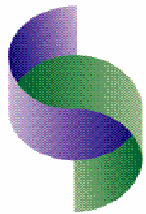

haringey strategic partnership

NOTICE OF MEETING

Well-Being Strategic Partnership Board

MONDAY, 2ND MARCH, 2009 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22.

MEMBERS: See membership list below.

AGENDA

1. APOLOGIES AND SUBSTITUTIONS

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. URGENT BUSINESS

The Chair will consider the admission of any items of Urgent Business. (Late items will appear under the agenda item where they appear. New items will be dealt with under Item 16 below).

4. MINUTES (PAGES 1 - 8)

To confirm the minutes of the meeting held on 8 December 2009 as a correct record.

DISCUSSION / PRESENTATION ITEMS:

5. COMMUNITY ENGAGEMENT FRAMEWORK (PAGES 9 - 12)

A presentation will be given.

6. COMPREHENSIVE AREA ASSESSMENT

A presentation will be given.

7. MENTAL CAPACITY ACT -DOLS IMPLICATIONS

A presentation will be given.

8. REHABILITATION AND INTERMEDIATE CARE STRATEGY

This report will be sent to follow.

INFORMATION ITEMS:

9. ALCOHOL STRATEGY IMPLEMENTATION PLAN UPDATE AND PRESENTATION ON ANALYSIS OF THE HOSPITAL EPISODE STATISTIC DATA (PAGES 13 - 34)

A presentation will also be given.

10. SUMMARY OF HARIACTIVE REPORT (PAGES 35 - 38)

11. USER PAYMENTS POLICY

A verbal update will be provided.

12. UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (PAGES 39 - 40)

13. WELL-BEING RISK REGISTER (PAGES 41 - 62)

14. AREA BASED GRANT

A verbal update will be provided.

15. WELL-BEING SCORECARD (PAGES 63 - 68)

16. NEW ITEMS OF URGENT BUSINESS

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

17. ANY OTHER BUSINESS

To consider any items of AOB.

18. DATES OF FUTURE MEETINGS

Please note the tentative dates for the new Municipal Year 2009/10 set out below:

- 2 March 2009 7pm
- 14 May 2009
- 1 October 2009 7pm
- 8 December 2009 7pm
- 25 February 2010 7pm

The Council's Calendar of Meetings will be considered at the Annual Council meeting in May 2009. Until the calendar has been formally approved it remains subject to change.

Once the dates have been agreed they will circulated to members.

Yuniea Semambo
Head of Local Democracy and Member Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

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

20 February 2009

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

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

MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
MONDAY, 8 DECEMBER 2008

Present: Cllr B. Harris (Chair), Margaret Allen, Judy Allfrey, Cllr J. Bevan, Eugenia Cronin, Cllr D. Dogus, Robert Edmonds, John Forde, Michael Fox, Cathy Herman, Howard Jeffrey, Angela Manners, Lisa Redfern, Richard Sumray, Penny Thompson.

In Attendance: Maria Fletcher, Phi Harris, Barbara Nicholls.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBHC98.	**WELCOME, APOLOGIES AND INTRODUCTIONS** Apologies for absence were received from the following: Abdool Alli Tracey Baldwin – Penny Thompson substituted Cllr G. Bull Diana Edmonds Paul Head – Howard Jeffrey substituted Sue Hessel Marion Morris Mun Thong Phung Faiza Rizvi	
OBHC99.	**MINUTES** **RESOLVED:** That the minutes of the meeting held on 2 October 2008 be confirmed as a correct record.	
OBHC100	**DECLARATIONS OF INTEREST** No declarations of interest were received.	
OBHC101	**URGENT BUSINESS** No items of Urgent Business were received.	
OBHC102	**WELL-BEING SCORECARD: EXCEPTION REPORT** The Board received a report setting out performance against National Indicators and Stretch Targets included within the Local Area Agreement (LAA). An overview was provided of the action being taken to address NI 113: Prevalence of Chlamydia in Under Twenty Year Olds. Confirmation was given that significant work had been undertaken by the PCT and Council to populate the scorecard and fill in data gaps since the last meeting. The Board requested further details of the CAMHS mapping exercise	Margar

	and associated scoring used to monitor NI 51 – Effectiveness of child and adolescent mental health (CAMHs) services. In response to a query regarding scheduling for an Affordable Warmth Strategy, confirmation was given that a strategy would be in place from April 2009. **RESOLVED:** That the report be noted.	et Allen/Patricia Walker
OBHC103	**WELL-BEING STRATEGIC FRAMEWORK UPDATE** The Board received a report setting out the revised Well-Being Strategic Framework and Implementation Plan incorporating LAA indicators, national indicator set, national policy developments, new local strategies and policies and updated Borough statistics. Approval for the final version of the framework would be sought at the March meeting of the Board. The Framework acted as a mechanism for identifying strategic priorities for improving well-being in Haringey and drew together priorities from existing plans and strategies to integrate a range of initiatives. The Framework centred around seven key outcomes agreed by the Board. The Board was advised that the new Local Area Agreement (LAA) adopted in April 2008, provided an opportunity to focus plans and resources to improve health and well-being. It was noted that many of the targets contained within the LAA, which were under the WBSPB's responsibility, were shared with other Partnership Boards. In addition to these there were also a number of cross cutting Indicators that each of the Boards contributed towards the achievement of. Concern was expressed regarding the amount of surplus information contained within reports and the resultant size of the meeting agenda. The Board requested that report authors be reminded of the need to keep papers focused and to clearly identify changes or issues requiring discussion and decision by the Board. Confirmation was given that an update would be provided at the next meeting of the Board on changes arising from consideration of the Equalities Impact Assessment by Directorate Equalities Forums as part of the finalisation of the framework. **RESOLVED:** i. To note the updates to the Well-Being Strategic Framework agreed by the Well-Being Chairs Executive on 28 November 2008. ii. That the process agreed by the Well-Being Chairs Executive to undertake a full review of the priorities and actions in the	All to note Barbara Nicholls

	implementation plan, by April 2009, be endorsed.	
OBHC104	**DRAFT WELL-BEING STRATEGIC PARTNERSHIP BOARD RISK REGISTER** The Board considered a report that set out a draft Risk Register to identify the risks attached to the running of the Board and in meeting the targets within the Boards responsibility under the LAA. The Board requested clarification regarding the assignment of a medium impact of inherent risk for the failure to increase the number of visits per resident per annum to parks and open spaces and failure to increase the percentage of residents visiting a park at least once a month. In addition, that the controls listed for the two risks be checked for duplication. The Board requested details of financial risk be added to the register in light of the current financial climate. **RESOLVED:** i. That the draft Risk Register presented be noted. ii. That a final version of the Risk Register incorporating financial risks be presented to the Board in March 2009.	John Morris Margaret Allen
OBHC105	**JOINT STRATEGIC NEEDS ANALYSIS** The Board received an update report on the second phase of the Joint Strategic Needs Assessment (JSNA) to play a key role in determining local priorities and contributing to the development of the Community Strategy and LAA. It would also provide a core data set that would form an evidence base for the development of strategies and future commissioning plans. It was noted that the JSNA phase 2 prioritised four key areas identified by the JSNA Steering Group: • Sexual health • Mental health • Vulnerable children and young people • Population Pools of data shared by each of the agencies involved were being formed in relation to the areas set out above and each assessment would be driven by a partnership task group comprised of representatives from each lead agency with a target for delivery of 2009/2010. In addition to this a technical group had also been established. The Board was reminded that there was a statutory duty upon Directors of Public Health, Adult Services and Children's Services to undertake a JSNA with a view to better commissioning of services on population	JSNA

	based need. In light of this duty, the potential value of liaising with Barnet and Enfield PCTs regarding their needs assessments was emphasised by the Board. The Board requested that consideration be given to the undertaking of a health needs assessment in relation to access to non medical footcare. Short progress updates were requested at future Board meetings flagging up issues for further discussion. **RESOLVED:** i. That the four priority areas for JSNA, set out above, be noted. ii. That the establishment of four Task Groups and the draft Terms of Reference be noted. iii. That a report updating the Board on progress be presented in March 2009 and future meetings.	Steerin g Group JSNA Steerin g Group JSNA Steerin g Group
OBHC106	**EXPERIENCE COUNTS: REVIEW AND UPDATE** The Board received a report setting out progress on the review and an update on the Experience Counts Strategy for improving the quality of life for older people. It was noted that the Strategy was launched in 2005 and covered the period 2005-10. Its aim was to improve the quality of life for older people in the Borough by tackling discrimination and promoting positive attitudes towards ageing via 10 key goals. Focus groups have been established for each goal and as a result of the scale of the work involved, the deadline for final approval of the review by the Board would be March 2009. The Board was advised that the Action Plan would be closely aligned to the Well-Being Strategic Framework and take into account relevant targets included within the LAA. Progress would be reported through the Well-Being Chair's Executive and the Older People's Partnership Board. **RESOLVED:** i. That the Well-Being Chairs Executive Board and Well-Being Strategic Partnership Board should continue to monitor and support the process of renewing and updating the Strategy. ii. That organisations represented by the bodies above support the process by supporting the actions set out in the report.	
OBHC107	**TRANSFORMING SOCIAL CARE: PUTTING PEOPLE FIRST** The Board received a presentation setting out proposed changes to Adult Social Care, including progress made to date and work planned for	

