Experience Counts 2005-10	Staying healthy
Day Opportunities Plan (in development)	tba
Joint Health And Social Care Mental Health Strategy 2005-2008 (new strategy in development)	Ensure that all mental health service users who significantly abuse drugs or alcohol receive appropriate and skilled assessment and treatment services
Housing Strategy 2003-08	Improve community safety, sustainability and cohesion in our most deprived communities and create opportunities for people to achieve and succeed
Homelessness Strategy 2003-08	To ensure that there is an integrated response to homelessness in Haringey and that agencies work together to provide services to promote the well-being of individuals in the community. To achieve a reliable and comprehensive knowledge and information system as a basis for delivering our homelessness strategy.
Changing Lives (The children and young people's plan) 2006-09	Reduce alcohol and drug misuse amongst young people together with the effects of parental alcohol and drug misuse on children and young people
Young People's Treatment Plan	Improve substance misuse education and treatment for young people

**Appendix 2: Glossary**

ASB	anti-social behaviour
ASBAT	Anti-social Behaviour Action Team
AUDIT	Alcohol Use Disorder Test
BAC	blood alcohol concentration
BEH	Barnet, Enfield, Haringey (mental health trust)
CDP	Community Drug Project
DAAT	Drug and Alcohol Action Team
GHS	General Household Survey
HAGA	Haringey Advisory Group on Alcohol
HAVCO	Haringey Association of Voluntary and Community Organisations
HES	Hospital Episode Statistics
HPCT	Haringey Primary Care Trust
HMCR	Her Majesty's Customs and Revenue
HTPCT	Haringey Teaching Primary Care Trust
LBH	London Borough of Haringey
MOCAM	Models of Care for Alcohol Misuse
NI	National Indicator
NWPHO	North West Public Health Observatory
ONS	Office of National Statistics
PSA	Public Service Agreement
PSHE	Personal, Social and Health Education
SCEB	Safer Communities Executive Board
SOAs	Super Output Areas
SNT	Safer Neighbourhood Team

## ALCOHOL STRATEGY ACTION PLAN 2008/9 v13

Reducing alcohol-related health harm		Wellbeing Board						Progress (FAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	
H1	Analyse alcohol-related hospital admissions data (HES) for: profile of patients (age, gender, ethnicity, ward of residence); patterns of repeat admissions (i.e. which conditions associated with most repeats); profile of conditions contributing to the overall rate of admissions (i.e. which conditions are most important)	Joint Director of Public Health PCT/Council	Dec 08	Additional resources may be needed to complete the analysis	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	
H2	Develop an action plan to reduce hospital admissions based on results of data analysis. (To include consideration of ward-based alcohol interventions for patients with key conditions; development of liaison and referral pathways between hospitals and community based services; alcohol screening and brief interventions in out-patient clinics; primary care, data sharing between A&E and Community Safety re violence-related presentations)	Drug & Alcohol Strategy Manager Joint Commissioning Manager - Substance Misuse PCT/Council	Feb 08	Costs dependent on action plan. [indicative costs: <ul style="list-style-type: none"> <li>• £72k continued funding for brief interventions</li> <li>• Hospital liaison workers (see Liverpool Lifestyle team) 2 band 7 nurses @ £50k; 0.5 admin@</li> </ul>	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	

H3	Develop and implement an alcohol prevention action plan based on analysis of HES data (see H1) to include social marketing, health promotion, awareness training for generic health and social care professionals, and targeted work for key communities (using MOSAIC as one way to identify these).	Joint Director of Public Health/ Public Health Strategist Substance Misuse	April 09	<ul style="list-style-type: none"> <li>£15k = £115k Development of data sharing with the Whittington £2k for training (assumes Enfield will fund corresponding work in North Mid)</li> <li>Local Enhanced Service for primary care £200k (10/11)</li> </ul>	DAAT partnership board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H4	Agree and implement monitoring arrangements for alcohol-related hospital admissions	Joint Director of Public Health/ Head of Performance PCT	By Nov 08	Core business	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H5	Ensure alcohol is included in all relevant mainstream health promotion strategies (e.g. obesity, sexual health) and activities (e.g.	Joint Director of Public Health	Ongoing	Core business	DAAT partnership board	NI 39 and VSC26: Alcohol-related	Well-being

	health trainers)											
H6	Agree a commissioning framework for alcohol treatment and prevention, to include service user involvement.	Joint Commissioning Manager for Substance Misuse	By Apr 09	Core business to develop commissioning framework.	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being					
H7	Develop a clinical governance framework for specialist alcohol treatment	PCT Clinical Governance Lead/ Director HAGA/Consultant Psychiatrist BEH MHT	By Apr 09	Core business	DAAT Treatment Task Subgroup	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being					
H8	Agree and implement joint working arrangements between drug and alcohol services for community alcohol detox for poly drug users	Service manager DASH/ Director HAG A / DAAT Strategy Manager	May 09	Costs to be drawn from residential detox budget (savings expected overall)	DAAT (JCG)	Well-being						
H9	Agree an action plan for addressing the housing needs of problematic alcohol users (to include: data requirements; awareness training for housing workers, RSLs and private landlords; criteria for priority housing; assessing need for floating support and assertive outreach)	Assistant Director Housing Lead/ Director HAG A/Regional Director St Mungo's/SP commissioner	April 09	Core business	SP Commissioning Board	Homeless Strategy objectives.	Well-being/ Integrated Housing Board					
H10	Prepare a proposal to research alcohol problems in older people in Haringey and secure funding to carry this out. Links into PCT falls collaborative.	Director Age Concern	March 09			NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being					

H11	Evaluate existing alcohol screening and brief interventions pilot and make recommendations for future developments across A&E and primary care	Joint Commissioning Manager/Director HAGA	Feb 08	Core business	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H12	Train all council employees in alcohol awareness	Adult, Community & Culture Services		Via Learning and Development Board £20k for 40 half day sessions (800 trainees)	Learning and Development Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H13	Develop range of 'age appropriate' targeted information on alcohol related harm following analysis of HES data to address imbalances and inequalities in the strategy as identified by the Equalities Impact Assessment.	Joint Director of Public Health/ public health strategist substance misuse			DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H14	Secure resources to continue to commission HAGA, COSMIC and outreach work with street drinkers	Joint Commissioning Manager/ DAAT strategy manager			DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H15	Develop a local hospital protocol for the management and treatment of problem drinkers	DAAT/HAGA/Dual Diagnosis Service/Acute trusts		Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being

H16	Explore possibility of HAGA collecting data on people with disabilities to better inform future service development.	Joint Commissioning Manager/Director HAGA		Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being
H17	To continue to monitor ethnicity of people using alcohol services and ensure that any change main community languages are catered for.	Joint Commissioning Manager/Director HAGA		Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being

<b>Reducing alcohol-related crime and antisocial behaviour</b>							
CS1	To develop a programme of research and relevant action about alcohol-related violence, including a time-limited local survey of violent incidents to establish the nature and extent of the problem. (To include understanding extent to which alcohol related violent crime is targeted at LGBT – in particular outside licensed premises.)	Policy Officer (violent crime) Community Safety Team/Acting Police Chief Inspector for Partnership and Youth	Mar 09	Core business	Other Violent Crime Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target) NI 15: serious violent crime rate	SCEB
CS2	Research local alcohol-related ASB and develop appropriate responses to include relevant	Policy Officer (ASB) Community Safety Team	April 09	Core business	ASB Partnership Board	NI 21: Dealing with local	SCEB

CS3	indicators from the <i>Safe. Sensible. Social. Toolkit</i> plus data gathered through community engagement approaches on the wider needs of street drinkers* and young people who drink in public places. Also use data from housing data arising from H7	Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS4	Provide training for enforcement agencies on new powers to address alcohol-related ASB	Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS5	Establish programme of joint enforcement activity targeting (rolling) top ten problem licensed premises	Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	
CS5	Agree a joint alcohol enforcement protocol for inclusion in the council Enforcement Policy	Assistant Director for Enforcement	Mar 09	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social	SCEB	



CS6	Agree and implement a multi-agency approach to the alcohol control zones. This will include: ensuring all enforcement officers are clear about their powers; ensuring support agencies are involved (HAGA, employment, housing etc); CCTV are aware of zones and any particular issues	Policy Officer (ASB) Community Safety Team/Director HAGA/Regional Director St Mungo's Assistant Director for Enforcement	June 09	Core business	ASB Partnership Board/DAAT	behaviour and crime by the local council and police (improvement target)	SCEB	
CS7	Information on the Alcohol Control Zones to be clear, sources of support available (eg leaflets/cards to be readily accessible, ensuring enforcement officers have alcohol awareness training	Policy Officer (ASB) Community Safety Team/Director HAGA/Regional Director St Mungo's Assistant Director for Enforcement	June 09	Core business	ASB Partnership Board/DAAT	behaviour and crime by the local council and police (improvement target)	SCEB	
CS8	Integrate fire safety messages as appropriate into alcohol prevention and information, and improve links between fire service and substance misuse agencies where vulnerable adults are concerned – to help reduce accidental dwelling fire	Fire Service Borough Commander	Ongoing	Printed materials £800	ASB Partnership board	Local target: Number of accidental dwelling fires (2007 –2010 stretch target)	SCEB	
CS9	Support survivors of Domestic	HAGA/Hearthstone	Ongoing	Core business	Domestic	Local target:	SCEB	

	Violence who have substance use issues by providing surgeries at Hearthstone by an alcohol and Domestic Violence specialist worker	Equalities Team			Violence Partnership Board	Repeat victimisation of domestic violence (2007-2010 stretch target)	
CS10	Support survivors of Domestic Violence who have substance use issues by providing Stella project training to substance misuse workers and frontline Domestic Violence workers	Hearthstone	Ongoing	£1.5k (advanced training for 10 workers)	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB
CS11	Agree and implement a system to ensure all activity related to alcohol harm reduction is suitably communicated and coordinated across the relevant partnership boards and agencies	Chair Alcohol Strategy Group		Core business			SCEB
CS12	To adopt area based working /problem solving approach to alcohol related ASB /environmental crime/crime issues.	Policy Officer (ASB) Community Safety Team	Ongoing	Core business		Public Realm Management strategy objectives	SCEB
CS13	Implement a rolling programme of test purchasing for alcohol	Enforcement Service	Ongoing	Core business	ASB Partnership board		SCEB

