

NOTICE OF MEETING

Well-Being Strategic Partnership Board

THURSDAY, 24TH SEPTEMBER, 2009 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22.

MEMBERS: See membership list set out below.

AGENDA

1. APOLOGIES

To receive any apologies for absence.

2. URGENT BUSINESS

The Chair will consider the admission of any items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with Item 12 below).

3. DECLARATIONS OF INTEREST

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

4. MINUTES (PAGES 1 - 10)

5. TOBACCO CONTROL STRATEGY 2009-12 (PAGES 11 - 20)

6. FIRST QUARTER PERFORMANCE REPORT (PAGES 21 - 32)

7. AREA BASED GRANT PROJECTS: 2008/09 END OF YEAR REVIEW (PAGES 33 - 42)

8. INFORMATION SHARING PROTOCOL

This report will be sent to follow.

9. HEALTH INEQUALITIES NATIONAL SUPPORT TEAM VISIT (PAGES 43 - 54)

10. UPDATES FROM PARTNERS

Partners are invited to provide a verbal update on any pertinent issues affecting their respective organisations.

11. STRENGTHENING OVERVIEW AND SCRUTINY LINKS WITH THE HARINGEY STRATEGIC PARTNERSHIP (PAGES 55 - 58)

12. NEW ITEMS OF URGENT BUSINESS

To consider any new items of Urgent Business admitted under Item 2 above.

13. ANY OTHER BUSINESS

To raise any items of AOB.

14. DATES OF FUTURE MEETINGS

To note the dates of meetings for the remainder of 2009/10 set out below:

- 8 December 2009
- 25 February 2010

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
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16 September 2009

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	9	Mun Thong Phung Councillor John Bevan Councillor Dilek Dogus (Vice-Chair) Councillor Bob Harris Councillor Liz Santry Margaret Allen Eugenia Cronin* John Morris Lisa Redfern
	Haringey Teaching Primary Care Trust	6	Fiona Aldridge Tracey Baldwin Penny Thompson Cathy Herman Marion Morris Richard Sumray (Chair)
Health	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 Hessele
	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*

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MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
THURSDAY, 14 MAY 2009

Present: Richard Sumray (Chair), Margaret Allen, Abdool Alli, Councillor John Bevan, Councillor Dilek Dogus (Vice-Chair), Robert Edmonds, John Forde, Michael Fox, Siobhan Harrington, Councillor Bob Harris, Cathy Herman, Sue Hessel, Howard Jeffrey, Angela Manners, John Morris, Marion Morris, Susan Otiti, Mun Thong Phung, Faiza Rizvi, Naeem Sheikh, Penny Thompson)

In Attendance: Gerry Atkinson, Xanthe Barker, Mary Connolly, Phil Harris, Paul Knight, Ismail Mohammed, Barbara Nicholls, James Slater, Janice Woodruff.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBHC135	APOLOGIES AND SUBSTITUTIONS Apologies for absence were received from the following: Judy Allfrey Tracey Baldwin represented by Penny Thompson Eugenia Cronin Susan Otiti substituted Dave Grant John Forde substituted Paul Head Howard Jeffrey substituted Lisa Redfern	
OBHC136	URGENT ITEMS OF BUSINESS No urgent items of business were received.	
OBHC137	DECLARATIONS OF INTEREST Councillor Dilek Dogus declared that an interest in relation to Item 11 as an employee of the Mental Health Trust.	
OBHC138	MINUTES RESOLVED: That the minutes of the meeting held on 2 March 2009 be confirmed as a correct record.	
OBHC139	CONFIRMATION OF CHAIR AND VICE-CHAIR FOR 2009/10 RESOLVED: That Richard Sumray be appointed as Chair and Councillor Dilek Dogus be appointed as Vice-Chair for 2009/10.	Xanthe Barker

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OBHC140	<p>APPOINTMENT OF REPRESENTATIVE TO THE HARINGEY STRATEGIC PARTNERSHIP FOR 2009/10</p> <p>RESOLVED:</p> <p>That Councillor Dilek Dogus be appointed as the Boards representative to the Haringey Strategic Partnership for 2009/10.</p>	Xanthe Barker
OBHC141	<p>TERMS OF REFERENCE AND MEMBERSHIP: 2009/10</p> <p>The Chair noted that he intended to meet with officers and the Vice-Chair to review the way the meetings were structured with a view to streamlining agendas.</p> <p>There would be more emphasis on strategic items where the Board could 'add value' or shape a decision, rather than receiving information items where there was no scope for this.</p> <p>RESOLVED:</p> <p>That the Boards Membership and Terms of Reference be confirmed for 2009/10.</p>	Xanthe Barker
OBHC142	<p>WELL-BEING STRATEGIC FRAMEWORK</p> <p>The Board received a report outlining updates to the Well-Being Strategic Framework (WBSF) and Implementation Plan.</p> <p>It was noted that there were no changes to the way the WBSF was structured. The most significant change had been to the Implementation Plan that had been revised to better reflect targets contained Local Area Agreement.</p> <p>The Chair suggested that rather than presenting the WBSF to each of the HSP Thematic Boards, as recommended in the report, a link should be sent to members of the Boards via email. There was agreement that this was a sensible approach.</p> <p>In response to a query that Board was advised that volunteering was addressed within under the 'Making a Positive Contribution' aspect of the framework it was suggested that there should also be specific reference to this within the Implementation Plan.</p> <p>There was agreement that the document should be revised to set out more clearly which actions where other Thematic Boards were the key lead.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the updates to the WBSF and Implementation Plan be noted. ii. That an email link to the WBSF should be sent to members of the 	<p>Barbara Nicholls</p> <p>Barbara Nicholls</p> <p>Barbara Nicholls</p>

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	other HSP Thematic Boards and comments sought.	
OBHC14	<p>EXPERIENCE STILL COUNTS 2009-12</p> <p>The Board received a report setting out the aims of the strategy for improving the quality of life of older people in the Borough: 'Experience Still Counts 2009-12' and the accompanying Delivery Plan.</p> <p>It was noted that the strategy had been formed following a review of the original Experience Counts Strategy in Autumn 2008. There had been extensive consultation with older people in the Borough during the formation of the strategy and it had been shaped by the needs they had identified. There had also been consultation with representatives from a range of agencies.</p> <p>The Board was advised that the strategy was due to be considered and adopted by the Council's Cabinet in June.</p> <p>The Vice-Chair of the Older People's Forum noted that there had been extensive consultation with older people during the formation of the strategy and commended its adoption to the Board. He also thanked officers for the work that they had done to ensure that the strategy was consulted on as widely as possible.</p> <p>The Chair echoed this but also cautioned the importance of not raising unrealistic expectations.</p> <p>It was suggested that the document should make reference to how any reduction in funding of Older People's Care would be dealt with.</p> <p>There was agreement that an Options Paper following on from the strategy should be drafted and submitted to the Older People's Partnership and subsequently the WSPB.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the WSPB endorse the revised and updated strategy and Delivery Plan. ii. That an Options Paper following on from the strategy should be drafted and submitted to the Older People's Partnership and subsequently the WSPB. 	<p>Margaret Allen</p> <p>Margaret Allen</p> <p>Margaret Allen</p>
OBHC14	<p>DRAFT USER PAYMENT POLICY</p> <p>The Board considered a report setting out proposed guidance in relation to the timescale and process for implementing the User Payment Policy across the respective statutory, voluntary and community sector organisations.</p> <p>Proposals were also included for an initial twelve month pilot of the</p>	