	the future. The Board were advised that a Senior Policy Officer had been recruited to help develop new policies and procedures and that two key pilot projects were underway, based around physical and learning disabilities. A Transforming Social Care Board (TSCB) has been established to oversee future work related to the transformation and the Board were advised of the need to increase membership to ensure representation from the PCT and from community organisations to reflect the diverse nature of the borough. The Board requested a background report into the planned transformation and to provide options for broadening the membership of the TSCB, including potential involvement of a sub group of the WBPB. **RESOLVED:** i. That the presentation be noted. ii. That a report should be brought to a future meeting of the Board setting out a background to the transformation of social care and options to broaden representation on the Transforming Social Care Board.	Paul Knight Paul Knight
OBHC108	**CULTURAL STRATEGY UPDATE** This item was withdrawn from the agenda and deferred to a future meeting.	
OBHC109	**UPDATE ON DEVELOPMENT OF CARERS STRATEGY** The Board received a report providing an update on proposed revisions to the Haringey Carers Strategy to reflect requirements and recommendations contained within the National Carers Strategy published in June 2008. The finalised strategy would be submitted to the Board in May 2009. The Board noted consultation with regard to the updates would run from mid January 2009 until mid April 2009, followed by the development and monitoring of an Action Plan by the Carers Partnership Board. **RESOLVED:** iii. That the approach proposed to the review and development of a new Carers Strategy be noted. iv. That the proposed Project Brief be approved. v. That the intention to bring the finalised Carers Strategy to the Board in May 2009 be noted.	
OBHC110	**HOMELESSNESS STRATEGY 2008-11**	

The Board received a report setting out the new Homelessness Strategy for the Borough and how this would be implemented. The Strategy would set out how the Council and its partners would work together to prevent homelessness and provide better outcomes for people who were homeless or at risk of being so.

It was noted that the Strategy provided the framework to facilitate effective partnership working and supported the Community Strategy and delivery of the LAA by addressing issues such child poverty, community safety, educational attainment, health inequalities and worklessness. The Strategy also related closely to objectives contained within the Well-Being Strategic Framework and would assist in achieving these.

The Board noted that the Strategy would be aligned to the reorganisation of the Housing Service and would incorporate good practice services including a rough sleepers outreach service and a new rent deposit scheme. Nine themed delivery groups would oversee implementation of the Action Plan and achievement of the nine key strategic objectives of the strategy.

RESOLVED:

i. That the report be noted.

ii. That the objectives and implementation of Haringey's Homelessness Strategy 2008-11 be endorsed by the Board.

OBHC111 **PRIMARY CARE TRUST STRATEGIC PLAN UPDATE**

The Board received a report on the NHS Haringey Strategic Plan required as part of striving to achieve world class commissioning and with the aim of detailing the move from assessing the needs of the population to commissioning services to drive improvements in health outcomes. The strategy would be based on the monitoring of 10 key outcomes, with strong crossover with the LAA:
Life expectancy
Health inequalities
Primary care access
Childhood immunisation
Teenage pregnancy
Crisis resolution
Smoking quitters
CVD mortality
Cancer mortality
Diabetic retinopathy screening

Concerns were raised regarding issues identified at a recent London Councils meeting related to the identification of trauma centres. The Board were advised of ongoing issues related to the clinical standard of bids from acute trusts for trauma and stroke centres and arising locational issues requiring resolution prior to the commencement of the

	consultation process. The Board requested an update on the rehabilitation strategy and associated deadlines at the next meeting. **RESOLVED:** i. That the strategic direction and change of name from Haringey Teaching PCT to NHS Haringey be noted. ii. That an update on the rehabilitation strategy and associated deadlines be provided to the Board in March 2009.	Penny Thompson Penny Thompson
OBHC112	**USER PAYMENT POLICY: UPDATE** The Board were updated on progress made with the drafting of a user payment policy to introduce a consistent payment procedure across all partners. The pilot project led by the Making a Positive Contribution Group would be run over a year until March 2010, with a report setting out proposals to be submitted to the next meeting of the Board. **RESOLVED:** iv. That a report updating the Board on progress be presented in March 2009.	Robert Edmonds
OBHC113	**SUPPORTING PEOPLE LONG TERM FUNDING PROGRAMME** The Board received a report setting out the direction of travel for the Supporting People (SP) programme and its medium to long term funding priorities. The Board noted a reduction of funding to the SP programme from 2009-2011 of £2.6 million and the necessity of realigning SP investment in addition to efficiency savings to compensate for the reduction. A series of efficiency savings had been identified by the Supporting People Partnership Board (SPPB), underpinned by extensive work undertaken by the SP team based on consideration of systematic evidence. Final recommendations would be made at the end of the consultation period in January 2009. It was noted that the SP funding was currently ring fenced, with strict conditions governing how SP funding could be spent. However following the removal of the ring fence for 2009/10, the funding would be classified as a specified grant under the responsibility of the SPPB. Funding for future years would potentially be subsumed by the Area Based Grant (ABG), although the grant could be ‘passported’ back to the SPPB by the HSP Performance Management Group. **RESOLVED:** v. That the report be noted.	

OBHC114	**NEW ITEMS OF URGENT BUSINESS** No new items of Urgent Business were raised.	
OBHC115	**ANY OTHER BUSINESS** That recommendations arising from the Grant Thornton review would be used to inform the structure of the agenda for future Board meetings.	Xanthe Barker
OBHC116	**DATE OF NEXT MEETING** It was noted that the next meeting was due to take place on 2 March 2009.	

COUNCILLOR BOB HARRIS

Chair

Agenda Item 5

Meeting:	**Well-Being Partnership Board**
Date:	**2 March 2009**
Report Title:	**Community Engagement Framework**
Report of:	**Sharon Kemp, Assistant Chief Executive, PPP&C, Haringey Council**

Purpose

The purpose of this report is to:

- Inform the Well-Being Partnership Board of the development of Haringey's first Community Engagement Framework
- Ask Well-being Partnership Board members to respond to the Community Engagement Framework consultation

Summary

On 3 December 2008 the HSP's Performance Management Group (PMG) agreed that Haringey Strategic Partnership would develop a framework to co-ordinate and strengthen community engagement work, and that a multi-agency group would be formed to take forward this work.

The Community Engagement Framework (CEF) will reaffirm the commitment of the HSP to community engagement and promote a shared understanding of associated principles. It will also identify and prioritise areas which need further development.

The HSP on 26 February 2009 received:

- an update on the development of the CEF
- an update on the work of the multi-agency project group that has been established to develop the CEF
- the draft CEF consultation document

The HSP were asked to consider the draft consultation document and make suggestions and amendments before the document goes out for public consultation.

Reporting deadlines mean that this report for the Well-Being Partnership Board has been written before the HSP has considered the draft CEF consultation document.

The consultation document will be available in early March and a link

will be sent to all Well-Being Partnership Board members.

Well-Being Partnership Board members are asked to consider the draft CEF when it is available, particularly the consultation questions, and provide comments and suggestions within the consultation deadline of 21 April 2009.

Board members are also asked to circulate the draft CEF within their organisations and to their community contacts for comment by 21 April 2009.

Legal/Financial Implications

The new statutory duty to involve is not well defined legally and there is considerable discretion in how to implement this in accordance with Guidance. This strategic framework should help us to engage a wide variety of community groups in the early formulation of local decisions and policy-making thus fulfilling the underlying purpose of the new duty.

There are no direct financial implications immediately arising from the development a Community Engagement Framework in Haringey. The Action Plan arising from the CEF, when developed, may have resource implications needing detailed consideration at that stage.

Recommendations

That the Well-Being Partnership Board considers the CEF consultation document, particularly the consultation questions, and provides comments and suggestions

For more information contact:

Name: Helena Pugh
Title: Head of Corporate Policy
Tel: 020 8489 2509
Email address: helena.pugh@haringey.gov.uk

Name: Kirsty Fox
Title: Corporate Strategy & Policy Manager
Tel: 020 8489 2979
Email address: Kirsty.fox@haringey.gov.uk

Background information:

The Haringey Strategic Partnership (HSP) is currently developing a Community Engagement Framework (CEF). The Framework will be the key reference point for community engagement by HSP organisations. It will set out the vision and principles for community engagement by HSP organisations in Haringey. The draft aim of the CEF is to enable the HSP:

'To engage with local communities and empower them to shape policies, strategies and services that affect their lives.'

There are many reasons for developing a CEF. These include:

1. Empowering people to define and shape their own community
2. Responsive services tailored to meet people's needs
3. Better informed citizens
4. Better monitoring and measuring of performance
5. Encouraging democratic involvement
6. Building responsible citizenship
7. Improving relationships between partner agencies and the public
8. Building capacity of people to take part in engagement activities
9. Meeting our statutory obligations

The Framework builds on our responsibilities contained within the Sustainable Community Strategy (SCS), which provides the overarching direction for the borough. The principles of this Framework support **all** of the SCS outcomes, and in particular:

- **People at the heart of change**
- **Be people and customer focused**

Haringey's Local Area Agreement also clearly demonstrates the HSP's commitment to community engagement. It contains the following targets, which will allow us to measure and monitor this Framework:

- NI1: Percentage of people who believe people from different backgrounds get on well together in their local area
- NI4: Percentage of people who feel that they can influence decisions in their locality
- NI 6: Participation in regular volunteering
- NI 7: Environment for a thriving third sector
- NI140: Fair treatment by local services - proxy to what extent does your local council treat all types of people fairly

Comprehensive Area Assessment (CAA)

The Audit Commission will be testing the level and quality of public engagement and empowerment as part of the CAA assessment process. We will be assessed to see how well vulnerable and marginalised groups are involved in local decision making. One of the three key CAA questions will look at the partnership's understanding of local needs and aspirations and ensure that this knowledge has been used in the development of local priorities. The purpose of this is to ensure that there are clear priorities, based on understanding of need, and that there is a shared commitment to the achievement of these priorities.