**Reducing alcohol-related harm to children and young people** Children and Young People's Partnership Board

	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)
YP1	Implement relevant findings of the 2008 scrutiny review into young people's drug and alcohol into the Young People's Specialist Treatment Plan for 2009/10	DAAT Young People's Coordinator Children and Young People's Service	Mar 09	Costs to be determined when review findings known	YP substance misuse Commissioning Group	NI 111: First time entrants to the Youth Justice System aged 10-17 NI 112: Under 18 conception rate NI 113: Prevalence of Chlamydia in under 20 year olds	Children and Young People Partnership Board	
YP2	Agree protocols for child protection where alcohol is involved and ensure training is provided as required e.g. to PCT, YOS, Adults, Culture and Community Service, Police Public Protection Desk	DAAT/ Children and Young People's Service/ Deputy Director HAGA/Police/YOS	Mar 09	Core business.	Local Safeguarding Children's Board		Children and Young People Partnership Board	
YP3	Ensure alcohol is included in cluster-based training for schools on PSHE	PSHE advisors	Ongoing	Core business	DAAT Partnership Board	NI 111: First time entrants to the Youth Justice System aged 10-17 NI 112: Under 18 conception rate NI 113: Prevalence of Chlamydia in under 20 year olds	Children and Young People Partnership Board	
YP4	Training for relevant professionals, voluntary groups and faith groups (faith forum) in identifying parental drinking and signposting. ASBAT's	Children and Young People's Services/ COSMIC		See H12	DAAT Partnership Board		Children and Young People Partnership Board	

	parenting worker should be involved.									
YP5	Training for all relevant front line staff in C&YPS in alcohol awareness in identifying parental substance misuse and appropriate sign -posting	Children and Young People's Services (CYPSMC) COSMIC		Core Business	YP Commissioning Group					
YP6	Contribute to reduction in homelessness (temporary accommodation targets) by working with Housing and the Vulnerable Young Persons subgroup for young people as part of the Housing Strategy.	Children and Young People's Services (CYPSMC)	Ongoing	Core Business	YP substance misuse Commissioning Group				Homelessness Strategy Theme sub-groups and Children and Young People Partnership Board	
YP7	Monitor effectiveness of alcohol awareness programme in schools (delivered as part of PSHE)?	Children and Young People's Services (CYPSMC)	Ongoing	Core Business	YP substance misuse Commissioning Group					
YP8	Develop rolling programme of alcohol awareness for parents and carers.	Children and Young People's Services	Ongoing	Core Business	YP substance misuse commissioning group				Children and young people partnership board.	



**Meeting:** Haringey Strategic Partnership

**Date:** 4 November 2008

**Report Title:** Child Poverty Strategy & Action Plan

**Report of:** Sharon Shoesmith, Director The Children & Young People's Service

### **Purpose**

To consult members of the HSP on the Child Poverty Strategy and Action Plan.

### **Summary**

Too many of Haringey's children and young people are living in poverty. The importance of this issue has been recognised by the Council and its partners adopting the national indicator on reducing the proportion of children living in poverty (NI 116) as one of the 35 priorities for the Strategic Partnership's local area agreement.

This strategy and action plan sets out proposals for tackling this issue. Consultation is taking place between 25 September and 5 November 2008.

### **Legal/Financial Implications**

The Head of Legal Services has been consulted and there are no specific legal implications. The strategy will help to facilitate the Council's duties towards children in need under the Children Act 1989 and related statutory instruments and guidance. The Council also has the power to implement a broad range of measures by virtue of the well-being powers of section of s.2 of the Local Government Act 2000.

The Chief Financial Officer was consulted and commented:

- that the expectation is that costs associated with developing the strategy will be contained within existing resources.
- in practice the strategy, which aims to move towards closer joint planning and working across the council and with partner agencies in tackling child poverty, should increase value for money and direct resources in a more efficient and effective manner.

## Recommendations

That the HSP note and make comment on the Child Poverty Strategy and Action Plan.

### For more information contact:

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## 1. Background

- 1.1 The government has set itself a target to end child poverty by 2020 and is strongly encouraging local services to take an ever more active role in reducing poverty.
- 1.2 The local authority and its partners have an important role in helping to tackle the issue by:
  - delivering key services that are critical to improving children's life chances;
  - co-ordinating activities to reduce worklessness and poverty;
  - engaging with individuals and groups at risk of being marginalized;
  - tailoring solutions to meet the needs of local people.
- 1.3 These roles were recently confirmed by the London Commission on Child Poverty (LCPC) which again stressed the important contribution that local services, including council services, could make to reducing poverty.
- 1.4 The Child Poverty strategy identifies 4 objectives that the council needs to meet in order to achieve a substantial reduction in child poverty. These are adapted from already existing service priorities, although they also reflect objectives identified and recommendations made in the London Child Poverty Commission report.

Objective 1: Increasing parental employment in sustainable jobs  
Objective 2: Maximising incomes through improving the delivery of benefits and tax credits  
Objective 3: Reducing educational attainment gaps for children  
Objective 4: Ensuring all Haringey children have decent and secure homes.
- 1.5 The fundamental aim of Haringey's strategy and action plan is to ensure that all council services and local partners are working together

in a joined up way to reduce child poverty in the borough and ensure that today's children do not become the parents of poor children tomorrow.

## **2. Current initiatives**

2.1 Work is already being undertaken under the 4 Child Poverty Strategy objectives.

Current work strands include:

- Promoting the Haringey Guarantee
- Developing the 'Families Into Work' programme in Northumberland Park
- Working with Job Centre Plus to promote take up of Working Tax and Child Tax credits
- Providing income maximisation information through a range of sources
- Initiatives to improve educational attainment gaps through Children's Centres and Extended Schools
- Delivery of the 'Tackling Fuel Poverty' project
- Joint work between the Education Welfare Office and Housing Officers to minimise the disruption of children moving schools
- £100k has been allocated for a new initiative to provide benefit advice surgeries in some primary schools.

## **3. Strategic Implications**

3.1 The Child Poverty strategy has been designed to deliver two of the Sustainable Community Strategy's (SCS) objectives:

- Economic vitality and prosperity shared by all
- Healthier people with a better quality of life

3.2 Delivery of the strategy will be key in meeting the new LAA target on tackling child poverty, as well as current LAA targets around worklessness and improving educational attainment.

3.3 The strategy is a step in moving towards closer joint planning and working across the council and with partner agencies in tackling child poverty.

## **4. Consultation**

4.1 The strategy and action plan has been sent out for consultation to the Haringey Strategic Partnership, its theme boards and the Youth

Council. Consultation began on 25<sup>th</sup> September 2008 and will finish on 5<sup>th</sup> November 2008.

4.2 Please forward all comments by 5<sup>th</sup> November to:  
[Zakir.Chaudhry@haringey.gov.uk](mailto:Zakir.Chaudhry@haringey.gov.uk)

**5. Appendix**

a. Child Poverty Strategy executive summary



## **CHILD POVERTY STRATEGY: EXECUTIVE SUMMARY**

### **The Strategy**

The government has set itself a target to end child poverty by 2020 and is strongly encouraging local services to take an ever more active role in reducing poverty.

The fundamental aim of Haringey's strategy and action plan is to ensure that all council services and local partners are working together in a joined up way to reduce child poverty in the borough and ensure that today's children do not become the parents of poor children tomorrow.

The Child Poverty strategy identifies 4 objectives that the council needs to meet in order to achieve a substantial reduction in child poverty. These are adapted from already existing service priorities, although they also reflect objectives identified and recommendations made in the London Child Poverty Commission report.

#### **Objective 1: Increasing parental employment in sustainable jobs**

Worklessness is a major cause of poverty. However, it is increasingly being recognised that in-work poverty is a major problem too. There is a need to improve people's skills which will enable them to secure better paid jobs as well as helping them to sustain jobs and progress at work.

*Key priorities include:*

- To deliver and promote the Haringey Guarantee
- To launch and deliver "Families Into Work" in Northumberland Park
- To use the childcare sufficiency audit to identify any gaps in provision and to ensure that childcare places are available within the areas of most needs.

#### **Objective 2: Maximising incomes through improving the delivery of benefits and tax credits**

Many poor families are not aware of all the benefits and tax credits to which they might be entitled. Benefit and tax credit take-up campaigns have proven to be effective in increasing household income for significant numbers of low income families.

*Key priorities include:*

- To increase financial capability amongst the most disadvantaged communities, including support in accessing benefits such as work and family tax credits, subsidised childcare places, educational maintenance allowance and community based credit unions.
- To visit primary schools and offer parents benefits and tax credit advice.

- To build on current work to effectively drive up take-up of Working Tax and Child Tax Credits.

### **Objective 3: Reducing educational attainment gaps for children**

Education provides one of the principle routes for escaping intergenerational poverty. It provides a child with the skills and confidence to navigate through life, offers greater chances for sustainable employment opportunities and helps give children a more equal start in life.

*Key priorities include:*

- To further reduce the number of young people not in education, employment or training (NEET).
- To extend at Foundation Stage the Targeted Pupil Initiative to better identify the most vulnerable learners at the earliest stage of their education and involve their families in wider family learning initiatives.
- To review the take-up of free school meals by Haringey families

### **Objective 4: Ensuring all Haringey children have decent and secure homes.**

Housing issues including poor property condition, overcrowding, living in temporary accommodation and housing related debt can all act as contributing factors to high levels of child poverty.

*Key priorities include:*

- To address overcrowding across tenure.
- To deliver on the decent homes programme.
- To deliver initiatives to tackle fuel poverty.

## **Strategic Implications**

The Child Poverty strategy has been designed to deliver elements of the Sustainable Community Strategy as well as meet the new LAA target on tackling child poverty, as well as current LAA targets around worklessness and improving educational attainment.

## **Consultation**

The strategy and action plan will be sent out for consultation to the Haringey Strategic Partnership, its theme boards and the Youth Council. Consultation will begin on 25<sup>th</sup> September 2008 and finish on 5<sup>th</sup> November 2008.

Please forward all comments by 5<sup>th</sup> November to:

[Zakir.Chaudhry@haringey.gov.uk](mailto:Zakir.Chaudhry@haringey.gov.uk)

The complete strategy and action plan can be viewed on the council website at:

[www.haringey.gov.uk/childpovertyconsultation](http://www.haringey.gov.uk/childpovertyconsultation)



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**Meeting:** Haringey Strategic Partnership

**Date:** 4 November 2008

**Report Title:** Core Strategy Update

**Report of:** Ransford Stewart, Assistant Director for Planning Policy Development

### **Purpose**

To provide an update on the progress in preparing Haringey Council's Core Strategy and the future programme for taking the Core Strategy forward to adoption.

### **Summary**

The Core Strategy, when adopted, will be the Development Plan Document for London Borough of Haringey replacing the Unitary Development Plan adopted by the Council in June 2006. It will set out a spatial vision and objectives for the borough up to 2020 and will contain key policies, implementation programme and investment framework to deliver the vision. The report provides an update on the progress in preparing the Core Strategy and a programme for taking the taking the document forward to adoption in the light of the changes to the plan making process as set out in new Government Guidance Planning Policy Statement 12 'Local Spatial Planning'.