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	<p>project.</p> <p>The policy aimed to support local health and social care organisations with a view to reimbursing service users for their involvement. The parameters around this were also set out in the report.</p> <p>In response to a query the Board was advised that the Policy had been based on one already in operation in another Borough and reflected examples cited as best practice.</p> <p>It was confirmed that there had been discussion around the level of payments with the Benefits Agency to ensure that these would not affect individuals payments.</p> <p>There was a general consensus that the statutory agencies involved would need to look at the proposals in more detail and assess the impact that this would have in terms of cost.</p> <p>It was suggested that benchmarking would be useful in order to provide an informed context.</p> <p>The Chair requested that this information was presented to the Well-Being Chairs Executive prior to the next meeting.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the policy be supported in principal. ii. That the Well-Being Chairs Executive should be provided with further information (as set out above). iii. That a further report should be submitted to the Board at its next meeting. 	<p>Robert Edmonds</p> <p>Robert Edmonds</p> <p>Robert Edmonds</p> <p>Robert Edmonds</p>
OBHC145	<p>MENTAL WELL-BEING IMPACT ASSESSMENTS HARINGEY TIME BANK</p> <p>The Board received report setting out the findings of a Mental Well Being Impact Assessment (MWIA) that had been carried out in relation to the Haringey Time Bank scheme.</p> <p>The MWIA assessed the benefits of the scheme in terms of the mental well-being of residents within Barnet, Enfield and Haringey. In the future two MWIA's would be carried out per year against community based projects to determine whether 'Well-Being London' funding should be allocated to the projects.</p> <p>Time Banks provided a mechanism for people to earn 'time credit' by giving up their own time in exchange for help. They were recognised as being particularly useful in acknowledging the assets and skills of members of the community and encouraging community cohesion and independence.</p>	

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	<p>These values reflected both the Council and NHS Haringey's strategies aimed at supporting community engagement and participation.</p> <p>There was general support for the Time Bank scheme and it was noted that it provided a good model for community empowerment. The Local Ward Member noted that there were particular challenges in Northumberland Park and that it was a measure of the schemes value that it had been so successfully implemented there.</p> <p>It was noted that there had been other successful examples of these in London and they provided opportunities for building on the engagement with the local community and developing the role of the Voluntary and Community Sector further.</p> <p>The Chair noted that this was particularly timely given the current economic climate. In terms of the implementation and commissioning of the scheme the Chair considered that further work was required to ensure that this was developed properly before it was rolled out.</p> <p>In conclusion the Chair noted that the Board agreed to the expansion of the scheme in principal. However, it was requested that a further report should be submitted to the Board to providing more detail in relation to implementation and commissioning and the implications for the Council and NHS Haringey.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the report be noted. ii. That the expansion of the Time Bank Scheme be supported in principal, subject to a further report being submitted to the Board to providing more detail in relation to implementation and commissioning and the implications for the Council and NHS Haringey. 	<p>Gerry Atkinson / Janice Woodruff</p> <p>Gerry Atkinson / Janice Woodruff</p>
<p>OBHC146</p>	<p>TRANSFORMING SOCIAL CARE -PUTTING PEOPLE FIRST</p> <p>The Board received a verbal update on progress in relation to the 'Putting People First' programme.</p> <p>An overview was provided of the work being carried out against the fourteen work streams that formed the programme and it was noted that service users would begin to use the new system in the Autumn.</p> <p>In response to concerns that many service users may not be aware of changes to the way Care was delivered, the Board was advised that it was recognised that this issue required consideration. Support Plans would be constructed for every Service User and this would also take into account the role of Carers.</p> <p>Concern was raised that people with multiple physical and mental disabilities would not be able to express their wishes clearly and that this</p>	

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	<p>would cause considerable anxiety to family members. It was contended that the model was based around the premise that individuals had families that were able to support them. As this was often not the case it was argued that safety nets were required.</p> <p>The Board was reminded that the personalisation agenda was intended to increase individuals' independence and ability to make their own choices. Where an individual did not have the mental capacity to make this type of decision the option would not be appropriate.</p> <p>The Board was advised that HAVCO was holding a Voluntary Sector Providers Forum on 22 June, which would focus on changes affecting the Sector following the introduction of the Personalisation Agenda. The Cabinet Member for Adult Social Care and Well Being noted that she was committed to ensuring that the Voluntary was included within discussions on this issue.</p> <p>Consideration had been given to establishing a Reference Group, to inform discussion; however, no decision had been made as yet.</p> <p>The Chair requested that the Board should receive an update following the Pilots setting out how the issues raised would be addressed.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the verbal update be noted. ii. That the Board should receive a report, following the Pilots that were planned, setting out the issues that had been arisen from them 	<p>Paul Knight</p> <p>Paul Knight</p>
<p>OBHC147</p>	<p>WELL-BEING SCORECARD: EXCEPTION REPORTING</p> <p>The Board considered the Well-Being Scorecard, which provided an overview of performance against Local Area Agreement (LAA) targets within the Board's responsibility and projects funded by the Area Based Grant (ABG) during the Fourth Quarter of 2008/09.</p> <p>It was noted that a considerable amount of work had been undertaken between the Council and NHS Haringey to improve the quality of information included within the Scorecard. There was agreement that there should be discussion outside the meeting between NHS Haringey and the Council to determine whether the IT system used by the Council to monitor performance could be shared.</p> <p>The Chair noted that there needed to be a stronger focus on exception reporting in the form of a covering report and narrative. This should also set out the measures being proposed or taken to address areas where performance was below target. Where there were slow moving long term performance issues an update should be provided rather than a detailed account of the action being taken at each meeting. The action would be reported and discussed once or twice a year.</p>	<p>Penny Thompson / Margaret Allen</p> <p>Margaret Allen</p>

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	<p>There was agreement that where targets were measured on an annual basis proxy indicators should be developed so that the Board would be provide with a better picture of performance throughout the year.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> i. That the report be noted. ii. That future reports should include a covering report including a narrative and setting out the remedial actions being proposed or taken to address areas of underperformance. iii. That proxy indicators should be developed and reported on at the next meeting where targets were measured annually. 	<p>Margaret Allen</p> <p>Margaret Allen</p> <p>Margaret Allen</p>
<p>OBHC148</p>	<p>DRAFT CORE STRATEGY PREFERRED OPTIONS CONSULTATION MAY 2009: 'A NEW PLAN FOR HARINGEY 2011-2026'</p> <p>The Board received a report that provided an update on the draft Core Strategy Preferred Options document entitled: 'A New Plan for Haringey 2011 – 2026'.</p> <p>It was noted that the document reflected responses received following consultation on an Issues and Options document during February and March 2008 and other key evidence that had been gathered and analysed.</p> <p>Consultation on the Preferred Options stage would take place between the 5 May and 30 June 2009. As part of this briefings would be given at Area Assembly meetings and other public forums and information would be available on the Council's website.</p> <p>The Chair noted that there needed to be sufficient flexibility within the Core Strategy to deal with large issues affecting the Borough such as climate change and changing economic circumstances. The Board was advised that the Strategy would be reviewed over its lifetime and it would be adapted to reflect issues such as these that arose.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>	
<p>OBHC149</p>	<p>IMPLEMENTATION OF HARINGEY'S DRAFT HOUSING STRATEGY: 2009-19</p> <p>The Board received a report that provided an update in relation to progress in producing Haringey's Housing Strategy 2009-19.</p> <p>This was an overarching document with several more detailed strategies beneath it including:</p> <ul style="list-style-type: none"> • Homelessness Strategy 	