Multi-agency project group

A multi-agency project group to develop the CEF was established in December 2008. Representation and involvement from partner agencies has been very strong.

The group has developed the aim, objectives, principles and scope of the CEF. The group has undertaken an initial mapping exercise of community engagement work across partner organisations, and will use this to inform the development of the CEF Action Plan.

Consultation process

The consultation process is planned to take place in three phases. An initial consultation process has already taken place to inform the development of the Community Engagement Framework. Details of this initial process are as follows:

Consultation phase 1:

- The first phase of community consultation took place between 19 January 2009 and13 February 2009.

Consultation phase 2:

- The second phase of consultation will take place between early March and 21 April 2009
- The consultation document will be sent out to community and voluntary groups and will be available on the Haringey Council website.
- The questionnaire accompanying the document will ask for specific comments on the vision, definition and principles of the CEF.
- The CEF will also be discussed at the HSP thematic board and relevant sub board meetings and Haringey's Community Link Forum meeting.

Following the second consultation phase, the following will take place:

- Consultation responses will inform the final draft of the CEF.
- The CEF will be taken to the HSP for adoption on 27 April 2009.
- The final CEF document will be made available on partner websites
- The multi-agency group will continue to meet for a time-limited period in order to develop the CEF Action Plan and accompanying Equality Impact Assessment.

Consultation phase 3:

- The third phase of the consultation will take place later in the year and will focus on the Action Plan to be developed following agreement of the Framework.

Agenda Item 9

haringey strategic partnership

Meeting:	**Well-Being Strategic Partnership Board**
Date:	**2 March 2009**
Report Title:	**Alcohol Strategy Implementation Plan Update and Presentation on analysis of the Hospital Episode Statistics data**
Report of:	**Marion Morris (DAAT) and Susan Otiti (Public Health)**

Purpose

- For information (implementation plan update)
- For discussion (HES analysis)

Summary

The Alcohol Harm Reduction Strategy implementation plan is in three sections: health, community safety and children and young people. This update concerns the health section, whose actions fall within the remit of the Well-being Partnership Board. Progress is good on all actions with the exception of H9, which is to address the housing needs of problematic drinkers. More details are given below and all the health actions are listed at Appendix 1.

An important element of the strategy is to get a detailed understanding of alcohol-related hospital admissions to inform our approach to reducing the alcohol related hospital admission rate. An analysis has now been done and will be presented to the meeting.

As a result of the analysis a submission for £460k of new investment has been submitted to the PCT to develop hospital liaison services for alcohol and early interventions in primary care through a Locally Enhanced Service.
LES

Legal/Financial Implications

£460k new investment pa by the PCT for alcohol interventions.

Recommendations

- To note the implementation plan update
- To note the findings of the HES analysis
- To support the new investment

For more information contact:

Name: Marion Morris
Title: Drug Strategy Manager

Tel: 020 8489 6909
Email address: marion.morris@haringey.gov.uk

Background

To assist with implementing the alcohol strategy action plan, the DAAT successfully bid for Home Office funding to pay for consultancy support from Ranzetta Consulting until the end of March 2009. This support has made possible additional activity such as the Christmas Alcohol Awareness campaign and pursuit of data sharing between North Middlesex A&E and the SCEB, as well as a formal external evaluation of the screening and brief intervention pilot.

Progress on the action plan (see Appendix 1 for list of actions)

Analysis of hospital admissions data (action H1) is crucial to reducing the rate of admissions, which is a Local Area Agreement target (NI39). The paper attached at Appendix 2 shows how we can reduce admissions, based on the analysis (H2). The investment required is £460 as follows:

New activity	Rationale	Investment required
Extra alcohol counselling in the community	Using the approach set out by Rush et al[1], modelling of capacity in the current alcohol treatment system shows a shortfall in counselling at tier 3. A senior counsellor at HAGA would be able to have a caseload plus supervise volunteer counsellors.	1 post @£50k
Hospital liaison team	At the Royal Liverpool University Hospital, where this model of provision was developed, the number of inpatient episodes per month for patients admitted to manage alcohol withdrawal, on average fell from 50 to 2 per month (where there was no co-morbidity).	2 band 7 nurses @ £50k; 0.5 admin@ £15k = £115k
Alcohol Local Enhanced Service (primary care)	As per DH guidance, identification and brief advice should be implemented across primary care to provide early intervention for hazardous drinkers. The mechanism for delivering this is usually via a LES (although QOF+ also possible, see Hammersmith & Fulham). The existing brief intervention pilot project would support implementation of the LES through training and support for primary care staff.	c. £200k
A&E screening and brief interventions	Again as per DH guidance. This post would complement the post that is currently funded to do brief interventions in North Middlesex, and would be based at the Whittington.	0.5 post @50k = £25k
Public health strategist	This is a contribution towards a new PH post which sits in the DAAT - leading on the alcohol element of social marketing etc.	5k
Management of complex in-	This is needed to fund in-patient detox for patients with complex health and mental health	Spot purchasing

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

patient cases	needs.	budget of £40k
Part-time alcohol coordinator	This post holder would drive forward the alcohol agenda/strategy action plan - ensuring alcohol becomes more mainstreamed across the partnership	25k

We have more work to do on planning social marketing and prevention campaigns (H3); a needs assessment by Susan Otiti will commence shortly that will inform our thinking on this, and also H13. The new public health strategist post based in the DAAT is working with Public Health to mainstream alcohol in health promotion activities and strategies, including the Health Trainers scheme (H5).

The development of a commissioning framework for alcohol treatment is ongoing and will be discussed at the next Joint Commissioning Group meeting in May (H6), which puts this action a little behind schedule. Discussions between HAGA and the BEH consultant psychiatrist re clinical governance are ongoing (H7). Several meetings have taken place regarding community alcohol detox for poly drug use (H8) as the issue is more complex than first appeared. However a resolution is expected shortly.

There has been no progress on addressing the housing needs of alcohol misusers (H9) and the action as it stands is very unlikely to be completed in time. We will meet with HAGA and specialist housing providers to review the main issues and discuss with Phil Harris how to proceed.

We have agreed with Age Concern how to conduct the needs assessment within existing resources (H10) – we initially expected to need funding. The work is expected to start shortly.

Libby Ranzetta is conducting a formal evaluation of the screening and brief intervention pilot as part of the Home Office funded work (H11). She will work with the public health strategist based in the DAAT to review alcohol workplace policies of the council and PCT (H12).

Appendix 1: ALCOHOL STRATEGY ACTION PLAN 2008/9 health section 16.2.09

Reducing alcohol-related health harm		Wellbeing Board						
	Activities to be undertaken	**Lead organisation and lead officer's name**	**When**	**Resources**	**Partnership or subgroup**	**Related target**	**Thematic board**	**Progress (RAG)**
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	G
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	Drug & Alcohol Strategy Manager Joint Commissioning Manager - Substance Misuse PCT/Council	Feb 09	Costs dependent on action plan. [indicative costs: • £72k continued funding for brief interventions • Hospital liaison	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	

	violence-related presentations)			workers (see Liverpool Lifestyle team) 2 band 7 nurses @ £50k; 0.5 admin@ £15k = £115k • Development of data sharing with the Whittington £2k for training (assumes Enfield will fund corresponding work in North Mid) • Local Enhanced Service for primary care £200k (10/11)]				A
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 – Addictions DAAt Strategy Manager	April 09	£21k contribution from DAAT; additional c25k to be agreed by PCT	DAAT partnership board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A

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	G
H5	Ensure alcohol is included in all relevant mainstream health promotion strategies (e.g. obesity, sexual health) and activities (e.g. health trainers)	Joint Director of Public Health	Ongoing	Core business	DAAT partnership board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A
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	A
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	A
H8	Agree and implement joint working arrangements between drug and	Service manager DASH/ Director HAGA / DAAT	May 09	Costs to be drawn from residential	DAAT (JCG)		Well-being	

	alcohol services for community alcohol detox for poly drug users	Strategy Manager		detox budget (savings expected overall)				A
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 / Director HAGA/Regional Director St Mungo's/SP Commissioner	April 09	Core business	SP Commission-ing Board	Homelessness Strategy objectives.	Well-being/ Integrated Housing Board	R
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	A
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 09	Core business	DAAT (JCG)	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A
H12	Review alcohol workplace policies for the council and PCT to ensure they meet best practice standards, and train key frontline staff in alcohol awareness	Service Manager, Adult, Community & Culture Services	October 09	Via Learning and Development Board £8k for 16 half day sessions (350 trainees)	Learning and Development Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A

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	June 09		DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A
H14	Secure resources to continue to commission HAGA, COSMIC and outreach work with street drinkers	Joint Commissioning Manager/ DAAT Strategy Manager	March 09	Core Business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A
H15	Develop a local hospital protocol for the management and treatment of problem drinkers	DAAT/HAGA/Dual Diagnosis Service/Acute trusts	May 09	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G
H16	Explore possibility of HAGA collecting data on people with disabilities to better inform future service development.	Joint Commissioning Manager/Director HAGA	March 09	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G
H17	To continue to monitor ethnicity of people using alcohol services and	Joint Commissioning Manager/Director HAGA	Ongoing	Core business	DAAT Joint	NI 39 and VSC26:	Well-being	

	ensure that the main community languages are catered for.				Commissioning Group	Alcohol-related hospital admissions (improvement target)		G

Appendix 2: How to reduce alcohol-related hospital admissions

Key actions

Based on the best available evidence, the Department of Health has identified key actions that PCTs and partners can take that will make the highest impact on reducing alcohol related harm and admissions. These are:

i. Improve specialist treatment access, capacity and effectiveness
ii. Implement Identification and brief advice (IBA) in
- Health: A&E, Specialist Clinics, Primary Care
- Criminal Justice

iii. Provide local implementation of national media campaigns
iv. Identify local champions and build the case for investment
v. Work with local partners to develop activities to control alcohol misuse

Quick wins

Analysis by the PCT suggests the 08/09 target could be achievable by reducing repeat admissions from 'frequent fliers' – ie people with primary alcohol problems who keep being admitted to hospital. In order to assess the number of individuals contributing to admission numbers, admission records with the same NHS number (or patient number if this was unavailable) were linked, and total admission numbers for individual patients were counted, both within each financial year, and over the whole four year time interval.