### **Legal/Financial Implications**

This report is by way of an up date in the light of the revised regulations and has no specific implications at this stage.

### **Recommendations**

That the Board note the update on the outcome of the consultation on the Issues and Options paper and the next stages of the Core Strategy.

### **For more information contact:**

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## Background

- 1.1 A presentation on the Core Strategy, its key principles and stages were reported to the Haringey Strategic Partnership in February 2008 together with the consultation notice on the Issues and Options report.
- 1.2 The Core Strategy, when adopted, will be the main development plan document for Haringey. It will set out a spatial vision and objectives for the borough up to 2020 and will contain key policies, implementation programme and investment framework to deliver the vision. Core Strategy is a strategic document and seeks to coordinate and deliver other strategies, plans and programmes, based on the concept of spatial planning.
- 1.3 Issues and Options report represented the first stage of the Core Strategy and following Cabinet approval in December 2007, public consultation took place during February and March 2008. This document contained key issues and options and possible solutions to the challenges facing Haringey.

## 2. Update

- 2.1 For the Issues and Options consultation there was a mail-outs to the stakeholder, the local community and business groups, and public meetings were organised to gauge stakeholders and community interest and views. In addition, there were two focus groups; one for black and ethnic minority groups and the other for people who are not normally engaged with the planning process. Views were also sought from statutory bodies such as the Environment Agency and English Nature, the Government Office for London, the Greater London Authority, strategic partners, and neighbouring boroughs.
- 2.2 We received comments from over 40 people and groups, mostly by external organisations and individuals. (Together with focus groups the figure is near 70). Between them they posted over 1200. The comments have been analysed and response have been prepared The Document setting the analysis of the public consultation can be viewed at Council's planning policy consultation portal.
- 2.3 The timetable for the Core Strategy has been revised to take account of the current developments in national and regional guidance on wider climate and environment issues and resources that were needed to analyse the large number of comments received to the Issues and Options consultation..
- 2.4 Furthermore, the Government have been reviewing the procedures for spatial plan-making, and the published new guidance these including changes to the Core Strategy. In the revised system the "preferred options" stage has been removed to simplify the statutory 3-stage consultation and the Council now have more flexibility to tailor their consultation according to their circumstances and requirements. We have opted to produce a "preferred options" document for an informal consultation with the statutory bodies, stakeholders and public before proceeding to a final draft of Core Strategy.

## Next Stage

- 3.1 We are now working towards producing a document which considers four strategic policy and spatial options for the future planning and development of the Borough. The Document will set out the Council's preferred strategic policy and spatial option as well as details of the others options which have also been considered. This process is aided by the feedback we received as part of the initial consultation.
- 3.2 We are also carrying out further studies and research into a number of policy areas such as employment land and retail capacity to provide an evidence base for the Options and support our preferred Option. The document will be subject to a sustainability appraisal to assess the impact of the options. We are aiming to publish the "Preferred Options" document for consultation in January-February 2009.
- 3.3 The revised time table for adopting the Core Strategy, following Examination in Public and the Final Report of the Planning Inspector, is summer 2010.

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haringey strategic partnership

**Meeting:** Haringey Strategic Partnership

**Date:** 4 November 2008

**Report Title:** 'No One Written off: Reforming Welfare to Reward Responsibility' –Response to Green Paper

**Report of:** Martin Tucker – Regeneration Manager (Employment & Skills)

### **Purpose**

To inform the HSP about the Borough's response to the welfare reform Green Paper, 'No one written off: reforming welfare to reward responsibility.'

### **Summary**

The Department for Work and Pensions (DWP) published *No one written off: reforming welfare to reward responsibility* on 21 July 2008. This Green Paper builds on a welfare reform Green Paper published last year (In work, better off: next steps to full employment), which Haringey Council responded to, and contains a number of proposals that the Government believes will be crucial in achieving the aspiration of an 80 per cent full employment rate.

The Haringey response welcomes the Green Paper proposals but there are concerns over the resources available to deliver the proposals and also the increased role of benefit sanctions potentially placing extra demands on local public services.

The full response is appended to this report.

### **Legal/Financial Implications**

#### **Financial**

This report concludes that the Governments Green Paper proposals are generally welcomed but highlights' concerns over the resources available to deliver the proposals and also the increased role of benefit sanctions potentially placing extra demands on local public services such as homelessness and adult social care which could have significant cost implications for Councils. Detailed financial implications of relevant proposals will need to be assessed as the Government releases full details of the finally agreed measures after the consultation process.

Some of the proposed changes to the welfare system will be taking place as

early as October 2008, e.g. the child maintenance disregard measure. An exercise is currently underway within Benefits and Local Taxation to prepare for these changes and assess any cost implications associated with them, including making information available to residents as appropriate.

### **Legal**

This report considers Government proposals in a Green Paper which does not give rise to any specific legal duties. The draft consultation response does however highlight the possibility that the Green Paper's proposals may have an impact on the local authority's duties to support people under the National Assistance Act 1948. Under that Act the local authority has a duty to support adults 'who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them'. Any proposals that would increase the number of people meeting that test would have obvious resource implications for the authority as mentioned in the financial comments. The local authority should therefore carefully consider and respond to any Bills which may be tabled to implement the government's proposals.

### **Recommendations**

That the HSP notes the Borough's response to the Welfare Reform Green Paper.

### **For more information contact:**

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## **1. Background**

1.1 The Department for Work and Pensions (DWP) published *No one written off: reforming welfare to reward responsibility* on 21 July. The Green paper builds on a welfare reform Green Paper published last year (In work, better off: next steps to full employment), which the Council responded to, and contains a number of proposals which the Government believes will be necessary in achieving an 80 per cent full employment rate.

1.2 The Green Paper details reforms by the Government, which have implications across the public, private and third sectors. The key principle behind the Green Paper is to ensure that individuals on out of work benefits are involved in an active programme that offers them support but expects more in return in terms of them taking the necessary steps to return to work.

1.3 Officers from the Economic Regeneration team have co-ordinated the development of the response, which takes in contributions from across the Council and Haringey Strategic Partnership.

## **2. The response**

1.1 The response welcomes the Green Paper proposals with the key elements being:

### **General comments**

- Concerns that the increased role of benefit sanctions could leave some of our most vulnerable residents destitute with the local authority left with support duties under National Assistance legislation.
- Concerns around the resources available to truly deliver the Green Paper proposals
- Will Job Centre Plus (JCP) have the capacity to take on all of these welfare reforms particularly as they are happening in a relatively short space of time?
- Will the current and future state of the economy be able to provide the appropriate jobs to deliver the welfare to work targets?

### **Job Seekers Allowance claimants**

- We support work related activity as long as it is structured and the outcomes are properly communicated and evaluated.
- 'Work For Your Benefit' is an inappropriate phrase to describe work related activity.
- How will employers be engaged and encouraged to provide work related activity opportunities?
- Prescriptive sub-contracting levels need to be imposed on prime employment support contractors to ensure capacity and capability is built within smaller and community based organisations.

### **Drug misusers**

- We welcome the approach to support drug users.
- However, current employment support provision in Haringey is currently targeted at ex rather than current misusers.
- Making disclosure mandatory and linked to enforced treatment may well discourage those in significant need making a claim, in particular women and parents.
- A cultural shift will be needed amongst employers to provide opportunities to this client group.

### **Disabled and people with long-term health conditions**

- We support mandatory conditions being imposed upon Employment Support Allowance (ESA) claimants in relation to training and job search, provided the adequate and appropriate resources are in place.

- An Access to Work fund should be in place to provide reasonable adjustments for disabled volunteers.
- The 104 week linking rule that protects Incapacity Benefit claimants when they return to work or training should be revised so:
  - The 28 week qualification condition is halved to 14 weeks
  - The requirement to inform JCP of a possible return to benefits after a job start should be relaxed or dropped

### **Skills**

- We support the plans to provide a skills health check and training to lone parents once their youngest child is aged five.
- We support the plans for extra benefit payments being made available to lone parents who undergo training; this should be made available to a lone parent whose youngest child is aged five. There is a concern around training provision, particularly pre-entry level ESOL (with childcare).

### **Child Poverty**

- We welcome the plans to fully disregard child maintenance in regards to Housing and Council Tax Benefit from October 2008 and this being extended to out of work benefits from April 2010.
- We support the move to support unemployed partners of benefit claimants into work.

### **Simplifying and streamlining the benefits system**

- We support the idea of a simpler system based on a single overarching benefit.

### **Contracting and funding arrangements**

- Local authorities should be much more involved in the commissioning and monitoring of prime employment support contracts. This should involve joint commissioning plans between local authorities and DWP/JCP.
- We welcome the introduction of the Right to Bid.
- We are very interested in being a pathfinder area from 2011/12 to test out the proposal to fund employment support programmes from future benefit savings (AME-DEL)

2.2 The full response is appended to this report.

## **Appendix 1: Final Green Paper response**

This response to the Green Paper is from Haringey Council and it also incorporates the views of members of the Haringey Strategic Partnership.

### **Introduction**

Haringey Council welcomes the opportunity to respond to the Government's latest welfare reform Green Paper: "No one written off: reforming welfare to reward responsibility."

Haringey is one of the 33 London Boroughs and represents approximately 225,000 of the capital's residents. Haringey is characterised as being one of the most deprived areas in the country and the Indices of Deprivation 2007 found it to be the 13th most deprived district in England, and the 7th most deprived in London<sup>1</sup>. Worklessness is a key issue in the borough with over 50,000 people of working age not in employment. These levels of Worklessness are particularly high in the Tottenham parliamentary constituency where the out of work benefits claim rate is in the top 4 per cent in England and the joint highest in London.

Tackling Worklessness is a priority for the Council and to this end we launched the Haringey Guarantee in 2006, an innovative programme which brings together a diverse range of projects to support those furthest away from the labour market into sustained employment. The programme engages employers, schools and colleges, skills training providers, employment services, job brokers and local communities to develop structured and robust pathways to employment for disadvantaged residents. These include tailored vocational education and training, work placements, information, advice, and guidance, and guaranteed interviews when applying for employment opportunities with partners. In turn we offer employers a Guarantee that the programme will provide appropriately trained and committed candidates to fill their vacancies. To date, the programme has engaged over 1,400 residents and supported over 190 residents with complex barriers into work, many of whom are lone parents and long-term Job Seekers Allowance (JSA) and Incapacity Benefit (IB) claimants.