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	<ul style="list-style-type: none"> • Affordable Warmth Strategy • 'Move On' Strategy <p>The Integrated Housing Board (IHB) was responsible for the development of the strategy and sub-strategies.</p> <p>Concern was raised around the provision of housing designed to meet the needs of people within the Autistic Spectrum. It was noted that there had meetings between the Council and individuals representing groups with an interest in this issue, where there had been agreed that this type of housing was required.</p> <p>The Board was advised that housing officers and senior officers from ACCS had met with Haringey Autism to discuss the merits of specialised housing. This issue would be dealt with in more detail in the new Lettings Policy (being developed later in the year) and in the other sub strategies sitting beneath the Housing Strategy.</p> <p>The Board was advised that the Older People's Strategy fed into the Housing Strategy and that there were links, where appropriate, to each of the sub strategies.</p> <p>The Chair noted that in the long term the Housing Strategy would need to be reviewed to ensure that it was still fit for purpose. In the more immediate future consideration would need to be given to the impact of the Recession.</p> <p>RESOLVED:</p> <p>That the outcome of consultation on the Housing Strategy 2009-19 be noted.</p>	All to note
OBHC150	<p>THREE MINUTE UPDATE FROM PARTNERS</p> <p>The Board received brief verbal updates from NHS Haringey, Barnet Enfield and Haringey (BEH) Mental Health Trust, Whittington Hospital and HAVCO.</p> <p><u>NHS Haringey</u></p> <p>The Chair updated the Board on the 2009/10 budget setting process for the PCT.</p> <p>Allocations to PCTs were announced in December, with Haringey PCT receiving lower than expected, floor level growth. In addition significant new cost pressures had emerged from January onwards. These were primarily associated with a new national price tariff and with activity growth during the last quarter of the year. As a result of these cost pressures, the PCT was in the process of reassessing its investment programme and revise growth in order to deliver a balanced budget for the year.</p>	

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	<p>Contracts for service provision, particularly with hospital providers, had largely been agreed, and these included a range of efficiency measures. There would also be a re-prioritizing of new investments to ensure that they could be afforded. This position had been presented to the Council's Overview and Scrutiny Committee and the Director of ACCS had been nominated to represent the Council in the re-prioritization process.</p> <p>The Board was reminded that this represented a reduction in growth rather than a cut to funding for existing services.</p> <p><u>BEH Mental Health Trust</u></p> <p>The Trust had recently been served with an Improvement Notice for the St Ann's site and this was being addressed at present.</p> <p>In terms of the Trusts application for Foundation status it was anticipated that this would be achieved by February 2010.</p> <p><u>Whittington Hospital</u></p> <p>The Board was advised that the hospital was debating its strategic future at present and whether an application for Foundation Trust status would be made.</p> <p><u>HAVCO</u></p> <p>It was noted the jointly funded Third Sector Mapping Exercise was due to begin shortly and that this would provide a base line for the whole of the Sector in Haringey.</p>	
OBHC15	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>No new items of Urgent Business had been submitted.</p>	
OBHC15	<p>ANY OTHER BUSINESS</p> <p>No items of AOB were raised.</p>	
OBHC15	<p>DATES OF FUTURE MEETINGS</p> <p>The following dates of future meetings were noted:</p> <ul style="list-style-type: none"> • 24 September 2009 • 8 December 2009 • 25 February 2010 	All to note

RICHARD SUMRAY
Chair

The meeting closed at 9.20pm

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Meeting: Well Being Strategic Partnership Board

Date: 24 September 2009

Report Title: Tobacco Control Strategy 2009 - 2012

Report from: Susan Oti, Associate Director of Public Health

Purpose

The Public Health team is developing a Tobacco Control Strategy and Action Plan. It will set a clear direction for the Haringey Strategic Partnership and its member organisations to reduce the impact of tobacco in Haringey. The intention is that a Tobacco Control Alliance will be created by the end of October 2009 as a fixed-term group to oversee implementation of the strategy to the end of March 2012.

The Public Health team welcomes thoughts and views from Board members to shape the strategy and action plan and for partner organizations to agree to participate in its implementation.

Background

Smoking tobacco is the single greatest preventable cause of ill health and premature mortality in the UK. It is also the primary reason for the gap in life expectancy between rich and poor. It has long since been acknowledged by national bodies that smoking is harmful to the nation's health and that targeted methods are needed to help people stop smoking. These have included the workplace ban on smoking on 1st July 2007, which was extended to include mental health services on 1st July 2008.

There is now a wide body of evidence on effective practice to reduce smoking uptake and increase smoking cessation, most recently set out in NICE Guidance on Smoking Cessation Services, the Department of Health's (DH) '10 High Impact Changes to Achieve Tobacco Control' and NHS Stop Smoking Services: service and monitoring guidance 2009/10. These documents have significantly informed the content of the strategy.

This document will form a coherent strategy and action plan for a range of stakeholders, who will form a 'Tobacco Control Alliance'. Together they will both implement and monitor the implementation of the strategy. The intention is that the Tobacco Control Alliance will be a fixed-term group, which will have overseen implementation of this strategy by the end of March 2012.

The aim of the strategy is to reduce the impact of smoking on health and health inequalities in Haringey by setting out the key actions to be taken by

the end of March 2012.

The outcomes are as follows:

- To reduce smoking prevalence and increase smoking quitters in the following groups:
 - People with a mental health diagnosis
 - Teenage pre and post-partum mothers
 - Young parents
 - Those living in areas of high deprivation
 - Specific BME groups, particularly Irish and Turkish men
 - Routine and manual workers
- To reduce the impact of smoking on health inequalities in Haringey
- To denormalise smoking in Haringey
- To develop measures to assess achievement against the above outcomes

In order to achieve those outcomes, the following objectives have been set and are derived from the DH 10 High Impact Changes.

- Work in partnership
- Gather and use a full range of data to inform tobacco control
- Use tobacco control to tackle health inequalities
- Deliver consistent, coherent and co-ordinated communication
- Integrated stop smoking approach
- Build and sustain capacity in tobacco control
- Tackle cheap and illicit tobacco
- Influence change through advocacy
- Help young people to be tobacco free
- Maintain and promote smoke free environments

Policy implications

For the past 7 years, tobacco control has been seen as the domain largely of the Stop Smoking Service (commissioned by NHS Haringey) and the Council's Enforcement Services. The national documents mentioned previously make it clear that if Haringey is going to succeed in denormalising tobacco and reducing health inequalities, this has to be the business of a range of organisations that comprise the Haringey Strategic Partnership.

For this policy change to be successful the strategy will need to be implemented in a structured, measurable, justifiable and targeted way. The Comprehensive Approach to Tobacco Control, as developed and prescribed by the Health Inequalities National Support Team will be used. This approach represents a holistic model of tobacco control with seven broad themes:

- Planning and commissioning
- Communication
- Normalising smoke-free lifestyles

- Monitoring, evaluation and response
- Tackling illegal and underage availability
- Making it easier to stop smoking
- Multi-agency partnership working

Legal Implications

None identified.

Financial Implications

The implementation of the action will be achieved within existing resources.

Recommendation

To actively consider the desired strategy outcomes and the themes in 'The Comprehensive Approach to Tobacco Control' described above and help shape the strategy and action plan through identifying activities and organizations to participate in its implementation.

For more information contact

Susan Oti
Associate Director of Public Health
NHS Haringey
Tel: 020 8442 6668
Email: susan.otiti@haringey.nhs.uk

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Shaping the Tobacco Control Strategy

Group 1 - Tackle Cheap and Illicit Tobacco

TASK	COMMENTS
<p>Are the proposed outcomes right? Are there additional outcomes that need to be reflected in the strategy?</p>	
<p>Focussing on one of the DH 10 High Impact Changes - Tackle cheap and illicit tobacco</p> <p>Who should be involved in the strategy implementation and what activity could they deliver?</p>	

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Shaping the Tobacco Control Strategy

Group 2 - Help Young People to be Tobacco Free

TASK	COMMENTS
<p>Are the proposed outcomes right? Are there additional outcomes that need to be reflected in the strategy?</p>	
<p>Focussing on one of the DH 10 High Impact Changes - Help young people to be tobacco free</p> <p>Who should be involved in the strategy implementation and what activity could they deliver?</p>	

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Shaping the Tobacco Control Strategy

Group 3 - Maintain and Promote Smoke Free Environments

TASK	COMMENTS
<p>Are the proposed outcomes right? Are there additional outcomes that need to be reflected in the strategy?</p>	
<p>Focussing on one of the DH 10 High Impact Changes - Maintain and promote smoke free environments Who should be involved in the strategy implementation and what activity could they deliver?</p>	

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Meeting: Well-Being Strategic Partnership Board

Date: 24 September 2009

Report Title: Performance Summary/Exception Report

Report of: Sarah Barter, Head of Systems Development & Performance.