Table 1 shows the pattern of re-admission from one year to subsequent years for (known) new cases in each year for conditions wholly attributable to alcohol. 16 to 17% of 2004/05 cases returned in subsequent years and readmissions showed only a small decline in the period.

Table 1: Pattern of readmission for individual wholly attributable cases

	Year of admission			
Year of first (known) admission	**2004/05**	**2005/06**	**2006/07**	**2007/08**
2004/05	341	56	57	53
2005/06		295	41	41
2006/07			346	59
2007/08				333

Table 2 shows that many individual patients admitted for conditions wholly attributable to alcohol were subsequently re-admitted, with all patients averaging 1.43 admissions in 2007/08.

Table 2: Frequency of in year admissions for individual wholly attributable patients

Number of Admissions in Year	2004/05	2005/06	2006/07	2007/08
1	281	285	337	378
2	45	37	64	53
3	7	21	14	35
4	3	6	13	6
5-9	5	2	15	13
10-14			1	1
All Patients	341	351	444	486
Average Admissions per Patient	1.26	1.30	1.49	1.43
Maximum	6	5	11	10

Medium term

Research from St Mary's Paddington suggests that for every two patients who screen positive in A&E and are referred to an alcohol worker, there is one less admission. Hence we can prevent admissions by identifying hazardous drinkers early, even if alcohol does not appear to be the primary problem.

In addition to targeted screening in A&E it makes sense to target patients elsewhere in the system with diseases of the circulatory system, as they make a significant contribution to the overall rate of alcohol-related admissions.

Longer term

To prevent people getting to hospital in the first place, we need to ensure hazardous drinkers are spotted early in primary care, ie through a Locally Enhanced Service.

NHS Haringey

Alcohol related hospital admissions data

Susan Otiti
Associate Director of Public Health

Target

Indicator

NI 39 and VSC26: Alcohol-related hospital admissions

Baseline

1342 (06/07)

Target 2010/11

1824 (a 1% reduction each year in the underlying upward trend)

Four year trend in admissions by attribution

Alcohol attributable	2004/05	2005/06	2006/07	2007/08	% change
Wholly	417	448	651	669	**60%**
Partially chronic	4360	4826	6336	7347	**69%**
Partially acute	974	1168	1217	1077	**11%**
All	5751	6442	8204	9093	**58%**

Wholly alcohol attributable admissions by diagnosis

Diagnosis	2004/05	2005/06	2006/07	2007/08	% Change
Mental and behavioural disorders due to use of alcohol	367	389	577	595	62%
Ethanol poisoning	19	34	35	39	105%
Toxic effect of alcohol, unspecified	3	6	10	15	400%

Partially attributable chronic admissions

Diagnosis	2004/05	2005/06	2006/07	2007/08	% Change
Hypertensive diseases	481	572	811	977	**103%**
Cardiac arrhythmias	182	214	256	297	**63%**
Epilepsy	153	164	195	213	**39%**

Partially attributable acute admissions

Diagnosis	2004/05	2005/06	2006/07	2007/08	% Change
Fall injuries	62	70	74	65	**5%**
Assault	60	65	60	56	**-7%**
Intentional self-harm	25	45	77	55	**118%**

Pattern of readmission for individual cases

Year of first (known) admission	2004/05	2005/06	2006/07	2007/08
2004/05	4210	684	569	502
2005/06		4071	572	444
2006/07			4425	797
2007/08				4319

Profile of patients

Gender -male rates for all attributable cases were higher than female

Age - highest admissions rates were found in the 45-64 age group (11.5 per 1,000 population) and 65-74 age group (9.9 per 1,000 population)

Ethnicity -highest overall rate was for those classifying themselves as Irish followed closely by ‘any other Black background’.

Ward - highest in Hornsey, followed by Bruce Grove, and lowest in Fortis Green.

Mortality - alcoholic liver disease deaths predominate among the wholly attributable deaths. Hypertensive diseases deaths are the largest group of partially attributable – chronic deaths, with intentional self-harm/event of undetermined intent the largest for partially attributable – acute deaths.

Future work

Targeted health promotion activity

Patient pathway to reduce readmissions (communication between secondary care and primary care)

This page is intentionally left blank

Agenda Item 10

haringey strategic partnership

Meeting: Well-Being Partnership Theme Board

Date: 2 March 2009

Report Title: Summary HariActive Report

Report of: Andrea Keeble – Recreation Services, Adult, Culture & Community Services

Summary:

To update Well-being Partnership Theme Board on the HariActive Programme

This programme draws together existing and new sport & physical activity projects. The programme is underpinned by clear baseline positions established via the Active People Survey and the Active Places Survey, and supported by a number of local proxy indicators split across six themes.

The Community Sport and Physical Activity Network (CSPAN) will provide the governance for the projects. This work contributes to HSP and LAA targets which report to and are monitored by the Wellbeing Partnership Board

- N1 8 Adult sport and physical activity participation
- N1 6 Participation in volunteering
- N1 119 (local target) Overall health and wellbeing
- N1 137 (local target) Healthy lifestyle expectancy
- N1 56 Childhood obesity target
- N157 Children and Young People's participation in high quality PE and sport

Introduction

HariActive seeks to embrace existing sport & physical activity projects whilst also developing a bespoke brand and campaign.
KPI 1 is the main target and this underpins the NI 8 stretch target shared with the PCT to achieve 26.9% 3 x a week adult participation by 2010.
The activity to achieve the basket of targets below also contributes to outcomes for a number of other LAA and local targets (as detailed in the summary) which report to the Wellbeing Theme Board/Haringey Strategic Partnership.

There are 7 KPI's (KPI 1 is further sub divided) developed by Sport England as well as a target specifically focussed on young people (developed by the Youth Sports Trust) that HariActive will target; in the first instance by 2010:

KPI1 Increasing sport and physical activity participation
KPI1a Increasing sport & physical activity
KPI1b Increasing sport & physical activity
KPI1c Decreasing numbers not participating at all
KPI2 Increasing sports based volunteering
KPI3 Increasing sports club membership
KPI4 Increasing sports based tuition
KPI5 Increasing sport based competitive opportunities
KPI6 Increasing satisfaction with local sports provision
KPI7 Increasing the percentage of school children participating in 5 hours of sport per week
KPI8 Active Places – increasing the number of residents living within 20 minutes walk time of a quality assured leisure facility

KPI Targets, Baseline and Performance

KPI no.	*Target*	*Indicator*	*05/06*	*07/08*
KPI 1	26.9%	Participating three times a week	22.9%	19.8%
KPI 1a	10%	Participating twice a week	7%	na
KPI 1b	15%	Participating once a week	12%	na
KPI 1c	45%	Not participating at all	49%	na
KPI 2	5%	Volunteering in active recreation for at least one hour a week	2.7%	3%
KPI 3	26%	Membership of sports clubs	23%	21.4%
KPI 4	21%	Receiving tuition or coaching	19.9%	20.6%
KPI 5	15%	Taking part in organised competitive sport	11.2%	10.1%
KPI 6	66%	Very or fairly satisfied with sports provision in the local area	62.2%	63.1%
KPI7	50%	Increasing the percentage of children participating in 5 hours of sport per week	na	25%
KPI8	95%	Increasing the number of residents living within 20 minutes walk time of a quality assured leisure fcaility	74.2%	90.2%

Comment

It should be noted that although the 07/08 performance presents challenges in terms of meeting the targets the variations from 05/06 are not considered statistically significant. Regarding the London picture – Haringey's performance is matched by an overall drop in participation generally.

Theme Groups/Proxy Indicators/Performance Measurement

The CSPAN will have six sub (theme) groups reporting to it. Each sub group is responsible for a number of projects and for the achievement of the relevant KPIs. A number of proxy indicators have or will be developed to judge the direction of travel between Active People Surveys.

