



## NOTICE OF MEETING

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### Well-Being Strategic Partnership Board

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THURSDAY, 25TH FEBRUARY, 2010 at 19:00 HRS – COUNCIL CHAMBER, CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

**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 of Urgent Business will be considered under the agenda item where they appear. New items of Urgent Business will be considered under agenda Item 14 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 participate in any discussion with respect to those items.

**4. MINUTES (PAGES 1 - 10)**

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

**DISCUSSION ITEMS:**

**5. JOINT MENTAL HEALTH AND WELL-BEING STRATEGY (PAGES 11 - 60)**

**6. HARINGEY 2012 OLYMPIC AND PARALYMPIC LEGACY (PAGES 61 - 90)**

7. **WORKING FOR A HEALTHIER HARINGEY - NHS HARINGEY STRATEGIC PLAN 2009 - 14 (PAGES 91 - 102)**
8. **OVERVIEW AND SCRUTINY WORK PROGRAMME 2010/11 (PAGES 103 - 106)**

**BUSINESS ITEMS:**

9. **THIRD QUARTER PERFORMANCE REPORT (PAGES 107 - 130)**
10. **EXPERIENCE STILL COUNTS 2009 -12 (PAGES 131 - 132)**
11. **WELL BEING STRATEGIC PARTNERSHIP BOARD RISK REGISTER AS AT 31 DECEMBER 2009 (PAGES 133 - 166)**

**INFORMATION ITEMS:**

12. **DRAFT HARINGEY MULTI AGENCY SAFEGUARDING ADULTS PREVENTION STRATEGY 2009/11 (PAGES 167 - 198)**
13. **UPDATES FROM THEME BOARD MEMBERS**

Members of the Board are invited to give a brief verbal update on the most pertinent issues affecting their organisation at present.

14. **NEW ITEMS OF URGENT BUSINESS**

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

15. **ANY OTHER BUSINESS**

To raise any items of AOB.

16. **DATES OF FUTURE MEETINGS**

The draft dates for the new Municipal Year 2010/11 are set out below:

- 15 July 2010, 7pm, Council Chamber, Civic Centre
- 7 October 2010, 7pm, Council Chamber, Civic Centre
- 13 December 2010, 7pm, Council Chamber, Civic Centre
- 31 March 2011, 7pm, Council Chamber, Civic Centre

*Please note that these dates may be subject to change until they are confirmed by Council in March. Once they have been formally agreed members of the Board will be advised.*

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Published 16 February 2010

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	8	Mun Thong Phung Councillor John Bevan Councillor Dilek Dogus ( <b>Vice-Chair</b> ) Councillor Liz Santry Margaret Allen Susan Otit <sup>*</sup> John Morris Lisa Redfern
	Haringey Teaching Primary Care Trust	6	Fiona Aldridge Tracey Baldwin Cathy Herman Marion Morris James Slater Richard Sumray ( <b>Chair</b> ) Claire Panniker
Health	North Middlesex Hospital trust	1	Claire Panniker
	BEH Mental Health Trust	1	Michael Fox
Community Representatives	Whittington Hospital Trust	1	Rob Larkman
	Community Link Forum	3	Abdool Alli Angela Manners Faiza Rizvi
		1	Sue Hessele
	HAVCO	1	Naeem Sheikh
Education	College of North East London	1	Paul Head
	Middlesex University	1	Dr Gina Taylor
Other agencies	Haringey Probation Service	1	Kate Gilbert
	Metropolitan Police	1	Dave Grant
<b>Total</b>		<b>26</b>	

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



**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)**  
**TUESDAY, 8 DECEMBER 2009**

**Present:** Richard Sumray (Chair), Fiona Aldridge, Margaret Allen, Councillor John Bevan, Councillor Dilek Dogus, Robert Edmonds, John Forde, Michael Fox, Cathy Herman, Howard Jeffrey, Angela Manners, Richard Milner, John Morris, Susan Otit, Mun Thong Phung, Lisa Redfern, Faiza Rizvi, Councillor Liz Santry, Naeem Sheikh Gina Taylor. )

**In Attendance:** Xanthe Barker, Mary Connolly, Peter Durrant, Leks Omiteru, Pamela Pemberton, Melanie Pomerenko.

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTON BY</b>
<b>OBHC167</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence had been received from the following:</p> <p>Councillor Gina Adamou (Overview and Scrutiny representative)</p> <p>Abdool Alli</p> <p>Tracey Baldwin</p> <p>Dave Grant                                 -John Forde substituted</p> <p>Paul Head                                    -Howard Jeffrey substituted</p> <p>Rob Larkman</p> <p>Marion Morris</p> <p>Clare Pannicker                             -Richard Milner substituted</p>	
<b>OBHC168</b>	<p><b>URGENT BUSINESS</b></p> <p>No items of Urgent Business were raised.</p>	
<b>OBHC169</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were made.</p>	
<b>OBHC170</b>	<p><b>MINUTES</b></p> <p><b>RESOLVED:</b></p> <p>That, subject to Margaret Allen's apologies being added, Susan Otit being listed as present and the Fiona Aldridge's name being correctly spelt, the minutes of the meeting held on 24 September 2009 were confirmed as a correct record.</p>	
<b>OBHC171</b>	<p><b>MENTAL HEALTH NEEDS ASSESSMENT UPDATE</b></p> <p><i>Prior to the consideration of this item the Chair noted that the Joint Mental Health Strategy had been withdrawn from the agenda and would now be considered at the next meeting. He would discuss with officers, outside meeting, the reasons for the delay to this item.</i></p>	

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	<p>The Board considered a report that provided an update on the progress being made with respect to the Mental Health Needs Assessment (MHNA)</p> <p>It was noted that the MHNA formed part of the second phase of the Joint Strategic Needs Assessment (JSNA). A briefing paper had been considered by the Well-Being Chair's Executive in November, which sought approval to adopt the approach set out in the report.</p> <p>It was confirmed that where the report made reference to the resources required from the Council, this related to time and staff costs, rather than additional financial resources. It was noted that there would need to be close collaboration between organisations in order to meet the timescales in place.</p> <p>It was noted that in addition to focussing on Primary Care there would need to be a focus on preventative work in order ensure that resilience was created within services. The focus on Primary Care was welcomed and it was noted that in order to improve access to services and to reduce the stigma often attached to mental health issues, it was important to assess the needs of people from a range of different backgrounds.</p> <p>The Board was advised that the New Horizons Policy looked at prevention and this would be included within the Joint Mental Health Strategy (JMHS).</p> <p>In response to concerns that the proposed six week consultation period did not reflect the amount of time that had been invested in preparing the JMHS the Board was advised that there had been discussion work with local community groups.</p> <p>The Chair noted that in order for both the JMHS and MHNA to be successful they would need to be presented as one piece of work. There was agreement that this should be submitted to the Boards next meeting.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. That the Joint Mental Health Strategy and Mental Health Needs Assessment should be presented at the next meeting.</li> </ul>	<p>Susan Otti / Lisa Redfern</p> <p>Susan Otti / Lisa Redfern</p>
OBHC172	<p><b>DISCUSSION ITEM: SPORTS AND PHYSICAL ACTIVITY STRATEGY</b></p> <p>The Board received a report that provided an update on the HariActive Programme that supported the drive to improve Sport and Physical Activity participation in the Borough and to meet Local Area Agreement targets with respect to sport.</p>	

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The HariActive Programme drew together new and existing projects as well as developing the new 'Make a Change' programme. The Community Sport and Physical Activity Network (CSPAN) provided the governance and an coordination support for the projects.

Following the overview provided by the Assistant Director Recreation Services, the Chair summarised the key areas for discussion as being:

- Joint commissioning opportunities
- Whether the Strategy should be focussed on certain areas or retain a broad approach
- Opportunities for Third Sector involvement
- Health pathways and retention
- Social marketing
- 2012 Olympics

It was noted that the Voluntary and Community sector had a key role to play in improving participation in sport. At present work was being undertaken to assist projects, which had previously been funded by Nationally Lottery grants to continue once these ceased. It was noted that HAVCO was also working with the Council's Neighbourhood Management team to develop Community Sports Clubs.

There was agreement that the 2012 Olympics presented a unique opportunity in terms of volunteering and encouraging people to participate in sport. It was noted that utilising these opportunities would be particularly important to young people in the East of the Borough and that the Board should develop an approach to ensuring these were maximised.

The Chair noted that the new Hornsey Health Centre, which was situated next to Park Road Leisure Centre, had the potential to be developed further to create a new type of holistic facility for health. He suggested that this would be an ideal site for a Green Gym, a concept that he considered should be looked as part of the Strategy.

The Board was advised that there was a programme of investment that included funding for Green Gyms. It was agreed that it would be useful if the Board received a report on the prospectus being compiled by the Council's Urban Environment Directorate on how it would be approaching the employment and training opportunities arising from the Olympics.

John  
Morris

The Board noted that a key area for the Partnership to address, in terms of maximising the opportunities arising from the Olympics, was how joined up working could be improved and developed. It was noted that the key difficulty with respect to coordinating this was a lack of dedicated resources; commitment would need to be obtained from all Partners to pool resources if it was agreed that additional funding was required.

All to note

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	<p>It was suggested that discussion with CSPAN with respect to this would provide a good starting point and that the network may be able to coordinate some of the work already being undertaken across the Partnership.</p> <p>There was a general consensus that focussing on improved collaborative working was sensible given the restrictions of the current economic climate.</p> <p>There was agreement that officers should be asked to identify areas where resources could be better utilised and report back to a future meeting. This should also give consideration to the role that the Private Sector might play. It was also requested that the report should provide an overview of the work already being undertaken.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. That a report, identify areas where resources could be better utilised collaboratively, should be submitted to a future meeting, taking into account the points raised above.</li> <li>iii. That the prospectus being compiled by the Council's Urban Environment Directorate on its approach to the employment and training opportunities arising from the Olympics should be circulated.</li> </ul>	<p>John Morris</p> <p>John Morris</p> <p>John Morris</p>
<p><b>OBHC173</b></p>	<p><b>PERFORMANCE REPORT</b></p> <p>The Board considered a report that set out performance against Local Area Agreement (LAA) targets within its responsibility during the second quarter of 2009.</p> <p>The Board was advised that performance against NI 112, which related to the reduction in under 18 conception rates, was improving. The Teenage Pregnancy Executive Board had recently reviewed the data on this and there were signs that the trend was being reversed.</p> <p>It was noted that an officer from NHS Haringey was currently being trained on the Council's performance management system so that data could be entered directly. It was anticipated that this would address the problems experienced in gathering information for performance reports.</p> <p>With respect to smoking cessation the Board was advised that improvement had been seen and the lack of data submitted around this was likely to be a timing issue.</p> <p>The Chair welcomed improved working between the Council and NHS Haringey with respect to the performance monitoring. He noted that in</p>	

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	<p>addition to scrutinising the action being taken to address targets showing as 'red' the Board should also carefully monitor 'green' targets to identify, at an early stage, where there may issues that would negatively impact upon performance.</p> <p>It was noted that there was performance data missing with respect to Mental Health and the Chairman of BEH MHT agreed to take this issue back and identify the appropriate officer to provide this information for the next report.</p> <p>The Board was advised that the Council's Adult Services team had recently been rated as 'performing well, with good prospects for improvement' by the Care Quality Commission.</p> <p>The Chair congratulated the Council on this on behalf of the Board.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. That officers from NHS Haringey and the Council should liaise to ensure that the next performance report contained the most recent data.</li> </ul>	<p>Michael Fox / Leks Omiteru</p> <p>All to note</p> <p>Susan Otiti / Lisa Redfern</p>
OBHC174	<p><b>STRATEGIC APPROACH TO COMMISSIONING -INCLUDING AREA BASED GRANT AND SUPPORTING PEOPLE / AREA BASED GRANT END OF YEAR REVIEW</b> <i>Agenda Items 8 and 9 were taken together.</i></p> <p>The Board received a verbal update on the strategic approach to commissioning being developed at present and considered the report submitted with respect to the Area Based Grant (ABG) end of year review.</p> <p>The Board was advised that as part of this the Community Strategy, Local Area Agreement targets, value for money, were all being considered with a view to improving services.</p> <p>It was noted that there had been discussions with the Council's Chief Financial Officer ahead of the anticipated budget reductions, which were likely to come into affect from 2010/11 onwards. In order to ensure that services were not hit twice by potential cuts a list had been compiled of all of the statutory and non statutory services funded by the ABG. The Chief Financial Officer had been asked to take this into account if as part of any review of funding.</p> <p>At present a review was being undertaken to ensure that the best use of resources was arrived at regardless of the configuration of funding.</p> <p>It had already been announced that the Supporting People budget would be reduced by £1M in the next financial year. In order to address this</p>	<p>All to note</p>

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	<p>deficit a robust review of ninety schemes, which supported a total of nineteen different groups of vulnerable adults, was being undertaken.</p> <p>The Board was advised that once technical discussions with the Council's Chief Financial Officer had concluded the Chief Executive's Management Board, NHS Haringey's Board and the HSP Performance Management Group would be briefed.</p> <p>The Board discussed the verbal update with respect to strategic commissioning and the ABG end of year review.</p> <p>It was noted that many of the services listed related to non statutory Mental Health services and it was questioned whether the list had been compiled in this way because non statutory services were more likely to be cut. The Board was advised the intention had been to provide the Chief Financial Officer with an overview of the services being provided and that this did not automatically mean that non statutory services were more vulnerable.</p> <p>The Chair recognised that this information was being used for internal purposes at present but noted that it would be useful to obtain the views of senior officers within NHS Haringey to inform the process. He requested that the Assistant Director, Safeguarding and Adults and the Interim Director of Public liaise with regard to this.</p> <p>It was clarified that this work was being undertaken as a precautionary measure as it was likely that there would be significant cuts to funding over the next three years. The Council's Chief Financial Officer would not be taking an individual decision to cut any budgets.</p> <p>The Chair noted that contingency planning was essential and noted that whilst nothing could be agreed at present, it was important that all organisations were kept informed of the process being undertaken to avoid confusion and to allow them to plan how they might respond to cuts.</p> <p>The Chair of HAVCO queried which specific services were included under the heading 'culturally appropriate respite', which were listed as being in receipt of £707,800 of funding until the end of 2010. The Assistant Director, Safeguarding and Adults agreed to obtain more details in relation to this and to advise the Chair of HAVCO outside the meeting.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	<p>Susan Otit / Margaret Allen</p> <p>Margaret Allen</p> <p>Margaret Allen</p>
<p><b>OBHC175</b></p>	<p><b>DEPARTMENT FOR HEATH -NATIONAL SUPPORT TEAM FOR HEALTH INEQUALITIES VISIT</b></p> <p>The Board considered a report that provided an update on the outcome of the National Support Team for Health Inequalities (NSTHI) visit in</p>	

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	<p>October and presented the draft Health Inequalities Action Plan.</p> <p>Following the visit the NSTHI had compiled a list of recommendations and the draft Action Plan (appended to the report) set out how these would be addressed.</p> <p>The Chair noted that it had been intended that the NSTHI would attend the HSP meeting on 21 January; however, they had subsequently advised that this was not possible. The team would now be attending a seminar being arranged by NHS Haringey on 27 January and the Chair noted that he would be happy to extend an invitation to HSP members.</p> <p>It was noted that the visit had involved organisations from across the Partnership and that there were a number of areas within the list of recommendations that pertained to partnership working.</p> <p>It was contended that engagement with Partners, particularly Community and Voluntary organisations, was essential in terms of drafting the Action Plan, if it were to be effective. The Chief Executive of HAVCO noted that he would be happy to support the production of the Action Plan.</p> <p>In response to a query the Board was advised that there had not been a specific workshop on Mental Health as part of the visit. The Chair noted that the visit had been intended to identify specific areas for additional focus rather than dealing with the totality of Health Inequalities.</p> <p>It was suggested that the Action Plan was discussed at the six weekly joint Council/NHS Haringey meetings.</p> <p>The Board was advised that the 'Whole Systems Capacity' planning work had been replaced by 'Winter Resilience' planning forum and the dates of these meetings could be obtained from the Assistant Director Adult Services.</p> <p>It was recognised that this was a large piece of work that would require real ownership if it were to be successful and it was suggested that Health Champions should be established to help in creating this. It was also suggested that ownership and accountability could be fostered by creating responsibilities and accountability through the use of job descriptions, person specifications, performance appraisals and the business planning process.</p> <p>It was requested that the Feasibility Study undertaken was circulated to members of the Board for information.</p> <p>The Board discussed the format of the Action Plan and there was agreement that it should be streamlined to set out the key actions and work being undertaken to directly address the recommendations from the NSTHI.</p> <p>The Chair noted that it was particularly important that the actions clearly</p>	<p>All to note</p> <p>All to note</p> <p>Susan Otiti</p>
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	<p>followed on from the recommendations. Any actions that reiterated what was already happening should be removed.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the Action Plan should be redrafted to the reflect comments made by the Board as set out above.</li> <li>ii. To note that a seminar was being held by NHS Haringey on 27 January 2010 to look at the recommendations made by the NSTHI and members of the HSP would be invited to attend this.</li> </ul>	<p>Susan Otiti</p> <p>All to note</p>
<p><b>OBHC177</b></p>	<p><b>SAFEGUARDING ADULTS -UPDATE ON IMPLEMENTATION PLAN</b></p> <p>The Board considered a report that provided an update on the Safeguarding Adults Implementation Plan.</p> <p>It was noted that a new independent Chair had been appointed to the Safeguarding Adults Board on 2 November and that he would Chair his first meeting in January. Agreement had also been obtained from the Police that officers should be appointed to the Adult Safeguarding Team.</p> <p>On the 17 November the Council's Cabinet had formally agreed to establishment of a Member Panel for Safeguarding Adults that would consist of three Labour and two Liberal Democrat Councillors. This would act as an advisory body the Cabinet.</p> <p>The Board's key role in terms of Safeguarding was recognised and there was agreement that Adult Safeguarding should be added as a standing agenda item. The Chair noted that this should be an 'issues' rather than information report.</p> <p>It was noted that there was often a lack of information sharing between agencies and that staff were often unaware of the range of services offered by other agencies. There was agreement that key contact numbers for services across the Partnership should be circulated to staff at GP surgeries and other primary care providers.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	<p>Margaret Allen / Xanthe Barker</p> <p>Margaret Allen</p>
<p><b>OBHC177</b></p>	<p><b>TOBACCO CONTROL STRATEGY 2009-12</b></p> <p>The Board considered a report that sought formal approval of the Tobacco Strategy and Action Plan.</p> <p>Councillor Bevan, Cabinet Member for Housing, noted that during the NSTHI visit he had made a commitment that the Housing Service would help with work in relation to smoking cessation, by providing information on the number of males who smoked in the Borough living in social</p>	



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	<p>housing.</p> <p>At present a pilot was being undertaken in the Tottenham area to see how affective this means of targeting people was in reducing smoking. If this was successful options for rolling out the initiative across the Borough would be considered.</p> <p>The Chair commended this work.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the Tobacco Control Strategy and Action Plan be approved.</li> <li>ii. That six monthly monitoring reports would be received from the Tobacco Control Alliance.</li> </ul>	<p>All to note</p> <p>Susan Otti</p>
<p><b>OBHC178</b></p>	<p><b>COMMUNITIES FOR HEALTH FUNDING 2009/10</b></p> <p>The Board received a report that provided an overview of the Communities for Health grant funding for 2009/10.</p> <p>In response to a query from the Chair the Board was advised that NHS Haringey had been unsuccessful in obtaining funding due to a conflict of interest.</p> <p>There was agreement that a representative from NHS Haringey should be involved in the programme.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p> <p>That that a representative from NHS Haringey should be identified and involved in the programme.</p>	<p>Margaret Allen / Susan Otti</p>
<p><b>OBHC179</b></p>	<p><b>COMMUNITY AND VOLUNTARY SECTOR REPRESENTATION NO THE HARINGEY STRATEGIC PARTNERSHIP AND THEMATIC BOARDS</b></p> <p>The Board received a report that provided an overview of how the arrangements for Voluntary and Community representation across the Partnership operated.</p> <p>It was noted that in 2007 the HSP agreed a new model for Voluntary and Community Sector engagement and with the Partnership. The model introduced a new system whereby representatives from the sector were elected onto the HSP and its Theme Boards via a new forum called the Community Link Forum (CLF).</p> <p>Under the agreement with the CLF and HAVCO one place was given to HAVCO on the HSP and each Thematic Board. The CLF was given six places on the HSP and three places on each Thematic Board.</p>	

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	<p>The Chair noted that the Well-Being Strategic Partnership Board had co-opted a member of the Haringey Federation of Residents Associations and that this breached the agreement made with HAVCO and the CLF for the provision of Voluntary and Community sector representatives.</p> <p>Therefore it was proposed that this place should be deleted as of the new Municipal Year in May 2010.</p> <p><b>RESOLVED:</b></p> <p>That as of the new Municipal Year in May 2010 the membership of the Board should be revised to reflect the agreement with HAVCO and the CLF for Voluntary and Community Sector representation.</p>	Mary Connolly / Xanthe Barker
<b>OBHC18</b>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>No new items of Urgent Business were raised.</p>	
<b>OBHC18</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>No items of AOB were raised.</p>	
<b>OBHC18</b>	<p><b>DATES OF FUTURE MEETINGS</b></p> <p>It was noted that the next meeting would be held on 25 February at 7pm at the Civic Centre.</p>	All to note

The meeting closed at 9.45pm.

RICHARD SUMRAY

Chair



**Meeting:** Well-Being Partnership Board

**Date:** 25 February 2010

**Report Title:** Joint Mental Health and Well-Being Strategy

**Report of:** Lisa Redfern, Assistant Director, Adult Services and Commissioning, Haringey Council and Liz Rahim Director Mental Health Commissioning NHS Haringey

#### **Purpose**

This report provides an update on the Joint Adult Mental Health Partnership Strategy – *‘Moving Forward’* – 2010-2013, developed by Haringey Council and NHS Haringey and it also proposes the consultation timescales.

#### **Summary**

This Joint Adult Mental Health Strategy has been developed following a stakeholder consultation event in April 2008, with further engagement of stakeholders undertaken Mental Health Partnership Board meetings and other fora.

Our 2005 Joint Mental Health Strategy resulted in some specific service improvements, in particular, more comprehensive primary and community mental health services and additional psychological treatment and support. The aspirations of our last strategy remain relevant and contribute to the shared vision for adult mental health services in Haringey.

The timing of the new strategy has been strongly influenced by the publication of [‘New Horizons: towards a shared vision for mental health’](#) October 2009.

This paper summarises the vision of the Joint Adult Mental Health Strategy, and a proposed a consultation time-table.

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

The strategy incorporates policy changes since 2005 when the previous joint adult mental health strategy was approved, and follows a period of ongoing consultation with stakeholders starting with a consultation event in April 2008.

The strategy contains details outlining the modernisation of mental health services through the remodelling of services across the whole client /patient pathway which will have resource implications, including investment in community based care services across health and social care through disinvestment in institutional based care (hospital and residential care home) as appropriate to need. Key to the success of the strategy is good quality

service delivery within available resources.

**Recommendations**

- i. That the Well-being Partnership Board notes the Joint Adult Mental Health Strategy 2010-2013; and endorses the approach to engagement with stakeholders.
- ii. That the finalised strategy is brought back to the Well-being Partnership Board in Summer 2010.

**For more information contact:**

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Title: Head of Adult Commissioning, Adult Culture & Community Services, Haringey Council

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**Background:**

The vision statement set out in the draft strategy is to improve the mental health and well-being of people in Haringey, by ensuring we commission comprehensive, integrated and personalised services. Our vision is to:

- Support people in maintaining good mental health and wellbeing
- Give people the maximum support to live full, positive lives when they are dealing with mental health problems
- Help people to recover as quickly as possible from mental illness.

The key themes underpinning this vision are:

- Personalised care, Prevention, Well-being and Access
- Commissioning world class acute mental health services with more community based care
- Ensuring the right accommodation and the right time.

The strategy sets out priorities for the three year period from April 2010, and includes work already underway in 2009/10. These priorities will build on current successes in how we deliver mental health services in Haringey.

The strategy recognises the need to shift the balance of care from institutional settings to community based services, and ensuring community services are available and responsive to the needs of the residents of Haringey. The central planks to delivering a successful strategy from 2010-2013 include:

- Improved access to rehabilitation and recovery;
- Improved access to education and employment through remodelled day opportunities;
- Personalised mental health services – Adult Services will be starting a pilot project in 2010/11, including self assessment, personal budgets and support planning; and

- Less reliance on residential and nursing care, with improved access to supported and general needs housing, working with Supporting People funded specialist floating support services to ensure move-on to independent living.

This will be supported and underpinned by a rolling programme of strategic needs assessments (led through the Joint Strategic Needs Assessment Steering Group), including reviewing the mental health needs of BME communities, including newly arrived communities, and understanding the impact of transition (from Children to Adults Services). Public Health are finalising the detailed needs assessment with a publication date planned for March 2010, which will be incorporated into the finalised joint strategy. Some of the key recommendations that have emerged from this needs assessment include:

- Primary care – improving interface with secondary care, including developing an education and support role in secondary services
- Improve awareness, diagnosis and treatment of older people with dementia and other mental health issues, such as depression
- Develop a directory of services, to include social care, health, third sector, and housing; as well as improve on quality assurance mechanisms in monitoring services
- Improve information about the number and flow of refugees, asylum seekers and irregular migrants, and ensure statutory and third sector providers have an understanding of the cultural needs of such groups.
- Spirituality – improve the understanding of spiritual / religious needs of people who use services
- Improve data quality and collection across statutory organisations

Other detailed needs assessments will be key to the re-shaping of services in the future.

The New Horizons strategy covers a number of areas to better address people's mental health and well-being and these include:

- Making everyone's mental well-being better;
- Helping everyone to understand mental health problems and not to treat people with mental health problems unfairly;
- Spotting mental health problems early;
- Providing services and treatments in ways that meet people's individual needs;
- Working with councils, the NHS and others to make sure people get services that look after all their needs;
- Making it easier for young people to keep getting help after they are 18;
- Carry on making services better and using resources effectively; and
- Making it easier for people to find and get the help they need.