<p>Purpose</p> <p>To Inform the Wellbeing Partnership Board of any issues relating to performance of National and Local Indicators within the Wellbeing Scorecard.</p>
<p>Summary</p> <p>A list of Performance Indicators from the Well-Being Scorecard missing target and those where no data is available with timescale.</p>
<p>Legal/Financial Implications</p> <p>None identified.</p>
<p>Recommendations</p> <p>None, for information only.</p>
<p>For more information contact:</p> <p>Name: Sarah Barter Title: Head of Systems Development & Performance. Tel: 020 8489 5954 Email address: sarah.barter@haringey.gov.uk</p>

Background:

This report will summarise performance in the key LAA indicators which form part of the Wellbeing Thematic Board, with an exception report focusing on those indicators which are missing target.

Indicators at Risk of Missing Target

NI 122 Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline).

Latest Outturn -8.2% Target -18.1%

The data currently being reported refers to Apr to Jun 2008. The last two quarters reported have for the first time recorded a reduction upon the 1998 baseline for which the PI is measured against.

2008 annual rates will be released in February 2010.

NI 53 Prevalence of breast-feeding at 6-8 wks from birth.

Latest Outturn 46.4% Target 60%

Q1 2009-10 prevalence is low, as we are still awaiting data from a number of GPs who have been late to submit due to H1N1swine flu. This additional data will be resubmitted to NHS London and the Department of Health when it becomes available. The expected impact should lift performance above target.

NI 126 Early Accesses for Women to Maternity Services

Latest Outturn 73.6% Target 80%

A Maternity Action Plan is in place, overseen by the Maternity Steering Group. NHS Haringey is working with GPs and the Acute Trusts to ensure GPs are referring as soon as possible and that hospitals/midwives can see women quickly. However the big issue, particularly in Haringey, is that many women still present to their GP late in their pregnancy. This means they cannot be seen within the target timescales. This will be addressed by long-term social marketing.

NI 156 Number of households living in temporary accommodation

Latest Outturn 4267 Target 4112

The reduction in homeless households in temporary accommodation fell during August to 4267 a fall of 54 during the month. The target reduction for the year was 996, to date for this financial year the reduction of households in TA has been 281. The average reduction for the first 5 months has been 56 households per month compared with a target of 80 per month. It is planned that the delivery of project to reduce the number of Tenants in Emergency Accommodation will provide significant impetus to the ongoing reduction of households in TA. A detailed review of performance through the first 6 months will be undertaken during October to focus upon areas for increasing the reduction to ensure the annual target is achieved.

Indicators with no Qtr1 08/09 Data

Indicator	Due Date
NI 119 Self Reported Measure of People's Overall Wellbeing	Annual survey, data available June 2010.
NI 125 Achieving Impedence for Older People through Rehabilitation/Intermediate Care	Data period starts 91 days after 1 st June. 1 st months data will be available in October 2009.
% of HIV infected patients with a CD4 count less than 200 cells per mm3 diagnosed	Data due from NHS Haringey on 30/09/2009.
NI 121 Mortality Rate from all circulatory diseases at ages under 75 per 100,000 population	Due December 2009.
NI 1 % of People who believe people from different backgrounds get on well together in their local area.	Annual survey, data available June 2010.
NI 4 % of People who feel they can influence decisions in their neighbourhood.	Annual survey, data available June 2010.
NI 6 % of People who take part in formal volunteering at least once a month.	Annual survey, data available June 2010.
NI 7 Environment for a thriving third sector.	Annual survey, data available June 2010.
NI 35 Resilience to Violent Extremism.	Annual collection, due date to be confirmed.
NI 39 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm.	2 quarters behind. Qtr 1 data will be available in January.
NI 51 Effectiveness of Child and Adolescent Mental (CAHMS) services.	This is an annual collection, timescale to be confirmed with CYPS.
NI 56 Obesity in Primary School Age Children.	This is an annual collection, timescale to be confirmed with CYPS.
NI 116 Proportions of Children in Poverty.	This is an annual collection, timescale to be confirmed with CYPS.

Appendices:

Wellbeing Scorecard Exception Report

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Wellbeing Theme Board Exception Report

Generated on: 14 September 2009

CY02_P_N0112 Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline)

Outcome Lead	Portfolio
Sustainable Community Strategy Outcome	

Quarterly values		
	Value	Target
Q1 2009/10	-16.5%	-18.1%
Q2 2009/10	-8.2%	-18.1%
Q3 2009/10		
Q4 2009/10		
2009/10	-8.2%	-18.1%



Red



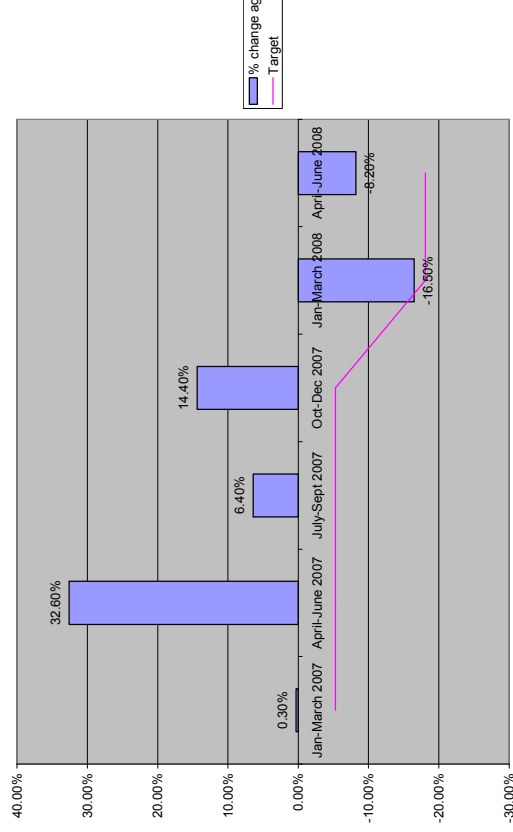
Definition: The change in the rate of under 18 conceptions per 1,000 girls 15-17 years resident in the area for the current calendar year, as compared with the 1998 baseline rate, shown as a % of the 1998 rate.

Good performance is typified by a higher percentage reduction from the baseline figure.

ABG Funding: £ 272,037

Cosmic (£4,358); Substance Misuse Coordinator (£4454); Teenage Pregnancy Local Implementation Grant (£170,000); TP sexual health (£51,375); 4YP (Bus) (£32,125); Libraries for life (£9,725)