Subgroup	**KPI Lead**	**Proxy Indicators**	**Projects**
Marketing	1, 1a, 1b & 6	Throughput Registrations Attaining KPI after 3 months Equalities	HariActive Increasing Use of Leisure Provision Free Swimming – u 16's & 60+ Swimming Development Plan

Schools & YP	4, 5 (YP) & 7	Sport Unlimited & Holiday Programme Throughput & Registrations Equalities	Sport Unlimited Holiday Programme Summer Uni	
Health & Wellbeing	1c	Throughput & Registrations Completed GP Referrals Obesity 10 – 11 years	Walking, Jogging & Cycling Project Healthy Walking Libraries for Life Health for Haringey Health in Mind (GP Referral) Childhood Obesity	
Facility Development	8	National Benchmarking Survey Internal leisure centre 60 second survey Residents Survey Place Survey Active Places Survey	Leisure Centre Facility Upgrade Sports Hubs Facility Strategy & Sports Zones	
Club, Coach & Volunteer Development	2&3	Number of affiliated clubs Number of clubs with Clubmark Club membership Number of qualified coaches Number of sports volunteers	Sports Clubs, Coaches & Volunteers Sports Plan Development - Football - Netball - Athletics - Rugby League - Basketball Approved Suppliers	
Training & Employment	4 & 5	To be developed	To be developed	

Governance

Targets have been set for the proxy indicators and will be reviewed quarterly which will determine progress against the eight KPIs between annual APS survey results. There are six sub groups feeding into the CSPAN. These subgroups oversee the projects and proxy PIs. Themes which run across all the sub groups are:
Sustainability
Equalities
VFM
2012
The CSPAN will be acting as the Programme Board for governance of the HariActive Programme and the specific HariActive Project. The CSPAN steering group's members are drawn from key stakeholders and partners.
The CSPAN will have representatives from the following agencies and be chaired by The Joint Director of Public Health :
HTPCT
Recreation Services
Children's Services – Youth/Play
Age Concern
HAVCO
Pro Active North London
Representatives from the sub groups of the CSPAN
Project Officers will report every three months against achievement of targets, objectives, milestones, budget, risk and issues.

Relationship to Central Government Change4Life Campaign

This major campaign instigated by central government dovetails with HariActive. There are eight themes within the government's campaign and two of these relate directly to HariActive:

- Up and About
- 60 Active Minutes

The government's campaign is targeting families. The HariActive project will be engaging with the Change 4 Life Campaign in a number of ways:

- Information – providing updates to Change 4 Life Campaign
- Branding and messaging – we will develop a distinctive brand for HariActive using where possible Change 4 Life branding
- Becoming a partner with the Change 4 Life Campaign – specific borough projects linked to overall campaign
- Like the government's campaign HariActive will have some focus on themes within the physical activity agenda that the government highlighting; these are:
  - Play4life
  - Swim4life
  - Walk4life
  - Dance4life

Recommendations

To endorse the approach adopted in the report.

For more information contact:

Name: **Andrea Keeble**
Title: Sport and Recreation Programme Manager
Tel: 020 8489 5712
Email address: andrea.keeble@haringey.gov.uk

Agenda Item 12

Meeting: Well-Being Strategic Partnership Board

Date: 2 March 2009

Report Title: Update on Joint Strategic Needs Assessment (JSNA)

Report of: Public Health Directorate

Purpose

To update the Well-Being Partnership Board on progress on Joint Strategic Needs Assessment in Haringey

Summary

Undertaking Joint Strategic Needs Assessment became a statutory duty for Directors of Public Health, Directors of Adults' Services and Directors of Children's Services on 1 April 2008 in order to ensure commissioning of services is based on population need. A report for phase 1 of Haringey's JSNA was published in August 2008. This report identified gaps in knowledge of need in Haringey. Four more detailed needs assessments will now be carried out as part of JSNA:

- Mental health
- Sexual health
- Vulnerable children and young people
- Population projections and future need
-

The steering group also identified that a platform for sharing and reporting on key data items would be required to support the JSNA agenda.

Legal/Financial Implications

Resources will be required to support the data sharing platform. A business case is currently being developed by the steering group.

Recommendations

That the Well-Being Strategic Partnership Board note progress towards Joint Strategic Needs Assessment in Haringey

For more information contact:

Name: Trish Mannes
Title: Public Health Strategist
Tel: 020 8442 6879

Email address: trish.mannes@haringey.nhs.uk

Background

As set out in section 116 of the *Local Government and Public Involvement in Health Act 2007*, Sustainable Community Strategies and Local Area Agreements (LAAs) must be based on sound evidence. This evidence is to be provided in the form of a Joint Strategic Needs Assessment (JSNA) which will provide a framework to examine **all** the factors that impact on the health and well-being of local communities, including employment, education, housing, and environmental factors as well as health and social care services.

Undertaking Joint Strategic Needs Assessment became a statutory duty for Directors of Public Health, Directors of Adults' Services and Directors of Children's Services on 1 April 2008 in order to ensure commissioning of services is based on population need.

The JSNA steering group has been meeting since March 2008 to guide JSNA in Haringey. This group has members from across the partnership including LBH, PCT and HAVCO. In August 2008, the JSNA steering group published a document [*Towards Joint Strategic Needs Assessment in Haringey*] which provided a high level review of need in Haringey. The executive summary of this report is provided as an Appendix. This document also served to identify gaps in knowledge of needs to guide further work towards joint strategic needs assessment. The steering group identified 4 key areas of work for further assessment:

- Mental health
- Sexual health
- Vulnerable children and young people
- Population projections and future needs.

The steering group also identified that a platform for sharing and reporting on key data items would be a critical component of JSNA.

The purpose of this paper is to update the Well-Being Strategic Partnership Board on progress under these key areas:

1. Mental Health: Project currently in scoping stage.
2. Sexual Health: Tender bids received. Successful tender to be confirmed and work to start end February. Work to be completed end May, 2009. Tender specification available on request.
3. Vulnerable children and young people: Project currently in scoping stage.
4. Population projections and future needs: Work to commence shortly on population projections by colleagues at University of East London. Work to be completed summer 2009.

The steering group is also developing a business case for a web-based data platform for sharing and reporting on key data to progress this through the partnership.

Agenda Item 13

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

Date: **2 March 2008**

Report Title: **Well-Being Risk Register**

Report of: **Helen Constantine Head of Governance and Partnerships, Adult, Culture & Community Services**

Purpose To provide the Well Being Partnership Board with an update on the Well Being Risk Register, including amendments to the risks attached to NI8 and the incorporation of financial risks.
Summary A draft version of the risk register was presented to the board on 3 December 2008. The board requested two actions: **1. Clarification regarding the risk for the failure to increase the number of visits per resident per annum to parks and open spaces and failure to increase the percentage of residents visiting a park at least once a month (NI8).** ➢ The risks attached to NI8 have subsequently been amended *(pages 6 – 11)*. **2. The incorporation of financial risk.** ➢ A briefing on the overview of financial risk is attached (Appendix 1). This will be incorporated into the risk register (Appendix 2) following ratification.
Financial Implications Each of the areas in the Well-Being Strategic Framework programme have been individually risk assessed, including financial risk, and mitigating 'controls' identified for each.

Recommendations For the Well Being Partnership Board to approve changes pertaining to NI 8 and agree the financial risks (Appendix 1) to be included in the final risk register.
For more information contact: Name: Helen Constantine Title: Head of Governance & Partnerships Tel: 020 8489 3905 Email address: helen.constantine@haringey.gov.uk

Appendices

Appendix 1: ‘Overview of financial risk to Well Being Programme’ briefing
Appendix 2: Well-Being Risk Register

APPENDIX 1

Each of the areas in the WBSF programme have been individually risk assessed, including financial risk and mitigating actions 'controls' identified for each.

The National Indicators within the programme are:
- NI 8 – Adult participation in sport (2007 – 2010 stretch target)
- NI 39 – Alcohol harm-related hospital admission rates
- NI 21 – Mortality rate from all circulatory diseases at ages under 75
- NI 123 – 16+ smoking prevalence
- NI 125 – Achieving independence for older people through rehabilitation/intermediate care – delayed until October 2008
- NI 135 – Carers receiving needs assessment or review and a specific carer's
- Service, or advice and information
- NI 141 – Number of vulnerable people achieving independent living
- NI 149 – Adults in secondary mental health services in settled accommodation – delayed until 2009

Charlotte Law and Margaret Allen met to address the overall financial risk to the programme and identify further, overarching 'controls' for the programme, and focussed on:

Non-delivery of outcomes; allocation of resources, commissioning, spend, linkages to other theme boards/cross cutting work not identified

A rating was given to this part of the programme indicating overall:

Inherent risk		Residual risk	
Impact	likelihood	Impact	likelihood
9	8	4	2
Total:	**72**	**Total:**	**8**

The ratings for Inherent Risk took into account the controls already identified within the programme risk register. However, additional 'further action' was identified as necessary to reduce the Residual Risk to the level above.

These additional actions were:

1. Each service or project linked to the relevant LAA indicator(s) needs to be 'tracked' directly through to ABG budget and this should be identified across all documentation (including the risk register).

2. 'Outcomes not delivered' need to be measurable, in order that 'controls' to mitigate can be measured as effective

3. Each sub group of the WBPB needs to identify and put in place SMART objectives for the services and projects that fall under the sub

group work programme. The sub groups should establish a way in which to monitor how performance of services against the SMART objectives can be effectively monitored.

The process to ensure effective delivery and monitoring of provisions would follow the ‘cycle’ - 1 – 2 – 3 – 2 (above)

4. This would allow subgroups to focus on making controls work and identify, and follow through on any further actions required.

If this process is followed the residual likelihood of financial risk to the programme should reduce over time to the level indicated above.