### **General points**

Haringey Council welcomes the proposals in the Green Paper but we would like to outline a number of areas that we believe require further consideration and improvement, namely:

1. We are concerned that the proposals in the Green Paper to increase the role of benefit sanctions in the welfare system could have a disproportionate effect on our most vulnerable residents leaving them, at worst, destitute. In such a situation it would be the local authority and other public agencies such as the Primary Care Trust who would be left to support these people, possibly under National Assistance legislation. This could have particular implications for local authorities if sanctions result in

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<sup>1</sup> As measured by the Average Ranks measure of deprivation.

our residents being made homeless, for example. We therefore want the Government to ensure that stringent safeguards are in place so that our most vulnerable residents are not imposed with sanctions that leave them worse off and/or destitute. In the event of our residents being left worst off or destitute, the Council is not prepared to act as a provider of last resort as this will mean that we, in effect, have an unfunded mandate.

2. The Green Paper proposals leave us concerned that legal advice organisations such as Citizens Advice Bureaus and local law centres will come under increasing pressure. The plans by the Legal Services Commission to move towards a model of case-based single legal advice networks for each local area could result in contracts not meeting the value of support as general advice (e.g. benefit advice) may not fall within the case based criteria. The increased number of people requiring general benefits advice due to the Green Paper proposals could exacerbate this issue and we would urge that these organisations are adequately funded to support people who require their advice.
3. We are concerned that the Green Paper offers little in terms of in work support for JSA claimants and lone parents. A recent report by the National Audit Office<sup>2</sup> highlighted the fact that some 40 per cent of JSA claimants who find work make a subsequent claim for benefits within six months. While initiatives such as Train to Gain and the in work credit for lone parents are welcome, we feel that more resources need to be provided to break the cycle of welfare to work and back to welfare. This could include one to one support which follows the successful Workstep model.
4. We welcome the plans to pilot mandatory skills training for JSA claimants from this autumn. However, we are concerned about the resources available to deliver increased training provision and the other proposals contained in the Green Paper. This is particularly pertinent to inner city authorities - such as Haringey - with ethnically and culturally diverse populations where the provision of ESOL, for example, is already limited (this problem is most acute at pre-entry level (with childcare)). Where provision is so limited this could lead to even longer waiting lists, which will be likely to slow a jobseeker's progression through the system. We would be particularly concerned if any sanctions were to be imposed on jobseekers for failure to complete courses for which they are on such a list.
5. The proposals in the Green Paper and also the wider welfare reform programme will result in sweeping changes being made in a relatively short period of time. We question whether Job Centre Plus (JCP) will have the necessary capacity to be able to take on all of these changes. We also want the Government ensure that the professionals providing one to one support are adequately trained and skilled.
6. Despite performing strongly over the past 10 years the signs are that current economic climate is having a negative impact on the labour

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<sup>2</sup> National Audit Office (2007) Sustainable employment: supporting people to stay in work and advance.

market. Recent data show that the number of people who are ILO unemployed has hit 1.79 million and the claimant count rose by 104,900 in the year to September 2008. It was also recently announced that economic growth is flat for the first time in 16 years with a recession seemingly inevitable. If the labour market and the wider economy continue to deteriorate we would like to see assurances that benefit claimants are adequately protected. This would include ensuring sanctions are not imposed on claimants who make every effort to find work but fail to do so because of a lack of appropriate employment opportunities. This is particularly relevant to groups such as lone parents where the availability of flexible employment opportunities is of paramount importance.

7. Research by HM Treasury<sup>3</sup> and the Greater London Authority<sup>4</sup> has clearly shown the unique characteristics of Worklessness in London with the capital having the lowest employment rate out of all regions and countries in the UK despite making such a significant contribution to national economic growth. We therefore endorse the desire of the London Skills and Employment Board<sup>5</sup> for more flexibility in the capital to tackle Worklessness through initiatives such as joint commissioning to bring together funding for adult skills and employment support into a 'single purse.'
8. Finally, we are concerned that the Impact Assessment published alongside the Green Paper does not provide enough information about the specific equalities impacts of these proposals. This is of particular relevance to Haringey, which is one of the most diverse areas in the country. Indeed, research by the Office for National Statistics in 2006 found Haringey to be 4<sup>th</sup> most ethnically diverse Local Authority District in England and Wales<sup>6</sup>.

## Consultation questions

### Question 1: How long should 'work for your benefit' last at different stages in the claim?

Haringey has an enabling measure as part of its Local Area Agreement (LAA) that allows Haringey Guarantee participants to access work placements for 6 weeks, full-time without their benefits being affected. This has been successful in helping people to make the transition from welfare to work. We therefore see six weeks as an acceptable time period for any meaningful work related activity to last.

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<sup>3</sup> HM Treasury (2006) *Employment opportunity for all: analysing Labour Market trends in London*: HM Treasury

<sup>4</sup> Meadows, P (2006) *Working Paper 15: Worklessness in London – explaining the difference between London and the UK*: Greater London Authority

<sup>5</sup> London Skills and Employment Board (2008) *London's Future – The Skills and Employment Strategy for London 2008-2013*

<sup>6</sup> Dobbs, J et al. (2006) *Focus on Ethnicity and Religion*: Office for National Statistics

**Question 2: How could capacity and capability to provide full-time work experience in the community sector be provided and incentivised to produce the best employment outcomes for participants?**

Haringey has a business base that is largely made up of micro businesses. The 2006 Annual Business Inquiry found that 79 per cent of the 8,500 businesses in Haringey have four employees or less. Other than the Council and Teaching Primary Care Trust we believe that there are few organisations currently with the capacity and resources to take on local placements and spend time developing their skills and future employability. The Council has shown its commitment to help tackle Worklessness through the Haringey Guarantee and also by signing up to the Local Employment Partnership and the Skills Pledge.

Feedback from our voluntary and community sector partners overwhelmingly highlighted fair access to funding as a means of building capacity and capability.

For these reasons we are encouraged to see the Government's focus on the voluntary sector delivering full-time work experience. However, we would like to take this opportunity to express our concern over moves to issue larger and longer contracts for employment support programmes, as articulated in the Department for Work and Pensions (DWP) recently published Commissioning Strategy, which will inevitably benefit larger providers. Although there is a commitment to ensure that prime contractors sub-contract with local providers our recent experience with the roll-out of Pathways to Work in Haringey suggests that the theory is far removed from the reality on the ground.

So, we would like to see the Government go further in this commitment by setting a level at which prime contractors must sub-contract with the voluntary sector and other local providers. Although this goes against the principles outlined in the Commissioning Strategy around prescription, our experience has left us with the firm belief that this is the only way to ensure that the voluntary sector is not marginalised by this new contracting model. This, in our opinion, will help the voluntary sector to deliver successful employment outcomes, whether it is through skills development, direct job brokerage or full-time work experience.

As well as this we want to see local authorities and local strategic partnerships much more involved in the commissioning and monitoring of contracts and sub-contracts such as those issued for the forthcoming Flexible New Deal. This will help to ensure that local knowledge is adequately used when deciding upon contract holders and in ensuring that they develop appropriate partnership and sub-contractual arrangements.

Of course, access to fair funding is not the only issue and our voluntary and community sector partners identified other forms of support that could help build capability and capacity. These include:

- Clear recognition of third sector organisations being employers.



- Workforce development – managers and staff will need this support to ensure that candidates get the best possible outcomes from their period of work related activity.
- Business development.
- Supporting the implementation of systems that will be used to aid delivery.

**Question 3: Is full-time ‘work for your benefit’ as an alternative to a sanction of loss of benefit for repeated non-compliance with work search requirements an effective option for some jobseekers? How should it be targeted?**

Work experience is seen as an integral element of the Haringey Guarantee in building an effective pathway from welfare to work. In our experience, this is only truly beneficial to the individual if it is structured, relevant and the outcomes to be achieved are clearly defined at the outset and evaluated upon completion. These outcomes have to be jointly agreed by the participant, the work placement provider and the host organisation. If this is a model that ‘work for your benefit’ will reflect then we believe it can be used as an alternative to a sanction of loss of benefit. However, we question the legality of mandating a benefit claimant to undertake work related activity if they will not be receiving at least the minimum wage, as highlighted in a Personnel Today article last year<sup>7</sup>.

The quality of a participant’s initial contact with an employment adviser is probably the most critical element of the support they will receive. It is here that the barriers to employment will be identified and an action plan to overcome these barriers is developed. If this barrier identification is done thoroughly and correctly then it should become quite clear whether a work placement would be beneficial to the individual concerned. On this basis, work placements should be targeted at people where it has been assessed that it will be beneficial to them.

Although the Green Paper announced that the Government “will contract with public, private and voluntary providers to test out a number of models of mandatory full-time activity”, as in our response to question 2, we have reservations about where meaningful full-time activity opportunities will be sourced from. While initiatives such as the Jobs and Skills Pledges are welcome there is nothing in the Green Paper about how employers will be engaged and get productive placements.

To ensure that work placements are meaningful and that participants are not left open to exploitation we would like to see the Government working with Trade Unions/Union Learning Representatives. Additionally, the good practice that is identified through this process should be shared with small employers and the voluntary and community sector.

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<sup>7</sup> See Personnel Today (2007) Firms failing to pay students on internships and work-experience placements minimum wage break the law:  
<http://www.personneltoday.com/articles/2007/01/22/38977/firms-failing-to-pay-students-on-internships-and-work-experience-placements-minimum-wage-break-the.html>

We believe that for work placements to be successful the benefits have to be effectively communicated to the participant and employer. We therefore view 'work for your benefit' as an inappropriate term for this support as the danger is that it will be viewed as a penalty rather than something that provides genuine benefits in moving someone from welfare to work; the phrase work related activity is more appropriate. We also question whether employers will be willing to provide genuine work related activity opportunities where it is viewed as a punitive measure.

Finally, we would like to highlight here our concerns about the proposed requirement for claimants to sign on weekly or even daily. In our opinion this has the potential to alienate customers and make them more hostile and reluctant to accept support.

**Question 4: What penalties do you think would be most effective to deter more people from committing benefit fraud?**

The current system, at least in relation to Housing and Council Tax Benefit, allows for two options - financial penalties and court proceedings. It is generally accepted by benefit practitioners that any action beyond this would be considered highly emotive and political.

The financial penalty is known as an 'Administration penalty'. This is a 'levy' that amounts to 30 per cent of the overpayment that has arisen due to fraud, and is an alternative to instigating a prosecution for fraud. However, at present, an admin penalty can only be imposed with the consent of the claimant. By agreeing to pay the admin penalty, the claimant will not be prosecuted, and thus avoid action that could ultimately lead to a criminal conviction.

Although benefit fraud is widely publicised, the existence of the Administration penalty is not widely known. We would therefore like to highlight the need to increase the effectiveness of penalties as a deterrent, by raising awareness of the sanctions available and the amounts of penalties that can be imposed.