### **Key Issues for Consideration:**

Engagement on the strategy is necessary to ensure stakeholders are further consulted regards the borough's strategic direction due to the length of time

since the strategy was first consulted on in April 2008. The strategy in draft has been discussed at the Mental Health Partnership Board in October 2009, and the mental health needs assessment led by Public Health has also consulted with services users in December 2009, as well as with third sector partners in January 2010.

The timescales for further engagement are set out below:

- February 2010 – presented to Well-being Partnership Board
- March 2010 – Mental Health Partnership Board
- March / April 2010 – NHS Haringey Board and Council's cabinet
- May / June 2010 – Delivery Plan developed
- Autumn 2010 Well-being Partnership Board

### **Possible areas of contention:**

It is recognised and acknowledged that residents, mental health service users and their carers, as well as third sector partners have historically been concerned about the way in which NHS Haringey and the Council work towards achieving the broad strategic aim of modernising mental health service by shifting the balance of care from institutional settings to primary and community based settings. Commissioners need to work through proposals with service users and carer groups to understand their concerns. This includes working with Overview & Scrutiny Committee to ensure that there is confidence of changes we propose; particularly that there is capacity in community services as we move away from more traditional models of care.

The strategy also gives a high level outline of plans by the Council's Adult Services to roll out personal budgets in mental health services, from Spring 2010 with a pilot. It is expected that the pilots will begin to shape not only the way traditional social care is delivered for mental health users and their carers, but also how day opportunities are shaped in the future including services delivered by the Council, NHS Haringey and third sector.

### **Areas where the Board can Shape / Influence:**

The Well-being Partnership Board members represent a wide range of statutory and non-statutory organisations and a wide range of voluntary sector and community organisations. The success of delivering the proposals in the joint adult mental health strategy is dependent on good ownership from all key stakeholders so that the objectives of the strategy can be fully realised. Continuing to reduce fragmentation in service planning and delivery is vital in order to deliver prevention, recovery and well-being to people with mental health issues.

The Well-being Partnership Board can also promote and support joint planning around reinvestment in community resources

### **Use of Appendices:**

Joint Adult Mental Health & Wellbeing Strategy

**NHS Haringey and  
Haringey Adult Services**

**MOVING FORWARD**

**JOINT MENTAL HEALTH  
AND WELL-BEING  
STRATEGY FOR ADULTS**

**2010-2013**

**NHS Haringey and Haringey Council Adult Services -  
MOVING FORWARD - JOINT MENTAL HEALTH AND WELL-BEING STRATEGY  
2010-2013**

**Introduction**

Our Joint Adult Mental Health and Well-Being Strategy for Haringey has been developed following a stakeholder consultation event in April 2008; further engagement at subsequent Mental Health Partnership Board meetings and the Well Being Chairs Executive; and the publication of the New Horizons consultation.

Our 2005 Joint Mental Health Strategy resulted in some specific service improvements, in particular, more comprehensive primary and community mental health services and additional psychological treatment and support. The aspirations of our last strategy remain relevant, and contribute to the shared vision for adult mental health set out below

This is an exciting time in mental health services, [\*New Horizons: towards a shared vision for mental health\*](#), was published in October 2009, which aims to promote good mental health and well-being, whilst further improving the quality and accessibility of services for people who have mental health problems. It seeks to take forward what works in the 1999 *Service Framework for Mental Health (NSF)*, reinforce commitment to key mental health policy aims and support the delivery of the [\*NHS Next Stage Review\*](#) (the Darzi report) with its vision of local commissioners working with providers, the public and service users to devise local approaches to mental health services.

Our shared vision is to improve the mental health and wellbeing of the people living in Haringey. We will do this by ensuring we commission ***comprehensive, integrated and personalised*** services which

- Support people in maintaining and developing good mental health and wellbeing;
- Give people the maximum support to live full, positive lives when they are dealing with mental health problems;
- Help people to recover as quickly as possible from mental illness.

The key themes underpinning this vision are:

- Personalised care, Prevention, Well-being and Access;
- Commissioning modernised Mental Health Services through world class acute mental health services with more community based care;
- Ensuring the right accommodation at the right time.

***This strategy 'Moving Forward' is the Joint Mental Health Strategy for Haringey and describes the specific key priorities and commissioning intentions for the next three years.*** Any service changes as a result of this work will be fully consulted with Haringey service users, carers and the wider public as appropriate.



**NHS Haringey and Haringey Council Adult Services -  
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**1.1 Key strategic priorities for 2010-2013**

The key themes above underpin the strategic priorities for adult mental health services in Haringey, for each of the next three years covered by this strategy.

**2010/11 strategic priorities – we plan to:**

- Implement agreed plans for modernising mental health services by shifting balance of care from hospital to primary and community based services
- Implement plans to integrate mental health within polysystems
- Review and re-model a range of community services to ensure increased access to a wide range of services
- Implement a personalisation pilot project in mental health services including self assessment, personal budgets and support planning
- Improve access to mainstream education and employment opportunities through implementation of re-modelled day opportunity services
- Ensure access to a range of services to newly arrived BME communities that support their integration into the UK

**2011/12 strategic priorities – we plan to:**

- Continue implementation of agreed plans for shifting the balance of care from hospital settings and increasing capacity in community services
- Continue implementation of plans to further integrate mental health within polysystems
- Continue implementation of re-modelled community services
- Implementation of personalised social care budgets across Mental Health Services.
- Implement proposals for improving access to community based rehabilitation and recovery model of care.
- Work with the new Supporting People Mental Health Providers in re-modelling services to ensure move-on to independent living.

**2012/13 strategic priorities – we plan to:**

- Continue implementation of agreed plans for shifting the balance of care from hospital settings and increasing capacity in community services
- Continue implementation of plans to further integrate mental health within polysystems
- Continue implementation of re-modelled community services
- Implement places to integrate mental health promotion into existing services (including a review of our approach to addressing non-medically explained conditions)

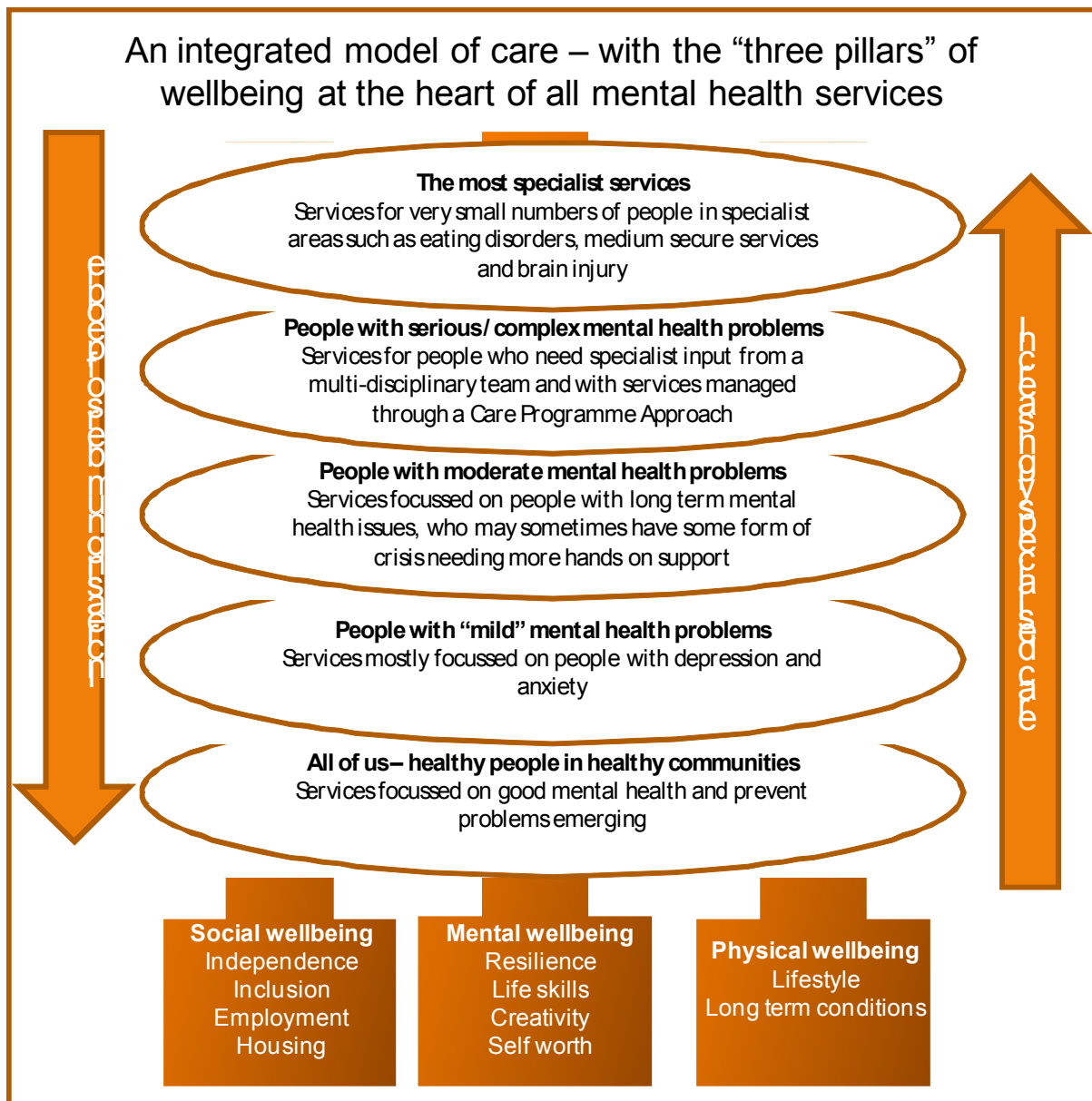
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**1.2 NHS commissioning**

There are key changes in the way the NHS commissions mental health services. To continue to improve local services NHS Barnet, Enfield and Haringey have strengthened mental health commissioning by implementing a single approach to commissioning with the main local NHS Mental Health provider - Barnet Enfield and Haringey Mental Health Trust (BEH MHT). In addition, NHS Enfield and Haringey have developed an overarching Joint Adult Mental Health Strategy supported by the relevant local authorities.

Each borough and PCT will continue to have its own local mental health strategy and joint commissioning arrangements. These are linked to the overarching Joint Adult Mental Health Strategy and commissioning arrangements but are specific plans for each area.

Table 1: The strategic direction and model of care in the overarching Joint Adult Mental Health Strategy



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**2. Strategic context**

The Joint Mental Health Strategy for Haringey is set in the context of existing plans, ie Well Being Strategic Framework, Sustainable Community Strategy and the Strategic Plan for the PCT. These are detailed more fully section in section 9 and appendix two along with other relevant national policy guidance. The relevant local strategies which are relevant to the commissioning and delivery of modern mental health service set out below.

**2.1 Personalisation and person centred care**

The concept of Personalisation and self-directed care is described as the biggest change to the delivery of health and social care since the Community Care Act. The Green Paper "Independence, Well being and Choice (2005)" and the White Paper "Our Health Our Care, Our Say (2006) proposed a vision of social care services that included personalisation. In December 2007 "Putting People First" a multi agency concordat including Central Government, Local Authorities and the National Health Service sets out shared aims and values to guide the transformation of adult social care and support the governments commitment to independent living for all vulnerable adults. This concordat emphasises the importance of the relationship between health, social care and wider community services such as Culture, Leisure and Adult Education as well as the benefits of employment, in order to develop a local partnership based system-wide transformation of social care which is fair, accessible and responsive to the individual needs of those who use services and their carers.

In January 2008 the Department of Health (DH) issued guidance to support the Transformation of Social Care. It covers:

- The history, policy context and future direction of a "personalised approach to the delivery of adult social care"
- The development of a programme to support local authorities in delivering this approach. The Social Care Reform Grant was introduced in April 2008 to facilitate the transformation
- References to further information and tool kits to help personalisation based on the outcomes of national pilots

Outcomes from this process of transformation are expected to support the DH's three strategic objectives of:

- Promoting better health and well being for all
- Ensuring better care for all
- Better value for all

The guidance emphasises the need for working in partnership across housing, benefits, leisure, transport and health and with partners from private, voluntary and community organisations "to harness the capacity of the whole system".

The timescale for achieving this transformation is between 2008 and 2011. The DH expects significant improvements to be evidenced during this period.

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The major area for development and commissioning in 2009 is self-directed care and Personalisation. Personalisation is taken to mean – “the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”. Self directed care means that choice and control passes to the vulnerable citizen so that each stage of the pathway to support is in their control. This vision is central to London Borough of Haringey’s programme of coordinated projects and work streams on the Personalisation agenda. Opportunities to deliver specific plans within mental health services are under development and may be potentially delivered through plans on Day Opportunities (please see section nine)

**2.2 NHS Haringey Strategic Plan 2009-14**

The NHS Haringey Strategic Plan 2009-14 is the plan for improving the quality of healthcare services and health and well-being of residents. The **vision** of this Plan is to enable people to have:

**“Long, happy, healthy lives in Haringey”**

The strategic plan **emphasises the importance** of:

- **“Going local”** – bringing care closer to home through our polysystems
- **delivering good quality, cost effective services** across Healthcare for London’s (HfL’s) eight pathways
- **safeguarding** children and adults
- **partnership working** with greater emphasis on joint commissioning of services and improving health and well-being

It details the vision, goals, outcome measures and values and explains wide ranging initiatives to deliver these goals are based on the Healthcare for London (HfL) pathways and includes: **maternity and newborn, long term conditions, acute care, planned care, end of life care, C&YP, staying healthy and mental health and well-being.**

Haringey’s response to delivering these was developed by reviewing the progress on the 2008-12 Strategic Plan, the Joint Strategic Needs Assessment ((JSNA) (Phase 1 and 2) and performance information as well as taking account of the views of patients, public, clinicians and local partners. This plan supports and works in alignment with the North Central London (NCL) Sector Strategic Plan and, in particular, with the NCL Sector Polysystems Working Group.

This document takes account of the need to implement the Healthcare for London pathways at the local level and in the context of the North Central London (NCL) Service and Organisation Review

The Healthcare for London pathways include the following areas:

- Complex Needs/ Co-occurring disorders
- Dementia
- Medically Unexplained Symptoms
- The psychological impact of physical illness & surgery

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Focus of outcomes

- Prevention/ promoting health
- Identification
- Assessment
- Evidence based interventions, access, quality, safety
- Recovery & social inclusion

The main strategic emphasis for mental health care is to establish upstream, preventative and early treatment models of care based in primary and community settings. This involves commissioning across the whole system of mental health care including the Third sector and to modernize mental health services by realigning commissioning from secondary and tertiary service models into primary and community services.

**2.3 New Horizons - Commissioning for Well Being**

New Horizons" is a new national strategy published in October 2009 that promotes good mental health and well-being, whilst improving services for people who have mental health problems. It builds on the National Service Framework for mental health - widely acknowledged as the catalyst for a transformation in mental health care over the last ten years – which came to an end in 2009.

New Horizons heralds a new approach to whole population mental health. The focus on prevention and maintaining good mental health is particularly relevant today with people leading more hectic lifestyles and going through the economic downturn.

The key themes in the new national strategy include:

- **prevention and public mental health** – recognising the need to prevent as well as treat mental health problems and promote mental health and well-being
- **stigma** – strengthening our focus on social inclusion and tackling stigma and discrimination wherever they occur
- **early intervention** – expanding the principle of early intervention to improve long-term outcomes
- **personalised care** – ensuring that care is based on individuals' needs and wishes, leading to recovery
- **multi-agency commissioning / collaboration** – working to achieve a joint approach between local authorities, the NHS and others, mirrored by cross-government collaboration
- **innovation** – seeking out new and dynamic ways to achieve our objectives based on research and new technologies
- **value for money** – delivering cost-effective and innovative services in a period of recession
- **strengthening transition** – improving the often difficult transition from child and adolescent mental health services to adult services, for those with continuing needs.

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**2.4 Improving well-being in Haringey and the Well-being strategic Framework**

Haringey’s Well-being Strategic Framework (WBSF) is an overarching strategic framework for local action, incorporating priorities and strategies from existing local and national plans and strengthening partnership working to further the well-being agenda.

Based on the seven *Our Health Our Care Our Say* (OHOCOS) outcomes, its objectives, priorities, actions and targets are linked to each OHOCOS outcome to aid strategic direction towards the prevention agenda and delivering local well-being outcomes.

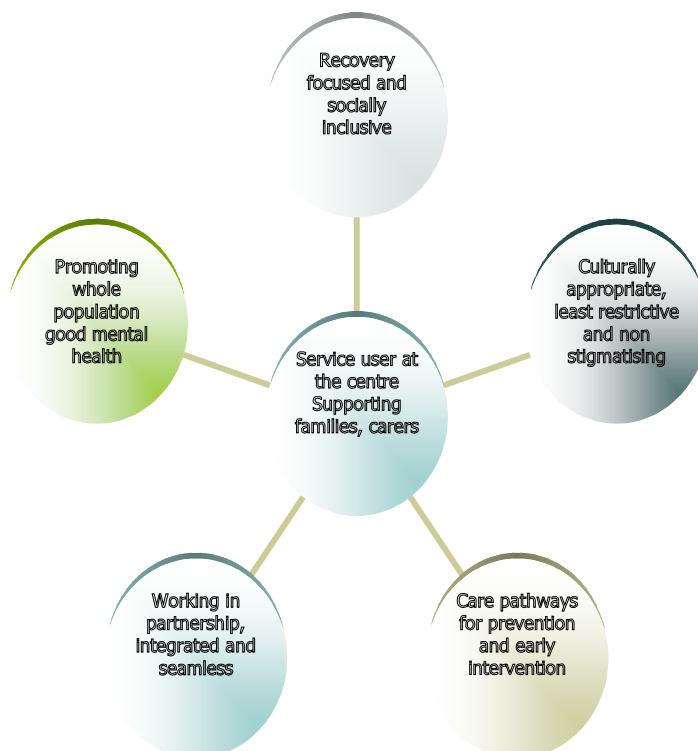
The aim of the Framework is: To promote a healthier Haringey by improving well-being and tackling inequalities.

The vision for Haringey by 2010 is that: All people in Haringey have the best possible chance of an enjoyable, long and healthy life. Goal one is **‘To improve health and emotional well-being’** for Haringey people.

For other relevant policy guidance, procedures and strategies please see appendix two

**3. Strategic principles**

Figure 1- Strategic principles



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Good mental health care in Haringey will be delivered using the following principles. These principles have been developed in consultation with service users, carers and stakeholders and take account of best practice and evidence based interventions:

- Service users at centre, supporting families, carers and significant others;
- To promote good whole population mental health, challenging and eliminate discrimination;
- Culturally appropriate, least restrictive and non-stigmatising – as close to home as possible;
- Care pathways for prevention and early intervention;
- Recovery focused and socially inclusive;
- Integrated seamless services working in partnership.

### **3.1 Keeping People Safe**

Keeping people safe is a key priority for all service commissioners and providers. In Haringey the Safeguarding Adults Board takes the lead in ensuring that along with other care groups, mental health service users are protected from harm or abuse. The Safeguarding Adults Board operates through three supporting subgroups offering Training, Prevention, Quality Assurance, a Champions Forum and Serious Case Review. The Safeguarding Board oversees the work of these groups – to ensure that training is provided, referrals are at expected levels and monitored and that safeguarding is prioritised with partners and service providers. There are appointed safeguarding leads in all local NHS and Local Authority providers as well as related partner organisations.

With the new policy drivers and the focus on personalisation there is a need to empower people to recognise and manage, rather than avoid risk. Policies on safeguarding should be fit for this new environment and there is a need to enhance the legislative provisions around safeguarding adults.

### **3.2 Monitoring serious incidents**

Commissioners undertake their responsibilities to ensure safe, effective care and quality standards with the main local provider for mental health services through the contractual arrangements with BEH MHT. The Joint Clinical Integrated Governance Group (JCIGG) monitors incidents across the whole organisation, which feeds into each individual organisations' Board reporting structures.

In Haringey, in response to specific serious incidents which occurred across primary and secondary care services, an independently chaired Joint Serious Incident Group (JSIG) was established. This group provided a multi-agency assurance process to the necessary improvements and service changes required to learn from serious incidents and avoid their recurrence through a multi-agency action plan. This multi-agency action plan is now being monitored through the JCIGG for secondary care actions and NHS Haringey for primary care actions.

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**3.3 Partnership working**

Mental Health in common with other prevalent local issues is everybody's business. Whilst improving mental health is a clear concern for the health and social care community in Haringey it is also important that other partnerships take account of mental health issues in their strategic plans and commissioning to ensure their contribution to the strategic aims and desired outcomes for this strategy. As mental health commissioners we will work through the partnership structures to highlight and champion this approach.

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

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

The Mental Health Partnership Board (MHPB/Local Implementation Team (LIT)) and the Mental Health Executive are the two key bodies within the borough partnership structures. These both report to the Improved Health and Emotional Well-being subgroup of the HSP Well Being Board. Please see appendix one for details on these partnership structures.

The Mental Health Partnership Board (MHPB/LIT) has the role of maintaining the involvement of all key stakeholders of mental health services in the development and delivery of priorities and work programmes. The membership comprises of people with key roles within Haringey's Mental Health structures, the chairs and/or vice chairs of Mental Health sub-groups and seats designated to service users and carer representatives. Please see appendix one for an explanation of these structures. The Partnership Board is jointly chaired by the Director of Mental Health Commissioning (NHS Haringey) and Assistant Director of Adult Services (Haringey Council).

The MHPB (LIT) has the responsibility to:

- Draw together stakeholders concerned with all aspects of mental health service delivery within the London Borough of Haringey (LBH);
- Ensure that there is proper service user and other stakeholder participation on all the subgroups of the MHPB;
- To oversee the local strategic and operational priorities as outlined in the Joint Mental Health and Well-Being Strategy in Haringey, through thematic reviews in order to advise and monitor the implementation of the subsequent commissioning plan;
- To improve the experience of services for users and carers;



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- Recommend decisions on the use of resources within the strategy implementation to the MH Executive. Support opportunities for new funding streams for statutory mental health services;
- Respond as a partnership to new initiatives of Government and local priorities;
- Monitor and evaluate safeguarding adult practice, reviewing quarterly trends to inform strategic commissioning planning. Safeguarding lead to present report quarterly.

The Mental Health Executive is an officer group which reviews strategic commissioning plans and monitors their delivery at the operational level within the Mental Health partnership. Our approach integrates health and social care planning in support of the whole system of mental health care. Detailed financial and commissioning implications for health and social care partners are shared and further plans are agreed through this forum.

### **3.4 Reducing stigma and increasing awareness on mental health issues**

The impact of stigma was a major concern expressed by service users in the borough at a consultation event in 2008. We intend to examine in more detail through the Joint Strategic Needs Assessment part 2 (see section five) as well as make good use of current national campaigns on the issue.

We also utilise formal Equalities processes to ensure that action to combat stigma and discrimination due to mental health conditions is incorporated into our planning and commissioning of services. These include

- Equalities Impact Assessments
- Equalities in Business Planning
- Equalities Monitoring and Equalities Performance Indicators - with specific attention to monitoring equalities issues in services we commission.
- Putting on Equalities Commemorations and celebrations such as events for World Mental Health Day on October 10<sup>th</sup> every year.

### **3.5 Working in Partnership to improve whole population general mental well being**

Building community resilience to poor mental health and promoting the wider protective factors of maintaining good mental health is also a key principle for this and future strategies. Improving the mental health of the population has the potential to contribute to far-reaching improvements in physical health and well-being, a better quality of life, higher educational attainment, economic well-being and reduction in crime and anti-social behaviour. This focus on public mental health is supported by a rapidly developing evidence base on the protective, risk and environmental factors associated with mental health problems and of the interventions that can promote mental well-being at an individual and social level. It is clear that this requires action in health, social services, housing, education, neighbourhood renewal, employment, voluntary and community services, community cohesion, culture and sport.

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The Department of Health is currently developing guidance that reflects this policy and thinking to support the development of commissioning strategies, partnerships and activities in order to improve health and well-being. It supports the implementation of the vision outlined in the *Commissioning Framework for Health and Well-Being*, which identifies mental well-being as a central and essential stand of overall well-being.

The importance of addressing mental well-being as a central strand of a comprehensive approach to mental health is now recognised internationally. This builds on the understanding that mental well-being is more than the absence of mental illness and is a state "*in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*"<sup>1</sup>. Mental health problems are common; they have a significant impact upon health and that they present a high cost to individuals, families and society<sup>2</sup>. There is a need to build and strengthen the resilience of individuals in the wider community, including those who may be particularly at risk.

Action to strengthen mental well-being needs to recognise the diversity within communities and that individual well-being is an interplay of individual, social, cultural, community and environmental factors. The task for commissioners therefore is to continue to refocus commissioning strategies from services primarily focused on illness to include the promotion of mental well-being as a priority.

A further example of technique we will promote to evaluate our strategic plans is a Mental Well-being Impact Assessments (MWIA). The MWIA toolkit developed by South London and Maudsley NHS Trust uses tested Health Impact Assessment methodology combined with evidence around what promotes and protects mental well-being. It enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. It identifies four key areas that promote and protect mental well-being namely:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The toolkit helps participants (managers and those to be effected by the policy/service) identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. It also leads to identification of indicators to monitor progress against actions identified as necessary against each of these domains, which can include measures around achieving relevant local area agreement targets. In Haringey we have undertaken a MWIA on the Northumberland Park Time-Bank and

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<sup>1</sup> WHO, 2004, p.12 as cited in Keyes, C. 2007, "Promoting and Protecting Mental Health as Flourishing: A Complementary Strategy for Improving National Mental Health", *American Psychologist*, vol. 62, no. 2, pp. 95-108.

<sup>2</sup> South East Regional Public Health Group: Information Series 8 (2007). Promoting well-being for people at risk of mental health problems. <http://www.swpho.nhs.uk/resource/item.aspx?RID=29114>

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plans are in development to disseminate the learning across commissioning organisations.

**4. What service users have told us is important**

**'Being listened to' was a key outcome that service users and carers wanted from an experience of using mental health services.**



Following a full consultation event in April 2008 with service users the following outcomes were gathered to be taken forward in future plans and monitored at the provider level.