Additionally, the commissioning & performance sub group of the WBPB could provide 2 elements of support to the programme:

To ensure clear, working arrangements that support strategic commissioning for the programme: including current services and projects (within strategic fit, and fitness for purpose etc), and to identify new opportunities for the programme for future strategic commissioning of services.

To provide a ‘default’ position for outcome-focussed sub groups in relation to the performance management of services and projects and to oversee the overall financial health of the programme.

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

Well-being Theme Board Significant Risks

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

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

Key to the Risk Register:

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

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

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

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

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

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

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
Lack of continuity of membership across the theme board							
W-B1	Lack of continuity of membership impacts on the ability to deliver on outcomes/targets: • High turnover of members • Inability to recruit and/or retain right members • Non-attendance of members at meetings • Lack of continuity and/or succession planning **Risk Owner:** Co-Chairs of sub-groups.	Low	Low	• Agreed recruitment procedures for Theme Board membership • Responsibility for filling posts identified • Training & Development for Theme Board members • Reporting processes to highlight and identify vacancies and/or non-attendance • Membership reviewed annually **Control Owner:** Co-Chairs of sub-groups.	Low	Low	• Action plan to address identified gaps to be drawn up. • Terms of reference/membership to be reviewed annually and to be ratified at WBCE. • Regular further workshops (next to be held on 1 May 09) to discuss effectiveness of sub-group structure and ensuring delivering to well being objectives.

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

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

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	• Potential conflicts of interest not addressed/acted on to ensure appropriate decisions are taken **Risk Owner:** WBPB.						
Non-delivery of outcomes; allocation of resources, commissioning, spend, linkages to other theme boards/cross-cutting work not identified							
W-B4	Outcomes not delivered: • Lack of, or ineffective financial and/or performance monitoring • Resources not allocated, or not allocated appropriately • Inadequate financial and/ or management information provided to the Theme Board • Commissioning not carried out according to plan • Expenditure exceeds allocated budget • Failure to spend allocated budget within agreed/ approved timescales (potential loss of grant funding)	High	Low	• Sub-groups are outcome focussed. • Structure and terms of reference of sub-groups and WBPB agreed by WBPB. • OHOCOS outcomes monitored and reviewed by sub-groups. • Sub-groups work together to ensure there is joint ownership and delivery of the framework. • WBPB monitor the implementation of projects delegated to the well-being sub groups. • Sub-groups monitor the implementation of projects delegated to them and report to the WBCE. • WBPB and Sub-groups	Low	Low	• Regular further workshops (next to be held on 1 May 09) to discuss effectiveness of sub-group structure and ensuring delivering to well being objectives. • Monitor frequency of sub-group meetings. • Create cycle of regular

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

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
				and performance through regular reports to the HSP via the joint commissioning group which manages finance and performance for the WBPB. WBPB nominates a member to represent it on the HSP board. **Control Owner:** Co-Chairs of sub-groups.			
Adult participation in sport (2007 – 2010 stretch target)							
NI8	<u>Marketing Sub Group</u> Failure to increase overall adult sport and physical activity participation to 26.9% Risk Owner: ACCS – AD Recreation	High	High	Officer and funding resources allocated to improving participation. Projects e.g. HariActive developed to address Link to Central Governments Change 4 Life Better governance of wider participation programme via CSPAN **Control owner:** Recreation Policy & Development Manager	High	Med	Participation should increase however target maybe testing in timeframe. Continued focus, resources etc required in the medium to longer term
	<u>Marketing Sub Group</u>	Low	High	Enhanced levels of marketing	Low	Med	No further

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	Failure to increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5%. **Risk owner:** ACCS- AD Recreation			and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure			action required.
	<u>Marketing Sub Group</u> Failure to increase the proportion of lower socio economic use of our leisure centres by 2% from 112,000 to 118,855. **Risk owner:** ACCS- AD Recreation	Low	Med	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Low	Partnership working with relevant agencies
	<u>Marketing Sub Group</u> Failure to increase sports and leisure use equally across BME communities and reduce the differential by 2% from 4%. **Risk owner:** ACCS- AD Recreation	Low	High	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Med	Partnership working with relevant agencies
	<u>Health & Well Being Sub</u>	Low	Med	Enhanced levels of marketing	Low	Low	Partnerships

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	Group Failure to increase the proportion of older people (60+) use of our leisure centres by 5% per annum from 101,000 to 116,920. **Risk owner:** ACCS- AD Recreation			and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure			working with Adult SS, Age Concern, etc.
	Health & Well Being Sub Group Failure to increase the proportion of disabled people use of our leisure centres by 5% from 96,000 to 111,132. **Risk owner:** ACCS- AD Recreation	Low	Med	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. **Control owner:** Head of Sport and Leisure	Low	Low	Partnerships working with Adult SS, Age Concern, etc.
	Club, Coach & Volunteer Sub Group Failure to increase club membership to 26% Failure to increase sports tuition to 21% Failure to increase sports	Med	Med	Officer resource focussed on assisting clubs to build capacity via volunteering, better coaching, sign posting and assistance with club funding etc Various sports specific development plans are being	Low	Med	No further action required

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	volunteering to 5% Risk Owner: ACCS – AD Recreation			worked on Closer relationships with NGB's New pricing policy to encourage club engagement **Control owner:** Recreation Policy & Development Manager			
	<u>Schools & Young People Sub Group</u> Failure to increase to 50% number of young people participating in 5 hours of sport per week Risk Owner: ACCS – AD Recreation	High	Med	Significant officer resources focussed on improving opportunities for YP and signposting YP to sports opportunities. Funding for a number of specific projects **Control owner:** Children's Services	Low	Med	Partnerships between Youth Services, Schools/Children's Service and Recreation Services to be further developed
	<u>Facility Development Sub Group</u> Failure to provide enhanced and new facilities leading to reduced levels of satisfaction and not contributing as effectively as possible to	Med	Med	Capital identified for a number of projects. Various projects in progress Partnership between Recreation and BSF **Control owner:** ACCS – AD	Low	Med	Partnerships with BSF, funding organisations to be further developed

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	improving rates of participation Risk Owner: ACCS – AD Recreation			Recreation			
	Failure to increase parks and open space use across BME communities and reduce the differential by 3% from 10.3% to 7.3%. **Risk owner:** ACCS- AD Recreation	Low	High	Targeted activity programmes and publicity plus outreach work. Community champions initiative. Monitoring through annual parks survey. **Control owner:** Head of Parks & Bereavement Services	Low	Med	No further action required.
	Failure to increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66. **Risk owner:** ACCS- AD Recreation	Low	Med	Publicity, HARIACTIVE initiative, enhanced activity programmes, events calendar. Monitoring through annual parks survey and quarterly programmed use monitoring. **Control owner:** Head of Parks & Bereavement Services	Low	Med	Hariactive promotional programme being launched 2009.
	Failure to increase the percentage of residents visiting a park at least once a month 3% from 88.3% to 91.3%.	Low	Med	Publicity, HARIACTIVE initiative, enhanced activity programmes, events calendar. Monitoring through annual parks survey and quarterly programmed use	Low	Med	Hariactive promotional programme being launched 2009.

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

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

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
NI123	Failure to appoint to tobacco control commissioner post to oversee Tobacco Control Strategy implementation Staff turn over in quit smoking team, including new manager **Risk Owner:** Associate Director of Public Health for Adults and Older People	Med	Low	Interim commissioner appointed Manager now in post **Control owner:** Associate Director of Public Health for Adults and Older People	Low	Low	Recruitment to vacant advisor post
Achieving independence for older people through rehabilitation /intermediate care -delayed until Oct 2008 (provisional)							
NI125	Failure to improve the involvement of people in care planning by increasing the number of person-centred care plans. **Risk owner:** Co-chairs of the 4-5-7 outcome sub-group (AD Adult Service & Head of Strategic Commissioning Adults & Older People).	Low	Low	• Scrutinised in monthly performance call over. • Monitored through bi-monthly 4-5-7 outcome sub-group. **Control owner:** ACCS- AD Adult Services	Low	Low	No further action required.
Carers receiving needs assessment or review and a specific carer's service, or advice and information							

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
NI135	Failure to improve information and communication methods with carers. **Risk owner:** Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).	High	Med	• Number of carers who receive an assessment of their needs, leading to services and/or further information/advice monitored through performance call overs. • Role and needs of carers are standing items on team meeting agendas. • Individual worker supervision includes review of numbers of carers assessments completed and carer outcomes achieved. • Learning disability carers forum meets regularly. Issues are reported back to the Learning Disability Partnership Board and to the carers commissioner. • Carers Partnership Board reconvened with a work plan agreed. **Control owner:** ACCS Head of Strategic Commissioning	Med	Low	• Implement the Carers Partnership Board work plan including the information and communication workstream. • Make links with other sub-groups as appropriate.

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	Failure to offer culturally appropriate assistance and support for the cared-for person. **Risk owner:** Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).	High	Med	• BME voluntary sector partners commissioned to (i) provide services to BME carers (ii) perform advocacy role (iii) complete carers assessments on behalf of council. • Revised carers strategy to include full needs/gap analysis of current services to inform future model of care. **Control owner:** ACCS Head of Strategic Commissioning	Med	Low	• Implement the Carers Partnership Board work plan. • Make links with other sub-groups as appropriate.
	Delay in developing a commissioning strategy for carers. **Risk owner:** Co-chairs of the 2-6 outcome sub-group (AD Culture & Libraries and AD Community Housing).	Med	Low	• Carers Partnership responsible for managing process of developing strategy including consultation. **Control owner:** ACCS Head of Strategic Commissioning	Low	Low	• Implement the Carers Partnership Board work plan. • Make links with other sub-groups as appropriate.
Number of vulnerable people achieving independent living							
NI141	Failure to increase access to day opportunities.	Med	Med	• All clients in supported housing to be given a basic	Low	Low	• 100% of tenants to

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

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

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

Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	number of adults aged 18-64 with mental health problems helped to live at home. **Risk owner:** Co-chairs of the Outcome 1 sub-group (Associate Director of Public Health for Adults and Older People and AD Recreation)			monthly performance call over meetings with all service leads. **Control owner:** ACCS – AD Adult Services			actions required.