Finally, an option that has been suggested by some practitioners is a fixed penalty scheme with graduated levels according to the amount of the overpayment e.g.:

Overpayment	Penalty
£1-£150	£50
£151-£500	£100

However, in view of the high levels of rent and living costs in London, and the fact it does not take into account an individual's ability to pay, we would have to give careful consideration to the impact of such a change before supporting such a proposal.

**Question 5: Do you think it would be appropriate to reduce or withdraw entitlement after a first [benefit fraud] offence? How long should the sanction period be?**

Withdrawal of benefit is an option that we would be uncomfortable with and would not wish to consider. We believe this action would be disproportionate and worsen poverty, affecting the poorest within our community.

**Question 6: Do you agree with the proposed approach for identifying problem drug use? How should it be implemented? Do you think that everyone claiming a working-age benefit should be required to make a declaration of whether or not they use certain specified drugs?**

Once ready for work, problematic drug users, by which we mean those using class A drugs in a way that is leading to social and economic dysfunction, face significant barriers to gaining employment. We therefore welcome the proposed increase in specialist support to be offered to drug users who are ready to find work.

Because many drug users have poor work histories, skills gaps and criminal records we agree that in many instances it could be advantageous for them to declare that they have a drug problem or a history of problematic use if this resulted in increased support and guidance to help break down barriers to employment. However, our experience to date in Haringey is that mainstream employment advisers have not been able to work effectively with this group. This has meant that Haringey's Drug and Alcohol Action Team (DAAT) has commissioned its own specialist entry to employment service for people who have received treatment for a drugs misuse problem – Kinesis. We are also aware of a lack of provision around employment support for current users. Moreover, we are concerned that people providing support to this client group do not have the necessary skills to do so and would ask that the National Treatment Agency work with local authorities in identifying appropriate providers/staff to do this work.

While we welcome the plans to support people with an identified drugs dependency we do have serious concerns about the resources available to deliver the drug treatment places that will be needed to successfully deliver these proposals.

We agree that employment advisers should be skilled in signposting drug users to treatment, our concern is that non problematic drug users who are not suitable for structured treatment, will be identified within this process. The "strengthened guidance" for JCP advisers also needs to include other forms of support such as training and are concerned that the necessary resources will not be made available to ensure that JCP advisers are equipped with the necessary skills to identify and help overcome the complex barriers to employment that people with a dependency on crack cocaine and/or opiates have.

In terms of disclosure being mandatory and non disclosure leading to sanctions, we would draw attention to the fact that drug users have good reason not to wish to disclose information on an activity which is illegal and often seen as immoral, in full knowledge that disclosure to employers can lead to further barriers to employment; as a minimum JCP would need to agree to keep this information confidential.

Making disclosure mandatory and linked to enforced treatment may well discourage those in significant need making a claim, in particular women and parents. This could result in escalation of drug use and offending. For many of our clients family relationships have broken down and a lot of our work is around encouraging active parenting; being directed into work too soon may further impede this.

The Green Paper suggests that alcohol misuse may be included in this proposed system in the future. We would question the rationale for the decision to delay as in our experience alcohol misuse is a significant cause of worklessness and a barrier to employment.

**Question 7: What elements should an integrated system of drug treatment and employment support include? Do you agree that a rehabilitation plan would help recovering drug users to manage their condition and move towards employment?**

Access to employment is a key element in our delivery of effective treatment to drug users and reintegration back into society. Currently funding for this falls to the DAAT and we are increasingly unable to match resources to need. We would like to see more of this work mainstreamed – but with the understanding that many of this client group will never have been in paid employment and/or have literacy and self esteem issues. These will need to be worked on before they can begin to think of entering employment. Linked to this are the concerns we expressed in our response to question 6 around the resources available to support this particular group.

We would see one element of an integrated system of drug treatment and employment support being flexibility in signing on. In their early stages of treatment many of our service users are physically unwell, emotionally vulnerable and have multiple appointments, we would welcome flexibility and support from JCP around their ability to attend appointments, possibly arranging co-location of signing on with treatment.

Other elements that should be included in the system are educational and work related training, skills development in gaining a job and retaining a job, support to volunteer and work with employers to offer meaningful employment opportunities.

Housing is also an issue for many of our clients and an essential element in being ready for work.

A rehabilitation plan would be an excellent opportunity to prepare those engaged in treatment for employment. However, substance misuse is a chronic condition and safeguards for failure/relapses need to be built in.

Rehabilitation plans need also to consider the different aims our clients have as some will not be looking to abstinence. In our experience those planning to be maintained on prescribed medication also face barriers to employment.

Our concerns within the Green Paper are in ensuring the rehabilitation plan and any sanctions are not targeted too soon. The Green Paper suggests

linking Required Assessments and Drug Rehabilitation Requirement (DRR) attendance to sanction. In our experience those at the engagement end of treatment (1-12 weeks), which includes Required Assessments, are not in a position to significantly explore employment opportunities. Their immediate needs are treatment, housing and financial management. Sanctions could at this stage increase social exclusion and intensify criminal behaviour; it is also likely to be family and carers who indirectly bare the cost of a sanction.

In addition to skills deficits, our clients find it difficult to gain employment because they have poor work histories so lack the required references and many have criminal records. What they require is access to employers who are willing to offer them the opportunity to work and obtain a work history, a foot in the door to employment, backed up by support for both the employer and the employee. Support may be needed for a significant period of time and Haringey's DAAT commission a work placement officer through Kinesis to do just this. It will also need to be from a provider who has knowledge of the client group. In addition, a huge cultural shift in the attitudes of employers to drug users is needed. We would like to see central government lead the way on this. Working with the employers who are signed up to the Jobs and Skills Pledges would be a start.

Finally, we feel more could be done around support for self employment opportunities. Many drug users have skills that may require capital investment. The issue of self employment is applicable to all the groups that the proposals in this Green Paper aim to target.

**Question 8: When is the right time to require ESA claimants to take a skills health check?**

We believe that ESA claimants who, through the WCA, are part of the Work Related Activity Group should be required to take a skills health check at the start of their claim as long as these can be carried out in adequate and appropriate settings.

For people who are in the Support Group we believe that voluntary engagement with a skills health check is appropriate.

**Question 9: Should ESA customers be required to attend training in order to gain the identified skills they need to enter work?**

We believe that ESA claimants who are in the Work Related Activity Group should be required to attend training in order to gain the identified skills they need to enter work. For people who are in the Support Group skills training should be voluntary.

However, it should be recognised that not all ESA or JSA claimants will suffer from a lack of experience and/or low skills and therefore may not need to undertake skills training. Leading on from this, we would also like to see a concrete commitment from the Government that for highly skilled and experienced claimants they will not be forced into inappropriate or entry level employment in the face of possible benefit sanctions.

We would also like to reiterate our concerns over the resources available to deliver adequate and appropriate training opportunities as articulated in general point 3.

**Question 10: In view of the need to help lone parents develop the skills they need to find work, are we right to require lone parents to have a skills health check and training as a condition of receiving benefit?**

There are a significant number of lone parents in Haringey, many of whom require employment and training support. The 2001 Census found there to be over 9,000 lone parents with at least one dependent child in the borough, 62 per cent of whom were not in employment. The latest DWP Benefit statistics show that there are currently at least 6,660 lone parents claiming Income Support. Haringey also has a LAA stretch target to support 110 lone parents into sustained employment by March 2010.

We therefore support the plans to provide a skills health check and training to lone parents once their youngest child is aged five. If done positively it can be used to improve the self esteem of a parent. However, the checks will have to be done carefully and by advisers who are adequately trained to recognise personal issues that lone parents may have but are unwilling to discuss. Also, there will be an issue with adequate and appropriate training as set out in general point 3. Additionally, more lone parents entering training will create even greater demand for quality childcare places. Extra childcare places need to be planned for to ensure that lone parents are able to take up training opportunities. The recent announcements about the 'Free childcare for training and learning to work' programme and the plans to provide free nursery places for all two year olds are therefore welcomed by the Council and its partners.

**Question 11: Should we pilot extra benefit payments for lone parents in return for training, and if so, when the youngest child is what age?**

We support the proposal to pilot extra benefit payments for lone parents in return for training. In line with our response to question 10 we believe this should be made available for lone parents with a youngest child aged 5.

Although lone parents on the New Deal for Lone Parents programme can access a £15 training allowance we believe more should be done and would like to see these extra benefit payments directed towards expenses such as childcare costs.

**Question 12: Are there any other circumstances where customers cannot get the skills they need to enter employment under present and planned arrangements?**

Our concerns around this issue are covered in general point 3 and our response to question 10. We would also like to highlight here the importance of improved careers advice to the individual and we are encouraged by the imminent pilot roll-out of the Adult Advancement and Careers Service.

**Question 13: How might we build on the foundations of the current rules so that they do not discourage unemployed people from volunteering as a deliberate back-to-work strategy, while retaining a clear focus on moving off welfare into paid employment?**

The Haringey Guarantee successfully provides volunteering opportunities and we believed that if, like work placements, they are structured, relevant and the outcomes to be achieved clearly defined at the outset and evaluated upon completion then they can be used successfully as part of a back to work strategy.

Volunteering can be an essential first step to returning to work for people with long-term health conditions and we are particularly concerned about the lack of support available to help disabled people take up volunteering opportunities. For this reason we fully support the calls to create a scheme similar to Access to Work to fund reasonable adjustments for disabled people.

We also have concerns about the capacity to deliver meaningful volunteering opportunities as outlined in our responses to questions 2 and 3 around work related activity.

**Question 14: Do you agree that the WCA and WFHRA should be re-focused to increase work-related support?**

We believe in the notion that anyone who can work should work, which fits with the principles and spirit of the social model of disability. On this basis we agree that the WCA and WFHRA should be re-focused to increase work related support. However, the quality of support will be critical, particularly in relation to helping stay in work. Moreover, supporting people with a disability or long-term health condition into work will require significant resources and we are concerned that they won't be adequately provided given the current economic climate and the tight settlement the DWP received in the last Comprehensive Spending Review. This point is particularly pertinent when considering the proposal to reassess all exiting IB claimants under the WCA between 2009-2013. There are currently (February 2008) 11,940 IB claimants in Haringey and to deliver to this timescale will have huge resource implications.

As well as the WCA and WFHRA we would also like to highlight the importance of Condition Management Programmes (CMPs), which were only given a cursory mention in the Green Paper. Through the Haringey Guarantee the Haringey Teaching Primary Care Trust (HTPCT) delivers a successful CMP, which is assisting long-term IB claimants into work and follows the model of the Pathways to Work pilots, where CMPs were delivered by Primary Care Trusts; the support delivered through the HTPCT also includes engagement in GP surgeries. We are concerned that the national rollout of Pathways has resulted in prime contractors not following this successful model, which we believe could have a negative impact on the Pathways programme.