- Assessments to be inspirational and consider the whole person
- To become well and recover
- Participating in daily activities
- Promoting independence
- Considering faith and spirituality
- Service user control and review
- Individual's participation, however small
- Inclusion of carer perspective
- Achievable individual outcomes
- Links with social network including family and friends
- Offer hope and promote self confidence
- Individual involved in activities with interest to them
- Befriending – formal and informal
- Personalised care plans
- Use of social inclusion outcomes to measure effectiveness, e.g. return/work retention and numbers off of benefits following treatment
- Treat individuals with respect and dignity

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- Recognise that individuals are more complex than someone with an illness
- Offer empathy and time to listen
- Medication for treatment, not containment
- Solution based approach to care

We want to commission for the delivery of key outcomes. Many of these outcomes are already built into contractual arrangements with providers – for example how many people with mental health problems are supported into the workplace. Increasingly we expect to monitor services on the basis of the outcomes achieved for service users.

## **5. Demographic Trends and Needs Analysis**

- According to official (ONS) estimates, Haringey had a population in 2008 of 226,200. This makes Haringey the 17<sup>th</sup> most populated borough in London.
- The same estimates suggest that Haringey's population grew by 4.5% or 9,693 people between 2001 and 2008. This is a little below average for London as a whole (6.7%), and far below the fastest growing boroughs, like Westminster, 30.2% (54,714 people) or Camden, 19% (37,680 people).
- In Haringey there are approximately 600 more males than females, with 113,400 males and 112,800 females in 2008. Over the last 5 years the male population has increased slightly. 30.9% of the female population and 31.4% of the male population are aged less than 25 years. 10.6% of the female population and 8.1% of the male population are aged over 65 years
- Haringey has a similar age profile to London as a whole, with 31.2% of Haringey residents aged under 25 years (compared with 31.2% in London). 21.8% of residents are aged between 25 and 34 years. Over half the population is aged less than 35 years.
- The population aged 65 and over has declined slightly as a proportion of the total population, from 9.8% in 2001 to 9.3% in 2008. This is consistent with London as a whole, the population of which has declined over the same period from 12.4% to 11.6%.
- According to 2001 Census, 34.4% of Haringey's population were of Black and Ethnic Minority origin (BME). In 2007 the experimental ONS figures suggest, the largest ethnic groups in Haringey were White British (49%), White Other (13.5%), Caribbean (7.9%) and African (8.7%).
- Between 2001-07, the largest growth in Haringey was seen in the Pakistani (61.3%), Chinese (43.2%), and mixed White and Asian (20.2%) categories. Haringey's population is expected to comprise 36.1% Black and Ethnic Minority Groups by 2026.
- About 160 languages are spoken in the borough
- It is estimated that 10% of the total population is made up of refugees and asylum seekers, although Home Office published information in June 2009 suggesting that Haringey has 140 Asylum seekers in receipt of subsistence only support and 240 supported in accommodation.  
<http://www.homeoffice.gov.uk/rds/pdfs09/immiq209.pdf>
- Haringey's population is projected by the ONS to expand by 9.5% (21,500 residents), between 2006 and 2029, whereas Haringey's population is projected by the GLA to grow by 24.8% (57,312 residents) over the same period.

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- As of July 2009 there are 9,634 people claiming Job Seekers Allowance. This is 6.1% of the working age population. This compares to a figure of 4.4% for London and 4.2% for England.

### 5.1 Joint Strategic Needs Assessment

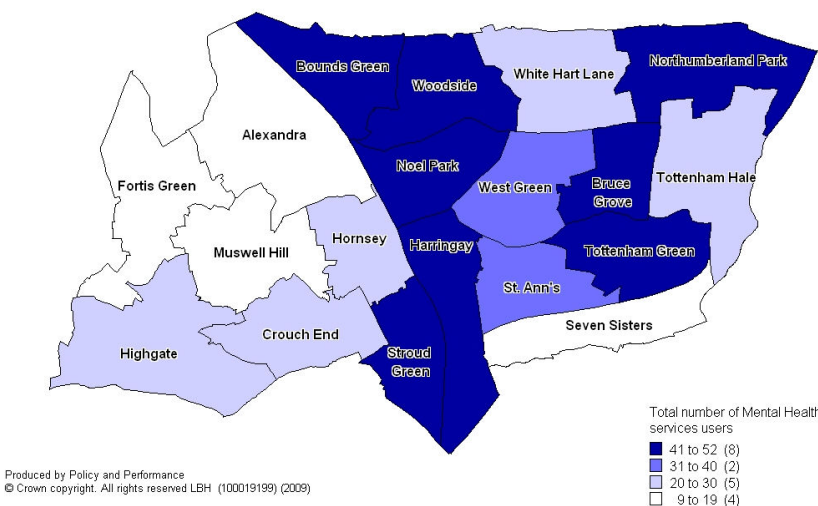
Joint Strategic Needs Assessment (JSNA) is the process by which Primary Care Trusts (PCTs) and local authorities describe the future social, health, care and well being needs of local populations. The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007).

JSNA describes a process that identifies current and future needs of the community, and informs future service planning, while taking into account current evidence of effectiveness. It identifies the big picture needs of individuals. Local and national data on patterns of health and the burden of disease, evidence of the effectiveness of available interventions to address the needs identified, information about services currently provided and information about the community will be used to develop the JSNA.

### 5.2 Mental Health in the JSNA

Mental health needs are difficult to measure. We frequently report on service use or illness (including hospital admissions) at the more severe end of the mental health spectrum as a proxy for mental health. The figure below illustrates the number of mental health clients who received social care services in Haringey by ward.

Total number of Mental Health clients who receive services  
as of 31 August 2009  
Haringey Wards



The Care Services Improvement Partnership developed a tool to estimate common mental illness based on data from the Office of National Statistics Psychiatric Morbidity Survey. Table 2 describes how these figures relate to the Haringey population. Figures are expected to be even higher due to the demographic mix.

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Table 2: Estimated weekly prevalence of common mental health problems in people aged 16-74, by type of mental illness.

<b>Condition</b>	<b>Estimated Number</b>
Mixed anxiety and depressive disorder	15,547
Generalised anxiety disorder	7,565
Depressive episode	4,475
All phobias	3,173
Obsessive compulsive disorder	2,022
Panic disorder	1,202
Total	28,757

Analysis of suicides in Haringey between 2001 and 2004 shows that an average of 35 Haringey residents commit suicide each year - approximately 50% higher than the national average. Around three-quarters of people who committed suicide in Haringey had no contact with mental health services in the previous 12 months.

Mental health in children is similarly difficult to measure. Estimates based on an ONS survey<sup>1</sup> suggest that 2,568 children aged between 5 and 16 are likely to have some kind of mental disorder (see Table 3).

Table 3: Estimates of number of children with mental health disorders in Haringey

<b>Condition</b>	<b>5-10 year olds</b>	<b>11-16 year olds</b>	<b>All children</b>
Emotional disorders	333	602	926
Conduct disorders	492	868	1344
Hyperkinetic disorders	222	322	538
Less common disorders	111	98	209
Any disorders	1015	1540	2568

### **5.3 Joint strategic needs assessment phase two**

Despite a number of individual pieces of work and various data sources we still have key gaps in our understanding of mental health needs of Haringey population. In addition there are key issues for service users and stakeholders in our consultation event in April 2008 about access to services due to associated stigma and discrimination amongst the public and within specific cultural groups.

A more detailed piece of needs assessment work in Stage 2 of the Haringey Joint Strategic Needs Assessment is now underway. This work includes the following analysis:

- Review and summary of work already done to date - enabling an analysis of gaps in quantitative data;
- Areas of unmet need - particularly re. primary and community care and in context of well being;

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- Barriers to access - stigma and discrimination - through focus group qualitative work;
- Taking account of the wider determinants of poor mental health, inequalities and protective factors such as employment – Mental Health Impact Assessments and how to promote community resilience;
- Projections about future need.

This work will inform our plans for Haringey's specific concerns – in particular the need to realign services to be upstream, clinically effective models of care focused in the community maximising linkages with other strategies and new service models and in particular future work on whole population mental health promotion.

Once the final report is published the recommendations will be reviewed as part of the strategy implementation.

## **6. Current Provision**

We commission from a whole range of providers for mental health services. By far our the biggest providers are NHS providers, but we also commission significant levels of services from London Borough of Haringey and a whole range of independent and voluntary organisations.

- Barnet, Enfield and Haringey Mental Health NHS Trust is the main provider of nearly all specialist mental health services. The Trust provides specialist mental health support through a range of community and hospital based services in Haringey.
- Haringey Council providing social worker input to Community Mental Health services, two day services and a crisis house.
- Third sector (some residential care, supported housing, advocacy and information)
- Third sector managed day services.
- The independent sector – residential care, some specialist forensic services and housing services.

The average overall spend per head of population is £367 in Haringey (using un weighted population figures, ie ones that have not been adjusted for age and socio-economic circumstance). Table four demonstrates the currents levels of investment by health and social care commissioners in Adult Mental Health Services in Haringey and is sourced from the autumn 2008 Department of Health Financial Mapping returns.

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Table 4: Haringey spend on adult mental health services (Autumn 2009)

<b>Working age adult mental health services</b>	<b>Haringey £'000</b>
Access and crisis services	4,304
Accommodation	6,035
Carers services	129
Clinical services	9,769
Community MH Teams	5,811
Continuing Care	1,877
Day Services	1,510
Direct Payments	22
Home support services	52
Other professional teams/specialists	281
Personality Disorder services	1,276
Psychological Therapy services	1,951
Secure and High Dependency Provision	10,514
Services for Mentally Disordered Offenders	326
Support Services	374
<b>Total Direct Costs</b>	<b>44,231</b>
<b>Indirect costs (e.g. overheads)</b>	<b>7,227</b>
<b>Total spend</b>	<b>51,458</b>

### **6.1 Approach to the provider market.**

A flourishing provider market encourages innovation and new services. One of the key ways to leverage improvements in services is through selective market testing. While there will be many circumstances where the current providers are offering excellent and good value care we also need to ensure that this is regularly tested. We will actively seek to increase the number of providers we work with including voluntary organisations and the independent sector. Equally we will seek to promote strong relationships of co-operation and development with our existing providers.

Haringey Council **has** developed a commissioning framework for personalisation, which sets out the principles for commissioners of adult social care, in facilitating a 'transformed' social care market place. These principles include:

- People at the heart of commissioning – through having a range of methods to engage and consult and in particular for engaging with 'hard to reach' communities;
- Market and workforce development – with commissioners moving into a facilitative role, working with providers to ensure readiness to meet the needs/demands of service users with personal budgets;
- Develop new ways of contracting – deliver transformed market place that is able to provide the kinds of services that users will wish to purchase;
- Exploit opportunities through increased joint commissioning with NHS Haringey;
- Learning and improvement, eg ensure systems are in place to analyse services purchased by people so as to inform future commissioning intentions.



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**7. Improvements since 2005 Strategy**

This document takes an opportunity to evaluate progress on service improvement since the 2005 Joint Mental Health Strategy and against the National Service Framework for Mental Health.

Figure 2: progress on 2005 Joint Mental Health Strategy.



**Primary care:**

- Appointed a Clinical Specialist in Mental Health in Primary care;
- Four lead GP's across the primary care collaboratives appointed to lead on the improvement programme with colleagues in primary care;
- Agreed shared care protocol and agreed pathways for referral and discharge between primary and secondary care in place;
- The primary care guidelines on the treatment and management of mental illness in primary care have been revised and the relevant training and support provided to general practice;
- Successful application for Increasing Access to Psychological Therapy programme (IAPT) – introducing significant additional treatment capacity for common mental anxiety and depression to Haringey.

**Community Mental Health Services:**

- A single point of referral to the mental health service;
- Comprehensive single assessment with integrated psychological therapies;

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- The creation of a long term care service to prioritise recovery and independence with service users with long term needs;
- Medical staffing on specific clinical settings implemented;
- More people being treated at home or in the community and increased efficiency.

**Information technology:**

- Significant investment in infrastructure;
- Improved availability of reliable data.

**Dual Diagnosis service:**

- Mainstreamed within all adult Community and Inpatient teams;
- Providing 'hub and spoke' specialist consultation and liaison;
- 'Hub' is now managed within drug services also promoting the sharing of mental health expertise into the wider drug and alcohol services.

**Expansion of Haringey Therapeutic network and Graduate Mental Health Worker service:**

- Achieved through the Area Based Grant managed by the Haringey Strategic Partnership;
- A preventative approach and promotion of well being incorporated into the new IAPT service.

**Community Development Workers:**

- Working to increase MH awareness and a more active role for BME community in providing training to services;
- Meeting with the faith community and developing further partnerships with the voluntary sector;
- Community engagement - to begin to look at how to tackle issues like stigma and stereotype and the positive promotion of mental health;
- Better information - monitoring ethnic information, this is ongoing;
- Feeding back of information, concerns and views both from service users and community organisations;
- Using events to raise awareness and provide information to the public.

**Supported Housing:**

- Restructured housing-related support services for people with significant mental health problems in 2009 with new contracts from January;
- To improve service delivery and outcomes for service users and to focus resources on higher levels of housing related support;
- Provide more intensive support, with a greater level of involvement and more targeted help that enables local residents achieve their life goals and aspirations.

**Universal services - Preventative and well being Initiatives**

We have also maximised mainstream access to universal services for people with mental health issues through examples of good partnership working across traditional boundaries.

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*Health in mind* - to focus on mental health, physical activity and diet and nutrition in the most deprived Super Output Areas. It provides:

- *1:1 and group support for people with mild to moderate mental health problems*, including listening, goal setting, problem solving, sign-posting and onward referral, relaxation skills and guided self-help.
- The *Active for Life physical activity referral scheme*, assisting inactive individuals with long-term conditions to become more physically active; to support long-term behaviour change, evidence-based and best practice approaches have been adopted. A volunteer-led group Health Walks programme has also been established which is open to all local residents. This includes people with severe mental health problems.

Haringey has been allocated a grant under the Choosing Health Agenda Communities for Health (CfH) Programme, run by the Department of Health (DH) to deliver community based programmes with clear links to Haringey's Local Area Agreement (LAA).

The CfH Grant funds current projects focusing on the following outcomes:

- **Tackling Obesity** – overcoming barriers to physical activity and healthy eating;
- **Improving Sexual Health** – raising awareness of how to access sexual health services and supporting people to adopt safer sexual practices;
- **Improving Mental Health** – address stigma experienced by people with mental health problems and their carers and community based mental health promotion - Haringey Time-bank recently recommended for continued funding.

## **8. Gaps in local provision**

We have established these areas as gaps in local services through consultation with service users, carers and other stakeholders in Haringey and through the development of the overarching Joint Mental Health Strategy.

- ***We do not have strong enough community based services, supporting people living in their own homes.*** We need to build comprehensive local services which provide maximum support to people with mental health problems in developing independent lives and realising their potential.
- ***Too many people are being treated/supported in too restricted and institutionalised settings.*** Many people are currently cared for in hospitals and in registered nursing home settings who could live more independent lives, better integrated into local society. We need to release the resources tied up in these services to allow us to invest in stronger services in the community.
- ***Service users do not experience their care as being integrated enough.*** This is a particular issue in transition between different kinds of services – whether from hospital inpatient setting to primary care, or from children's to adult services.

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- ***Users and carers find it too hard to find and access the services they need.*** We need much better information about services, and more support for people to identify them and use them. All health and social care staff working with service users need to be much better informed about the range of possibilities available.
- ***We do too little to support positive mental wellbeing and prevent mental ill-health.*** Our resources are tied up in providing services for people who are already experiencing mental ill-health, and mostly for those with the most complex needs. We must of course continue to support this group, but we also need to do more to stop people experiencing mental health problems in the first place.
- ***We need to offer a wider range of services supporting the recovery model.*** We need people to have real choice over the services they use that best meet their needs in developing their mental wellbeing.

## **9. Haringey Objectives for change**

We have developed the following commissioning intentions as a result of the analysis of the following areas as described in this document

- Views and concerns of service users, carers and stakeholders
- National policy guidance and strategic direction
- Shared strategic vision for improved community services and less restrictive models of care
- Needs assessment information
- Current provision
- Progress on 2005 –08 Joint Mental Health Strategy
- Gaps in services

Some of these initiatives are more developed than others, although *any* service changes emerging as a result of these initiatives will be formally consulted on as appropriate.

### **9.1 Personalised care, Prevention, Well-being and Access**

We know from our understanding of local need and service gaps as well as from new national policy drivers that this strategy requires a clear emphasis on services that are individually tailored, preventative and responsive in nature. This means thinking about new ways of delivering mental health interventions that are about early access to effective treatments as well as about good information and 'whole population' good mental health.

There are relationships between key strategic initiatives and services which provide an opportunity to think creatively about new ways of providing mental health support, advice and treatment. These are:

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- **NHS Haringey Strategic Plan** – integrated care closer to home and out of hospital through the delivery of Polysystems and Healthcare for London Care Pathways;
- **Transforming social care (Personalisation) and Access in Adults, Culture and Community services LBH** – the introduction of personal care budgets, self assessment and advice services;
- **The continued development of Increasing Access to Psychological Therapy (IAPT) in Haringey** - an upstream, preventative and early treatment model of therapy based in primary and community services;
- **Suicide Prevention and Mental Health Promotion** – it is proposed to establish an Improving Health and Emotional Well Being Sub-group (reporting to the Mental Health Partnership Board) with a focus for taking forward a refreshed approach.

Commissioners for these initiatives need to work together to maximise opportunities for new models of service that offer more comprehensive and coordinated approaches to helping people with mental health needs. People need to be supported to access the services they require and services need to be available to offer prompt and early treatments. People with mental health issues should be able to access support for other long term conditions (e.g. diabetes, CHD) in the same way that someone with a long term health problem should be able to access mental health support. There is considerable evidence on the prevalence of hidden mental health issues as a reason for referral to general medical services. Mental Health should form part of the assessment of everyone's health.

Good mental health and well-being for all is at the heart of our strategy. Building on our achievements in rolling out Improving Access to Psychological Therapies (IAPT) we want mental health to be a core service in primary care. We will deliver the strategy through working closely with the Mental Health Trust and other partners to ensure that we provide world class services locally. This will be achieved by refocusing commissioned resources on developing and sustaining services in primary and community care.

We need to commission services differently to meet these needs. Guidance from the Department of Health on Commissioning for good Public Mental Health is expected. A good example of such a service model locally is the Haringey Time-bank. The challenge is to develop new care pathways that cut across traditional service boundaries and for good mental health to be a consideration of all commissioners.

### **9.1.1 Personal Budgets in Mental Health Services**

Haringey Council Adult Services is now in year two of three getting ready for the implementation of personalisation across all adult social care groups by April 2011. Pilots are underway in Physical Disabilities, Learning Disabilities and Older People's Services, with a pilot project in Mental Health starting in 2010/11. Planning for the pilot is now well underway. This will be an opportunity for service users to test out completing their own self assessment, having access to a personal budget and be able to arrange their own care and support in a way that best meets their outcomes.

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Key to the successful implementation of personal budgets in mental health services, and to make sure we focus on personalised care, we need to think about day opportunities for people with mental health problems in a different way. We need to build on the review undertaken of day opportunities services, as a workstream of the 2005 Joint Adult Mental Health Strategy. The review needs to be refreshed in the context of personalisation, and the opportunities this gives us in giving more choice and control to service users to maximise their opportunities to:

- Access a range of services that are able to deliver on user led outcomes, through for example social firms and social enterprise, with commissioners working closely to develop the social care market to support these developments;
- Maximise access to mainstream opportunities in education and employment;
- Maximise opportunities for recovery and ensure social inclusion;
- Ensure linkage with other services for people with mental health issues such as Supporting People Floating Support.

Some service users may want to continue with traditional day opportunities services, whilst others will want to take advantage of emerging opportunities to get more involved in the running of the services they use, such as the user-led weekend service that is now in place at the Clarendon Day Opportunities Service.

Below is a summary of current day opportunities services in Haringey

- **BEHMHT - Haringey Therapeutic Network** - 12 week therapy and social inclusion based model, using mostly mainstream provision to provide therapy sessions;
- **Voluntary sector - MIND in Haringey Activity Centre** - Drop-in, low support, safe place to be;
- **LBH - Clarendon Day Centre** - People who have accessed tertiary services and have a Care Programme Approach Plan, providing a range of training, drop-in, out of hours service, socialisation opportunities;
- **Voluntary sector - Psychiatric Rehabilitation Association (PRA)** have two Sheltered Workshop Provisions;
- **LBH 684 Centre** - Centre for people who experience high levels of disability as a result of complex mental health issues, who may also be hard to engage.

Mental Health Commissioners will need to work closely with service users as well as current providers of day opportunities services with regard to the kind of service they currently offer to make sure it is 'fit for purpose' in the future. We anticipate that it will be less likely that 'traditional' day centre services will be needed in the future. The overarching principles of a future model of day opportunities in mental health services will need to include:

- Ensuring clear pathways into day services, between day services and 'out' into mainstream activities e.g. education training and employment;
- Being person centred; recovery based with personal goal setting;
- Ensuring increased user led social support, befriending, and exploring opportunities to develop self assessments and self-directed care in the future;

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- Using a socially inclusive model, such as initiatives with Tottenham Hotspur and the A team, currently in development as a social firm (also runs groups and training opportunities).

The future of day opportunities in Haringey would need to include building on what works well now and is valued by service users, and re-modelling what is not valued by service users. Some of our ideas are set out below, based on what service users in the review during 2007-2008 told us, and also what is now emerging as **we** better understand what personalised care in the future might look like for service users with mental health issues, exercising more choice and control over their lives and the services they wish to purchase to support them with personal budgets.

**Clarendon – proposed future model of service**

- Clarendon will provide services to individuals based on assessed need. Support plans will be needs led and flexible. Staff will offer individual assessments and work with service users to devise their own person centred plans and reviews, focusing on key skills required for personal development and recovery;
- The centre will work in partnership with Supporting People providers, including specialist support workers, to enable individuals to be supported to a point where they feel ready to consider mainstream options;
- Development of Self Assessments and Individual budgets as a pilot project at the Clarendon;
- Clarendon will engage with the social enterprise strategy development and help promote the continuing development of social firms, particularly when ideas or need arise from service users, promoting the development of one of its projects (Artworks) into a social firm and working with service users to run the out of hours and weekend activities at the centre.

**Social Enterprises/Social Firms**

- We will consider commissioning a social enterprise to support the development of emerging social firms and foster the development of additional capacity of this type. A range of options to enable people who have experienced mental health problems to access work. Work in the open market is extremely difficult to access but models which support progression include support and work with service users and entrepreneurs to develop social firms.

**Specialist Support to access Mainstream settings**

- We think it is important to enable access to specialist support workers who will identify and work towards personal goals with individuals and promote social networks within mainstream provision. We would need to partner with Supporting People for this provision, utilising more fully floating support provision;
- The re-commissioning of Mental Health Services in Supporting People gives us this opportunity with a planned increase in the availability of intensive floating support to deliver recovery focused outcomes for service users, including access to mainstream services.

**Drop-in's**

- Drop-in's for social support led by service users available around Haringey to promote access, in a variety of community bases, which would be open to everyone;

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- Providers such as Haringey Therapeutic Network, Haringey User Network and the 684 centre could be engaged to support the development and continuation of user led groups and user led drop-in's around the borough.

**Befrienders**

- A befriending service could be developed.

There will be implications for current providers. We need to work with current providers to make sure their services are focused on outcomes around maximising access to mainstream day to day activities and working to ensure good mental health for services users.

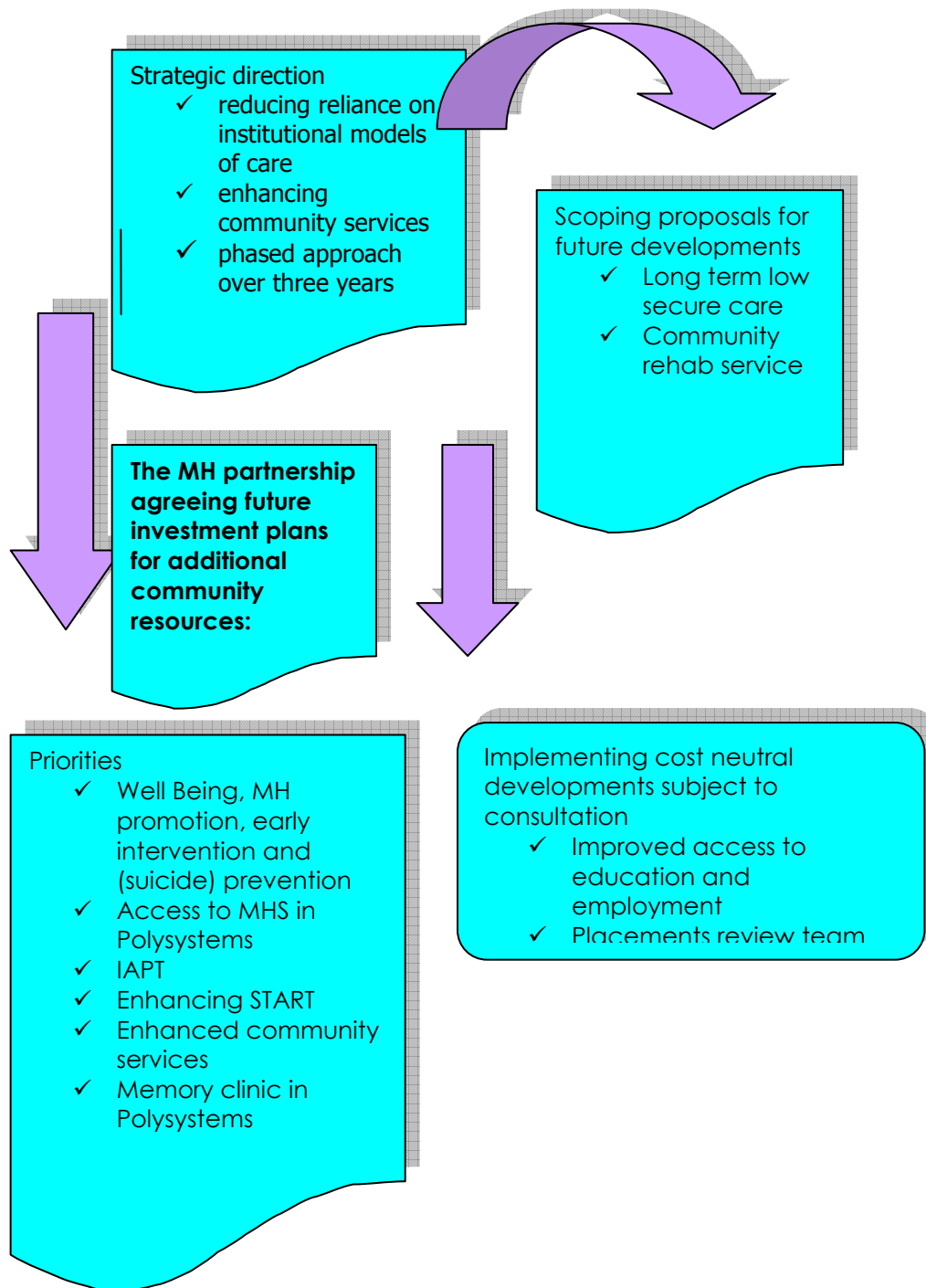
Some of our providers have a traditional focus to they way they deliver services to their service users - we will need to work closely with these providers to ensure they are able to deliver to the principles set out above, and will be ready for the implementation of personal budgets in mental health services from 2011. This includes Mind in Haringey, PRA Etcetera and N17 Studios, as well as reviewing the Clarendon.