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

Appendix A1

Impact and Likelihood Scales

To be used as a guide in assessing risk ratings:

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

This page is intentionally left blank

Agenda Item 15

Quarterly Performance Review - 2008/09

Quarter 2

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

Wellbeing Thematic Board

Outcome	07/08	08/09	Indicator / Target / Comment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	Lead
2	*New 08/09*	NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information. *Target:* –. *Comment:* We are currently projected to comfortably exceed the 08/09 target.	Green 21.0%	Green 23.0%	Green 21.0%		↑ Green 21.0%	LAA, lead ACCS; ACCS
7	*75%*; Amber 65.0%	NI 141	Number of vulnerable people achieving independent living. *Target:* 75%. *Comment:* Qtr 3 data expected in February 2009	Green 85.2%	Amber 69.0%	Green 82.0%		↑ Green 78.7%	LAA, lead ACCS; ACCS/Carlos Bailey
1, 2	*Stretch to 2010*; *131*; Amber 137		Number of older people permanently admitted into residential and nursing care. *Target:* 135. *Comment:* Outturn is projected. We are confident of achieving target by the end of the year due to increased scrutiny.	Green 116	Green 135	Green 131		↑ Green 131	LAA local, lead ACCS; ACCS
1, 2	*Stretch to 2010*; *34*; Green 18		Number of adults permanently admitted into residential and nursing care. *Target:* 28. *Comment:* Outturn is projected.	Green 12	Green 8	Green 12		↑ Green 12	LAA local, lead ACCS; ACCS
7, 4	*New 08/09*	NI 125	Achieving independence for older people through rehabilitation/intermediate care. *Target:* 79%. *Comment:* Starts October 08 and requires a 91 day cycle. First data received February 09. 24/31 clients were living independently in their own homes 91 days after hospital discharge.	n/a	n/a	Amber 77.4%		Amber 77.4%	LAA, lead ACCS; ACCS
1, 2	Top Quartile *Stretch*; Annual	NI 8	Adult participation in sport. *Target:* 23%. *Comment:* Annual survey, this indicator has missed target but Sport England have not reported a statistically significant drop. Cabinet received and approved the Sports & Physical Activity Improvement Plan 'Hariactive' in September 2008, outlining a number of existing & planned improvement projects. The Whole 'Hariactive' campaign will be launched in May/June 2009. The 2009/10 (October - September) Active People Survey will inform the LAA target performance assessment. Qtr 3 leisure attendance is at 973534 exceeding target, and Active Card Membership is at 12011, also exceeding target.	Annual	Annual	Red 20.2%	Annual		LAA, lead ACCS; ACCS
1	Annual	NI 119	Self-reported measure of people's overall health and wellbeing. *Target:* TBC. *Comment:* **Place Survey provisional result is 80% pending on confirmation from the Audit Commission**					89.6%	LAA local, Lead ACCS; ACCS
1, 2	*Stretch to 2010*; 270		Number of smoking quitters in the N17 area. *Target:* 08/09 300 (Q1 9, Q2 48, Q3 93, Q4 150). *Comment:* 50% of quitters are expected in quarter 4.	Green 63	Green 53	Red 68		Green 184	LAA local, Lead Health; Debbie.morgan@haringey.nhs.uk; Erin.Broady@haringey.nhs.uk
1		NI 123	16+ current smoking rate prevalence. *Target:* 1887 smoking quitters (Q1 50, Q2 302, Q3 591, Q4 944). *Comment:* The target is profiled with 50% of quitters in expected in Q4.	Green 184	Green 352	Red 277		Red 813	LAA, lead Health; Health / Debbie.morgan@haringe
1, 2	*Stretch*		% of HIV infected patients with CD4 count <200 cells per mm3 at diagnosis. *Target:* –. *Comment:* This is an annual collection and will be available in Q4	Annual	Annual	Annual			LAA local, lead Health; Health Patrick.dollard@haringey.r

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
1		NI 121	Mortality rate from all circulatory diseases at ages under 75					
	98	Target	94 per 100000				LAA lead Health	Health/ Graeme.walsh@haringey.
		Comment	This is an annual return and requires data from Office of National Statistics. Life expectancy action plan feeds into this indicator. Figures are based on a 3 year rolling average. This data will not be updated again until January 2010.					Health/ Graeme.walsh@haringey.
			Haringey	London Average	National Average			
		03/05	114.3	96.6	91.2			
		04/06	98	89	84.9			
		05/07	94	84	79.8			
			Green					Health/ Graeme.walsh@haringey.
								Health/ Graeme.walsh@haringey.
1	Stretch to 2010		Number of accidental dwelling fires					
		Target	230				LAA Lead Fire Brigade	Nidayi Musalar /John Brown
2		Comment					↑	Nidayi Musalar /John Brown
			Green	Green	Green		Green	Nidayi Musalar /John Brown
	253		55	42	49		146	Nidayi Musalar /John Brown
5	New 08/09	NI 35	Building resilience to violent extremism				LAA Cross cutting	Safer Communities/ Sean Sween
		Target	The 2008/09 target is level 2. This is an average of the following criteria; Understanding of, and engagement with, Muslim communities, Knowledge and understanding of the Preventing Violent Extremism agenda, Effective development of an action plan to build the resilience of communities and support vulnerable individuals and Effective oversight, delivery and evaluation of projects and actions					Safer Communities/ Sean Sweene
		Comment	Plans are on target. Government guidance has been slower than expected, however an officer's steering group is in place. Community organisations are commissioned to deliver engagement for women and youth and further education and capacity building. A consultation is planned for qtr 3 and the action plan will be in first draft early in qtr 4.					Safer Communities/ Sean Sweene
			Amber	Amber				Safer Communities/ Sean Sween
			1	1				Safer Communities/ Sean Sween
6		NI 156	Number of households living in Temporary Accommodation				LAA Cross cutting	Dennis Lai-Kit, Urban Environmen
		Target						Dennis Lai-Kit, Urban Environmen
		Comment	The delivery of the Temporary Accommodation Reduction target of no more than 4000 households living in temporary accommodation by 31/03/2009 was a very challenging target bearing in mind the service's performance over the previous 3 years. **A mid year review has been undertaken of the progress to date since April 2008 and a new forecast of 4400 is now projected.**				↑	Dennis Lai-Kit, Urban Environmen
		Target	5207	4940	4469	3999		Dennis Lai-Kit, Urban Environmen
			Green	Amber	Red		Amber	Dennis Lai-Kit, Urban Environmen
	5389		5182	4952	4695		4695	Dennis Lai-Kit, Urban Environmen
1		NI 56	Obesity among primary school age children in Year 6					
		Target	24%				LAA Cross cutting	Patricia Walker, C & Yps
		Comment	Annual figure collected in June 2008				↑	Patricia Walker, C & Yps
				Green			Green	Patricia Walker, C & Yps
	23.8%		Annual	22.6%	Annual	Annual	22.6%	Patricia Walker, C & Yps