NI 112: Percentage change of under-18 conceptions against 1998 baseline





	<p>Explanation of current performance There is a 14 month time-lag in the release of conception statistics, as they are partly compiled from birth registration data. 2009/10 will be reporting the calendar year 2008.</p> <p>The chart shows that between Jan-March 2008 (Q1 2008) there has been a percentage decrease from the 1998 baseline, from 14.4% in Q4 2007 (62 actual conceptions) to -16.5% Q1 2008 (45 actual conceptions).</p> <p>This is first time we have achieved a quarterly average rate lower than our 1998 base rate. Although we have not achieved our 2009/10 target (-18.1%), this is a significant improvement.</p> <p>Data available for April-June 2008 (Q2 2008) shows that there has been a small increase from the Q1 2008 figure- a percentage change of -8.2% on 1998 baseline (49 actual conceptions). This is positive news as our Q2 rates have consistently shown a significant increase from Q1.</p> <p>Current Activities Current developments include:</p> <p>Strategic- The redevelopment of the Teenage Pregnancy Strategic Partnership Board to include an Executive Board to be chaired by Cllr Reith. The first meeting of the Executive Board will take place on the 18th September 2009; and the Implementation Group (currently the Strategic Partnership Board) will meet on the 21st September 2009. Task and Finish groups will be reformed with strategic leads and operational leads to focus on:</p> <ul style="list-style-type: none"> ▪ Improving the uptake of longer acting reversible contraception (LARC) ▪ Improving the uptake of contraception and sexual health data ▪ A pilot targeted schools programme ▪ Improving access to contraception and sexual health post-termination ▪ Improving Sex and Relationships Education (SRE)/ well-being
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<p>information and guidance for pupils, parents and staff in schools</p> <p>The findings from a new sexual health needs assessment are due at the end of September from NHS Haringey.</p> <p>Communication- A targeted publication made with and for leaving care and asylum team clients and the production of Z cards, postcards and booklet promoting 4YP services, contraception and sexual health, advice and guidance on safe relationships and key messages on young people's emotional and physical wellbeing;</p> <p>Delivery of SRE and PSHE- A thorough SRE mapping exercise across all primary, secondary, special schools, post 16 settings and young people's settings to inform key tasks for SRE sub group;</p> <p>Provision of young people focused contraception and sexual health services (CASH)- NHS Haringey has integrated sexual health and family planning services in a weekly clinic for women only, under 20s at Lordship Lane Health Centre called 4YP Plus. Clinical services (contraception, condoms, LARC, pregnancy testing and Chlamydia screening,) have been extended to the 4YP Haringey under-18 outreach programme and extended to all three area Integrated Youth Support Services (YSS) youth projects with the 4YP Nurse running fortnightly clinical sessions;</p> <p>Workforce Development and Training- The piloting of Speakeasy Together and RU Ready/ Delay training workshops;</p> <p>Targeted work with at risk groups- An additional Pre Intensive and Intensive Teens and Toddlers programme has been agreed for Haringey. This is part of an extensive DCSF funded research programme targeting a further 50 girls in Years 9 and 10 identified as at risk, including children in care and those at the Pupil Support Centre. The Pre Intensive Programme will be completed in July 2009 and the Intensive Programme will begin in September 2009 and be completed in July 2010. These programmes are running alongside Haringey's own Teens and Toddlers programmes which are led by Haringey trained facilitators.</p> <p>A teenage pregnancy at risk assessment tool is being developed to be used</p>

	<p>by professionals and partners and in addition, a data set identified which could identify a database of young people 'most at risk'.</p> <p>Best Practice The following boroughs have achieved significant reductions between 1998-2006:</p> <ul style="list-style-type: none"> • Hammersmith & Fulham -36.5% • Hackney -28% • Tower Hamlets -24.2% • Newham -20.5% <p>DCSF attribute success to engagement with delivery partners, a senior local champion, effective sexual health services, prioritisation of sex and relationship education, focus on targeted interventions, training on sex and relationships for partner organisation, a well resourced youth service and a good local communication strategy.</p>
	<p>Emerging Risk Impact on local public services and the well being of children and young people.</p> <p>Performance discussion date: The first meeting of the Teenage Pregnancy Executive Board will take place on the 18th September 2009 to consider a progress report on the past 6 months. The Implementation Group will meet on the 21st September 2009. The Board and the Group will be considering the revised Teenage Pregnancy Action Plan.</p> <p>Equality Impact These are young women 15 – 18 years. The profile of this section of the population is as follows: Total number of young women 15 – 18 6,384</p>

<p>British 32%, White Other 17%, Mixed 9%, Asian 9%, Caribbean 14%, African 16%, Other 3%. A TP Conception Monitoring Scorecard is being developed to support analysis, including age, ethnicity and ward.</p>	
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<p>CY02_P_N0053a Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks</p> <p>Outcome Lead</p> <p>Portfolio</p> <p>Sustainable Community Strategy Outcome</p>	<p>Quarterly values</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>49%</td> <td>60%</td> </tr> <tr> <td></td> <td>61.7%</td> </tr> <tr> <td></td> <td>63.3%</td> </tr> <tr> <td></td> <td>64.8%</td> </tr> <tr> <td>46.4%</td> <td>60%</td> </tr> </tbody> </table>	Value	Target	49%	60%		61.7%		63.3%		64.8%	46.4%	60%
Value	Target												
49%	60%												
	61.7%												
	63.3%												
	64.8%												
46.4%	60%												
<p> Red</p> <p>Q1 2009-10 prevalence is low, as we are still awaiting data from a number of GPs who have been late to submit due to H1N1swine flu. This additional data will be resubmitted to NHS London and the Department of Health when it becomes available. The expected impact should lift performance above target.</p>	<p></p>												

<p>AC02_P_N0126 Early Access for Women to Maternity Services</p> <p>Outcome Lead</p> <p>Portfolio</p> <p>Sustainable Community Strategy Outcome</p>	<p>Quarterly values</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>73.6%</td> <td>80.0%</td> </tr> <tr> <td></td> <td>80.0%</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Value	Target	73.6%	80.0%		80.0%				
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73.6%	80.0%										
	80.0%										
	<p>Q1 2009/10</p> <p>Q2 2009/10</p> <p>Q3 2009/10</p> <p>Q4 2009/10</p>										

 Amber		
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The reduction in homeless households in temporary accommodation fell during August to 4267 a fall of 54 during the month . The target reduction for the year was 996 , to date for this financial year the reduction of households in TA has been 281 . The average reduction for the first 5 months has been 56 households per month compared with a target of 80 per month . It is planned that the delivery of project to reduce the number of Tenants in Emergency Accommodation will provide significant impetus to the ongoing reduction of households in TA. A detailed review of performance through the first 6 months will be undertaken during October to focus upon areas for increasing the reduction to ensure the annual target is achieved .

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Meeting: Well-Being Strategic Partnership Board

Date: 24 September 2009

Report Title: Area Based Grant Projects: 2008/9 End of Year Review

Report of: Margaret Allen, Assistant Director, Safeguarding & Strategic Services

Purpose

To provide the Well-being Partnership Board with an overview of the 2008/09 end of year review of Area Based Grant (ABG) funded projects, including the an outline of the process and summary of results.

Summary

1.0 Background:

1.1 The theme board allocations of the ABG for 2009/10 and 2010/11 were approved by Cabinet on 26th January 2009. The Well Being Partnership Board was allocated £5.143 million for 2009/10 and £5.143 million for 2010/11. Of this amount, £230k relates to 20% of the total Carers Grant allocation which is passported to Children and Young People Services for their subsequent allocation.

1.2 In 2009/10, this money funds 52 projects, 80% of which support statutory services.

2.0 The review process:

2.1 The Governance and Partnerships team, in conjunction with colleagues from Corporate Finance and on behalf of the Well Being Partnership Board, undertook an end of year review (2008/09) of all ABG funded projects, during the first quarter of 2009/10. This involved a self assessment followed by call-overs, where Project Managers were given the opportunity to provide clarification or additional information by way of evidence and benefits/outcomes to our service users and/or carers. Evidence submitted included case studies, surveys and feedback from service users, and monitoring and assessment forms.

2.2 The focus of the end of year review was to get a greater understanding of how the ABG is being utilised across the Partnership; informing whether projects in receipt of funding

demonstrate value for money and are delivering against the priority outcomes and Local Area Agreement/National Indicators as well as the Sustainable Community Strategy outcomes.

2.3 The end of year review findings and recommendations were ratified by the Well-being Chairs Executive in June 2009 on behalf of the Well-being Partnership Board.