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**9.2 Modernising Mental Health Services in Haringey**

The overarching principle to modernise mental health services by increasing the availability of primary and community based services to support the reduction in the over reliance on institutional models of care requires whole systems thinking and planning. In line with this there are a number of current work-streams either in train or in the initial planning stages that involve the statutory partners as both commissioners and providers of services.



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**9.2.1 Primary and Community services**

The main strategic emphasis for mental health care is to establish upstream, preventative and early treatment models of care based in primary and community settings. This involves commissioning across the whole system of mental health care including the Third sector. A competitive process to introduce new community mental health services in the borough should not be ruled out.

**9.2.2 Mental Health Services in polysystems**

Polysystems provide an alternative care setting for many services that have traditionally been delivered by acute care providers in acute hospital settings. To support the Going Local vision, NHS Haringey has built three NHCs (polyclinics) to deliver local health services and reduce health inequalities. These centres provide a range of community-based services to help people to lead healthy lives. A number of GP practices are based in the centres, with other nearby practices referring their patients to their local health centre when necessary.

NHS Haringey supports practice based commissioning in four geographical areas, known as neighbourhoods, each of which has its own GP-led commissioning team: West, Central, North East and South East. The neighbourhood commissioning teams are the key mechanism to take forward the local changes needed in primary and community services and will deliver the NCL Sector approach to the HfL pathways and develop polysystems.

Integration is a key element to the success of the model. Working across professional boundaries increases collaboration and reduces duplication across the patient pathway. The polysystem model will enable us to promote a culture of quality improvement through the use of evidence based care pathways, delivering on improved patient satisfaction and clinical outcomes. It is anticipated that there will be increased ownership and accountability for the use of resources.

One of the key initiatives within this work programme is to identify how improved integration between primary, community and mental health care can be implemented through the use of polysystems.

We want mental health services to be a core service within primary care and foster an holistic approach of integrating mental health and physical health needs. The development of services in polysystems will involve the re-modelling of care pathways in line with the Locality Commissioning Plans and with local involvement of lead mental health GPs.

We plan to develop memory clinics as our inaugural pathway which will provide early diagnosis and treatment. We also plan to provide psychological treatments for medically unexplained conditions in primary care polysystems to reduce the number of unnecessary GP appointments and acute outpatient appointments for exploratory investigations.

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### **9.2.3 Community services**

Community services in Haringey will need to be re-evaluated as the developments above begin to emerge; additional capacity in the whole system may enable existing services to be re-commissioned. Our strategy is to increase the capacity of primary and community mental health services **to promote early intervention, community treatment and recovery** and to cater for the anticipated demand emanating from the reduction in the more traditional models of service. Some of the gaps in local services could be addressed through this process.

Community mental health services will be commissioned to:

- Provide 'service navigation' – support for people to access the right help in the right place enabling service users to access the full range of services they need;
- Offer seamless, highly effective coordinated care across a system of statutory and non statutory agencies;
- Deliver principles of promoting independence, well being and choice should be fundamental to the service model;
- Use flexible and creative approaches to delivering support, which place people using services at the centre of decision making;
- Improve quality of life, confidence and self-esteem for people with mental health problems;
- Increase ability for people with mental health problems to manage own mental distress using coping strategies including involvement of families and friends as requested;
- Increase ability to manage crises in the community due to availability of preventative and responsive support;
- Support the development of meaningful social networks and personal relationships;
- Promote the economic well-being of people using the services, including addressing their welfare rights and money management;
- Maintain the good physical health and well-being of people experiencing mental health issues, including developing their leisure and recreational opportunities;
- Prevent homelessness and access and maintain stable accommodation;
- Develop training, education and employment opportunities;
- Ensure the use of the least restrictive models of care – promoting community alternatives to inpatient care, residential care and other institutionalised models of service;
- Create strong working links within the borough, particularly with local community organisations in order to increase service uptake from often deemed "hard to reach" communities;
- Meet the needs of service users from all ethnic and social backgrounds, including recognising and understanding cultural, faith based and religious differences.

### **9.2.4. Perinatal Mental Health Service**

Peri-natal Mental Health is being looked at across the North Central London Sector to ensure effective pathways are developed across the Acute Trusts. At a local level the

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inclusion of Mental Health in polysystems will mean early identification and intervention for vulnerable women. We are developing a clear pathway between Maternity Services and polysystems to ensure needs are fully met. Those women who do not meet the threshold for referral to Community Mental Health Teams will be picked up through the polysystem.

**9.2.5 Rehabilitation and Recovery and Local low secure care**

Haringey has a high number of service users placed in residential care services, a high number of people staying in hospital for longer than is required and a high number of people admitted to the care of low and medium secure mental health services.

The MHT has established a Placements Review and Treatment team in partnership with Adult Services in London Borough of Haringey. This has been achieved within existing resources and focuses on recovery, rehabilitation and appropriate move on for service users in residential care settings and high supported housing. This team will enable efficient and appropriate use of supported accommodation and residential care in the community. There is already significant pressure on commissioning budgets to support community placements and it is critical to ensure best value from this resource.

An identified service gap is the need for a local care pathway for low secure care for service users. Currently service users with this level of need are managed on a case by case basis often being placed in high cost resources which are out of borough and more often also out of London. Options to develop a more local solution are being reviewed as a specific project. In addition to this Trust-wide inpatient rehabilitation services are under review in the MHT. There are significant NHS resources invested in these existing care arrangements which are historical rather than commissioned on the basis of good analysis. In examining the way resources are currently deployed, there is an opportunity to consider the development of both a local low secure service and a community rehabilitation team for Haringey residents. These developments need to be worked through in detail and again must ensure that sufficient resources across the whole care pathway, from admission to discharge into the community, are aligned by commissioning partners to support their success.

**9.2.6 Reducing over-reliance on acute in-patient beds**

The modernisation of mental health services through a reduction in the number of inpatient beds will take account of internal efficiencies and additional capacity that may be needed in primary and community services in order to ensure that service users' needs are met, carers are not over-burdened and commissioning resources are sufficient to match this change in service delivery.

These efficiencies include reducing the average Length of Stay and Delayed Transfers of Care; improving Bed Occupancy and Re-admission rates and aligning In-patient admissions with population needs. Benchmarking against national best practice and existing service models will continue to inform our modernization plan.

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Longer inpatient hospital stays tend to lead to patients becoming institutionalised and less capable of longer term recovery. Patients in hospital experience a fundamental lack of choice in all aspects of their daily lives and the longer they stay in hospital the more likely it is that links with home and their community and work might break down.

The MHT has focused on improving practice in Haringey to shorten lengths of stay to similar periods to those found elsewhere in London. People are now discharged from hospital more promptly. Such efficiencies make better use of inpatient capacity and reduces the number of inpatient beds required

### **9.2.7 Supported Accommodation and Housing**

As described earlier, supported accommodation in Haringey funded by Supporting People has recently been re-commissioned. This has been a major change to a fundamental aspect of a modern mental health system and requires support and attention from the Supporting People team and other stakeholders to 'bed down'. Supported accommodation is a significant resource in any system of mental health services and its efficient and successful operation is a key priority.

Access to and the availability of secure and stable housing is also critical in supporting people with mental health problems in the community and enabling people to live as independently as possible.

The Haringey Housing Service has a vital role in ensuring that mental health service users are accessing housing and being supported through the process. As more community mental health services develop all statutory partners must ensure that there are effective and adequate links between mental health service providers and Housing – both in terms of services on the ground and for strategic planning purposes.

## **10. Issues picked up by related strategies / frameworks**

### **10.1 Older People's mental health (including dementia)**

NHS Haringey and Haringey Council are also developing a joint strategy for Older People's Mental Health, with emphasis on implementing the National Dementia Strategy, published in February 2009. Younger people with dementia will be covered in this strategy, which is due for publication in Summer 2010. Haringey has a population of around 21,000 older people over the age of 65. Below is a summary of emerging key priorities.

#### **10.1.1 Functional mental health in older people:**

It is estimated that up to 3,000 older people experience depression at any given time in Haringey, with some 1,000 of these experiencing a severe depression. Psychosis is recognised as more common in older than younger people, with approximately 20% of over 65's developing psychotic symptoms by the age of 85. It is recognised that older people's functional mental health needs are different to younger people, therefore a re-modelling of current service provision is key to delivering:

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- Targeted mental health promotion and prevention in older people, including age appropriate early diagnosis and intervention;
- Increased access to crisis resolution - similar to home treatment teams;
- Support to care homes – through a care home liaison function;
- Increased access to psychological therapies;
- Personalised social care services, including developing care homes and domiciliary care providers with specific expertise in working with people with severe and enduring functional mental health problems.

### **10.1.2 Dementia**

It is estimated that in 2010, in Haringey around 1,350 people over the age of 65 are predicted to have a dementia, rising to 1,650 by 2025. Of the numbers of older people projected to have dementia 55% will be in early stages (or mild) of dementia; 32% will have moderate dementia, and 13% will have severe dementia. The number of adults under the age of 65 with a dementia is estimated to be around 74 people in Haringey as at 2010. An emerging issue is the number of people with a learning disability with dementia; some 22% of people with a learning disability are also diagnosed with a dementia.

The National Dementia Strategy 'Living well with dementia' was published in February 2009, and is supported by the 'Joint Commissioning Framework for Dementia' published in June 2009. The national dementia strategy sets out 7 objectives, with the National Implementation Team's top priorities forming the key focus in Haringey's local older people's commissioning framework. These are listed below:

- Developing a joint commissioning strategy;
- Access to early and good quality assessment and diagnosis;
- Informed and trained workforce;
- Care homes providing care of high quality and promoting dignity;
- Personalised and specialist social care services, including domiciliary care;
- Support to carers;
- Improved quality of care in hospitals.

We plan to develop memory clinics as our inaugural pathway in polysystems which will provide early diagnosis and treatment in response to the Dementia Strategy. The focus will be on early intervention, reducing waiting times for treatments and improving the quality of care. Additionally we want to support our residents in maintaining independence and recovery, making use of telecare technology and ensuring our providers are treating people with dignity and care.

### **10.2 Advocacy**

Access to competent advocacy services is an important component of modern mental health care. Advocacy services operate within a number of models – these include professional and independent advocacy for individual care groups, peer support and increasingly a new role is emerging for advocacy within the context of the Transformation of Social Care – in particular to support service users in being able to navigate through a transformed social care system, including getting the necessary support in choosing and accessing a range of available services.

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In Haringey we currently commission the following types of advocacy:

- Patients Council – peer support/advocacy model;
- Haringey User Network – peer support/ advocacy model;
- Citizens' Advice Bureau – specific professional advice for service users in the community;
- Mind In Haringey – advocacy services for service users in hospital;
- Carers Advocacy – from the Mental Health Carers Association;
- Advocacy service under the duties of the Mental Capacity Act 2005 from Rethink in a partnership with Barnet and Enfield Commissioners.

Since April 2009 we have also extended advocacy services to ensure further duties under the new Mental Health Act are fully met in line with national requirements.

An advocacy framework is under development, which will set out the principles for NHS Haringey and Haringey Council Adult Services in commissioning appropriate advocacy for Haringey residents that covers the range of advocacy needed, from low-level information/advice giving through to specialist advocacy, including that required to support the implementation of personalised care services. Improved access to advocacy to people who do not speak English is also required.

### **10.3 Carers**

A revised Carers Strategy 2009-14 for Haringey was agreed across the Haringey Strategic Partnership in Summer 2009. This includes the needs of carers of people with mental health problems. The strategy includes a delivery plan, to be monitored by the Carers Partnership Board.

The aims of this Strategy are:

- to identify and support Haringey's unpaid carers in their caring role and in their life apart from caring;
- to provide culturally appropriate support for all Haringey's diverse carers throughout their caring lives;
- to harness the resources of all the partners;
- to make the views of local carers the cornerstone of local policy developments;
- to implement carers' participation in all aspects of commissioning services.

Haringey Carers Strategy:

- will improve support and services;
- meets the aspirations of Haringey carers and the people they care for;
- meets the requirements of the National Carers Strategy 2008;
- is consistent with personalisation.

Overview and Scrutiny have been undertaking a review of support to carers across all client groups, which started in October 2009 and is due to report back to Committee in March 2010. The review heard from carers of people with mental health problems and organisations who work with them.

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**11. Developing joint commissioning intentions**

NHS Haringey and Haringey Council Adult Services are now considering how we can jointly commission quality mental health services for adult mental health in the borough. Our key priorities for action for each year of this strategy are set out in the table below.



### 11.1 Personalised care, Prevention, Well-being and Access

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
<b>Future community service development</b> Service users in recovery Service users in employment Service users in independent living arrangements	<b>Improved Access to Psychological Therapies (IAPT)</b>  To support the roll out of the full service  To ensure that IAPT targets for numbers offered treatment are delivered	Achieve targets for numbers of Haringey residents offered treatment Supported to recovery including return to work	NHS Haringey: Head of IAPT services, Joint Mental Health Commissioning Team.	2008/09 - £650k invested, recurrent in 2009/10	Consider additional capacity – linked with the development of primary care strategy (NHS Haringey) and personalisation (Haringey Council)		
	<b>Implementation of Personalised Budgets in Mental Health Services</b>  Improving access to education and employment through re-modelled day opportunities	Pilot within mental health services, self assessment, support planning and personal budgets tested  Increase choice and nos. of service users accessing education and employment opportunities	Haringey Council Adult Services, and Barnet Enfield and Haringey Mental Health NHS Trust  Haringey Council Adult Services, and NHS Haringey	Scope of Pilot Project finalised  Consult on proposals	Implementation of Pilot project  Subject to consultation, take forward implementation of changes	Implementation of personalised budgets across adult mental health services	

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Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
	<b>Refreshed Mental health promotion and suicide prevention approach</b>	<p>Review of existing actions to promote mental health and wellbeing to identify gaps and promote co-ordination.</p> <p>Explore opportunities to integrate mental health promotion and suicide prevention into existing services.</p> <p>Use the outcomes from the Mental Health Needs Assessment to guide actions</p> <p>To work within existing resources - any additional costs to be determined</p>	<p>NHS Haringey – Public Health</p> <p>NHS Haringey Director of Mental Health Commissioning Haringey Council AD Adult Services &amp; Commissioning</p>	<p>Review to be complete by end March 2010</p>	<p>Develop commissioning intentions to integrate service model into existing services</p>		

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**11.2 Modernising Mental Health Services in Haringey**

<b>Service Area</b>	<b>Actions</b>	<b>Outcome</b>	<b>Lead Agency</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
<b>Mental Health services in Polysystems</b>	Identify how improved integration between primary and mental health care can be implemented through use of Polysystems  Review current resources; develop transition plan for re-modelling of current service provision across whole patient pathway	Integrated mental health services in polysystems  Perinatal mental health care	NHS Haringey Director of Mental Health Commissioning,  PBC Commissioners  Haringey Council AD Adult Services and Commissioning	Develop Locality Commissioning Plans	Implement Memory Clinic in Hornsey Central  Yr 1 of transition plan implemented	Further implementation re-modelled services	Further implementation re-modelled services
<b>Community Services</b>	Review current resources; develop transition plan for re-modelling of current service provision across whole patient pathway	Enhanced community treatment services	NHS Haringey Director of Mental Health Commissioning  Haringey Council AD Adult Services and Commissioning		Yr 1 of transition plan for re-modelled services implemented	Further implementation re-modelled services	Further implementation re-modelled services

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<b>Service Area</b>	<b>Actions</b>	<b>Outcome</b>	<b>Lead Agency</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
<b>Rehabilitation and recovery</b> Developing local low secure services and community rehabilitation services	Specification agreed	Community rehab team – single site for rehab beds	MH Lead commissioner	Proposal completed by April 2010	Proposal implemented		
<b>Reducing over reliance on inpatient beds</b>	Review current resources; develop transition plan for re-modelling of current service provision across whole patient pathway	Modernised Mental Health Services in Haringey	NHS Haringey Director of Mental Health Commissioning  Mental Health Lead Commissioner  NHS Haringey Director of Mental Health Commissioning	Initial scoping and transition plan developed Feb 2010	Yr 1 of transition plan implemented	Further implementation re-modelled services	Further implementation re-modelled services
<b>Ensure appropriate services for BME communities, particularly newly arrived communities</b>	Complete needs assessment of the mental health needs of BME communities, including newly arrived communities	To ensure that future planning is informed by robust understanding of: <ul style="list-style-type: none"> <li>• Local need</li> <li>• Unmet need</li> <li>• Future</li> </ul>	NHS Haringey: Public Health and Joint Mental Health Commissioner	Complete needs assessment by March 2010			

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Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
	Review current commissioning of services to newly arrived communities to ensure appropriate provision	projections of need	Joint Mental Health Commissioner		Complete review and agree commissioning intentions where appropriate		

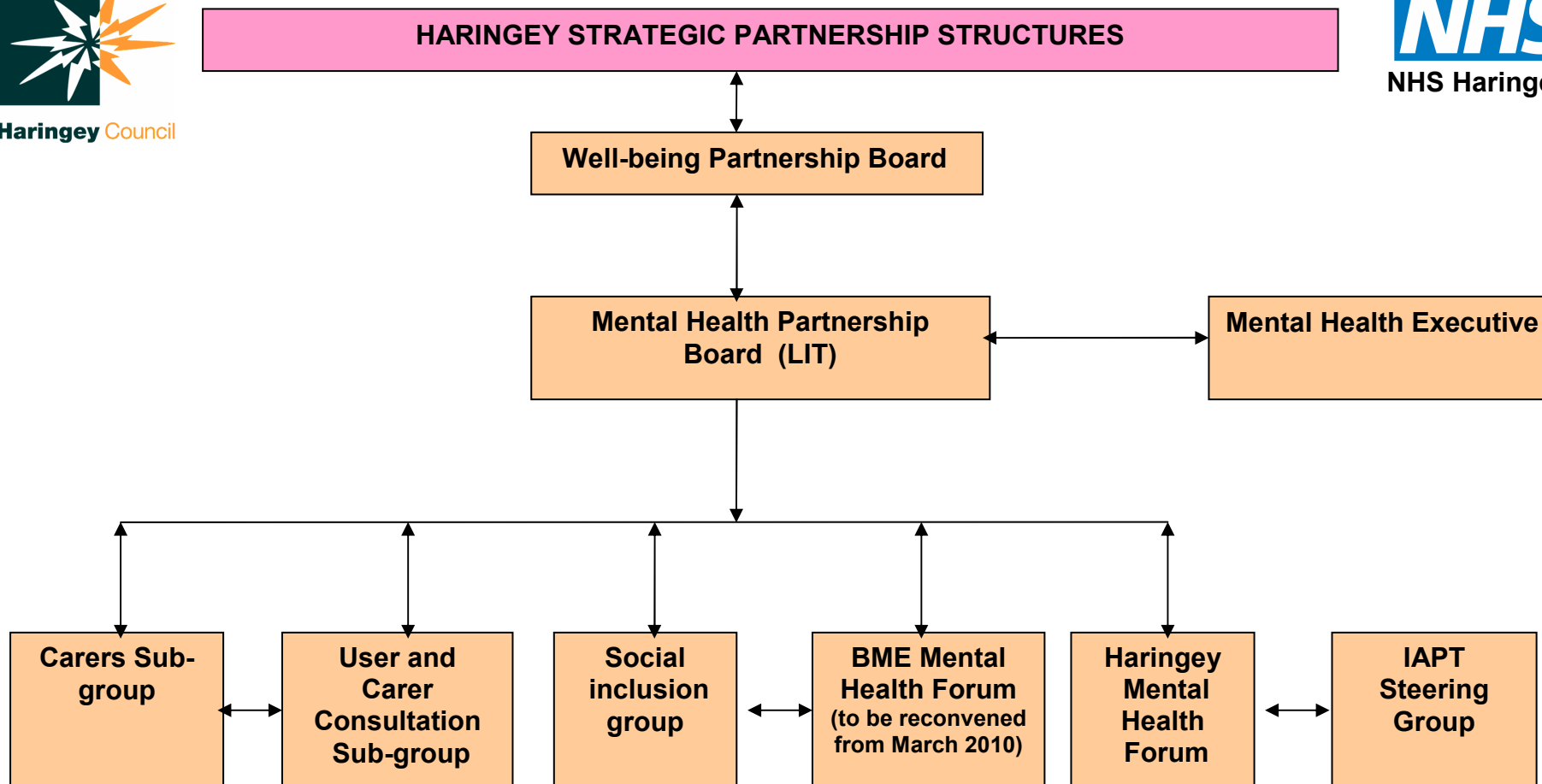
**11.3 Ensuring the right accommodation at the right time**

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
<b>Review current service users in placements</b>	Review Team to reassess users in residential settings for step-down and explore potential repatriations of service users placed out of borough	Increase nos. of service users who can move on into more independent in-borough accommodation including general housing	BEHMHT Haringey Borough Director Mental Health Services, and Haringey Council Adult Services – Head of Commissioning	Team established July 2009.  Reviews of service users in high cost residential placements – 70 by 31 <sup>st</sup> March 2010	Reviews ongoing, and move-on to independent living where appropriate		
<b>Supported Housing</b> Accommodation and support being available when people are clinically ready for	Implementation of new Supporting People funded mental health contracts. Continue to work with new providers to	Increase the nos. of people with mental health problems supported to live independently (NI 141)	Haringey Council AD Safeguarding and Strategic Services (including Supporting People	Contracts implemented 1 <sup>st</sup> April 2009, transition period until March 2010 for providers to re-model	Full implementation of re-modelled services from April 2010		

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<b>Service Area</b>	<b>Actions</b>	<b>Outcome</b>	<b>Lead Agency</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
discharge from hospital or to step down from higher levels of support	ensure the safe transition for service users into new contractual arrangements		Programme), and Joint Mental Health Commissioner	services to meet specification			
<b>Access to mainstream Housing</b> including 'social care' stepdown	Establish working group with Strategic Housing	Improved pathways into appropriate general needs accommodation, and increased numbers of people with mental health problems supported to live independently (NI 141)	Haringey Council Adult Services Service Manager for Mental Health, and Head of Housing Strategy	Establish 4 step-down flats for mental health users in Council sheltered accommodation	Borough Capital Investment Plan, setting out housing priorities for borough for period 2010-2015		

Appendix one



## **Appendix 2 – National & Local Policy Context**

### **National Context:**

- **New Horizons: A Shared Vision for Mental Health (December 2009)**

New Horizons is a cross government programme of action to improve the mental health and well-being of the population with the twin aims to:

- improve the mental health and well-being of the population
- improve the quality and accessibility of services for people with poor mental health.

New Horizons describes factors that affect well-being and some everyday strategies for preserving and boosting it. It also sets out the benefits, including economic benefits, of doing so.

- **The Mental Capacity Act Deprivation of Liberty Safeguards (April 2009)**

Part II of the Mental Health Act 2007 (MHA 2007) made amendments to the Mental Capacity Act 2005 (MCA) by the introduction of deprivation of liberty safeguards (previously referred to as "Bournewood" safeguards). These came into force on 1 April 2009.

The safeguards apply to anyone: aged 18 and over; who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability; who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and for whom deprivation of liberty (within the meaning of Article 5 of the ECHR) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

The safeguards cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements. They are design to protect the interests of extremely vulnerable service users and ensure people can be given the care they need and avoid unnecessary bureaucracy.

- **Mental Capacity Act (October 2007)**

The Mental Capacity Act 2007 came into force in October 2007. It amends the earlier Mental Health Act 1983 as well as the Mental Capacity Act 2005.

The Act provides a much clearer legal framework for people who lack capacity and those caring for them by setting out key principles, procedures and safeguards.

A person's capacity to make a decision will be established at the time that a decision needs to be made. A lack of capacity could be because of a severe learning disability, dementia, mental health problems, a brain injury, a stroke or unconsciousness due to an anaesthetic or a sudden accident.

The Act also makes it a criminal offence to neglect or ill-treat a person who lacks capacity.



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• **Mental Health Act (July 2007)**

The Mental Health Act 2007 amends the earlier Mental Health Act 1983 as well as the Mental Capacity Act 2005. It also introduced "deprivation of liberty safeguards" through amending the Mental Capacity Act 2005 (MCA); and to extend the rights of victims by amending the Domestic Violence, Crime and Victims Act 2004.

The Mental Health Act (MHA) is designed to protect the rights of people in England and Wales who are assessed as having a 'mental disorder'. The act uses this term to describe a range of mental health conditions, including dementia.

• **The Future of Mental Health: a vision for 2015 (January 2006)**

The Local Government Association, the NHS Confederation, the Sainsbury Centre for Mental Health (SCMH) and the Association of Directors of Social Services produced a vision of what mental health will be like in 2015. This includes:

- By 2015 mental wellbeing will be a concern of all public services.
- There will still be people who live with debilitating mental health conditions, but the focus of public services will be on mental wellbeing rather than mental ill health.
- The balance of power will no longer be so much with the system, but instead there will be more of an equal partnership between services and the individuals who have used or even choose them.

• **Health care for London (2007)**

This is a framework for strategic planning on a London wide basis. Recently a work stream on mental health care has begun to look at the following areas:

Proposed Pathways:

- Complex Needs/ Co-occurring disorders
- Dementia
- Medically Unexplained Symptoms
- The psychological impact of physical illness & surgery

Focus of outcomes:

- Prevention/ promoting health
- Identification
- Assessment
- Evidence based interventions, access, quality, safety
- Recovery & social inclusion

This agenda is consistent and compatible with the local borough based direction and we will ensure that the relevant planning opportunities are maximised.