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
1		NI 112	Under 18 conception rate				LAA Cross cutting	Susan Shaw /Vivien Hanney
	41.6	*Target*	59 per thousand					Susan Shaw /Vivien Hanney
		Comment	Data is provided from ONS and relates to conceptions in a certain period but is not collated until the birth therefore the 9 months + at least 3 months to analyse data time lag. Therefore we get conceptions for a certain time period over 1 year after the conception. The data includes those leading to abortion. Current data is for 2007 and is provisional. Q3 2007 provisional data was released end of November 2008.				↓	Susan Shaw /Vivien Hanney
	Red		Amber	Red	Red		Red	Susan Shaw /Vivien Hanney
	63.7		62.5	82.6	66.3		66.3	Susan Shaw /Vivien Hanney
1		NI 113	Prevalence of Chlamydia in under 20 year olds				LAA Cross cutting	Health/ Telsa.walker@enfield.nhs.uk
		Target	15%					Health/ Telsa.walker@enfield.nhs.uk
		Comment	Percentage of young people being screened. 1813 upto end of October. This data refers to coverage of screening and not prevalance.				↑	Health/ Telsa.walker@enfield.nhs.uk
			Red	Red	Red		Red	Health/ Telsa.walker@enfield.nhs.uk
	3.3% (3rd qtr 07/08)		3.5%	4.1%	7.8%		7.8%	Health/ Telsa.walker@enfield.nhs.uk
1		NI 126	Early access for women to maternity services				LAA Cross cutting	Health Clare.felton@haringey.nhs
		Target	50%					Health Clare.felton@haringey.nhs
		Comment	New indicator, discussions taking place for collecting this data. Annual collection. Government proposes to use DH Local Delivery Plan return to collect data in first year. Figures shown here are approximate					Health Clare.felton@haringey.nhs
			Green	Green			Green	Health Clare.felton@haringey.nhs
			61.3%	67.0%			67.0%	Health Clare.felton@haringey.nhs
1		NI 53	Prevalence of breastfeeding at 6-8 weeks from birth				LAA Cross cutting	Health Clare.felton@haringey.nhs
		Target	1) 50% of infants being breastfed at 6-8 weeks 2) 85% of infants for whom breastfeeding is recorded					Health Clare.felton@haringey.nhs
		Comment	New indicator. Government guidance suggests target will be measured by Q4 performance. Good progress has been made on the previous target (breast feeding at birth) and we expect this to be maintained. Until 6-9 week data is available, breast feeding initiation data is provided below as a proxy. **1) Breast feeding initiated 2) Breast feeding not initiated 3) Not known**					Health Clare.felton@haringey.nhs
			Green	Green			Green	Health Clare.felton@haringey.nhs
			1) 90.6 2) 7.8 3) 1.6%	1) 90.2. 2) 7.8 3) 2.0			**1) 90.4 2) 7.8 3) 1.8%**	Health Clare.felton@haringey.nhs
2		NI 40	Drug users in effective treatment				LAA Cross cutting	James Andy - DATT
		Target	8% on baseline year 2007-08					Health Andy.james@haringey.gov.u
		Comment	In December 2008, the 2007/08 baseline figure was refreshed by GOL, putting it in line with the NHS vital signs target. The target itself did not changed. The refresh revised the baseline from 883 to 933. That reset the number required to achieve an 8% growth to 1008. Currrent performance covering Sept 2007- Aug 2008 = 975. This is a 4.5% increase on 2007/08 baseline. Please note that due to the way this target is calculated, the performance level will always be 4 months behind, i.e. position in Sept 2008 will not be known until 1st Feb 2009.				↑	Health Andy.james@haringey.gov.u
			Green	Green				Health Andy.james@haringey.gov.u
	833		3.5% = 966 as of May 2008	5.68% = 986 as of September 2008				Health Andy.james@haringey.gov.u
2		NI 1	% of people who believe people from different backgrounds get on well together in their local area				LAA Cross cutting	Corporate, Paula Rioja
		Target	81%					Corporate, Paula Rioja
5		Comment	Place Survey provisional result is 75.7% pending on confirmation from the Audit Commission.					Corporate, Paula Rioja
								Corporate, Paula Rioja
								Corporate, Paula Rioja

NI 1, 2006/07

	Haringey	England	London
%	78	78.9	78.6

 Produced by Policy and Performance Team 20/02/09

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
3		NI 4	% of people who feel that they can influence decisions in their locality				LAA Cross cutting	Corporate, Paula Rioja
		Target	43%					Corporate, Paula Rioja
		Comment	Place Survey provisional result is 40.5% pending on confirmation from the Audit Commission.					
			NI 4, 2006/07 (chart: % — Haringey 41; England 31.8; London 39.5; axis 20–45)					Corporate, Paula Rioja
								Corporate, Paula Rioja
								Corporate, Paula Rioja
3		NI 6	Participation in regular volunteering				LAA Cross cutting	Corporate, Paula Rioja
		Target	This will be measured by the Place Survey and results will be published in January 2009.					Corporate, Paula Rioja
		Comment	The citizenship survey has been released with national level statistics. Below are the headline figures for the volunteering question.Place Survey provisional result is 20.7% pending on confirmation from the Audit Commission. Target and baseline to be set.					
			Participation in volunteering - England (chart: % volunteering at least once a month; All adults / Group at risk of social exclusion — 2001: 47 / 41; 2003: 50 / 44; 2005: 50 / 43; Apr - Dec 2007: 47 / 41)					Corporate, Paula Rioja
								Corporate, Paula Rioja
								Corporate, Paula Rioja
3		NI 7	Environment for a thriving third sector				LAA Cross cutting	Corporate, Paula Rioja
		Target	TBC					Corporate, Paula Rioja
		Comment	Baseline not available, to be set with targets as part of year 1 refresh					Corporate, Paula Rioja
								Corporate, Paula Rioja
								Corporate, Paula Rioja
5		NI 140	Fair treatment by local services				LAA Cross cutting	Corporate, Paula Rioja
		Target	71%					Corporate, Paula Rioja
		Comment	Place Survey provisional result is 60.4% pending on confirmation from the Audit Commission.					Corporate, Paula Rioja
								Corporate, Paula Rioja
								Corporate, Paula Rioja
2		NI 39	Alcohol-harm related hospital admission rates				LAA Cross Cutting	James Andy - DATT
		Target	1579 1% reduction in the increasing trend of alcohol-related admissions per 100,000 population (EASR) based on baseline of 1342 (06-07). This equates to 1579 (2008/09). Recent data shows an increasing trend of alcohol related hospital admissions. The rate between 2002/03 - 2006/07 has almost doubled. This target represents an attempt to reduce the upward trend by 1%.					Health Andy.james@haringey.gov.ul
		Comment	**Data publised by the DoH and will be available Feb 09** DAAT are currently working on a method to monitor this data at a local level which involves looking at all hospital admissions where the reason for admission is likely to be a cause of alcohol use, a ratio will be devised to ensure as accurate reporting as possible.					Health Andy.james@haringey.gov.ul
								Health Andy.james@haringey.gov.ul
	1342							Health Andy.james@haringey.gov.ul

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
6		**NI 153**	Working age people claiming out of work benefits in the worst performing neighbourhoods				**LAA Cross cutting**	Ambrose Quashie, Economic Reg
		Target	27.60%					Ambrose Quashie, Economic Reg
		Comment	Data for NI 153 has been withdrawn pending clarification of the precise methodology. The data available before withdrawal showed: Year to May 2007 (baseline): 28.5% Year to August 2007: 28.1% Year to November 2007: 27.5% Year to February 2008: 27.1% Year to May 2008: 26.8% Although this performance is encouraging, in light of the current economic climate we expect these figures to rise once data from August 2008 onwards are published. Proxy data show that since May 2008 the number of JSA claimants in Haringey has increased by 17%. Further labour market deterioration is expected and this is reflected in the fact that we have submitted a revised target proposal to limit the increase in the out of work benefits claim rate to 3.9 percentage points over the three year LAA period. Updated January 2009.					Ambrose Quashie, Economic Reg
								Ambrose Quashie, Economic Reg
	29.1%							Ambrose Quashie, Economic Reg
2		**NI 175**	Access to services and facilities by public transport, walking and cycling				**LAA Cross cutting**	Malcolm Smith Sustainable Transport
		Target						Malcolm Smith Sustainable Transport
		Comment	TfL is developing a definition for this NI within Greater London, which will be finalised with the Department for Transport during 2008. DfT will inform Government Office London and boroughs individually when this definition has been agreed.					Malcolm Smith Sustainable Transport
								Malcolm Smith Sustainable Transport
								Malcolm Smith Sustainable Transport
1		**NI 51**	Effectiveness of child and adolescent mental health (CAMHs) services				**LAA Cross cutting**	Patricia Walker, C & Yps
		Target	13					Patricia Walker, C & Yps
		Comment	Four elements of CAMHS (learning difficulties, 24 hour cover urgent mental health, services for 16 and 17 year olds, early identification and intervention) are scored on a scale of 1-4, maximum overall score is 16.				→	Patricia Walker, C & Yps
			Green				Green	Patricia Walker, C & Yps
	13		13	Annual	Annual	Annual	13	Patricia Walker, C & Yps
1		**NI 127**	Self reported experience of social care users				**LAA local Lead ACCS**	ACCS
		Target						ACCS
		Comment	Annual place survey due to take place in 09/10. The latest results from the service user questionnair from Adults Services found that 89% of clients were satisfied with the services they were receiving.					ACCS
								ACCS
	Annual		Annual	Annual	Annual	Annual		ACCS

	07/08	08/09	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Progress	
6		NI 187	Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating				LAA Cross	Dennis Lai-Kit, Urban Environmen
		Target					cutting	Dennis Lai-Kit, Urban Environmen
		Comment	Contractors are delayed in undertaking the survey, but have assured it will be completed in time for the Council to make their return. Communities and Local Government have extended the date for setting the baseline/target to 28 February 2009. _Comment updated Jan 09 Denis Lai-Kit, Urban Environment.					Dennis Lai-Kit, Urban Environmen
								Dennis Lai-Kit, Urban Environmen
								Dennis Lai-Kit, Urban Environmen
2		NI 116	Proportion of children in poverty				LAA Cross	Patricia Walker, C & Yps
		Target	34.50%				cutting	Patricia Walker, C & Yps
		Comment	New indicator, monitored annually. Due May 09 Patricia Walker, C & Yps. Data is sourced from the DWP and is issued annually.					Patricia Walker, C & Yps
								Patricia Walker, C & Yps
	Annual		Annual	Annual	Annual	Annual		Patricia Walker, C & Yps
1			Increase in the % of Children imunised by 2nd birthday (MMR)				LAA Cross	Health Helen.donovan@haringey.
	83%	Target	80%				cutting	Health Helen.donovan@haringey.
		Comment	Low confidence in 07/08 figures due to child health information system issues. Whilst ongoing problems are being experienced with the CHIS, an audit of immunisation uptake has been carried out across all GP practices, and a catch up campaign is being implemented. Data is being cleaned and COVER data is expected by Q4. Training has been implemented for Children's Centre staff to help promote immunisation and question and answer sessions are being arranged for parents.					Health Helen.donovan@haringey.
								Health Helen.donovan@haringey.
								Health Helen.donovan@haringey.