2.4 In June 2009, Project Managers were informed of the panel's recommendations for funding post-September 2009.

3.0 Results of the review:

3.1 It was recommended that all 52 projects receive continuation funding until the end of March 2010 (see Appendix 1). The panel worked closely with all Project Managers to ensure the projects were working to SMART targets and achieving maximum outcomes for service users and their carers.

3.2 34 projects will receive continuation funding until the end of March 2011, subject to confirmation from 'Communities and Local Government' (CLG) in April 2010 and the 2009/10 end of year review.

3.3 The remaining 18 projects are required to undergo further reviews, in conjunction with the Council's contracts team, in order to ensure they are delivering effectively towards the LAA targets, prior to confirming 2010/11 funding.

3.4 All of the projects will be subject to the Council's budget, performance and, where applicable, contract monitoring and end of year reviews.

Financial Implications

The ABG allocation of £5.143m includes £230k Carers Grant allocated to Children's Services. This report recommends allocation of the balance.

Whilst ABG funding has been agreed for 2010/11 and 2011/12 it is possible that allocations will reduce given the current economic climate.

Funding has been agreed for 52 projects, allocating all available funding for the current financial year. No allowance has been made for inflation and projects will be required to make efficiency savings in order to remain within their funding allocation.

For 2010/11, 34 projects have been agreed and the remaining 18 will undergo further review. Again, no allowance will be made for inflationary increases and further efficiencies within the projects must be found.

Recommendations

That the Board notes the information within this report.

For more information contact:

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Title: Head of Governance and Partnerships

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Email address: helen.constantine@haringey.gov.uk

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APPENDIX 1

Project Title	Project Description	Statutory Req'ment	09/10 ABG Allocation	Carers - information & Support Groups	Identify hidden carers	LAA	People and Customer Focus	Healthier people with a better quality of life	Economic Vitality shared by all	People at the heart of change	Increased choice and control;	Freedom from discrimination or harassment;	Make a positive contribution;	Maintaining personal dignity and respect	Achieve economic well-being	Improved quality of life	Improved health and emotional well-being;
BME Carers Community Income	Provides benefit advice to local people and offers support when applying for relevant benefits	X	31,500	●		NI 135; NI 121; NI 149; NI 141; NI 125; NI 119; NI 127		●								●	
Learning Disabilities Jt Comm Residential	To finance community care (residential) placements for an established group of clients	✓	267,562			NI 127					●	●		●			
Learning Disabilities Residential	To finance community care (residential) placements for an established group of clients.	✓	522,373			NI 127					●	●		●			
Learning Disability Day Services	Funding to help deliver the Valuing People White Paper 2001	✓	236,000			NI 151; NI 119; NI127	●	●	●	●	●	●		●			
Appropriate Adult B Tech Award Training	Training for people to make welfare representations for juveniles and vulnerable adults detained in police custody	✓	15,000			NI 6; NI 21; NI 151; NI 153		●							●	●	
Approved Social Work Services (Canning Crescent)	Approved Social Worker (ASW) posts within the community mental health service	✓	80,800			NI 149; NI 135		●			●	●	●		●	●	●
CSW Assertive Outreach	Provides intensive daily support to mental health service users living in their own homes and works to maintain clients living independently and seeks to prevent readmission to hospital	X	49,000			NI 149; NI 135		●			●		●			●	●
Social Workers (North Tottenham)	Funds a Social Worker post within the community mental health service and contribution to team running cost	✓	50,000			NI 149; NI 135		●			●	●	●		●	●	●
Social Workers Running Costs	Funds running costs to enable social Worker posts within the community mental health service to carry out duties effectively	✓	34,200			NI 149; NI 135		●			●	●	●		●	●	●
Health in Mind - Healthy Eating	Increase the level of physical activity, increase access to healthy foods and provide nutrition education sessions to older people (50+) living within SOA wards	X	148,000			NI 56; NI 119; NI 121; NI 171		●								●	●
Happy Opportunities	Empower at least 30 adults, 50 years and older primarily from BME communities, to build their capacity so that real positive changes are made	X	17,000			NI 8; NI 151		●									●
Supporting People Services	Funds the Supporting People team (one Commissioning and Review manager and 3 project officers)	X	212,000			NI 141; NI 125; NI 149		●			●					●	

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Meeting: Well Being Strategic Partnership Board

Date: 24 September 2009

Report Title: Health Inequalities National Support Team Visit

Report from: Eugenia Cronin, Director of Public Health

Purpose

A Department of Health National Support Team (NST) visit is scheduled to take place in Haringey from 5 – 9 October 2009. The visit is **not** an audit, nor is it part of performance management; rather it is designed to support the local area to improve performance. NST visits focus on Spearhead organisations.

The NST will seek to understand the local context and assess barriers to and opportunities for making progress at a population level. While a systematic process of enquiry is employed using frameworks of key questions, these are designed to be free/open and frank discussions rather than formal interviews. All information given in these sessions will be used in a non-attributable fashion.

The NST will formulate a report (towards the end of the visit), based on the findings of the interviews and the workshops. The report will outline the key strengths of the local health economy, and other areas with potential for improvement.

The NST may also identify areas where support can be provided – be this human or, in some cases, a small financial resource. The NST will offer to return soon after the visit to discuss with the Chief Executive of NHS Haringey and senior representatives from the Local Authority, the Acute Trust and other key players, what further support would be helpful. This offer is repeated some months later, and support can be ongoing throughout this period and beyond as required and agreed.

Background

The Department of Health, as promised in the implementation guidance for Choosing Health white paper, has established a series of National Support Teams for key public health priorities. Teams cover sexual health, tobacco control, health inequalities, childhood obesity, teenage pregnancy, alcohol harm reduction and infant mortality. Each team provides tailored support to PCTs and their health and local authority partners to help them achieve key targets.

The Health Inequalities NST focuses particularly on the National Public Health

Service Agreements aimed at reducing the gap in life expectancy and mortality from the major killers between the quintile of local authorities with the greatest burden and the national average by 2010. The visit focuses on the adult population in a local area.

NHS Haringey has recently reviewed progress against its Life Expectancy Action Plan (Appendix 2 Executive Summary). Between 2001-2003 and 2005-2007, life expectancy in Haringey has increased 1.5 years for men and 3 years for women. Female life expectancy (2005-07) is now 1.1 years higher than England however male life expectancy (2005-07) in Haringey is 1.5 years lower than England. The latest report against the health inequalities target¹ published by the Department of Health states that Haringey is on target to achieve its contribution towards the National Life Expectancy Target for Males and Females, based on 2004-06 rolling averages. This is an encouraging sign and indicates that we are continuing to make solid progress towards improving life expectancy in Haringey.

There are a number of aspects to the visit and preparatory work to complete before October 2009.

Pre Visit

This was held on 6 July 2009 to discuss the visit process and logistics. The Joint Director of Public Health, the Director of Commissioning/West, the Director of Adult, Culture and Community Services, the Assistant Director of Operations from North Middlesex Hospital Trust and the Associate Director of Public Health attended the meeting.

Information Requirements

While not requiring detailed written 'evidence', the NST has requested electronic copies of various strategic reports.

During the Visit

i) Opening Plenary 6 October 10.00am – 12 noon

The NST will provide an overview of their work and outline the purpose of their visit. NHS Haringey and partners will present a brief summary of local needs and components of the strategies currently in place to address health inequalities.

ii) Workshops to Address Major Component Programmes 6 October 1pm – 5pm

Six small groups will use a diagnostic approach to investigate how the major programmes are systematically addressing health improvement and health inequalities. These programmes will be:

- Cardiovascular disease secondary prevention
- Acute management of heart attack and stroke
- Cancer

- Tobacco control
- Seasonal excess deaths
- Alcohol

iii) One-to-One Stakeholder Discussions **5 October pm and 7 October all day**

These discussions will explore the overall strategic approach of key stakeholders in regard to the health inequalities agenda in Haringey. Each discussion lasts one hour.

iv) Community Engagement Focus Group **7 October 2pm – 6pm**

The aim of the focus group is to understand the work being done in Haringey, the partnership working, and extent of health improvement within that work agenda. The focus group will give the NST a comprehensive picture of community engagement activity, including health involvement.

v) Closing Plenary **9 October 12noon – 2pm**

The NST request that NHS Haringey, Chief Executive and senior representatives from other involved partners attend this session. The NST will report back in detail on their findings to the major stakeholders. The NST will then welcome responses from the representatives of each partner organisation. The NST will provide a full feedback report at this session and they would welcome our initial response to it, as the start of a wider discussion.