• **Our Care, Our Say: A New Direction for Community Services (DH, January 2006)**

The White Paper '*Our Health, Our Care, Our Say*,' sets out the Government's vision for more effective community health and social care services. It promotes a shift from treatment to prevention and from care provided in acute hospitals to care provided in community settings (including general practice), and indicates that there will be specific targets to shift resources in these directions. It confirms the vision set

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out in the Green Paper *Independence, Well-being and Choice* that people should have more control over their lives.

- **Commissioning framework for health and well-being (DH, March 2007)**

This recently published draft framework identifies eight steps to more effective commissioning from 2008/2009:

- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence between work, health and well-being
- Developing incentives for commissioning for health and well-being
- Making it happen – local accountability
- Making it happen – capability and leadership

- **Section 75 of the National Health Service Act (2006)**

This act sets out the legal framework and lead arrangements for integration of health and social care services. In England, Section 31 of the Health Act 1999 has been replaced by Section 75 of the National Health Service Act 2006. The new provision is in exactly the same terms, and existing Section 31 arrangements will continue as if made under the new powers.

- **National Service Framework for Mental Health – Five years On (DH, December 2004)**

This document looks at the first five years of the National Service Framework for Mental Health and sets out the framework and national deliverables for 2005-2010. 'Five Years On' shifts the focus from the needs of those with a severe and enduring mental illness to the promotion of mental health for the whole community; to primary care provision; to the provision of psychological therapies; to meeting the needs of carers and of those with a dual diagnosis.

- **Mental Health and Social Inclusion (ODPM/ SEU, 2004)**

This report focused on two key questions; firstly what more can be done to enable adults with mental health problems to enter and retain work and how can adults with mental health problems secure the same opportunities for social participation and access to services as the general population. It contains a 27-point Government action plan.

- **Choosing Health – Making Health Choices Easier (DH, 2005)**

This White Paper recognises the link between people's mental health and good physical health. Improving mental health is a priority area for action in the development of effective prevention services.

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- **Delivering Race Equality in Mental Health Care – An Action Plan for Reform Inside and Outside of Services (DH, January 2005)**

This document sets out a five year action plan for reducing inequalities in Black and minority ethnic patients' access to, experience of and outcomes from mental health services; and the Governments' response into the recommendations made by the inquiry into the death of David Bennett.

- **High Impact Changes for Mental Health Services (CSIP, June 2006)**

This paper highlights ten areas of service improvement in mental health that have the greatest positive impact on service user and carer experience, service delivery, outcomes, staff and organisations. They can be used to guide any service improvement activity through 2006 and beyond.

- **The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (July 2009 (revised) )**

The first national framework was published in 2007 and was reviewed in 2008. This is the revised guidance as a result of this review. It sets out the principles and processes of the National Framework for NHS continuing healthcare and NHS-funded nursing care. It focuses on eligibility for NHS continuing healthcare, the principles of care planning and dispute resolution relevant to that process.

## **Local context:**

- **NHS Haringey - Developing World Class Primary Care Strategy (May 2008)**

NHS Haringey developed a strategy to address the issues of quality, accessibility, equity and integration of services in primary care. This proposed to provide networked GP services, community health services, diagnostic testing and healthy living support services. There are implications and opportunities for the delivery of mental health services within this strategy.

- **Barnet Enfield and Haringey Clinical Strategy (2007)**

This strategy proposes options for a major re-organisation of emergency care, unplanned and elective care across the acute hospital system within the three boroughs. Whilst largely about district general hospital care, there are potential implications for the commissioning of emergency/liaison mental health services in both A&E and within general hospital inpatient care.

- **Local Area Agreement (2008 – 2011)**

One of the key drivers to help focus, measure and improve performance is Haringey's Local Area Agreement (LAA) was signed off by ministers in July 2008. It is a three year agreement between the Council, its statutory and voluntary sector partners and central government; which runs from 2008 – 2011. The LAA describes the Haringey 'Story of Place'; key challenges facing the borough and the outcomes and targets to be achieved over the three year period. It is essentially the medium term delivery vehicle for the borough's sustainable community strategy.

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• **Haringey's Well-being Strategic Framework (HSP, 2007 – 2010)**

The Well-being Strategic Framework (WBSF) identifies the strategic priorities for improving well-being locally. It incorporates priorities from existing plans and strategies to bring together the diverse initiatives taking place to improve well-being in the borough. The aim of the Framework is: To promote a healthier Haringey by improving well-being and tackling inequalities.

The WBSF is to be reviewed in 2010 in light of changing priorities and to link in with more recent agendas.

• **Community Engagement Framework (HSP, 2009)**

Community Engagement Framework was agreed by the Haringey Strategic Partnership (HSP) in April 2009. This Framework outlines key principles to be used when organisations carry out community engagement activities in Haringey and aims to enable the HSP 'to engage with local communities and empower them to shape policies, strategies and services that affect their lives'. The principles as laid out in the framework are:

- Work in partnership to join up our engagement activities
- Engage when it will make a difference
- Be clear about what we are asking
- Be inclusive and aim to engage with all communities
- Communicate the results of our engagement activities
- Build capacity of communities to take part in engagement activities

• **Strategic Commissioning Programme (2010 – 2014)**

Haringey Strategic Commissioning Programme will review our approach to commissioning including Mental Health Services. The Programme will help address and understand different commissioning challenges; will build on existing commissioning processes and expertise; and aims to ensure residents receive excellent, value for money services.

**Other relevant strategies and related documents:**

- Carers Strategy 2009-2014 (see section 10)
  - Haringey Multi-agency Safeguarding Adults Policy and Procedure 2008
  - Life Expectancy Action Plan 2007-10
  - Barnet Enfield and Haringey Suicide Prevention strategy 2007 -10
  - BEH MHT Mental Health Carers Strategy
  - Sport and Physical Activity Strategy 2006-10
  - Supporting People Strategy 2005-2010
  - Welfare to Work for the Disabled Strategy 2005-15
  - Worklessness Statement (2007)
-



**Meeting:** Well Being Strategic Partnership

**Date:** 25 February 2010

**Report Title:** Haringey 2012 Olympic and Paralympics Legacy Plan

**Report of:** Marc Dorfman, Assistant Director Planning and Regeneration

**Purpose**

To outline the Haringey 2012 Olympic and Paralympic Legacy Plan to members of the Board.

**Summary**

The report outlines the main points of the Haringey 2012 Olympic and Paralympic Legacy Plan. The following three appendices attached:

1. 2012 A Legacy for Haringey
2. 2012 Funding Prospectus
3. Haringey 2012 Action Plan Priorities

**Legal/Financial Implications**

None.

**Recommendations**

That the Board note the report.

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## **Background**

### **Introduction**

The Haringey 2012 Legacy Plan was produced in December 2009 after consultation with officers on the 2012 Olympic Steering Group and the lead member for the 2012 Olympic and Paralympic Games. Officers within the Business and Enterprise Team within Economic Regeneration led on producing the plan.

A copy of the plan "2012 A legacy for Haringey" is attached at appendix 1.

### **Haringey's 2012 Objectives**

The overarching objective of the Haringey 2012 Legacy plan is

"To maximise the benefits that the 2012 Games will bring to London to achieve a lasting legacy for the People, Places and Prosperity of Haringey"

There are three key objectives in the Haringey Olympic plan. These focus on bringing added value to services provided by Council departments and key partner organisations to ensure that opportunities created through the 2012 Games have a positive impact in Haringey.

#### **People**

We will unlock the potential of Haringey residents through increasing their skill levels so that they can contribute to and benefit from the opportunities that the 2012 Games will bring to London.

#### **Places**

We will take advantage of our proximity to Olympic Sites to transform Haringey into a place in which people want to live and invest by using major sites and key locations to create positive change.

#### **Prosperity**

We will maximise business opportunities created through the 2012 Games to develop a business economy that offers opportunities for sustainable employment and enterprise and to make Haringey a place people want to work, visit and invest in.

### **Strategic Framework**

The key objectives of Haringey's 2012 Action Plan are closely aligned to the priorities of The Haringey Strategic Partnership, The Boroughs Regeneration Strategy and The Haringey Compact.

## Haringey Strategic Partnership

Haringey Council joined with local public agencies, community groups and businesses to create the Haringey Strategic Partnership (HSP) in April 2002. The HSP aims to improve public services and address the key issues in the borough through partnership working. The shared vision for the future of Haringey and the HSP's priorities are set out in the new Sustainable Community Strategy 2007-2016.

The vision for the borough to 2016 is:

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

The main priority of the new Sustainable Community Strategy is to place ***People at the heart of change.***

The 2012 Action Plan will support the following priorities of the Sustainable Community Strategy to ensure that Haringey will;

- Have an environmentally sustainable future
- Have economic vitality and prosperity shared by all
- Have healthier people with a better quality of life

## Regeneration Strategy

The Regeneration Strategy has been developed to address the objectives of the Sustainable Community Strategy.

The strategy's vision is to put People, Places and Prosperity at the heart of regeneration in Haringey, and this focus will have a positive impact on all major developments in the borough.

The 2012 Action Plan closely supports the key priorities of the Regeneration Strategy.

The key priorities are;

- To unlock the potential of Haringey residents through increasing skill levels and raising employment so that they can contribute to and benefit from being part of one of the most successful cities in the world.
- To transform Haringey into a place in which more people want to live and invest by using the opportunity of major sites and key locations to create positive change.
- To develop a 21st century business economy that offers opportunities for sustainable employment and enterprise, to help make Haringey a place people want to work, visit and invest in.

## Haringey Compact

Haringey's Compact, “Working BETTER Together” was officially launched in June 2006 and identifies the following principles to improve partnership working:

- Improve volunteering
- Valuing the role of BME, Voluntary and Community Groups

- Recognising the role of young people
- Good practice in funding and procurement
- Good practice in communications and consultation
- Promoting partnerships

Voluntary and Community sector organisations will be supported to be involved in 2012 initiatives through consultation and through funding to deliver projects and events through the Haringey 2012 Fund.

### **Haringey 2012 Fund**

£180,000 of internal funding is available to support 2012 Games related activity in the borough. These funds will be used to enable our residents and young people to reap the many opportunities that the Games will create and to ensure that there is an Olympic Legacy for Haringey. Funding will be available to support existing initiatives and to set up new projects that fulfil these objectives and to enable voluntary and community organisations to deliver events that stimulate enthusiasm for the Games.

### **Priorities**

All projects will aim to raise awareness of opportunities that will be created by the 2012 Games to residents and young people.

All projects will focus on at least one of the seven priorities listed below.

- Encouraging sports participation and healthy lifestyles
- Promoting Citizenship and community activity
- Supporting the themes of the Cultural Olympiad
- Providing learning opportunities for our residents and young people
- Promoting tourism in Haringey
- Supporting the development of elite athletes

### **Timetable**

Projects will be delivered between March 2010 and July 2012.

The first funding round closed on February 1<sup>st</sup> and the funding panel will meet on February 17<sup>th</sup> to decide which projects will be funded until March 2011.

A copy of the 2012 Funding Prospectus is attached at appendix 2.

### **Use of Appendices**

Three appendices are attached that expand on the main objectives of the Haringey 2012 Olympic and Paralympic Legacy Plan

**Appendix 1 2012 A legacy for Haringey**

**Appendix 2 2012 Funding Prospectus**

**Appendix 3 Haringey 2012 Action Plan Priorities**





people

places

prosperity

**2012**  
**A legacy for**  
**Haringey**

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



**Haringey** Council



## Leader's Foreword

In summer 2012, London will be alive with colour, drama and spectacle as 1.2 million visitors from across the planet gather to watch 15,000 athletes from more than 200 countries competing for the greatest sporting prizes of all at the Olympic and Paralympic Games.

The Games will create a lasting legacy of social, physical and economic regeneration for London. Here in Haringey we will strive to share in that legacy, and secure the greatest benefits for our communities.

This guide outlines our plans and provides information on how you can get involved – whether through playing more sport, training to be a volunteer or gaining new skills and qualifications to help you access Olympic job opportunities.

The council has a fund you can access if you want to organise an event to celebrate the Games coming to London. And if you're a business leader, we have details of how you can get involved in winning Olympic contracts.



**Cllr Claire Kober**  
Leader, Haringey Council

The games will act as a catalyst for major change in London and we will use them to create a lasting legacy for the people, places and prosperity of Haringey.

## Member's Foreword

The 2012 Games are fantastic for London and I aim to ensure that they will be fantastic for Haringey as well.

There are great opportunities for our residents, young people and businesses to get involved. With the Games less than three years away the council will deliver a wide range of initiatives and events so that you can play more sport, gain vocational skills and qualifications, volunteer, win Olympic contracts and share and celebrate the cultural diversity that makes Haringey such a wonderful place to live, visit and work in.

In 2012 the eyes of the world will be on London and I hope that this guide will inspire you to take part. By doing so you will help us to create a lasting legacy for the people, places and prosperity of Haringey.

**Cllr Brian Haley**  
Cabinet Member for Environment and Conservation and the 2012 Olympic and Paralympic Games





## People

**We will unlock the potential of Haringey residents through increasing their skill levels so that they can contribute to - and benefit from - the opportunities that the Olympic and Paralympic Games will bring to London.**

### **Employment and Skills**

The Haringey Guarantee is our employment, skills and training programme and is part of The North London Pledge delivered in partnership with our neighbours at Waltham Forest and Enfield councils. In Haringey, the scheme has helped more than 250 people into work over the past three years.

Our partnerships offer us access to vacancies at the Olympic Park and Stratford City. By signing up to the Guarantee you will be the first to know about those vacancies and will be able to gain new skills and qualifications and expert support to help you into work. More Information on the Haringey Guarantee is available from the council's Employment and Skills Team on **020 8489 2691**.

### **Volunteering**

The Personal Best programme offers you the chance to volunteer at the Olympics and Paralympics in 2012. It is a unique opportunity to develop skills and knowledge and increase your scope for work and training. It offers guidance and support together with an accredited qualification to raise your aspirations and build your confidence.

If you are 18 or over and unemployed or economically inactive with no previous level 2 qualifications you can join the programme, run by our partner organisation KIS Training. More information from KIS Training on **020 8275 4230** or visit [www.kistraining.co.uk/personalbest.htm](http://www.kistraining.co.uk/personalbest.htm)

### **Sporting Excellence**

The Olympic and Paralympic Games provides us with the perfect opportunity to celebrate and support sporting performance and achievements in Haringey. The Celebrating Sport Awards recognises and rewards achievement in, and commitment to, sport and physical activity, and provides a platform to simply say 'thank you' to people who contribute towards the health and cultural well-being of local people.

Haringey Council's Sports Scholarship Programme, aimed at producing Olympic stars of the future, **offers up to £1,500** of funding, along with coaching advice and pastoral support to the most talented young athletes in the borough.

It aims to ensure that at least two of the scholars compete in the 2012 London Olympics and Paralympics, and at least half of them represent their country in their chosen sport.

For more information call the council's Sport Development Team on **020 8489 5712**.

**Up to  
£1,500 of  
funding**







## Places

**We will take advantage of our proximity to Olympic sites to build on Haringey's reputation as a place where people want to live, work, play and invest. We will use major sites and key locations to maximise Haringey's involvement in the Games and to bring about positive change.**

### **White Hart Lane Community Sports Centre**

White Hart Lane Community Sport Centre (WHLCS) is a 40-acre multi sports hub off White Hart Lane and currently hosts a number of local clubs and agencies across a variety of sports including football, rugby (league/Union), tennis, weightlifting and athletics.

The centre has been identified as a tennis hotspot by the Lawn Tennis Association who wish to work with Haringey to further develop Tennis at WHLCS over the next few years. Haringey are currently exploring options for future development of the centre and other sports, in order to become an established multi sports hub both locally and regionally.

The centre has a long established history for producing a number of international and Olympic athletes – even hosting Lord Sebastian Coe, current Chairman of the London Organising Committee of the Olympic Games (LOCOG) who was a member of Haringey Athletics Club in the mid 80s.

Haringey is currently in discussions with London Organising Committee of the Olympic Games (LOCOG) and the Olympic Delivery Authority (ODA) about White Hart Lane Community Sports Centre becoming an “In Games Training Venue”.

If successful, this will provide for a variety of nations to utilise the facilities in the lead up and during the games in 2012, while also allowing the council to secure investment to bring athletics facilities up to the very best standards.

### **Tottenham Hale**

Tottenham Hale is just ten minutes from the Olympic Park by rail and improved transport links between Tottenham with Stratford will allow residents to access volunteering and employment opportunities at the Olympic Park, Stratford City and Stansted.

The council is working with Transport for London on two multi-million pound projects to rejuvenate Tottenham Hale, with proposals to return the gyratory system to two way traffic flow and develop the Ashley Road area with new homes and businesses and improved community facilities and transport links.





## Prosperity

**We will maximise business opportunities created through the Games to develop a 21st century economy that offers opportunities for sustainable employment and enterprise to make Haringey a place people want to work, visit and invest in.**

### **Business Opportunities**

Haringey has a fantastic entrepreneurial spirit – 18 per cent of our residents are self employed and our economy is bolstered by many small businesses. Tottenham Hale's proximity to the Olympic Park and developments in the area will offer innovative and exciting commercial space, making Haringey the ideal place to do business.

We are already delivering a full programme of support, training and advice to equip our business community with the skills to compete for and win Olympic contracts.

We also work closely with the London 2012 Business Network to provide information to businesses to enable them to access Olympic Procurement opportunities through the CompeteFor website and will be running a series of procurement focused networking events in the lead up to 2012.

For more information, contact the council's Business and Enterprise Team on **020 8489 6912**.

### **Haringey's Olympic History**

Enfield and Haringey Athletics Club - formed in 1999 from the merger of Haringey Athletics Club and Enfield Harriers - is one of the most famous organisations in British athletics. Many outstanding Olympians have represented Haringey over the years, at both national and international level, the first being shot putter John Giles at the 1948 London Games.

Olympic chairman Lord Seb Coe, who won the 1,500m gold at the Lost Angeles Games in 1984 trained in Haringey, while sportsman John Herbert - who performed in the triple jump in '84 and '88 before switching to the bobsleigh where he finished eighth at the four man event at the 1994 winter Olympics – also hailed from Haringey.

### **Haringey's Olympic Hall of Fame**

- Gary Oakes: Bronze Medal Winner, 400 metre Hurdles, 1980
- John Wrighton: 400 metre and 400 metre Relay, 1960
- Stan Cox: 10,000 metre, 1948; and Marathon, 1952
- John Giles: Shot Put, 1948
- Tony Jarrett: 110 metre Hurdles, 1988 and 1992
- Dalton Grant: High Jump, 1988
- Seb Coe: Gold Medal Winner, 1,500 metre Los Angeles, 1984
- Heather Oakes: (Hunte) 2x Bronze Medal Winner, 100 metre Relay, 1980 and 1984
- Mike MacFarlane: Silver Medal Winner, 100 metre Relay, 1988
- John Herbert: Triple Jump, 1984 and 1988







## Haringey's 2012 Fund

## Children and Young People

Small grants will be available over the next three years to support Olympic and Paralympic Games related activity in the borough. These funds will be used to enable our residents, young people and businesses to tap into the many opportunities that the Games will create, and to ensure that there is an Olympic legacy for Haringey.

Funding will be available to support existing initiatives, set up new projects, and enable voluntary and community organisations to deliver events that stimulate enthusiasm for the Games.

For more information, contact the council's Business and Enterprise Team on **020 8489 6912** or look for out for updates at **[www.haringey.gov.uk/olympics](http://www.haringey.gov.uk/olympics)**



Our Extended Schools Programme will provide a wide range of Olympic-themed events and activities to help raise standards of achievement for children, their families and the wider community.

The Haringey Heartbeat Festival in summer 2009 saw children and young people from across the borough come together to learn about, understand and celebrate each other's cultural heritage.



As we move closer to 2012, there will be more such events to unite our schools and communities and promote the Olympic values of Friendship, Courage, Determination, Excellence, Equality, Respect and Inspiration.





## Great things to do in Haringey

1.2 million people are expected to visit London for the 2012 Games, and to flock to some of the capital's most famous attractions.

But with so much on offer here in Haringey, why wait until then to become a tourist?

There's plenty to do and see in Haringey - with cutting edge music and theatre, award winning parks, Premiership football, rolling marshes, an international film festival, idyllic riverside walks, innovative and inexpensive independent retailers and delicious restaurants where you can sample dishes from all over the world. And it's easy to explore it all by foot or on public transport.

At Tottenham Hale (1) you are just minutes away from the River Lea.

Take a stroll along the river and the beautiful, unspoilt Tottenham Marshes (2) where wildlife abounds. Once you've built up an appetite, enjoy a hearty riverside meal at the 18th century Ferry Boat Inn or the Lock Restaurant, which featured in the 2007 Michelin guide.

At Seven Sisters (3) you can check out the best in the local and international arts scene at the recently opened Bernie Grant arts centre (4).

Take a stroll down Tottenham High Road to White Hart Lane (5) to watch Tottenham Hotspur in action, and stop off for a coffee and something to read at the Evi Bookhouse (6). Evi won the Best Retailer award at the Haringey Business Awards and offers a wide range of Turkish, Kurdish and English Language books, CDs and DVDs alongside a wide variety of educational and community events.

If you don't fancy the football, it's just a few minutes walk to Bruce Castle Museum (7) a 16th century manor house sitting in eight hectares of parkland where you can admire the magnificent ancient oak tree that dominates the park's northern side.

For shopping and entertainment, head for Wood Green and the famous Mall Shopping City (8). You can also enjoy a movie at one of the two cinemas where every March the Wood Green International Short Film Festival showcases the best new films from around the world.

If the high street is too busy, catch a bus to the more sedate Crouch End (9) for some of the best independent shops in London. From there it is just a short stroll to one of Haringey's hidden gems, Stationers Park (10) where the floral displays are renowned for their colours and vibrancy all year round.







There are eight Green Flag award-winning parks in Haringey, no borough has more. Finsbury Park (11), has recently been transformed after undergoing a £5million restoration and improvement programme with new tennis courts, play areas and a cafe.

Indeed, Haringey is aiming to be one of London's greenest boroughs with the £20million worth of environmental improvements and investment in the past four years.

From Finsbury Park you can walk along Green Lanes (12) where you'll find a wide array of Greek, Turkish and international restaurants and grocers where you can sample delicious kebabs, cooked in the traditional way on the ocakbasi grill.

There are stunning views of London from Alexandra Palace (13), and the iconic building will represent Haringey on an Olympic pin badge which will be available in 2010.

And there is much more - Jackson's Lane Arts Centre (14), the wonderful Caribbean bakers, Highgate Wood (15) and the restaurants and boutiques in Muswell Hill (16) all make Haringey an exciting, vibrant and unusual place for a day out.

#### **Alexandra Palace**

[www.alexandrapalace.com](http://www.alexandrapalace.com)

#### **Bernie Grant Arts Centre**

[www.berniegrantcentre.co.uk](http://www.berniegrantcentre.co.uk)

#### **Better Haringey**

[www.haringey.gov.uk/better\\_haringey](http://www.haringey.gov.uk/better_haringey)

#### **Bruce Castle Museum**

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

#### **Crouch End**

[www.thecrouchendproject.co.uk](http://www.thecrouchendproject.co.uk)

#### **Green Lanes**

[www.harringay4shops.com](http://www.harringay4shops.com)

#### **Jackson's Lane Arts Centre**

[www.jacksonslane.org.uk](http://www.jacksonslane.org.uk)

#### **The Lock Restaurant**

[www.thelock-diningbar.com](http://www.thelock-diningbar.com)

#### **Parks in Haringey**

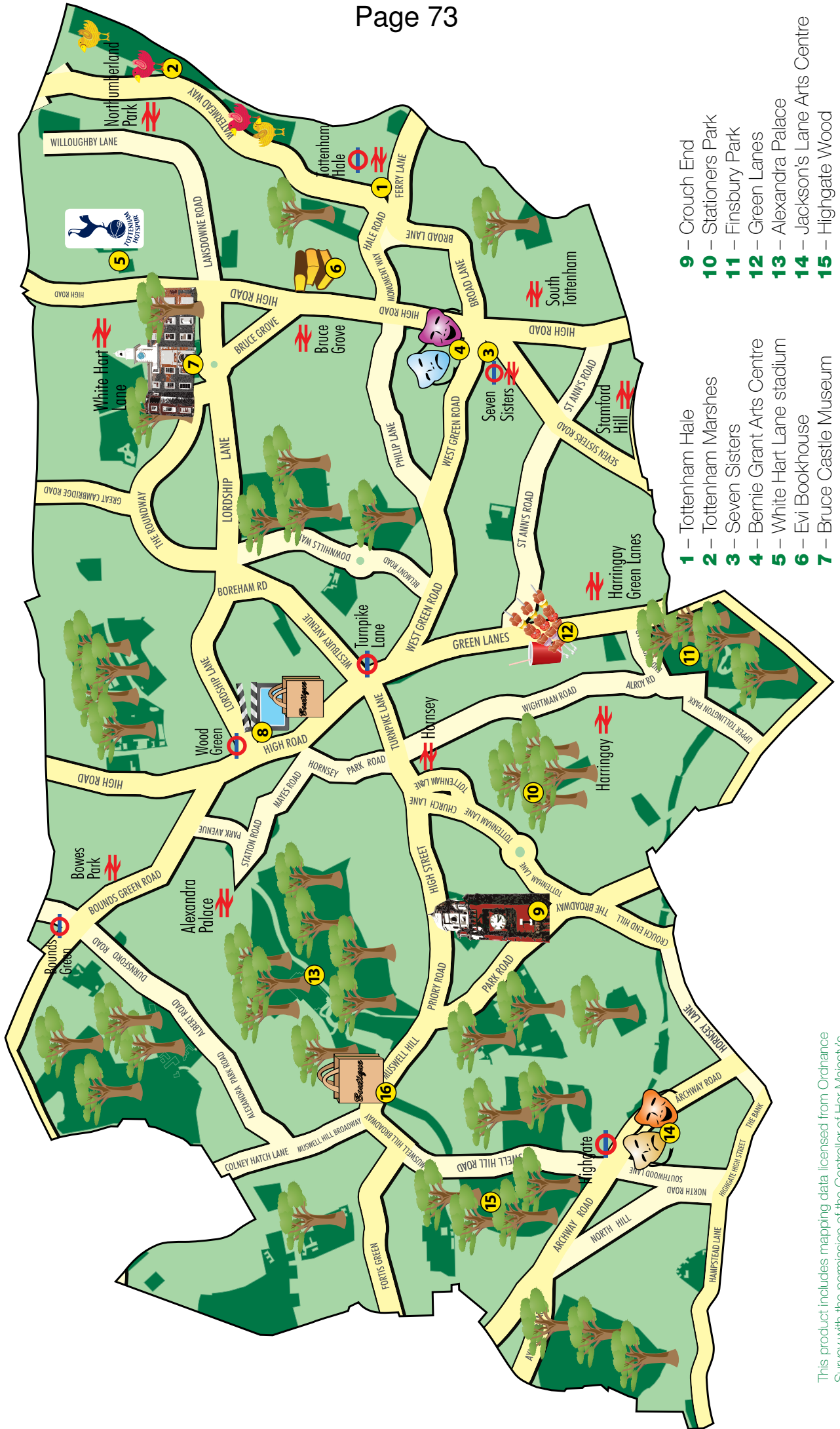
[www.haringey.gov.uk/greenspaces](http://www.haringey.gov.uk/greenspaces)

#### **Wood Green International Short Film Festival**

[www.woodgreenfilmfestival.co.uk](http://www.woodgreenfilmfestival.co.uk)







- 1** – Tottenham Hale
- 2** – Tottenham Marshes
- 3** – Seven Sisters
- 4** – Bernie Grant Arts Centre
- 5** – White Hart Lane stadium
- 6** – Evi Bookhouse
- 7** – Bruce Castle Museum
- 8** – Mall Shopping City and Film Festival
- 9** – Crouch End
- 10** – Stanners Park
- 11** – Finsbury Park
- 12** – Green Lanes
- 13** – Alexandra Palace
- 14** – Jackson's Lane Arts Centre
- 15** – Highgate Wood
- 16** – Muswell Hill

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## The Cultural Olympiad

The 2012 Games are not just about sport. There will be a host of shows and festivals across London in celebration of the city's cultural diversity and there will be plenty going on in Haringey.