The Sainsbury Centre for Mental Health, in a recent briefing<sup>8</sup>, highlighted how people with a mental health condition are less likely to be employed than any other group of disabled people. The combination of unemployment and mental ill health can also lead to a range of social problems such as debt and social isolation. In Haringey, approximately 45 per cent of the 11,940 IB claimants in the borough have a mental health condition.

For these reasons, we are encouraged by the Government's intention to provide more support to people with a mental health condition. Indeed, Haringey Teaching PCT is a transitional site for the Improving Access to Psychological Therapies (IAPT) programme, and the TPCT has already invested a considerable amount of funding to take this forward. However we must ensure that employment support provision is integrated with NHS provision and that it can operate effectively alongside IAPT practitioners and within the Primary Care setting, which is currently working to the "Implementing Care Closer to Home" agenda, as outlined in the White Paper "Our Health, Our Care, Our Say" (2006). This measure provides an opportunity to demonstrate effective implementation of cross governmental initiatives.

We are also very supportive of piloting the Fit for Work service. There is a gap in work retention services, and we welcome any initiative that will support people with health related problems to stay in work or to return quickly to work whenever they are able.

**Question 15: What expectations should there be of people undertaking the personalised support we will now be offering in the Work Related Activity Group? Could this include specific job search?**

In line with the Government's commitment to achieve equality for disabled people by 2025, which we fully support, we believe that the expectations on ESA claimants in the Work Related Activity Group should include specific job search.

However, we would like to question the personalised support that will be offered to ESA claimants in the Work Related Activity Group, for which there was very little detail in the Green Paper. We presume that CMPs will play an integral role in this personalised support and we have articulated our concerns

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<sup>8</sup> Sainsbury Centre for Mental Health (2007) *Briefing 33: Mental health and employment*



about how CMPs are being handled within the national rollout of Pathways to Work in our response to question 14.

Whilst the Green Paper commits to the WFHRA being performed at regular intervals we would to highlight the importance of this being available to people with fluctuations conditions.

In relation to job search we would also like to highlight the importance of flexible employment opportunities, such as part-time work, which many people with a health condition will need access to. Lack of part-time employment opportunities are also known to be a particular issue in London. For this reason, as well the issues articulated in general point 5 and our response to question 9, we would like to see the Government doing much more work with employers (especially those signed up to the Jobs and Skills Pledges) to ensure that more part-time, flexible and appropriate employment opportunities are made available to disabled people and people with a long-term health condition.

**Question 16: How can we make Access to Work more responsive to the needs of claimants with fluctuating conditions – including mental health conditions?**

We accept that making Access to Work more responsive to the needs of claimants with fluctuating conditions is a difficult issue to tackle. We would suggest that the role of social enterprises and in particular, social firms can play an important role here. A social firm based on an agency model that takes on disabled people with fluctuating conditions to perform certain tasks as and when needed could make it easier for these people to access work opportunities and also to determine what reasonable adjustments Access to Work could fund. The added benefit would be the disabled person having an employer that is sympathetic to their condition. We would therefore like to see the Government do more to support social enterprise and social firm development in this area.

To help people with fluctuating conditions stay in work we would also like to see Access to Work funding support such as personal assistants in the workplace.

For people with common mental health problems we would like to see all Access to Work assessors given mental health first aid training. This would help to increase the confidence people have in the Access to Work programme and also allow the assessors to better direct people to appropriate support.

**Question 17: What additional flexibilities in the system or forms of support would claimants with multiple and complex problems need to enable them to meet the new work-focused requirements in the Green Paper?**

We fully support the 104 week linking rule that protects IB claimants when they return to work or training. However, we feel that this rule needs to be strengthened to improve work incentives. So, we would like to see the 28 week qualification condition halved to 14 weeks and the requirement to inform JCP of a possible return to benefits after a job start relaxed or dropped altogether.

**Question 18: What are the key features of an action planning approach that would best support employees and employers to take the steps for the employee to make a swifter return to work?**

We believe that a phased approach will be key in ensuring that an action planning approach works. Some of the key features will include:

- The availability of occupational health support
- The option for the employee to take on lighter or changed job duties, which could include part-time working.
- Possible redeployment if an individual is assessed as not being able to carry out the duties they were doing before they fell ill.
- Support for line managers to help them understand and accommodate people returning to work.

**Question 19**

No question 19.

**Question 20: What approach might be suitable to assist partners of benefit claimants who can work into employment?**

We support the move to support unemployed partners of benefit claimants into work and we also fully support the child maintenance disregard that will apply to Housing and Council Tax Benefit from October 2008 and the plans to extend this disregard to out of work benefits from April 2010.

We have recently established a project called Families Into Work project in Northumberland Park – one of the country's most deprived wards with the highest JSA claim rate in London – which aims to tackle generational worklessness by initially supporting 100 families over a three year period. In our Children's Centres we are also planning to start information sessions on issues such as childcare, training and jobs to engage partners.

However, we do believe that some caution should be exercised in the proposed approach as there are vulnerable groups who could be disproportionately affected. These include women claiming benefits who are victims of domestic violence and/or prostitution; children who are in these families could also be adversely affected.

We also feel that the Government needs to go further to support employment amongst couples irrespective of whether they claim out of work benefits. The Institute for Public Policy Research published a study of the low-paid and the working poor earlier this year<sup>9</sup>. One of the main recommendations from the study was to increase work incentives for second earners in a couple through a Personal Tax Credit Allowance (PTCA). The PTCA would allow both adults in eligible families to each earn £100 a week before their entitlement to Working Tax Credits (WTC) started to be withdrawn. Under the PTCA a family earning minimum wage would be £36 a week (or £1,872 a year) better off if a second adult moved into part-time work than under the current system. The report also called for WTC for couples with families to be increased by one third to £91.31 a week (or £4,748 a year) from, reflecting the higher poverty line for this family type. It was estimated that this reform would benefit 1.6 million families and lift 200,000 children out of poverty, at a cost of £1.6 billion. We endorse this approach to assist partners of benefit claimants who can work into employment, by making work more attractive, and to also help tackle child poverty.

**Question 21: What are the next steps in enabling disabled people, reliably and easily, to access an individual budget if they want one? Should they include legislation to give people a right to ask for a budget or will the other levers the Government has got prove sufficient? What are the safeguards that should be built in? How can this be done?**

Haringey Council is implementing a “a 3 year transforming social care programme” in response to “Putting People First” a concordat between central and local government and its partners to develop personalisation in which there will be pilot projects specifically designed to develop self assessment, individual budgets and self directed support plans, service user group by service use group. The programme will include consultation with stakeholders. The programme will ensure roll out of individual budgets and self directed support, service user group by service user group, over the next 3 years. Adult Social Care would welcome the involvement of the DWP in this programme locally.

The question about safeguards depends on what is to be safeguarded i.e. :

- Vulnerable citizens rights to a service
- Budgetary limits
- Protection of the vulnerable citizen from abuse

All of these will have to be brought into balance.

The question of a right to an individual budget will depend on the national review of eligibility currently being undertaken by the Commission for Social Care Inspection (CSCI). At the moment the right to an individual budget would only be available to those service users deemed to meet the fair access criteria of having critical or substantial needs in Haringey. It is thought that CSCI might widen the criteria because of the Department of Health's

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<sup>9</sup> Cooke, G. and Lawton, K. (2008) *Working out of poverty, a study of the low-paid and the 'working poor'*: Institute for Public Policy Research

commitment to prevention and because the current system does not work in the vulnerable citizens interest.

We also believe that a key part of enabling disabled people is giving them good advice and information about the quality of provision available to them. This should be available before they take up their service and while they are receiving this service as well. For this reason we would like to see the development of a 'Which' type good providers list; to make this locally specific it should be quality monitored by Local Authorities.

**Question 22: Is a system based on a single overarching benefit the right long-term aspiration? How could a simpler system be structured so as to meet varying needs and responsibilities?**

We support the idea of a simpler system based on a single overarching benefit. In such a system, assessing need will be critically important in helping to meet need, accommodating responsibilities and also determining the conditionality that needs to be attached to the receipt of benefit.

For this to work, it could be possible to have a system similar to the forthcoming Employment Support Allowance, for example, where needs, responsibilities and conditionality are determined based on the group a claimants is assessed as being in.

**Question 23: Would moving carers currently on IS onto JSA be a suitable way of helping them to access the support available to help combine caring with paid work or preparing for paid work?**

Carers are an integral part of our society and make a significant contribution to our economy. Research by Leeds University<sup>10</sup>, on behalf of Carers UK, found that in 2007 carers saved the economy approximately £87 billion a year. This contribution needs to be clearly recognised in the face of possible stricter work search conditions being applied to carers receiving benefits.

Nevertheless, we believe that moving carers from IS to ESA as opposed to JSA could be a more effective way of helping them to access the support available to combine caring with paid work or preparing for paid work. However, this will need to be based on a thorough and adequate assessment if this is to work effectively and a safeguard that carers will not be compelled to have work search conditions attached to the receipt of benefit if the results of the assessment deem it inappropriate. There will also have to be safeguards introduced to ensure that carers receive some temporary financial assistance once their caring responsibilities come to an end.

It is also important that carers have the resources invested in them to support their aspirations beyond their caring role. This support should include respite from caring responsibilities to better enable them to fulfil their aspirations. At this point, we would like to reiterate the issues identified in general point 3 and our responses to question 15 around training and employment opportunities.

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<sup>10</sup> Buckner, L and Yeandle, S (2007) Valuing carers – calculating the value of unpaid care: Carers UK

**Question 24: How might we reform Bereavement Benefit and IIDB to provide better support to help people adjust to their new circumstances while maintaining the work focus of the modern welfare state?**

No specific comments.

**Question 25: Are lump sum payments a good way of meeting people's needs? Do they give people more choice and control? Could we make more use of them?**

No specific comments.

**Question 26: What information would providers need to make the Right to Bid effective? How would the evaluation process need to work to give providers confidence that their ideas would be evaluated fairly and effectively? How do we get the balance right between rewarding those who come up with new ideas and the obligation to tender projects?**

We welcome the Right to Bid proposal as a way of encouraging and promoting innovation in helping people back to work.