Policy implications

Following the visit there will be a need for the Well Being Strategic Partnership Board to assess the NST feedback. The feedback may give rise for Board members to spot opportunities to review/amend core function policies that are linked to the health inequalities agenda.

Legal Implications

None identified.

Financial Implications

The NST is paying for the venue, refreshments, and all required equipment. It is not possible to assess at this point any other impact in terms of responding to NST recommendations.

Recommendations

To raise awareness with Board members of the impending visit and to seek the support of their organisations to attend.

For Board members to review the workshop and community engagement participants list and suggest additions (Appendix 2 and 3).

For more information contact

Susan Oti
Associate Director of Public Health
NHS Haringey
Tel: 020 8442 6668
Email: susan.otiti@haringey.nhs.uk

Appendix 1. Life Expectancy Action Plan Review - Executive Summary

One of the two national inequality targets is a reduction in the gap in life expectancy by at least 10% between 'routine and manual groups' and the population as a whole by 2010. The Life Expectancy Action Plan for Haringey was drawn up in 2006 to achieve this target. The plan focused on 12 key areas of activity (agreed at the consultation for the development of the plan):

1. Smoking
2. Physical activity
3. Food and nutrition
4. Cardiovascular diseases
5. Cancers
6. Accidents
7. Suicide
8. Access to health services
9. Infant mortality
10. Housing
11. Employment
12. Education

This report provides a half way progress report on improving life expectancy in Haringey. A new Life Expectancy Action Plan will be written for the new cycle 2011-2015 in late 2010. This half way progress report will inform the new plan and provide a stimulus to ensuring key actions identified in the 2006 action plan are implemented in this planning cycle.

Main findings:

- Life expectancy in both males and females is increasing. Between 2001-2003 and 2005-2007, life expectancy in Haringey has increased 1.5 years for men and 3 years for women.
- Male life expectancy (2005-07) in Haringey is 1.5 years lower than England. Female life expectancy (2005-07) is now 1.1 years higher than England.
- The latest report against the health inequalities target² published by the Department of Health states that Haringey is on target to achieve its contribution towards the National Life Expectancy Target for Males and Females, based on 2004-06 rolling averages. This is an encouraging sign and indicates that we are continuing to make solid progress towards improving life expectancy in Haringey.
- Life expectancy is not evenly distributed in Haringey. At the two extremes, male life expectancy in Tottenham Green (70.6 years) is 8 years lower than male life expectancy in Alexandra (78.9 years). Male life expectancy tends to vary with deprivation in Haringey. The gap in

2

Tackling Health Inequalities: 2007 Status Report on the Programme for Action. Department of Health. Available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471

female life expectancy between the wards with the highest and lowest life expectancy is 8.4 years.

- Cancer (34%) and heart and circulatory diseases (26%) together account for most deaths in Haringey residents under the age of 75 years. This division is similar to that seen nationally.
- Lung cancer, followed by breast, colorectal, bladder and prostate cancers were the most common causes of death from cancer in Haringey (and nationally) between 1996 and 2005.
- Circulatory disease mortality is higher in more deprived areas of Haringey. There is likely to be under-detection (and therefore incomplete secondary prevention) of coronary heart disease in primary care in Haringey.
- Higher than expected mortality from stroke is observed in Haringey. There is a relationship between stroke mortality and hospitalisation with deprivation in Haringey.
- Deaths due to Chronic Obstructive Pulmonary Disease (COPD) in Haringey are lower than the national average.
- Mortality rates from diabetes are higher in Haringey than nationally. We know that there is potential to improve detection and management of diabetes in primary care in Haringey.
- Infant mortality rates in Haringey continue to be high.
- Primary care is an important setting for enabling a reduction of premature mortality from chronic diseases, particularly in the short and medium term. Further analysis of Haringey data is required to understand potential opportunities to reduce premature mortality uniformly across Haringey.
- Understanding the prevalence and distribution of behavioural risk factors for chronic diseases, particularly smoking, diet and physical inactivity, continues to be a challenge in Haringey, as it is across England. Prevention of these risk factors will be key to reducing premature mortality in the medium and longer term.

Since the 2006 report was published, the landscape has changed. Several key strategic initiatives have been developed which impact actions to increase life expectancy. These include the Sustainable Community Strategy and the current Local Area Agreement and the Primary Care Strategy.

On the whole, the partnership has implemented (or is in the process of implementing) all actions outlined in the 2006 plan. One of the key findings of this review, however, is that much has evolved in Haringey since the 2006 plan was published. Notably, partnerships have strengthened and many new strategies and plans have been revised and developed. The success of the Life Expectancy Action Plan is dependent on these partnerships and on the implementation of these new strategies and plans.

Smoking cessation services and vascular risk assessment are key components of any strategy to increase life expectancy as they act on the diseases most responsible for premature mortality. Tobacco is a key risk factor for both major causes of premature illness in Haringey; cardiovascular diseases and cancer. Implementation of actions identified in the Tobacco Control Strategy, including the development and strengthening of the tobacco network will be critical as will strategies to continue to seek out smokers who have to date not taken up smoking cessation services. The roll out of the vascular risk assessment programme will occur in the coming months and years. This programme will have an impact on premature mortality from cardiovascular diseases. Ensuring this programme is targeted appropriately at higher risk residents will be key to ensuring that this programme is able to reduce inequalities in life expectancy rather than exacerbate them.

Appendix 2 Workshop participants

Workshop 1 Cardiovascular disease secondary prevention

Name	Job Title
PCT	
Vanessa Bogle	PH Strategist - Long Term Conditions
Gloria Salmon	Physical Activity Scheme Co-ordinator
Catherine Brown	Deputy Director Primary Care
Pauline Taylor	Head of Medicines Management
LA	
John Morris	Head of Parks and Bereavement
Andy Briggs	Head of Sport and Leisure Services
Bernard Lanigan	SV Manager Physical Disabilities & OT Service
Helena Pugh	Corporate Head of Policy
Acute Trusts	
Voluntary Sector	
Robert Edmonds	Director - Age Concern Haringey

Workshop 2 Acute management of heart attack and stroke

Name	Job Title
PCT	
Fiona Wright	Associate Director - Public Health
Adrian Hosken	Senior Commissioning Manager - West
LA	
Cllr Winskill	Councillor
Lisa Redfern	Assistant Director Adult Services
Melanie Ponomarenko	Scrutiny Officer
Acute Trusts	
Dr Tom Crake	Chest Pain Service Rep/Cardiology - NMUH
Dr Robert Luder	TIA Service Lead - NMUH
Joseph Buttell	Stroke Service Co-ordinator/Clinical Lead - NMUH
Stephen Nair	Clinical Audit Facilitator - NMUH
Valerie Nangle	Cardiac Rehab Rep - NMUH
Dr Suzanna Hardman	Whittington Hospital
Voluntary Sector	
John Murray	Different Strokes - North London Co-ordinator
Other	
Margaret Bruce	David Bruce Consulting Ltd