There are plenty of opportunities in dance, music, film, theatre and the arts and we will use the Cultural Olympiad to provide the impetus for events which will stimulate local interest in the Games and raise awareness of the opportunities that are available to our residents and young people.

Our programme of events and activities will provide access and involvement to members of our communities who are unable to attend the Games or events in Central London and our Arts and Education programmes will draw on Olympic themes to raise cultural awareness and provide opportunities for communities to share cultural experience.



This booklet tells you about how you or your business/organisation can benefit from the Olympics in 2012. To order a copy in your own language, please tick the box, fill in the form and return to the FREEPOST address below.

Albanian 

Kjo fletushkë ju tregon mbi organizatat/bizneset tona që mund të përfitojnë nga Olimpiada në vitin 2012. Për një kopje në gjuhën tuaj, ju lutem shënjoni  kutinë, plotësoni formularin dhe dërgojeni tek adresa e mëposhtme me POSTIM FALAS.

French 

Ce livret explique comment votre entreprise/organisation peut bénéficier des Jeux Olympiques en 2012. Pour en recevoir un exemplaire dans votre langue, veuillez cocher la case, compléter le formulaire et le renvoyer à l'adresse en PORT PAYÉ ci-dessous.

Kurdish 

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Polish 

Niniejsza publikacja informuje o tym, jakie korzyści Olimpiada 2012 może przynieść tobie, twojemu przedsiębiorstwu lub organizacji. Aby otrzymać kopię publikacji w języku polskim należy zaznaczyć odpowiednią rubrykę, wypełnić formularz i odesłać go BEZPŁATNIE na podany poniżej adres.

Somali 

Buugyarahani wuxuu kuu sheegayaa sida aad adiga ama ganacsigaaga/sharikaddaadu uga faa'iidi kartaan ciyaaraha olombiga ee 2012. si aad u hesho koobbi ku qoran luqaddaada, fadlan calaamadi sanduuqa, buuxi foomka oo oo ku soo celi cinwaanka boostiisu LACAG LA'AANTA YAHAY ee hoose.

Turkish 

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2012 A legacy for Haringey 12/2009



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people

places

prosperity

up to  
£10,000  
available

**2012  
Funding  
Prospectus**

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



**Haringey** Council



## Introduction

The London 2012 Olympic and Paralympic Games is set to be the biggest and most exciting sporting event the world has ever seen. Two million visitors will create a fantastic atmosphere as the world's greatest athletes compete to decide who are the Olympic Champions.

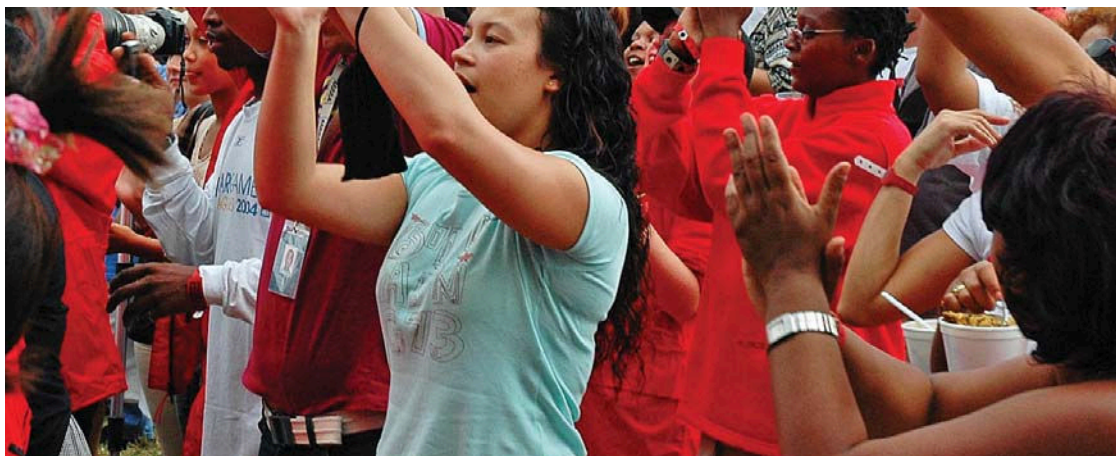
There will be colour, there will be drama, and the eyes of the world will be on London. And it's all going on right on our doorstep.

Here in Haringey we will ensure that we are part of 2012. We are already delivering initiatives to ensure that our residents, young people and businesses are equipped with the skills to take full advantage of the many opportunities that the Games will create.

As part of our Olympic Legacy Plan, the Haringey 2012 Fund has been created to involve our communities in celebrating the Olympics coming to London.

Funding is available for educational, sporting and cultural projects and one off events including open days, fairs and workshops that will create an Olympic Legacy for Haringey.

Full details on how to apply are outlined in this prospectus. We look forward to receiving your proposal.



## Funding Allocation & Application Criteria

### Funding Allocation

Grants of between £2,000 and £10,000 are available. Your application should include a full breakdown of all costs. However we will consider requests for higher levels of grant if a project fulfils all criteria and demonstrates an outstanding service to beneficiaries.

### Application Criteria

Applications are welcome from public, private and third sector organisations, charities, community and voluntary organisations and schools and colleges.

Applications can be made by individual organisations or from strategic partnerships that can demonstrate a clear synergy with the themes and priorities outlined in this prospectus.

All proposals should be borough-based, endeavour to be innovative and work in partnership with all other appropriate initiatives that are funded through this programme.

Applicants should be able to demonstrate that they have the skills, knowledge and experience necessary to deliver in Haringey, and that they have a track record of delivering services in the borough.

All projects should be delivered by 30th June 2010.

**Funding of  
£2,000 to  
£10,000  
available**



## Themes and Priorities

### **The Olympic and Paralympics Legacy Plan**

Haringey Council has produced an Olympic and Paralympics Legacy Plan entitled '2012. A legacy for Haringey'. The overarching objective of the Plan is to:

Maximise the benefits that the Games will bring to London to achieve a lasting legacy for the People, Places and Prosperity of Haringey.

We will achieve this by:

- Focusing on developing the potential of our residents and young people to equip them with the skills to access employment, volunteering and sporting opportunities.
- Focusing on our proximity to the Olympic Park to transform Haringey by using major sites and key locations as a catalyst to create positive change.
- Maximising business opportunities created through the Games to develop an economy that offers opportunities for sustainable employment, enterprise and investment.

**Your proposal should clearly demonstrate how your project will contribute to enabling us to achieve at least one objective of the plan**





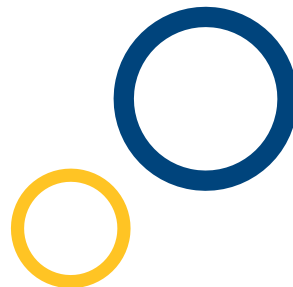
### Opportunities

All projects should aim to raise awareness of opportunities that will be created by the 2012 Games to residents and young people.

**The projects should focus on at least one of the six priorities listed below:**

- Encouraging sports participation and healthy lifestyles
- Promoting citizenship and community activity
- Providing learning opportunities for our residents and young people
- Supporting the themes of the Cultural Olympiad
- Promoting tourism in Haringey
- Supporting the development of elite athletes

**Focus on  
at least one  
of the six  
priorities**





The Olympic and Paralympic Games are about much more than sporting excellence. Underpinning the Games is the philosophy of Pierre de Coubertin, the founder of the Modern Olympic Movement.

He saw in the Games an ideal opportunity to develop a set of universal principles, or Values, that could be applied to education and to society as a whole, as well as to sport itself. These values are:

**Respect:** fair play; knowing one's own limits; and taking care of one's health and the environment

**Excellence:** how to give the best of oneself, on the field of play or in life; taking part; and progressing according to one's own objectives

**Friendship:** how, through sport, we can understand each other despite any differences

The Paralympic Values are based on the history of the Paralympic Games and the tradition of fair play and honourable sports competition.

They are: Courage, Determination, Inspiration, Equality

**Your project should incorporate the principles of at least one of the seven Olympic and Paralympic Values and you should demonstrate how beneficiaries will be encouraged to reflect on and use the values as part of the project.**



**The deadline for applications is 4pm on Monday 1 February 2010.**

Two hard copies of your application should be sent to:

**Nicholas Schlittner  
Haringey Council  
Room 2.06  
2nd Floor  
639 High Road  
Tottenham  
N17 8BD**

You will be notified on the outcome of your application by **Friday 12 February 2010.**

Project delivery will commence from **February 2010** and must be completed by **30 June 2010.**

For further information on the application process please contact **Nicholas Schlittner on 020 8489 6912**



This booklet tells you about how you or your business/organisation can benefit from the Olympics in 2012. To order a copy in your own language, please tick the box, fill in the form and return to the FREEPOST address below.

Albanian

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Polish

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Somali

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Turkish

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## APPENDIX 3

## Haringey 2012 Action Plan Priorities January 2010

### PEOPLE

Priority	Action	Timetable
<p><b>Employment and Skills</b></p> <ul style="list-style-type: none"> <li>• Promote London 2012 Job Opportunities</li> <li>• Provide residents with skills to access 2012 opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Skills training, job search and promotion of opportunities is delivered through the Haringey Guarantee. It is part of the North London Pledge delivered in partnership with Enfield and Waltham Forest which will create sustainable employment opportunities for 100 Haringey residents till March 2011.</li> <li>• Relationships have been developed with Relay London and used to lever support for Haringey residents through the City Pathfinder Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Now until Summer 2011.</li> <li>• Employment and skills team will apply for further funding</li> <li>• Meeting set with Skillset in January 2010 to develop media training programme for young people</li> </ul>
<p><b>Volunteering</b></p> <ul style="list-style-type: none"> <li>• Promote Personal Best</li> <li>• Create volunteering opportunities</li> <li>• Recognising voluntary sector contribution</li> <li>• Promote Citizenship and community activity.</li> </ul>	<ul style="list-style-type: none"> <li>• The Personal Best programme is being led by KIS Training will create volunteering and work experience opportunities for over 350 residents over the next it will be closely linked to the Haringey Guarantee to enable volunteers to find work.</li> <li>• Funding opportunities available through Haringey 2012 Fund</li> <li>• The Borough's Sports Awards recognise, celebrate and promote the role and contribution of the voluntary sector sports community.</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Best funded to 2012</li> <li>• Ongoing signposting</li> <li>• Sports Awards is an annual event delivered each November</li> </ul>
<p><b>Sporting Excellence</b></p> <ul style="list-style-type: none"> <li>• Support elite athletes to compete at national level.</li> </ul>	<ul style="list-style-type: none"> <li>• The Haringey Council's Sports Scholarship Programme aimed at producing Olympic stars of the future, offers up to £1,500 of funding, along with coaching advice and pastoral support to the</li> </ul>	<ul style="list-style-type: none"> <li>• Annual programme</li> </ul>

	<p>most talented young athletes in the borough. It aims to ensure that at least two of the scholars compete in the 2012 London Olympics and Paralympics, and at least half of them represent their country in their chosen sport.</p> <ul style="list-style-type: none"> <li>• Funding opportunities available through Haringey 2012 Fund</li> </ul>	
<p><b>Culture and Arts</b></p> <ul style="list-style-type: none"> <li>• Use the Cultural Olympiad to provide the impetus for events to stimulate local interest in the Games and raise awareness of the opportunities that are available to our residents and young people.</li> <li>• Promote Citizenship and community activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Events and activities will provide access and involvement to residents and young people who are unable to attend the Games or events in Central London.</li> <li>• Arts and Education programmes will draw on Olympic themes to raise cultural awareness and provide opportunities for communities to share cultural experience.</li> <li>• Funding opportunities available through Haringey 2012 Fund</li> </ul>	<ul style="list-style-type: none"> <li>• Application to be made in the next round of Cultural Skills Fund.</li> <li>• Events will be delivered during Cultural Olympiad Weekends in July 2010, 11 and 2012.</li> </ul>
<p><b>Children and Young People</b></p> <ul style="list-style-type: none"> <li>• Encouraging sports participation and healthy lifestyles</li> <li>• Promoting Citizenship and community activity</li> <li>• Providing learning opportunities for residents and young people</li> </ul>	<ul style="list-style-type: none"> <li>• Extended Schools Programme will provide a wide range of Olympic themed events and activities to help meet the needs of children, their families and the wider community.</li> <li>• Showcase event celebrating all things to do with the Olympics. 'The Haringey Heartbeat festival'. The three week long celebration of community events will show case the work in schools, the music service and other agencies within CYPS.</li> <li>• Funding opportunities available through Haringey 2012 Fund</li> </ul>	<ul style="list-style-type: none"> <li>• Events will be ongoing</li> <li>• Haringey Heartbeat Festival Scheduled for 3 weeks in July 2010, 11 and 2012.</li> </ul>

## PLACES

Priority	Action	Timetable
<p><b>White Hart Lane Community Sports Centre</b></p> <ul style="list-style-type: none"> <li>• Selection as an “in games training facility”</li> <li>• Create a legacy of world class facilities for community use.</li> <li>• Support elite athletes to compete at national level.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council is preparing a redevelopment plan for this 30+ acre site, working with local sports clubs, partners and national governing bodies.</li> <li>• The site is a potential athletics ‘In Games’ training venue and preparatory work is currently underway with LOCOG and ODA. The authority is also working within the FA, LTA and RFL to attract investment to the site.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council is preparing a redevelopment plan for this 30+ acre site, working with local sports clubs, partners and national governing bodies.</li> <li>• Announcement on “in games” status Spring 2010</li> </ul>
<p><b>Tottenham Hale</b></p> <ul style="list-style-type: none"> <li>• Create a new Town Centre with easy access to the Olympic Park.</li> <li>• Transport and infrastructure improvements will be designed to accommodate future growth in the area.</li> </ul>	<ul style="list-style-type: none"> <li>• Major developments at Tottenham Hale including a new residential waterside development will create over 400 new jobs and over 3,000 new homes.</li> <li>• Improved transport links between Tottenham with Stratford will allow residents to access volunteering and employment opportunities at The Olympic Park, Stratford City and Stansted.</li> <li>• Reconfiguration of the gyratory system will return it to two-way working. This will reduce its impact upon local communities and the environment and unlock a number of potential housing sites within the wider area.</li> <li>• It will directly facilitate a significant residential redevelopment on the former island site, and create a new station square with bus garage.</li> <li>• Tottenham Hale will become a gateway into the borough revitalising the area around Seven Sisters and creating easy access to opportunities centred on Tottenham Hotspurs’ stadium development plans on Tottenham High Road.</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure improvements completed in 2012</li> <li>• Council to lobby TFL to ensure improved train services are introduced and continue beyond 2012</li> </ul>
<p><b>Alexandra Palace</b></p>	<ul style="list-style-type: none"> <li>• Currently negotiating to become a temporary live site during</li> </ul>	

<ul style="list-style-type: none"> <li>• Supporting the themes of the Cultural Olympiad</li> <li>• Promote tourism in Haringey</li> <li>• Create a locus for Olympic activity in the borough</li> </ul>	<p>the games</p> <ul style="list-style-type: none"> <li>• Possibility for in games press briefings to be delivered from the centre.</li> <li>• Negotiating to become “party” venue for athletes during games</li> <li>• Image of the venue will be used to represent Haringey in Olympic Badge Competition organised by LOCOG and London Councils</li> <li>• Funding opportunities available through Haringey 2012 Fund</li> </ul>	<ul style="list-style-type: none"> <li>• Decision on in games use to be confirmed in Spring 2010</li> <li>• Badge will be produced in Spring 2010</li> </ul>
<p><b>Tourism</b></p> <ul style="list-style-type: none"> <li>• Promote Haringey as a visitor destination before, during and after the Games</li> </ul>	<ul style="list-style-type: none"> <li>• NLSA planning regional programme to promote Upper Lea Valley as a tourist destination</li> <li>• Homestay scheme for local people to rent out their home or rooms to visitors before during and after the games.</li> <li>• Student residence at Tottenham Hale to be used as visitor accommodation during the Games</li> <li>• Funding opportunities available through Haringey 2012 Fund</li> </ul>	<ul style="list-style-type: none"> <li>• NLSA planning two projects one each in 2010 and 2011</li> <li>• Council to investigate feasibility of Homestay and student residence schemes by March 2010</li> </ul>

**PROSPERITY**



Priority	Action	Timetable
<p><b>Business Opportunities</b></p> <ul style="list-style-type: none"> <li>• Encourage inward investment</li> <li>• Support growth sectors</li> </ul>	<ul style="list-style-type: none"> <li>• We will capitalise on our proximity to the Olympic Park and the new developments in Tottenham to market a changing and dynamic Haringey in order to generate new investment</li> <li>• New developments will allow us to create business space that matches the needs of businesses particularly those in growth sectors.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing work with North London Business will promote business opportunities in the borough.</li> <li>• AGB programme to March 2011 will support businesses in growth sectors.</li> </ul>
<p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>• Support businesses to win 2012 Contracts</li> <li>• Promote CompeteFor procurement initiative</li> </ul>	<ul style="list-style-type: none"> <li>• We will work closely with our businesses to ensure that they are "fit to supply". We will deliver a full programme of business support, training and advice to equip our business community with the skills to compete for Olympic contracts.</li> <li>• We will also work closely with the London 2012 Business Network to provide information to businesses to enable them to access opportunities and to build links with major contractors and become part of the supply chain.</li> </ul>	<ul style="list-style-type: none"> <li>• Two programmes currently being delivered through AGB to support 120 Haringey businesses to compete for contracts. Funded to March 2011.</li> <li>• Ongoing work to promote CompeteFor with networking events planned in Spring 2010 and 2011.</li> <li>• Meet the Buyer event in Haringey May 2011</li> </ul>

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

**Date:** 25 February 2010

**Report Title:** Working for a Healthier Haringey NHS Haringey Strategic Plan 2009-14

**Report of:** Dr Fiona Wright, Associate Director of Public Health

#### **Purpose**

- To summarise key elements of the NHS Haringey Strategic Plan 2009-14 for the Well Being Strategic Partnership Board
- To promote discussion within the partnership of the impact of NHS Haringey's five year strategic plan on health and wellbeing
- To discuss areas for joint working related to this agenda

#### **Summary**

"Working for a healthier Haringey", the NHS Haringey Strategic Plan for 2009-14 sets out the vision to enable everyone to have a long, happy and healthy life in Haringey.

The plan outlines clear goals and initiatives to deliver on this vision, building on the significant progress made to date. Performance will be monitored through 10 health outcomes and other metrics.

The attached summary outlines:

- five goals
- summary of initiatives (new and refreshed from last year) to support these goals
- revised 10 health outcomes (two changed since last year)

A key development in the refresh of this strategic plan is the fifth, new, goal: "Going Local- care closer to home". This includes the development of poly-systems. Care pathways are being re-designed to bring care closer to home and support delivery of the NCL sector and Health Care for London key pathways and improve quality of care. Four neighbourhoods, with GP led commissioning teams, and three neighbourhood health centres, to provide a range of services for the local community and promote health and well being are in development. The development of poly-systems in this year's strategic plan provides a key opportunity for joint working. Examples include care pathway redesign to manage patients out of hospital and in the community, promotion of health and wellbeing and primary prevention within neighbourhood health centres and environmental planning.

Four key goals continue from last year: Safe, healthy starts for children and young people; Good mental health and well-being for all; Prevention and management of long term conditions in adults and Healthy Communities. Key partnership strategies such as the “Well Being Strategic Framework” and the Local Area Agreements are pivotal to the delivery of these goals.

The context for developing this strategic vision outlined in the full plan has been set with partners including the findings and recommendations of JSNA and other needs analyses, the Comprehensive Area Assessment and the Department of Health Inequalities National Support Team visit. The provider landscape and market management can also be influenced jointly. The financial context is outlined in the full plan but is subject to regular updates; a short summary of key messages from the strategic plan is given here.

The strategic plan is ambitious given the significant health inequalities, poor health outcomes in several areas and difficult financial climate. The plan can only be delivered together with the public, patients and partners.

**Legal/Financial Implications**

- Key messages relating to the financial implications are summarised within the report but are subject to regular updates

**Recommendations**

The Well Being Strategic Partnership Board is asked to:

- Discuss and note the key elements of the NHS Haringey Strategic Plan 2009-14 and their impact on health and well being and key areas for joint working relating to management of this agenda
- To note the financial context.

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**Use of Appendices**

Summary of “Working for a Healthier Haringey” Strategic Plan 2009-14

## Summary of “Working for a Healthier Haringey”

### Strategic Plan 2009-14

#### 1. Introduction

This paper summarises the key elements of the Strategic Plan for the Well Being Strategic Partnership Board. The full version of the Strategic Plan is available on <http://www.haringey.nhs.uk>

The summary includes:

2. Our vision, goals, values and outcome measures – including their development and delivery
3. Strategic context – including the financial situation
4. Strategy – an overview of goals and initiatives; the 5<sup>th</sup> goal: Going local - care closer to home: our poly-systems
5. Delivery – including monitoring delivery

#### 2. Our vision, Goals, Values and Outcome Measures

The NHS Haringey Strategic Plan 2009-14 is the plan for improving the quality of healthcare services and health and well-being of residents. The vision of this plan is to enable people to have:

**“Long, happy, healthy lives in Haringey”**

We are becoming a world class commissioning (WCC) organisation with strong and robust leadership, and making real progress to reduce health inequalities and improve health outcomes. We want to improve access to and quality of local health services and help people to make healthy choices. Safety, effectiveness and public and patient experience are at the heart of our programme of change.

Recent events in the national economy mean we have a challenging financial outlook. We must carefully analyse how to make best use of the resources we have to ensure that we commission high quality services for people to deliver good health and well being outcomes.

We are focussing on **five goals** (1<sup>st</sup> to 4<sup>th</sup> the same as last year, the 5<sup>th</sup> is new) which we believe will have the most significant impact to achieve our vision. These reflect local population needs, the achievement of core quality and outcomes, and take into account what our stakeholders have told us.

#### Our five goals

1. **Safe, healthy starts for all children and young people**
2. **Good mental health well-being for all**
3. **Prevention and management of long term conditions in adults**
4. **Healthy communities**
5. **Going local – care closer to home: our Polysystems**

In addition, NHS Haringey and the Haringey Strategic Partnership (HSP) are committed to **safeguarding children and adults** with a zero tolerance policy to abuse, neglect or harm.

**Safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively if it does occur.**

Sustainable Community Strategy 2009-11

Our **values** reflect how we carry out our work – as an organisation and as individuals – and our expectations of the services we commission:

- Quality, value and effectiveness
- Clinical best practice

- Accountable, engaging and listening
- Patient experience
- Equity
- Sustainability
- Working together

We will track how we are doing using the following **revised 10 outcome measures** which we have mapped to our initiatives:

- 1. Life expectancy**
- 2. Health inequalities**
- 3. Diabetes management in primary care**
- 4. Childhood immunisation**
- 5. Teenage pregnancy**
- 6. Mental health – crisis resolution**
- 7. Smoking quitters**
- 8. CVD mortality**
- 9. Cancer mortality**
- 10. Infant mortality**

**Figure 1** summarises our strategic approach. It details our vision, goals, outcome measures and values. Our wide-ranging initiatives to deliver these goals are summarized in section 4 below and section 4.1 of the strategic plan. This plan includes our response to the North Central London (NCL) Sector Case for Change (CfC) and the London Wide Strategy “A Framework for Action” providing clinical evidence for improved quality in the NHS. Central to this is the development of poly-systems. The Healthcare for London (HfL) pathways include: maternity and newborn, long term conditions, acute care, planned care, end of life care, C&YP, staying healthy and mental health and well-being.