To support providers who wish to access funding from the Right to Bid we believe that various information will need to be available, namely:

- Improved labour market statistics to give a clearer picture of the scale and nature of worklessness in local areas. Benefit claimant data can provide useful information at a borough or sub-borough level but what is really needed is improvements to the Labour Force Survey/Annual Population Survey to ensure that the results derived for local areas are more robust. This can be principally done by boosting the target sample in London boroughs, which is currently 450 economically active people compared to 510 economically active residents in Local Authority Districts outside of London. Given the unique complexities of worklessness in London we feel that this London sample should be at least 510 with a strong case for it being increased further.
- Guidelines on the levels of geography which apply to the Right to Bid.
- Guidance on the duration of successful projects for planning purposes.
- Any lower or upper limits on the amount of money that organisations can access.
- Any requirements around match funding.

We feel the evaluation process will need the following to give providers confidence that their ideas would be evaluated effectively and fairly:

- Upfront and transparent information about how proposals will be evaluated and/or scored. This could include factors such as expectations around outcomes to be achieved, the target groups to be supported, value for money and, importantly, how it adds value and links to existing provision.
- The option to request evidence that proposals have been robustly tested against an evaluation framework.

In terms of getting the balance right between rewarding those who come up with new ideas and the obligation to tender projects, we feel that provision such as Pathways to Work, the forthcoming Flexible New Deal and European co-financing arrangements will meet this obligation. The Right to Bid could therefore be used as a small fund used solely to test out innovative ideas.

**Question 27: What would the processes around contributing to commissioning and performance management look like in a range of different partnership areas? How might they best be managed to achieve the desired outcomes?**

We welcome the Government's desire to include local areas much more in the design and delivery of mainstream employment programmes. Indeed the Haringey Guarantee has already been very successful in adding value to what is already being delivered by mainstream providers in the borough. We are also now delivering the North London Pledge, in partnership with Enfield and Waltham Forest Councils, which is helping to support mainstream activity across the Upper Lee Valley.

To ensure that the planned 'national spine' is supported by appropriate local provision adequate partnership arrangements need to be established. Again, this is something that is happening in Haringey where the Council's relationship with JCP is strong. However, more can be done and we feel that consideration should be given to co-commissioning arrangements and a fully devolved model being delivered through Local Strategic Partnerships as well as Multi Area Agreements and other sub-regional arrangements. The experience and expertise we have acquired through the Haringey Guarantee have given us a firm belief that we can meet the challenge of co-commissioning and full devolution.

A major issue in relation to multi area working is around the lack of consistency with sub-regional boundaries. For this 'national spine' to work we feel that there needs to be more consistency across national and regional government in terms of recognised sub-regional boundaries.

We would like to see joint commissioning plans developed between DWP/JCP and local areas. This will help to ensure that provision is meeting local priorities and is complementary rather than conflicting. Where possible we would also like to see joint monitoring arrangements established as well. This is particularly relevant to the work done through the Haringey Guarantee as we are not allowed to engage with residents who are already on mainstream employment programmes. However, whether someone is on a mainstream programme is not always as clear cut as it may seem and in our experience, disputes have arisen over this very issue. More solid partnerships through joint commissioning and monitoring would help to prevent this.

**Question 28: How could a link be made to the radical proposals for the pilots, which seek to reward providers for outcomes out of the benefit savings they achieve?**

We welcome the proposal to reward providers for outcomes out the benefit savings they achieve. Indeed, as part of the negotiations for our first LAA we

unsuccessfully requested an enabling measure to allow us to keep a proportion of the benefit savings achieved through helping our residents back into work. However, we would like to caution that this needs to be carefully implemented. There will not be any savings until people start to come off benefits and this won't happen until extra support is brought into the system. There is also an assumption that people coming off benefits will not be at least equally replaced in the welfare system.

Haringey now has a LAA target to reduce the out of work benefits claim rate by 4.7 percentage points by 2010/11. We also have stretch targets to support 110 lone parents, 120 long-term JSA claimants, and 180 long-term IB claimants into sustained employment by March 2010. All of these targets have reward payments attached to them. We would like to see a situation where these reward payments are directly related to the benefit savings that are achieved through us moving residents from welfare to work. Currently payments are made upon achieving at least 60 per cent of our individual stretch targets. We would encourage payments to be directly linked to every individual benefit claimant we support into sustained employment. Although the current proposals related to IB/ESA claimants we would eventually like this to be extended to include JSA claimants.

If this approach was to prove successful we would not like to see the Annual Managed Expenditure budget slashed to the extent that adequate resources cannot be ploughed back into employment support programmes.

Nevertheless, we are pleased that this approach will be tested in three pathfinder areas from 2010/11 and we would be very interested in working with you to test these proposals further as a pathfinder area from 2011/12.

**Question 29: How effective are current monitoring and evaluation arrangements for City Strategies?**

No specific comments.

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## How does Haringey's Local Area Agreement (LAA) compare with others?

The priorities set by every local area in England through new LAAs signed at the end of June have been published on both the Communities and Local Government Local Priorities website and the IDeA website. The tables presented here provide a 'snapshot' of how Haringey's selection compare with the national position; the 33 London boroughs; and Haringey's 'Nearest Neighbours' as defined by the Chartered Institute of Public Finance Association (CIPFA). The statistics do not include the educational attainment or local indicators.

## How other local areas compare

Out of 150 localities nationally, 31 indicators on average were chosen by locality. The ten most popular indicators nationally are shown in Table 1.

**Table 1: Ten most popular NIs nationally**

	National Indicator	No. of localities
1	NI 117 - 16 to 18 year olds who are not in education, employment or training (NEET)	115
2	NI 112 - Under 18 conception rate	106
3	NI 154 - Net additional homes provided	104
4	NI 155 - Number of affordable homes delivered (gross)	102
5	NI 186 - Per capita reduction in CO2 emissions in the LA area	100
6	NI 56 - Obesity among primary school age children in Year 6	99
7	NI 16 - Serious acquisitive crime rate	98
8	NI 163 - Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 2 or higher	95
9	NI 123 - Stopping smoking	89
10	NI 1 - % of people who believe people from different backgrounds get on well together in their local area	87

Three-quarters of local areas have prioritised getting NEETs (young people not in education, employment or training) into education or a job, while more than two-thirds will focus on reducing teenage pregnancy. Tackling crime, generating affordable homes and preventing childhood obesity also feature among the top ten priorities chosen by local areas.

Haringey's LAA contains eight of the above within its designated 35. NI 163 is not in Haringey's 35, however, NI 155 is a local indicator.

## How London boroughs compare

Looking at statistics on the 33 London Boroughs only, the top ten indicators selected are in table two below

**Table 2: Ten most popular NIs within the 33 London boroughs**

	National Indicator	No. of localities
1	NI 16 Serious acquisitive crime rate	26
2	NI 40 Number of drug users recorded as being in effective treatment	22
3	NI 155 Number of affordable homes delivered (gross)	22
4	NI 15 Serious violent crime rate	21
5	NI 192 Percentage of household waste sent for reuse recycling and composting	21
6	NI 1 % of people who believe people from different backgrounds get on well together in their local area	20
7	NI 117 16 to 18 year olds who are not in education, employment or training (NEET)	20
8	NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	20
9	NI 152 Working age people on out of work benefits	19
10	NI 154 Net additional homes provided	19

Again Haringey's LAA contains eight of the above within its designated 35. NI 152 is not within Haringey's LAA and NI 155 is a local indicator.

## How Haringey compares with its neighbours

Comparing Haringey's indicators with that of our 'Nearest Neighbours'<sup>1</sup> made up of 15 boroughs with a similar socio-economic composition to Haringey, these boroughs have on average 29 indicators per locality.

**Table 3: Comparison with neighbouring boroughs**

Borough	No. of NIs	No. of NIs corresponding to Haringey's LAA
Enfield	34	19
Lewisham	35	18
Tower Hamlets	35	18
Waltham Forest	35	18
Hackney	35	17
Greenwich	35	16
Hounslow	35	16
Lambeth	35	16
Newham	35	16
Southwark	34	16
Ealing	23	14
Islington	21	14
Brent	23	13
Wandsworth	23	12
Merton	20	8

Out of these 15 boroughs, eight boroughs have chosen to include the maximum number of designated indicators permitted, 35. Enfield's LAA contains the highest

<sup>1</sup> Haringey's Nearest Neighbours are based on a series of fixed socio-economic indicators as set by CIPFA. These are- Brent, Ealing, Enfield, Greenwich, Hackney, Hounslow, Islington, Lambeth, Lewisham, Merton, Newham, Southwark, Tower Hamlets, Waltham Forest, Wandsworth.

number of indicators, 19, which match Haringey's. Lewisham, Tower Hamlets and Waltham Forest LAAs contain 18 indicators which match Haringey's.

### Comparing Haringey's priorities to other London boroughs

Finally, the table below highlights Haringey's 35 priority indicators and indicates the number of boroughs who have selected these indicators.

**Table 4: Haringey's 35 NIs**

NI no.	National Indicator	Boroughs
1	% of people who believe people from different backgrounds get on well together in their local area	20
4	% of people who feel they can influence decisions in their locality	16
6	Participation in regular volunteering	11
8	Adult participation in sport and active recreation	13
15	Serious violent crime rate	21
16	Serious acquisitive crime rate	26
21	Dealing with local concerns about anti-social behaviour and crime issues by the local council and police	13
35	Building resilience to violent extremism	8
39	Rate of hospital admission per 100,000 for alcohol related harm	7
40	Number of drug users recorded as being in effective treatment	22
51	Effectiveness of child and adolescent mental health (CAMHS) services	9
56	Obesity among primary school age children in Year 6	18
60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement	5
79	Achievement of a Level 2 qualification by the age of 19	12
111	First time entrants to the Youth Justice System aged 10 - 17	17
112	Under 18 conception rate	18
113	Prevalence of Chlamydia in under 25 year olds	4
116	Proportion of children in poverty	11
117	16 to 18 year olds who are not in education, employment or training (NEET)	20
121	Mortality rate from all circulatory diseases at ages under 75	11
123	Stopping smoking	17
125	Achieving independence for older people through rehabilitation/intermediate care	11
126	Early access for women to maternity services	7
135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	20
140	Fair treatment by local services	3
141	Percentage of vulnerable people achieving independent living	17
149	Adults in contact with secondary mental health services in settled accommodation	6
153	Working age people claiming out of work benefits in the worst performing neighbourhoods	15
154	Net additional homes provided	19
156	Number of households living in Temporary Accommodation	11
171	New business registration rate	8
186	Per capita reduction in CO2 emissions in the LA area	18
187	Tackling fuel poverty - % people receiving income based benefits living in homes with a low energy efficiency rating	3
192	Percentage of household waste sent for reuse, recycling and composting	21
195	Improved street and environmental cleanliness	18

Sept 2008

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**Meeting:** Haringey Strategic Partnership Board

**Date:** 4 November 2008

**Report Title:** Thematic Board Updates

**Report of:** Mary Connolly, HSP Manager

### **Summary**

This report provides a summary of the work streams, activities and recent decisions undertaken by each of the Thematic Partnership Boards.