Workshop 3 Seasonal Excess Deaths

Name	Job Title
PCT	
Becci Burnett	Community Matron
Helen Donovan	Immunisation Lead
Anne Daley	Head of Commissioning SE
Kola Akinlabi	Respiratory Team Lead
LA	
Phil Harris	Assistant Director of Strategic & Community Housing
Barbara Nicholls	ACCS Service Manager - Older People
Acute Trusts	
Janine Loft	Respiratory Specialist Nurse - NMUH
Voluntary Sector	
Manuela Toporowska	Age Concern

Workshop 4 Cancer

Name	Job Title
PCT	
Tamara Djuretic	Public Health Consultant
Jill Shattock	Deputy Director - PBC and Acute Commissioning
Melissa Rich	Cancer Project Manager
LA	
Una De Vere	Deputy Service Manager - Adults & Older People
Martin Bradford	Scrutiny Officer
Acute Trusts	
Sue Williams	Bowel Cancer Screening Lead - NMUH
Felicity Hunter	Cancer Services Manager - NMUH
Voluntary Sector	
Other	
Pauline Simpson	North London Cancer Network

Workshop 5 Tobacco Control

Name	Job Title
PCT	
Susan Oti	Associate Director - Public Health
Debbie Morgan	Stop Smoking Service Manager
Michele Daniels	Head of Community Development
LA	
Niall Bolger	Director of Urban Environment
Robin Payne	Assistant Director - Enforcement
Eve Pelekanos	Corporate Head of Performance & Policy
Jude Clements	Healthy Schools (Health, Wellbeing & Sustainability Manager)
Acute Trusts	
Voluntary Sector	
Other	
Debbie Harries	Innovision

Workshop 6 Alcohol Harm

Name	Job Title
PCT	
Allison Duggal	Public Health Trainee
LA	
Marion Morris	Drug & Alcohol Partnership Manager
Jan Doust	Extended Schools (Head of Children's Network)
Linda Somerville	Public Health Strategist in Addictions
Jean Croot	Head of Safer Communities Unit
Eve Featherstone	Principal Equalities & Diversity Officer
Keith Betts	Service Manager for Commercial Enforcement - Trading Standards
Eleanor Brazil	Deputy Director Children & Families
Acute Trusts	
Voluntary Sector	
	HAGA

Appendix 3 Community Focus Group participants

Name	Job Title
PCT	
Nancy Augustt	PALS
Dilo Lalande	PPI
Leo Atkins	Head of the Teaching Programme
LA	
Sally Collins	Interim Head of Neighbourhood Management
Mike Browne	Head of Communications & Consultation
Pat Duffy	Head of Adult Learning Service
Diana Edmonds	Assistant Director - Culture, Libraries & Learning
Jan Doust	Head of Children's Network
Helena Pugh	Head of Policy
Eve.Featherstone	Principal Equalities & Diversity Officer
Michael Bagnall	Anti-Social Behaviour Team Manager
Acute Trusts	
Voluntary Sector	
Jackie Thomas	Executive Director of Housing Management - Homes for Haringey
Peter Purdie	Head of Estate Services - Homes for Haringey
Helena Kania	Interim Chair of LINK
Peter Durrant	Haringey LINK Co-ordinator
Manuela Toporowska	Age Concern
Other	
Eric Monk	Metropolitan Police

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Meeting: Well-Being Strategic Partnership Board

Date: 24 September 2009

Report Title: Strengthening Overview and Scrutiny Links with the Haringey Strategic Partnership

Report of: Cllr Adamou
Cllr Winskill

Purpose:

To report details of the Scrutiny Lead Member's role in relation to the Partnership Board and update the board on task and finish reviews which fall under the board's remit.

Summary:

The Overview and Scrutiny Committee agreed to establish member lead scrutiny roles aligned to the Haringey Strategic Partnership Theme Boards.

The aim of this is to assist in building close working relationships between the Overview and Scrutiny Committee and the Haringey Strategic Partnership, to prevent duplication of work and provide an independent objective view of what needs to be done to improve the quality and cost effectiveness of services provided to local people.

It is anticipated that this will ensure that task and finish reviews carried out by the Overview and Scrutiny Committee will add value to the work of the Board.

Councillor Adamou has been appointed as the lead Member for Well-being along with Councillor Winskill who will focus more specifically on health aspects.

As the Chair of the Overview and Scrutiny Committee, Councillor Bull, will have an over-arching role in relation to all of the Theme Boards.

Legal/Financial Implications

Legal and financial implications will form a part of each review carried out by the Overview and Scrutiny Committee.

Recommendations

That the Board note the report and forward any comments they wish on the

proposed review.

For more information contact:

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Title: Research Officer

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1. Background

1.1. One of the key roles of the Overview and Scrutiny Committee is to review council performance, including the Local Area Agreement targets, and to make suggestions for improvement.

1.2. To help the Council and its partners achieve objectives set out in the Local Area Agreement, members of Overview & Scrutiny have been aligned to theme boards within Haringey Strategic Partnership. Through this alignment and liaison function, it is anticipated that Overview & Scrutiny may be able to identify areas where there has not been sufficient progress or where it may be beneficial for scrutiny to be involved in improvement and to ensure that local services are working together effectively and efficiently.

2. Lead Roles

2.1. In relation to the Theme Board which the Overview and Scrutiny Committee Member is nominated Lead, the Member has a role to:

- Chair “task and finish” reviews on topics which fall under the Theme board remit.
- Build a strong working relationship with all members of the board, be fair and open with all partners and agencies and treat all equally.
- Promote the role of Overview and Scrutiny within the membership of the board.
- Attend the quarterly board meetings as appropriate.
- Have an overview of the Local Area Agreements which the board is leading on, their performance, and action which the board is proposing to take with regards to exception reporting.
- Feed back to the Overview and Scrutiny Committee on:
 - Areas where scrutiny could add value.
 - Key issues arising within the boards remit which the committee should be made aware.
- Carry out scrutiny so that it is able to contribute evidence to the Comprehensive Area Assessment process and use the Council’s CAA Self Assessment, the Sustainable Community

Strategy priorities and performance indicators to identify potential areas for review.

3. Work programme for 2009/10

3.1. The Overview and Scrutiny Committee has commissioned three reviews which fall directly under the remit of the Wellbeing Partnership Board and a further one which crosses between the Wellbeing Partnership Board and the Children's Trust.

3.2. Support to Carers

3.2.1. This review will be chaired by Cllr Adamou. Early discussions have taken place with relevant officers and the Terms of Reference and scope of the review are currently being drafted. Once these are drafted they will be circulated to relevant stakeholders for comment.

3.2.2. Meetings are due to commence in mid-October with the review reporting to the Overview and Scrutiny Committee in March 2010.

3.3. Breast Screening

3.3.1. This review will be chaired by Councillor Winskill.

3.3.2. Background research is currently being undertaken for this review.

3.4. Sexual Health

3.4.1. This review will be chaired by Councillor Bull and focus on prevention and the promotion of good sexual health. It will aim to contribute to the development of the new sexual health strategy for the Borough.

3.4.2. Terms of reference for this review have been agreed.

3.5. Transfer of children with assessed needs from children's services to adult services.

3.5.1. This review is being chaired by Councillor Newton (Scrutiny Lead for the Children's Trust).

3.5.2. The scope of this review is currently being explored with Members and Officers.

4. Value for Money

4.1. All reviews under-taken by the Overview and Scrutiny Committee will have a Value for Money aspect.

5. Comprehensive Area Assessment

5.1. All reviews will aim to provide evidence for the Comprehensive Area Assessment process. To this end the reviews will consider the key overarching questions as outlined in the Comprehensive Area Assessment Framework:

- How well do local priorities express community needs and aspirations?

- How well outcomes and improvements are needed being delivered?
- What are the prospects for future improvement?

5.2. The CAA Framework document states that scrutiny reviews carried out locally will provide valuable evidence that can feed into the CAA and may help inspectors understand issues without having to carry out additional work. The themed questions that inspectors will use to assess evidence against national and local priorities will also be considered where relevant in the reviews.