Haringey’s vision, goals and outcomes have been developed by reviewing the progress on our last Strategic Plan, our Joint Strategic Needs Assessment ((JSNA) (Phase 1 and 2) and performance information as well as taking account of the views of our patients, public, clinicians and local partners. (see section 2.4 and 2.5 of strategic plan). A key change in this years strategic plan is the development of a new strategic goal No 5. Going Local – care closer to home: our poly-systems. Poly-systems provide an alternative setting for many services traditionally delivered by acute care providers. Quality care can be delivered through a network provided closer to home and benefiting patients. Central to this is care pathway development. (See section 4 below and section 4.3 of strategic plan). The first four strategic goals are maintained from last year. The work of the HSP is fundamental in tackling wider health related issues commensurate with these. This is reflected in our Local Area Agreement (LAA) and outlined within key partnership strategies:

- ‘Healthier people with a better quality of life’, a Haringey Sustainable Community Strategy (SCS) 2007-16 outcome
- Well-being Strategic Framework (WBSF) 2007-10 for improving adults’ well-being
- Children and Young People’s Plan (CYPP) 2009-20
- Experience Still Counts 2009-12, our older people’s well-being strategy

10 health outcomes are selected for 2009-14. Outcomes measures were prioritised based on:

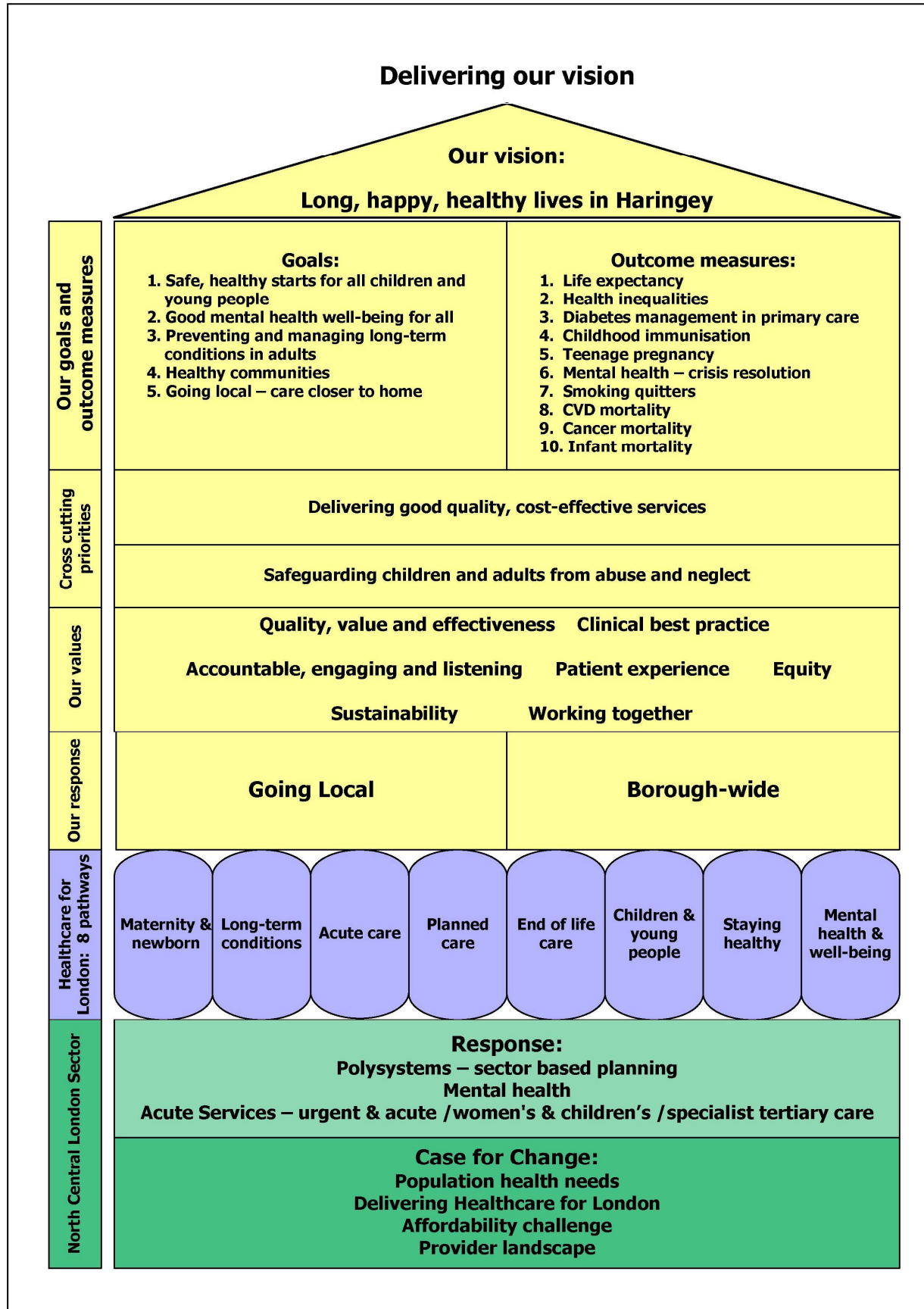
- burden of disease in Haringey
- performance benchmarks compared to national regional benchmarks
- cost effective interventions that will make a meaningful difference locally
- contribution to the partnership agenda

A process for selection included review of core data sets, benchmarking and engagement exercises followed by prioritisation with stakeholders and sign off by the board (see section 2.6 of strategic plan). There are two changes to the outcome measures this year. The Board agreed to replace the primary care access and diabetic retinopathy outcome measures.

Instead, control of HbA1c in diabetics (a proxy measure for primary care clinical quality in this disease important in Haringey) and infant mortality (accompanied by a dashboard of indicators to provide assurance of progress) are now part of the 10 measures.

Working in partnership for example, through discussion of health and well being at Overview and Scrutiny, LAA targets and multi-agency adult safeguarding has supported delivery of our vision and goals. Transforming how we work with residents and communities e.g. through the development of patients panels and further engagement in neighbourhood planning are key to delivery (see sections 2.7.1 and 2.7.2). The PCT Organisational Development Plan has identified 8 key actions with supporting action plans to deliver our strategic goals. These strengthen our role as commissioners, support neighbourhood commissioning teams and build on our relationships with community and partners. We have produced a step by step “How to” guide for our commissioners as a practical tool to support commissioners throughout the commissioning process.

Figure 1 Delivering our vision





### 3. Context - including financial situation

A detailed strategic context is outlined in the full document (section 3). This summarises up to date information on the health needs of Haringey; performance against standards and targets and related governance arrangements; key findings and recommendations from Comprehensive Area Assessment (CAA) and Department of Health Health Inequalities National Support Team visit; the full provider landscape and its market management and the financial situation.

#### Financial Context

The financial situation in Haringey is subject to regular updates and NHS Haringey is in regular communication with The London Borough of Haringey and other partners regarding the current financial situation. Section 3.8 of the Strategic plan outlined the financial situation in January 2010. Key messages were:

- NHS Haringey has a strong track record in managing its finances. The 2008-09 outturn was consistent with the Control Total as set by NHS London (NHSL). Similarly, the final outturn for 2006-07 and 2007-08 was in line with the expectations of the Strategic Health Authority (SHA).
- Like many others, NHS Haringey is facing a highly challenging financial position.
- “A Framework for Action” and the development of poly-systems and care pathways delivers quality care closer to home. We need to make changes in commissioning to ensure quality services are delivered at the most cost effective level. Levels of activity in outpatient and A&E attendance are predicted to grow at 4% over the next five years and this is not financially sustainable. The Going local approach – developing poly-systems to improve quality close to home and provide alternatives to acute hospital care in our neighbourhoods will also support a reduction in current activity and enable us to maintain activity at affordable levels.
- Decommissioning: NCL Sector has identified a core list of procedures that have a limited clinical benefit and will support PCTs in decommissioning these in a coordinated and consistent manner. This is in line with the affordability analysis undertaken by NCL. A consistent approach to decommissioning across the Sector will generate significant savings to the health economy as a whole. Our neighbourhood commissioning teams will work with the Sector to achieve the appropriate de-commissioning of activity from the core list, manage public expectations and ensure compliance within referral processes.
- There is an ongoing commitment to review patient pathways to assess cost effectiveness and value for money. Priority areas investigated are smoking cessation, cancer mortality and CVD mortality. A number of other measures to ensure cost effectiveness are outlined in section 3.9
- Section 4.5 of the strategic plan outlines financial scenarios based upon assumptions about activity growth and funding growth and consistent with NHSL planning guidance. It summarised the financial position at the time of writing.

### 4. Strategy

The first four strategic goals we developed last year are maintained and existing plans have been reviewed and additional initiatives added where necessary. Further explanation of the rationale for selecting these goals and benchmarking data for related 10 health outcomes can be found in Sections 4.2 and 2.4 and 2.5 of the strategic plan. The table below summarises the goal, HfL pathways and Haringey initiatives for each goal of this refreshed plan (2009-14) and for each goal of last year’s strategic plan (2008-13) which we continue to build upon.

Key strategic developments in this plan are:

- Developing polysystems and along side this neighbourhood needs assessments and a neighbourhood commissioning approach at a local level. This is supported by care pathway redesign locally and across London and North Central London and by decommissioning from the acute sector. These provide opportunities for new ways of delivering quality health and social care closer to home
- Continuing to strengthen partnership working, for example following the Department of Health Health Inequalities Support Team visit on CVD and Cancer prevention and

care and, more recently a focus on infant mortality (also now one of 10 Health outcomes)

- Continue to strengthen safeguarding and transfer the learning from children's to adult safeguarding
- Updated initiatives to continue to improve mental health, prevent and manage long term conditions and develop healthier communities with our stakeholders

<b>Summary of our goals, initiatives with links to HfL pathways 2009-14</b>		
<b>Haringey goals</b>	<b>HfL pathways [showing leads(s)]</b>	<b>Haringey initiatives</b>
<b>1. Safe, healthy starts for all children and young people</b>	Maternity and newborn ( <b>NCL Sector + local initiatives</b> ) Children and young people ( <b>Borough</b> )	H1 Maternity: <ul style="list-style-type: none"> <li>Routine community antenatal care in polysystems – shared care model</li> <li>Community midwife outreach</li> <li>Postnatal care in children’s centres</li> </ul> H2 C&YP who are ill: <ul style="list-style-type: none"> <li>Reduce hospital admissions for children with LTC – community based pathways for common childhood conditions</li> <li>Paediatric assessment as part of urgent care pathway</li> <li>Reduce health inequalities between families east and west</li> </ul>
<b>2. Good mental health well-being for all</b>	Mental health ( <b>NCL Sector + Borough</b> )	H3 Mental health & well-being including dementia support: <ul style="list-style-type: none"> <li>Reduce use of acute inpatient beds and investing in mental health assessment and treatment in polysystems and community settings</li> <li>Rehabilitation and recovery pathways aligned to sector reconfiguration</li> <li>Integrate CAMHS services into children’s service model</li> <li>Memory clinic in polysystem</li> <li>Priority group for EOLC</li> </ul>
<b>3. Prevention and management of long term conditions in adults</b>	Long term conditions ( <b>NCL Sector + Borough</b> ) End of life care ( <b>Borough</b> )	H4 Prevention of long term conditions: <ul style="list-style-type: none"> <li>Implement NHS Health Checks</li> <li>Hard to reach communities work with British Heart Foundation</li> </ul> H5 Management of long term conditions (stroke, diabetes, cardiology): <ul style="list-style-type: none"> <li>Prevent unnecessary admissions &amp; reduce delayed transfer of care</li> <li>Reduce length of stay &amp; facilitate early supported discharge</li> <li>Transform community service options</li> <li>Increase number of people choosing to die at home</li> </ul> H6 End of life care: <ul style="list-style-type: none"> <li>Implement Gold Standard Framework</li> <li>Develop community service for people with dementia modelled on best practice outcomes</li> </ul>
<b>4. Healthy communities</b>	Staying healthy ( <b>Borough</b> )	Maintenance of ongoing initiatives from 2008-13 (see below)
<b>5. Going local – care closer to home – our polysystems</b>	Acute care ( <b>NCL Sector</b> ) Planned care ( <b>NCL Sector</b> ) Long term conditions (outpatients) ( <b>NCL Sector + Borough</b> )	H7 Outpatient care closer to home through polysystems (based on NCL Sector Polysystems Working Group): GP led assessment and treatment services for all or elements of the pathways below <ul style="list-style-type: none"> <li>H7.1 Unscheduled care – including primary care front end at NMUH</li> <li>H7.2 Women’s health</li> <li>H7.3 T&amp;O &amp; Rheumatology</li> <li>H7.4 Ophthalmology</li> <li>H7.5 Dermatology</li> <li>H7.6 ENT/MaxFax/Audiology</li> <li>H7.7 Management of long term conditions (see Goal 3)</li> </ul>

Summary of our goals, initiatives with links to HfL pathways 2008-13		
Haringey goals	HfL pathways	Haringey initiatives
<b>1. Safe, healthy starts for all children and young people</b>	Maternity and newborn  Children and young people	H8 Children & young people: H8.1 Early years <ul style="list-style-type: none"> <li>Child Health Promotion programme – screening and immunisations – breastfeeding, targeted family interventions</li> </ul> H8.2 School aged C&YP: <ul style="list-style-type: none"> <li>Childhood obesity – Healthy schools</li> <li>Keys to well being – Infant psychology service</li> </ul> H8.3 Aiming High for Disabled Children: <ul style="list-style-type: none"> <li>Early support programme</li> <li>18 week target</li> <li>Coordinated care planning</li> </ul> H8.4 Improving early access & choice in the community: <ul style="list-style-type: none"> <li>Early booking maternity</li> </ul> H8.5 Sexual health: <ul style="list-style-type: none"> <li>Teenage conceptions, family planning and sexual health (Chlamydia)</li> </ul>
<b>2. Good mental health well-being for all</b>	Mental health	H9 C&YP's mental health and well-being: <ul style="list-style-type: none"> <li>CAMHS single point of access</li> <li>CAPA approach</li> <li>CAMHS LD team integration</li> </ul> H10 IAPT: <ul style="list-style-type: none"> <li>Implementation of phase 2 of IAPT programme</li> </ul>
<b>3. Prevention and management of long term conditions in adults</b>	Long term conditions  End of life care	H11 Preventing long term conditions: <ul style="list-style-type: none"> <li>Stroke prevention – FAST campaign</li> <li>Behaviour change programme</li> <li>Social marketing campaigns – diabetes</li> </ul> H12 Care of long term conditions: <ul style="list-style-type: none"> <li>Community matron programme</li> <li>EOLC – gold standard framework</li> </ul> H13 Rehabilitation and intermediate care <ul style="list-style-type: none"> <li>Home care packages – Clinicenta</li> </ul>
<b>4. Healthy communities</b>	Staying healthy	H14 Healthier communities: <ul style="list-style-type: none"> <li>Cervical screening, access to breast screening</li> <li>Pilot vascular checks programme</li> <li>Exercise referral, obesity management</li> <li>Smoking cessation- tobacco control</li> <li>Alcohol Strategy implementation</li> <li>Health trainer programme</li> <li>Newly arrived people</li> <li>Life channel</li> </ul>
<b>5. World class primary care</b>	Acute care  Planned care	H15 Implement World Class Primary Care Strategy – quality and access: <ul style="list-style-type: none"> <li>Three NHCs providing diagnostics and LTC, intermediate care, access to unscheduled care (BEH Clinical Strategy)</li> <li>Primary Medical Services (PMS) review</li> <li>8-8 and Walk-in Centres</li> </ul>
<b>Delivering good quality, cost-effective services</b>		

### Goal 5: Going local – care closer to home: our poly-systems

The development of poly-systems build upon Haringey's Primary Care Strategy and the initiative entitled Implement World Class Primary Care Strategy – quality and access in 2008-13 strategic plan.

#### Poly-system

A network of organisation where most routine healthcare needs are met e.g. GPs, antenatal care, pharmacy, minor procedures or urgent care. Polyclinics will form the central hub to a community poly-system – serving a population of approximately 50,000– 80,000 and including a wide range of health practitioners. It is expected that the majority of healthcare will take place within the poly-system in the future

Poly-systems provide an alternative care setting for many services that have traditionally been delivered by acute care providers. The review of London's health services by Professor

Darzi, A Framework for Action, identified that “whilst there is excellence in some areas of London and some specialties, that excellence is not uniform. There are some stark inequalities in health and the quality, safety and experience of patient care is not as good as it could and should be.” The framework provides clinical evidence for delivering quality improvement within the NHS and an opportunity to improve services within a financially constrained environment. Central to this framework is the development of poly-systems. These should benefit patients and the public seeking professional help and provide opportunities for care and lifestyle support closer to home. The objectives of the Haringey poly-systems are to:

- improve access for patients to the right care
- improve the quality and safety of services
- improve the integration of primary, secondary, social care and independent and fourth sector providers
- ensure pathways are patient centred and cost effective
- reduce the number of admissions to hospital
- improve discharge from hospital
- support redesign of care pathways
- provide a range of co-located services to meet the needs of local people
- offer a wide range of services closer to where people live
- improve the health of Haringey residents
- reduce health inequalities
- improve health outcomes

Partnership working with social care, children’s trusts and leisure and welfare services for example will be key to delivering the full range of objectives and opportunities from poly-system development.

We have divided Haringey into four geographical areas, known as neighbourhoods, each of which has its own GP-led commissioning team: West, Central, North East and South East. Neighbourhood commissioning teams are the key mechanism to take forward the changes needed in primary and community services. This will help us meet the NCL Sector approach to the HfL pathways and develop poly-systems. Integration is a key element to the success of the model. Working across professional boundaries increases collaboration and reduces duplication across the patient pathway. The poly-system model includes evidence based care pathways and delivering on improved patient satisfaction and clinical outcomes. We also expect there to be increased ownership and accountability for the use of resources by local clinicians. For each neighbourhood a detailed population needs assessment was undertaken including segmentation analyses and setting local priorities including primary prevention in partnership. Individual commissioning plans combining neighbourhood, borough and sector –wide priorities for implementation next year have been developed (see 4.3.5 and 4.3.6 of strategic plan). These include priorities for primary prevention e.g. NHS Health checks, care pathway redesign e.g. in line with HfL priority pathways, improved mental health and maternity services.

To support our Going Local vision in Haringey we have designed three out of our four planned poly-system hubs to deliver local health services and reduce health inequalities.

- West Neighbourhood: Hornsey Central is the designated NHC
- North East Neighbourhood: Lordship Lane Health Centre is the designated NHC.
- South East Neighbourhood: The Laurels Healthy Living Centre is the designated NHC.

A number of GP practices are based in the centres, with other nearby practices referring their patients to their local health centre when necessary. These centres provide a range of community-based services including health visitors, district nurses and other care services. It will be important to work with partners to develop information and support to help people to lead healthy lives and be cared for closer to home.

Specific developments in primary care as a result of our 2008-13 Strategic Plan include:

- Extended GP opening hours
- Funding access 8am to 8pm seven days a week in two centres

- Improving GP premises as practices move into new hub buildings
- developing care pathways and establishing multi-agency steering groups to oversee NSF and national strategy implementation e.g. stroke and diabetes
- Addressing inequalities in funding and performance expectations through our Primary Medical Services (PMS) review
- Development of a primary care dashboard to support improved performance

As part of NCL we work closely with our neighbouring PCTs to redesign care pathways, to reduce duplication of effort and improve consistency of service delivery to patients.

## **5. Delivery**

This is a five year plan. Section 5 of the strategic plan outlines the delivery schedule with timescales for delivery of the strategic initiatives year on year. Past year's performance to deliver our goals supported by our partners is summarised and key risks to future delivery are identified.

### **In year monitoring delivery of our strategic goals**

A programme management approach will provide project management support to deliver our initiatives this year. We will support our neighbourhood commissioning teams to deliver their implementation plans in a phased process, led by the Clinical Directors and in partnership with all NHS providers and relevant stakeholders. We will monitor the delivery of initiatives against agreed milestones and also monitor their impact through performance indicators aligned to strategic goals (see section 5.4 of strategic plan). Included in these indicators are key vital signs (PCT performance indicators) and LAA targets. Our performance management function has a 'dashboard' approach based on monitoring key proxy indicators to drive progress towards improved outcomes. These dashboards are routinely shared with commissioners and neighbourhoods. We anticipate that the impact of our initiatives will be demonstrated in improvements in the outcomes aligned to the relevant strategic goals.

**Dr Fiona Wright**  
**Associate Director of Public Health**  
**February 16<sup>th</sup> 2010.**



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

**Date:** 25 February 2010

**Report Title:** Overview and Scrutiny Work Programme: 2010/2011

**Report From:** Councillor Gina Adamou and Councillor David Winskill

#### **Purpose**

To provide Board members with an opportunity to suggest topics for the Overview and Scrutiny Work Programme for 2010/2011 for consideration by Members of the Committee.

#### **Background**

Under the Local Government Act 2000 local authorities are required to set up Overview and Scrutiny Committees. These committees are made up of non-Cabinet/Executive councillors and are proportional to the political balance in the Council.

Overview and Scrutiny Committees may commission in depth reviews into service areas and make recommendations that aim to improve services the community receives.

The role of the Overview and Scrutiny Committee in Haringey is to look at the services and issues which are important to the community. Scrutiny is a statutory service and key part of the Council's structure which works to ensure that services are delivered effectively, efficiently and in the best interest of the residents. It is therefore a mechanism through which transparency and public accountability may be exercised in local government.

In 2009/2010 Members of the Overview and Scrutiny Committee aligned themselves with the Theme Boards of the Haringey Strategic Partnership. 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 the Overview and Scrutiny Committee commissions task and finish reviews that add value to the work of the Board.

#### **Key issues for consideration**

All review suggestions should:

- Be areas where Overview and Scrutiny can add value.
- Assist in the Comprehensive Area Assessment Process.
- Not be about management and operational issues.

### **Legal/Financial Implications**

#### **Financial Implications**

This report does not give rise to any immediate financial implications. However, it should be noted that where possible all reviews will have a Value for Money aspect.

#### **Legal Implications**

The Overview and Scrutiny Committee has powers to scrutinise decisions taken in the discharge of the Council's "executive" and "non-executive" functions and to make reports and recommendations to Cabinet and Full Council. This includes making reports and recommendations on matters relating to health services and other matters affecting the Borough or its inhabitants. The annual work programme for Overview and Scrutiny Committee's is a matter of local choice.

### **Recommendations**

- i. That the Well-being Partnership Board provides two or three suggestions for in depth reviews for consideration by Members of the Committee for the 2010/2011 work programme.
- ii. That the Well-being Partnership Board highlights any forthcoming strategic level strategies/policies/action plans which the Overview and Scrutiny Committee can add value to in their draft stage.

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

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## **1. In-depth review criteria**

1.1. For scrutiny to add value it is essential that the right areas are scrutinised at the appropriate time and contribute to improving services. Scrutiny topics will be chosen by Members of the Committee having regard to:

- The success of the partnership in achieving LAA outcomes and local improvement targets.
- The views on services expressed in the Comprehensive Area Assessment process and other independent assessments, including the annual external audit management letter, residents' surveys, and other assessments of need and provision.
- The views of the Partnership and its themed boards, on those areas where scrutiny involvement would be most beneficial.
- The views of council members and local community, including service users.

1.2. It is important that any suggestions for in-depth reviews are on areas which:

- Scrutiny can add value;
- Are linked to the Sustainable Community Strategy outcomes and priorities;
- Can feed into the Comprehensive Area Assessment process and themes.

1.3. Examples of current and recent topics which the Committee has conducted in-depth reviews and which are linked to the work of the Well-being Partnership Board include:

- Stroke Prevention
- Support to Carers
- Breast Screening
- High Intensity Users

## **2. Items for consideration at the Overview and Scrutiny Committee**

2.1. The Overview and Scrutiny Committee has a key role in supporting the policy making function taking into account the evidence base and the views of the public. To this end, as part of its annual work programme, the Overview and Scrutiny Committee considers key overarching draft strategies and plans with a view to suggesting any improvements which could be made.

## **3. Next Steps in setting the work programme**

3.1. The Overview and Scrutiny will consider suggested topics from the partnership boards as well as suggestions from members of the public, elected Members and areas arisen throughout the work of the Committee before choosing in-depth topics for review.

- 3.2. It is anticipated that at least one in-depth review will be conducted which aligns with each of the Theme Boards.
- 3.3. Once the work programme is finalised and approved by the Overview and Scrutiny Committee this will be circulated to the Theme Boards for information.

#### **4. Recommendations**

- That the Well-being Partnership Board provides two or three suggestions for in depth reviews for consideration by Members of the Committee for the 2010/2011 work programme.
- That the Well-being Partnership Board highlights any forthcoming strategic level strategies/policies/action plans which the Overview and Scrutiny Committee can add value to in their draft stage.



**Meeting:** Well-Being Partnership Board

**Date:** 25 February 2010

**Report Title:** Third Quarter Performance Report

**Report of:** Mun Thong Phung, Director of ACCS

<p><b>Purpose</b></p> <p>To inform the Well-Being Partnership Board of any issues relating to performance of National and Local Indicators within the Well-Being Scorecard.</p>
<p><b>Summary</b></p> <p>A list of Performance Indicators from the Well-Being Scorecard missing target, those on target and those where no data is available with timescale.</p>
<p><b>Legal/Financial Implications</b></p> <p>None identified.</p>
<p><b>Recommendations</b></p> <p>To note the report.</p>
<p><b>For more information contact:</b></p> <p>Name: Leks Omiteru          Title: Performance &amp; Quality Assurance Manager          Tel: 020 8489 2402          Email address: <a href="mailto:leks.Omiteru@haringey.gov.uk">leks.Omiteru@haringey.gov.uk</a></p>

## Background

This report summarises performance of the LAA indicators that fall within the Well-Being Thematic Board. Appendix 1 shows performance against all the indicators that the thematic board has agreed to overview. Appendix 2 provides an exception report focusing on those indicators which are missing target. For many of these indicators the Well-Being board is not the lead body.

## Key performance messages

These are the highlights of the Well-Being indicators that are on or close to target;

- Number of older people permanently admitted into residential and nursing care, 76 as at end of Q3 against a projected target of 95. The stretch LAA target is 115. The aim of this indicator is to minimise and performance is on track to be a big improvement over 2008/09 outturn.
- Number of adults permanently admitted into residential and nursing care (9 adults in the year to end of Q3 against a projected target of 15)
- Percentage of carers receiving needs assessment or review and a specific carer's service, or advice and information (18.0% against the year to date target of 11.42%).
- NI 125, new indicator introduced in October 2008 which measures the number of people still living independently (at home) 91 days after hospital discharge where there has been joint rehabilitation or intermediate care input from Social services or health shows a good performance at 88.2% as at end of Quarter 3, an improvement over Q2 figure of 79.2%.
- Mortality rate from all circulatory diseases at ages under 75 per 100,000 population (N121) at Q3 is within target at 93.8 against year to date target of 94.
- Adults in contact with secondary mental health services in settled accommodation (NI 149) shows a good performance at 81.4%, the target has been set and waiting approval as part of LAA refresh.
- Prevalence of breast-feeding at 6-8 wks from birth (NI 53 a) – Q3 performance of 63.9% is a slight drop from Q2, performance is stable and on track to hit target.