### **Recommendations**

To note the updates from each Thematic Partnership and for Board members to comment as appropriate.

### **For more information contact:**

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### **Better Places Partnership Board**

The Better Places Partnership Board is moving forward in its key task of developing the Greenest Borough Strategy and Implementation Plan. The Strategy is now in place and a successful and well-attended partnership launch event was held at the Bernie Grant Centre on 20 October.

Representatives from a number of different agencies outside the normal representation attended the October Board meeting to discuss partner involvement in carrying out the aims of the Greenest Borough Strategy. Partners received presentations from John Morris, Assistant Director of Recreation Services and Beverly Taylor, Assistant Director of Frontline Services. The Board then split into discussion groups to consider the first two themes of the Strategy – Improving the Urban Environment and Protecting the Natural Environment.

The discussion proved productive in finding out the actions that partners already undertake to improve the urban environment and protect the natural environment. Useful discussion was also had concerning further partnership initiatives that could be developed to promote the Greenest Borough agenda. Members of the Integrated Housing Board will be invited to the next Better Places Partnership Board meeting to discuss Greenest Borough issues common to both boards.

The Board also received a report setting out performance during the First Quarter April to July 2008. It was explained that measures were in place to address any under performance and that most projects were on target or exceeding targets.

### **Children and Young People's Strategic Partnership Board**

The Board has met twice since the last meeting of the HSP.

At the first meeting the Board elected the Vice Chair and HSP representative for the coming year and reviewed the membership and terms of reference. The Board also received a presentation on the Community Link Forum (CLF) and was able to welcome the three CLF representatives to the Board.

The Board considers at least one main strategic item at each meeting. As part of this programme it has received presentations on the development of integrated youth support services and the Child Poverty Strategy and Action Plan. The development of integrated youth services in response to the Government's "Youth Matters the Next Steps" sets out the Government's vision for empowering young people, giving them somewhere to go, something to do and someone to talk to, giving them more choice over services and encouraging them to contribute to their local community. Development of the strategy includes putting in place targeted youth support for vulnerable teenagers. The presentation outlined what work had been done so far and future plans.

A presentation was also given on the Child Poverty Strategy and Action Plan. The importance of this for the Board was emphasised as reducing child poverty is one of the Local Area Agreement targets. The Strategy has four objectives; increasing parental employment in sustainable jobs, maximising incomes through improving the delivery of benefits and tax credits, reducing educational attainment gaps for children and ensuring all Haringey children have decent and secure homes. The strategy and action plan set out what work is underway and future plans for reducing the proportion of children living in poverty.

The Board also considered the new draft Haringey Alcohol Strategy and Action Plan from the Haringey Drug and Alcohol Team Partnership Board. This builds on Haringey's original strategy that ended in March 2008, and takes into account new statutory duties and guidance. The action plan includes activities for the CYPSP.

A major focus for the Board is the future development of a new children and young people's plan. Changing Lives comes to an end in 2009 so work on a

new plan to cover 2009-2020 is starting. This began with the 4<sup>th</sup> annual CYPSP conference in September, under the title "2020 Vision" and took the form of a World Café at the Bernie Grant Centre. About 130 people came together to join a series of facilitated conversations on future developments and challenges for young people and children's services.

### **Integrated Housing Board**

On 12 September 2008, Haringey's three year multi agency Homelessness Strategy received its official launch at the Bernie Grant Centre.

Implementation of the Homelessness Strategy is being driven by nine theme based delivery groups and is being monitored by the Homelessness Strategy Implementation Group which is, itself, tasked with responsibility for providing the Integrated Housing Board with regular progress reports.

At its last meeting on 15 October.2008 the Integrated Housing Board received a progress report on the LAA targets and a presentation on the significant contribution that registered social landlords can make (and are making) to the achievement of those targets.

The Board considered and approved an inclusive, multi agency approach to the development of a new Housing Strategy that will provide the overarching strategic framework within which Haringey will seek to meet local housing need and build sustainable communities over the next ten years.

After receiving a briefing on the need for increased and sustained community and partner engagement, the Board agreed that a Consultative Framework (comprising an annual housing conference and regular meetings of the Landlords Forum, Advice Agencies Forum and RSL & Developers Forum) should be established and that consultation should be undertaken through tenants groups and the sharing of customer satisfaction data.

The Board discussed the possible implications of the Supporting People funding becoming part of the Area Based Grant. The Board commended the Supporting People team for making such effective use of the funding and explored the potential for 'ring fencing' the homelessness-related elements of the programme to support the implementation of the Homelessness Strategy. It was agreed that the Board's comments and suggestions would be fed back to the Supporting People Partnership Board.

### **Enterprise Partnership Board**

The Enterprise Board last met on 8 September 2008.

The Board approved its Terms of Reference for 2008/09, which now reflect the priorities of Haringey's new Local Area Agreement (LAA).

The main item of discussion was the welfare reform Green Paper, 'No one written off: reforming welfare to reward responsibility'. This provided Board members with the opportunity to contribute to the Borough's response to the Green Paper, which was submitted to the Department for Work and Pensions.

The Board received its first performance report under the new performance arrangements with the main highlight being NEET performance; the proportion of NEETs in Haringey was reported at 8.4 per cent – lower than the 2010 Stretch Target level of 10.4 per cent.

An update was received in relation to the three main tackling Worklessness programmes:

Haringey Guarantee – The Board approved the development of a strategic employer engagement partnership with the College of North East London and KIS Training. This partnership will be called the Employer Zone and will be launched in December 2008.

Families Into Work – The team is in place and an office has been secured in the Neighbourhood Resource Centre in Northumberland Park. The project will be officially launched on 24 October.

North London Pledge - £600k has been allocated to the delivery of the programme during the current financial year. A further £910k has been allocated for 2009/10.

The final version of the Regeneration Strategy Delivery Plan was received by the Board and agreed by the Council's Cabinet in July.

### **Well-Being Strategic Partnership Board**

The Well-being Partnership Board last met on the 2 October.

A report was received that presented the new Alcohol Harm Reduction Strategy. The Strategy is built upon the original three year strategy published in 2005 and incorporated the findings of a recent review of local alcohol related problems. The Board agreed on the recommendations including the proposed title for the strategy 'Dying for a Drink'. The strategy was presented at Overview and Scrutiny on the 6 October. The Cabinet is due to consider the Strategy on 18 November for final sign off.

A presentation was made to the Board outlining the new Sport and Physical Activity Participation Improvement Plan, which links in to the 'Healthier People with a better quality of life' outcome of the Haringey Community Strategy as well as Indicators included within the Local Area Agreement. The focus of the current work is towards achieving an increase in adult participation, seeking to achieve 26.9% by 2010. In order to achieve the target, the Council and Partners are proposing to launch the HARIACTIVE campaign from April 2009. The Board agreed on the recommendations and endorsed the HARIACTIVE approach in support of achieving the LAA outcomes.

The Haringey Community Sports and Physical Activity Network (CSPAN – chaired by the Director of Public Health) is leading on this.

The Board received an Annual Report that provided an overview of the work carried out by the Safeguarding Adults Board during 2007/08. The Annual Report identifies objectives for 2008/09 and addresses requirements included within national guidance, directives and policy.



The Board received a report setting out performance during the first quarter (April to July 2008). There were several areas where data could not be collected and therefore it had not been possible to measure performance against these targets. A range of indicators are periodically reported and some will report towards the end of the year. The board agreed that the Council and PCT should work together to develop proxy indicators where appropriate.

The Board received an update on the Tackling Health Inequalities Audit report and Action Plan which examined how the Council and the PCT acted to reduce health inequalities in the Borough. Although the initial feedback was very positive, a number of areas for improvement and challenges were identified. An Action Plan has been devised in response to the audit report and many of the recommendations have since been implemented. The remainder will be delivered between the council and the PCT as set out in the Health Inequalities Audit Action Plan.

The Board received a presentation on the issues shaping the new Sexual Health Strategy. The current strategy needs an update to reflect emerging national policy and a refreshed assessment of sexual health needs in the Borough. Schools are playing a key role in improving awareness amongst young people of the risk of sexually transmitted diseases. However, a number of schools had not agreed to immunisations being given on their premises. The board agreed that the Children and Young People's Strategic Partnership Board should also be asked to consider what measures it could take to encourage all schools to participate in the Immunisation Programme.

A paper outlining an overview of the Haringey Teaching Primary Care Trust's Investment Plan 2008/09 for the next two years was presented to the board.

The Haringey Obesity Strategy was presented to the board for information. The care pathway and resource pack is linked to both national and local strategies and targets, including the Sport & Physical Activity Strategy and Infant Mortality Strategy.

The Board received a verbal update in relation to the new Risk Management Framework adopted by the HSP on 3 July 2008. Risk Registers have to be completed by December and presented to the Board for approval.

### **Safer Communities Executive Board**

It was agreed that future board meetings should be split into two sections: Core Business and a Key Discussion Topic. This started at the recent meeting in October and the chosen topic was 'Reducing Re-offending – Issues, Gaps and Actions'. This area is one of the strategic priorities for the Board and will be continued at the meeting in December. It requires significant joint working across services such as housing provision,

employment and skills, treatment services, family and mentoring support etc. as well as across partner agencies like Probation, Police and the PCT. A further topic for debate and discussion is likely to be Preventing Violent Extremism – a newly funded Government programme. Safer Communities is delivering this programme in partnership with corporate Equalities and the voluntary sector.

The Board received a copy and explanation of the new performance scorecard for Quarter 1. There was a further reminder of the responsibility of the board for certain key targets and the key achievements and areas of concern were highlighted. Haringey is performing well against key crime reduction targets (especially acquisitive crime, gun and knife crime) and against sanctioned detections. The detailed work is done outside the SCEB by the Performance Management Group, which is now meeting every 6 weeks, chaired by the Assistant Chief Executive.

The evaluation framework set up by partnership support team is working well with all Project Managers now complying with quarterly reporting. This is allowing a much higher level of monitoring than was previously the case. Safer Communities Managers are now working on the commissioning needs and intentions for next year, along with establishing any gaps and funding issues for the coming year or two. Investment priorities will be discussed at the December meeting following a presentation from the Drug and Alcohol Action Team and Community Safety Team of the key findings from the annual needs' and strategic assessments – thus providing a strong link between evidence, need and investment.

Significant progress is being made with joining up area-based resources with key colleagues and partners. Haringey police is in the process of aligning its front line staff with the three Children's Network zones which will further strengthen the neighbourhood model. The application of problem-solving as a way of working has also progressed with training currently completed or underway.