In the following areas indicators at risk of missing targets. For the majority of these indicators the Well-being board is not the lead body:

- Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline. NI112) – This covers the rolling quarterly period Oct 2007-Sept 2008 (44 actual number of conceptions for July - Sept 2008, 196 actual numbers for the rolling year). 2008 Annual rates will be released in Feb 2010.
- Prevalence of breast-feeding at 6-8 wks from birth (NI 53 b), target on Covalent is 90%, 2.5% above NHS London target of 87.5, the expectation is for this PI to hit target.
- Prevalence of Chlamydia in under 25 year olds - Part 1 Chlamydia screens/tests (NI 113a), the target has increased from 15% last year to

25% this year. Steps are being put in place to help achieve this target as it is ambitious. The target steps up in Q3 and Q4 and this is why we have moved from green in the first half of the year to red in Q3. There are initiatives in place to help achieve this target

- Number of accidental dwelling fires – Quarter 3 performance is within the tolerance for this indicator. Although projected performance is short of the target, steps in place to improve performance include:
  - Increase in Home Fire Safety Visit target
  - Targeting households that fall within priority areas identified as most likely geographic areas for fires to occur.
  - Working with drug and alcohol practitioners and those that work with the elderly and disabled to identify individuals who are vulnerable to fire.

#### Indicators with no Quarter 3 data

Source	Indicator	Due Date
ACCS	NI 141 Percentage of vulnerable people achieving independent living	Data due in March 2010
Health	% of HIV infected patients with CD4 count less than 200 cells per mm <sup>3</sup> diagnosed	Annual indicator, data due in March 2010.
Health	Smoking cessation – increase in the number of smoking quitters in N17 (2007 – 2010 stretch target)	Data available end of March 2010.
Health	NI 123_N Number of 4-week smoking quitters who attend NHS Stop Smoking Services	Data available end of March 2010
Health	Early Access for Women to Maternity Services	Data available in March.
Health	NI 39 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm.	Data available end of March 2010.

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# Appendix 1 Well-being Theme board Scorecard - Quarterly Indicators

















PI Code	Performance Indicator	2008/09		Q1 2009/10		Q2 2009/10		Q3 2009/10		2009/10		Latest Note		
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status			
L0114 LAA	Improved living conditions for vulnerable people ii) Number of older people permanently admitted into residential and nursing care - YTD (2007 -2010 stretch target)	135		20		57		97		76		95		The Older People's Service have recently undertaken a project to scrutinise the number of permanent residential admissions recorded on Framework-I. The result of which has determined that only 76 residential placements are permanent. We are currently on target not to exceed 115 permanent admissions by the end of the year.
L0115 LAA	Improved living conditions for vulnerable people iii) Number of adults permanently admitted into residential and nursing care - YTD (2007 -2010 stretch target)	10		1		5		9		10		17		Please note that the 2009/10 target is YTD. YTD performance is good and on course to improve on last year's performance
L0223 LAA stretch	Smoking cessation - increase in the number of smoking quitters in N17 (2007-2010 stretch target)	632		133		75				133		50		
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	1626		436		463				899		827		The latest provisional figures from North West Public Health Observatory are available for Q1 in 2009 financial year (Published in December 09 and available from: <a href="http://www.nwph.net/alcohol/lape/download.htm">http://www.nwph.net/alcohol/lape/download.htm</a> ). Figures for Q2 are not yet available from the NWPHO but the local estimate derived from PCT SUS data for the Q2 09-10 showed admissions at 463 per 100,000. Both figures are higher than any quarter in 2008/09 and unless there is a significant reduction in admissions it is unlikely that the target is met.  It should be noted however that outcomes from the new investment and the local actions are likely to be seen long term

PI Code	Performance Indicator	2008/09		Q1 2009/10		Q2 2009/10		Q3 2009/10		2009/10		Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	
												<p>as a large number of admissions are a result of long term drinking. This target also includes partially attributed conditions like falls and hypertensive diseases that can be linked to alcohol but may have other causes.</p> <p>There is £100k new investment from the Area Based Grant for 2009/10 and further £60k from the Primary Care Trust. The Drug and Alcohol Action Team was also successful in the application for the migrant impact funds (MIF) and have set up a steering group to both research and set in place a strategy to deal with street drinking with a particular focus on migrants.</p> <p>Local analysis has shown that the main causes for alcohol related hospital admissions are mental and behavioural disorders and cardiovascular disease. Accordingly we have put the following in place:</p> <ul style="list-style-type: none"> <li>· Extension of alcohol brief interventions at A&amp;E and on the wards of North Middlesex Hospital</li> <li>· Commissioning of new detoxification places for people with alcohol related complex needs</li> <li>· Commissioning of new peripatetic detox nurse</li> <li>· Enhancement of an existing service (COSMIC) meeting the needs of children and families affected by substance misuse</li> <li>· Following a detailed hospital admissions analysis a targeted social marketing campaign will be implemented</li> <li>· NHS Haringey are looking at the possibilities for introducing a directed enhanced service (DES) to screen for alcohol use by GPs</li> <li>· NHS Haringey is completing an Alcohol Needs Assessment which will inform any further commissioning</li> <li>· Local campaign during the Alcohol Awareness Week (19-25th October) focussed on children &amp; young people and binge drinking. A Christmas campaign is also being done to promote drinking.</li> </ul>








PI Code	Performance Indicator	2008/09		Q1 2009/10		Q2 2009/10		Q3 2009/10		2009/10		Latest Note			
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status				
NI 40	Number of drug users recorded as being in effective treatment against 2007/08 baseline.	89		58		60		150		60		150		sensible drinking and access to services. This figure relates to the 12 month rolling period where data is available, Sept 08-Aug 09 (as per the target definition there is a three month delay as we need to establish whether the clients in the cohort remain in treatment for 3 months).	
NI 53a	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks	65.9 5%		62.3 6%		66.3 9%		61.7 %		63.9 1%		63.3 %		50.1 %	
NI 53b	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants for whom breastfeeding status is recorded (as being totally or partially breastfed at 6-8 weeks that quarter)	86.4 %		86.4 %		88.5 %		86.6 %		88.6 %		88.3 %		90%	
NI 112	Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline)	11.9 %		7.2%		- 2.9%		- 18.1%		- 8.8%		- 18.1%		- 18.1%	
NI 113a	Prevalence of Chlamydia in under 25 year olds - Part 1 - Chlamydia	17.1 %		3.4%		7.6%		6.2%		11.6 %		7.0%		16.0 %	




PI Code	Performance Indicator	2008/09		Q1 2009/10		Q2 2009/10		Q3 2009/10		2009/10		Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	
	screens/tests											
NI 113b	Prevalence of Chlamydia in under 25 year olds - Part 2 - new diagnoses of Chlamydia	No data for this range				5.8%				5.8%		To be verified by HPA
NI 121	Mortality rate from all circulatory diseases at ages under 75 per 100,000 population	93.80		90.00		94.00		93.60		94.00		This data is due December 2009
NI 123_N	Number of 4-week smoking quitters who attended NHS Stop Smoking Services	1939		356				500		356		
NI 125	Achieving independence for older people through rehabilitation/intermediate care	79.8%				79.2%		88.2%		77.8%		Revised targets for this indicator were confirmed by GOL on 10th February 2010.
NI 126	Early Access for Women to Maternity Services	51.9%		73.6%		79.2%				79.2%		The end of year score is based on the number of health assessments provided during quarters 1-2 divided by the number of maternities in quarters 3-4. This is to ensure that roughly the same cohort of women is counted. Q2 2009-10 assessments against Q4 2008-09 maternities provides a score of 79.17%. This is a considerable improvement from 53% in 2008-09 and a result of work done through the Maternity Steering group and its Action Plan. The quarter 2 score of 79% is just short of the 80% target, but may yet exceed the target when quarter 3-4 maternities are known. There were 1512 assessments by 12 weeks 6 days Q1-2, so to achieve the 80% target there can be no more than 1890 maternities during Q3-4. There were 1957 births during this period last year. This is 67 over target so a score of "under achieve" or "amber" is likely for NHS Haringey's 2009-10 Periodic Review (formally known as the Annual Health Check)
NI 135	% of carers receiving needs assessment or review and a specific carer's service, or advice and information - YTD	22.1%		7.7%		12.8%		18.0%		19.5%		

PI Code	Performance Indicator	2008/09		Q1 2009/10		Q2 2009/10		Q3 2009/10		2009/10		Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	
NI 141	Percentage of vulnerable people achieving independent living	81.5 %		81.5 %		82.2 %		75%		81.8 %		Quarter 3 data due in early March.
NI 149	% of Adults receiving secondary mental health services in settled accommodation	81.0 %		83.0 %		85.0 %		81.4 %		81.4 %		
NI 153	% of working age people claiming out of work benefits in the worst performing neighbourhoods	26.9 %										Revised targets were agreed with GOL on 25 January 2010.
NI 156	Number of households living in temporary accommodation	4548		4403		4123		3800		3734		The number of homeless households in Temporary Accommodation continues to fall in line with the target reduction set for the year.

## Well-being Theme board Scorecard - Annual Indicators

PI Code	Performance Indicator	2008/09		2009/10		Latest Note	
		Value	Status	Value	Target		Status
L0221(LAA local)	% of HIV infected patients with CD4 count less than 200 cells per mm3 diagnosed	30.1%			40.1%		2007 data has been supplied above. 2008 data is being prepared in December 2009 and will be published in Jan 2010
NI 1	% of people who believe people from different backgrounds get on well together in their local area	75.6%			77.9%		Final published Place Survey result from Communities and Local Government. This outturn is comparable with the London average of 76.3%. The next Place Survey will be carried out in 2010.
NI 6	% of people who take part in formal volunteering at least once a month.	21%			22.7%		Final published Place Survey result from Communities and Local Government. No target was set for 2008/09.
NI 7	Environment for a thriving third sector	18.9%			21.9%		The next Place Survey will be carried out in 2010. No target was set for 2008/09; this performance will act as baseline for future years. Targets for 2009/10 and 2010/11 are now set.
NI 08	Adult participation in sport and active recreation (2007-2010 stretch target)	23.1%			26.9%		Deactivated 20.2% - 2008/09 active people data will be available in November 2009
NI 35	Building resilience to violent extremism	2			3		Self evaluation has been completed and average score submitted to DCLG Data Interchange Hub.
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	13		15	15		
NI 56(x)	Obesity in primary school age children in Year 6: Line 10	20.7%			24.0%		2008-09 Data from National Child Measurement Programme 95% confidence interval (-) 1.6% (+) 2.0%
NI 116	Proportion of children in poverty				32.5%		Workshop on 12 Jan 2010 at GOL. Proxy measures to remain in place. Data released 26 Jan 2010. Revised targets to be

PI Code	Performance Indicator	2008/09		2009/10		Latest Note
		Value	Status	Value	Status	
NI 119	Self-reported measure of people's overall health and wellbeing	80%				confirmed. Final published Place Survey result from Communities and Local Government
NI 127	Self reported experience of social care users (measured by survey every 3 years)			No data for this range		This indicator is measured by survey every 3 years. Annual survey due to take place in 09/10. The latest results from the service user questionnaire from Adults Services found that 89% of clients were satisfied with the services they were receiving.
NI 140	Fair treatment by local services	60.8%			62.6%	Final published Place Survey result from Communities and Local Government
NI 175	Access to services and facilities by public transport, walking and cycling					There have been delays with progress on this indicator. There was a delay whilst TFL set and agreed a definition for London Authorities with the DfT. Some initial data has been received from TFL but this is subject to confirmation. We are now undertaking an exercise to look at other authorities who have targeted this indicator to assist with target setting.
NI 187a	Tackling fuel poverty – % of people receiving income based benefits living in homes with: (i) Low energy efficiency	13.53%			12.53%	This Indicator relates to the SAP ratings of homes occupied by vulnerable households. Performance is assessed on the basis of a postal survey form sent out in December each year to 5000 households (selected at random from a list supplied by the Benefits and Local Taxation Service). The returned survey forms are analysed and returns submitted to DEFRA by the end of February.  Although the results of the 2009/10 survey will not be known until February 2010, the results for 2008/09 showed that 13.5% of vulnerable residents were living in homes with a poor SAP rating of less than 35 (compared to this year's target of 12.5%) and 13.0% of vulnerable residents were living in homes with a good SAP rating of above 65 (compared to this year's target of 14.0%).  The target is based on matching the average percentage decrease in England (0.8%).  Haringey's Affordable Warmth Strategy 2009-19 has now been published.

PI Code	Performance Indicator	2008/09		2009/10		Latest Note
		Value	Status	Value	Target	
NI 187b	Tackling fuel poverty – % of people receiving income based benefits living in homes with: (ii) High energy efficiency	13.04%			14%	 This Indicator relates to the SAP ratings of homes occupied by vulnerable households. Performance is assessed on the basis of a postal survey form sent to 5000 households (selected at random from a list supplied by the Benefits and Local Taxation Service) that is sent out in December each year. The returned survey forms are analysed and returns submitted to DEFRA by the end of February.  Although the results of the 2009/10 survey will not be known until February 2010, the results for 2008/09 showed that 13.0% of vulnerable residents were living in homes with a good SAP rating of above 65 (compared to this year's target of 14.0%).  The target is based on matching the average percentage increase in England (0.8%)  Haringey's Affordable Warmth Strategy 2009-19 has now been published.
QoL23 NI 4	% of people who feel they can influence decisions in their locality	40.3%			42.9%	Final published Place Survey result from Communities and Local Government.  In Haringey, 40.3% agreed that they felt they could influence decisions in locality. This is above the London average of 35% and places us 4th highest in London and above the national average of 29%.  The next Place Survey will be carried out in 2010.

## Appendix 2 Well-being Theme board Exception Report

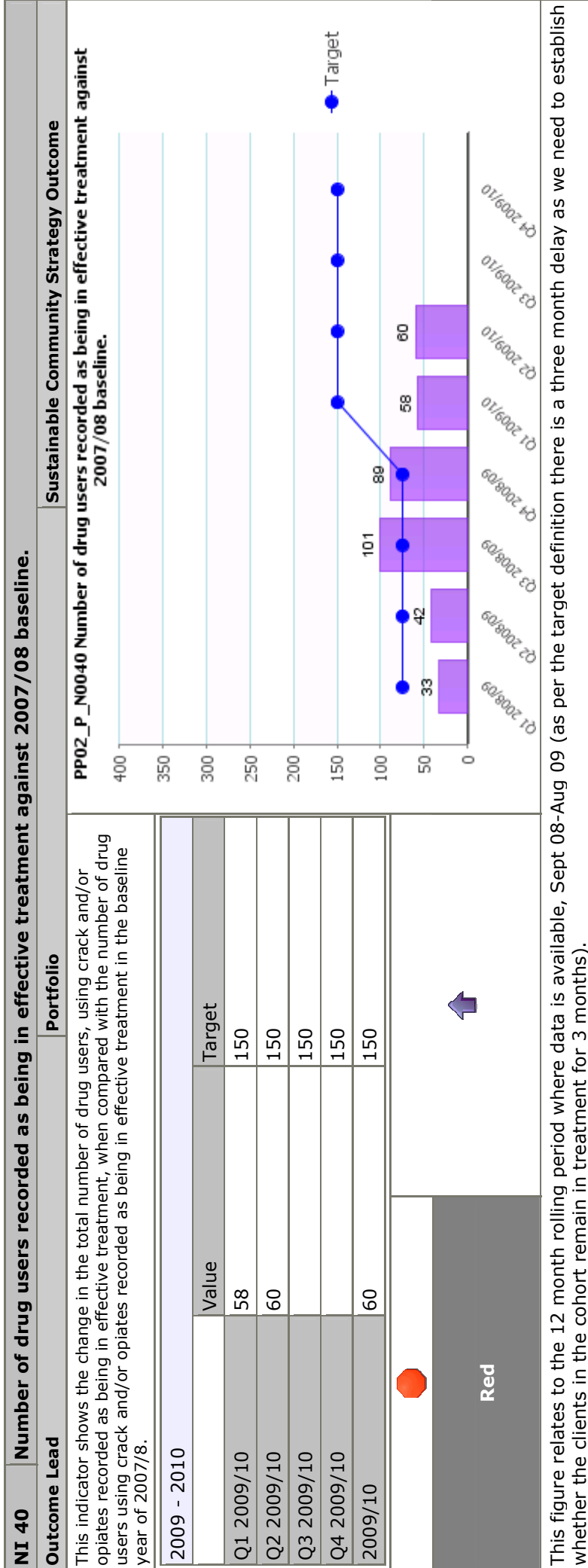
NI 112	Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline)	Portfolio	Sustainable Community Strategy Outcome																											
<b>Outcome Lead</b>	<b>CY02_P_N0112 Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline)</b>																													
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	<p>The change in the rate of under-18 conceptions per 1,000 girls aged 15-17 years resident in the area for the current calendar year, as compared with the 1998 baseline rate, shown as a percentage of the 1998 rate.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Period</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1 2009/10</td> <td>7.2%</td> <td>-18.1%</td> </tr> <tr> <td>Q2 2009/10</td> <td>-2.9%</td> <td>-18.1%</td> </tr> <tr> <td>Q3 2009/10</td> <td>-8.8%</td> <td>-18.1%</td> </tr> <tr> <td>Q4 2009/10</td> <td>-8.8%</td> <td>-18.1%</td> </tr> <tr> <td>2009/10</td> <td>-8.8%</td> <td>-18.1%</td> </tr> </tbody> </table>			Period	Value	Target	Q1 2009/10	7.2%	-18.1%	Q2 2009/10	-2.9%	-18.1%	Q3 2009/10	-8.8%	-18.1%	Q4 2009/10	-8.8%	-18.1%	2009/10	-8.8%	-18.1%									
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	<p>This covers the rolling quarterly period Oct 2007-Sept 2008 ( 44 actual number of conceptions for July - Sept 2008, 196 actual numbers for the rolling year)</p> <p>The rolling year rate stands at 56.8 per 1000 to Sept 2008. The 3rd quarter rate reduced to 50.2 per 1000 (44 actual conceptions), with a rolling figure of 56.8 per 1000. There has been a steady decrease of the rolling year figure for each of the last 4 quarters. Last September reported 70.0 per 1000, so there has been a significant improvement in the past year. The last 4 quarters of actual conception rates stands at 62, 45, 49, and 44.</p> <p>If the Oct - Dec 2008 records 40 actual conceptions or less, the rolling average would achieve the target of -18.1% change for the next quarter.</p> <p>2008 Annual rates will be released in Feb 2010.</p>																													

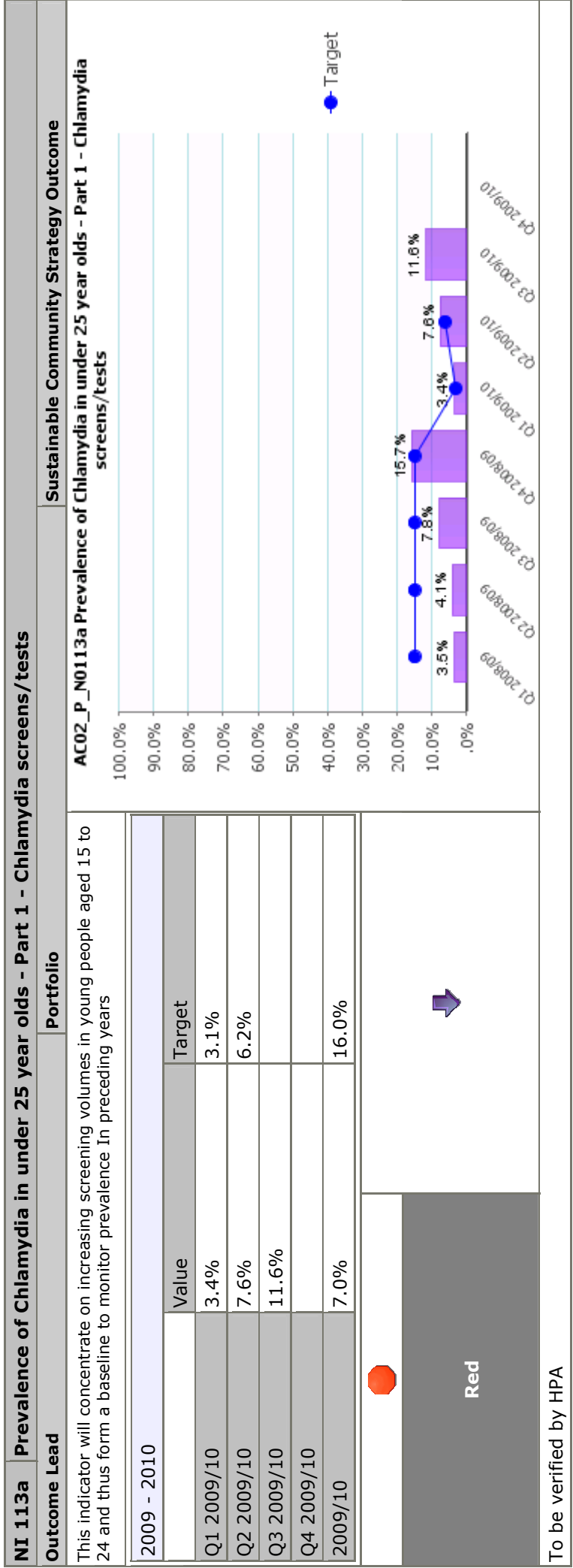
QoL23 NI 4	<b>% of people who feel they can influence decisions in their locality</b>																			
<b>Outcome Lead</b>	<b>Portfolio</b>	<b>Sustainable Community Strategy Outcome</b>																		
The proportion of the adult population who agree that they feel able to influence decisions affecting their local area.	<table border="1"> <thead> <tr> <th>2009 - 2010</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2009/10</td> <td></td> <td>42.9%</td> </tr> </tbody> </table>	2009 - 2010	Value	Target	2009/10		42.9%	<p><b>PP03_H_N0004 % of people who feel they can influence decisions in their locality</b></p> <table border="1"> <caption>Chart Data: % of people who feel they can influence decisions in their locality</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2006/07</td> <td>41%</td> </tr> <tr> <td>2007/08</td> <td>40.3%</td> </tr> <tr> <td>2008/09</td> <td>43%</td> </tr> <tr> <td>2009/10</td> <td>42.9%</td> </tr> <tr> <td>Target</td> <td>42.9%</td> </tr> </tbody> </table>	Year	Percentage	2006/07	41%	2007/08	40.3%	2008/09	43%	2009/10	42.9%	Target	42.9%
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<p>Final published Place Survey result from Communities and Local Government.</p> <p>In Haringey, 40.3% agreed that they felt they could influence decisions in locality. This is above the London average of 35% and places us 4th highest in London and above the national average of 29%.</p> <p>The next Place Survey will be carried out in 2010.</p>																				



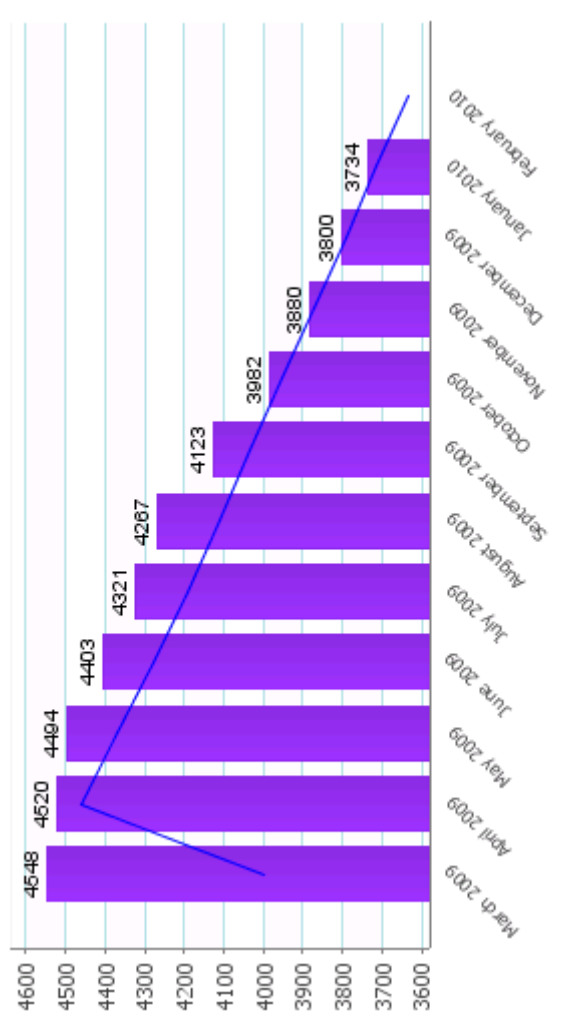
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm																			
Outcome Lead	Portfolio																			
Sustainable Community Strategy Outcome																				
<p>This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics.</p>	<p><b>AC02_H_N0039 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm</b></p>																			
<p>2009 - 2010</p>	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1 2009/10</td> <td>436</td> <td>414</td> </tr> <tr> <td>Q2 2009/10</td> <td>463</td> <td>413</td> </tr> <tr> <td>Q3 2009/10</td> <td>399</td> <td>397</td> </tr> <tr> <td>Q4 2009/10</td> <td>419</td> <td>430</td> </tr> <tr> <td>2009/10</td> <td>899</td> <td>827</td> </tr> </tbody> </table>		Quarter	Value	Target	Q1 2009/10	436	414	Q2 2009/10	463	413	Q3 2009/10	399	397	Q4 2009/10	419	430	2009/10	899	827
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<p></p>	<p></p>																			
<p>The latest provisional figures from North West Public Health Observatory are available for Q1 in 2009 financial year (Published in December 09 and available from: <a href="http://www.nwph.net/alcohol/lape/download.htm">http://www.nwph.net/alcohol/lape/download.htm</a>). Figures for Q2 are not yet available from the NWPHO but the local estimate derived from PCT SUS data for the Q2 09-10 showed admissions at 463 per 100,000. Both figures are higher than any quarter in 2008/09 and unless there is a significant reduction in admissions it is unlikely that the target is met.</p> <p>It should be noted however that outcomes from the new investment and the local actions are likely to be seen long term as a large number of admissions are a result of long term drinking. This target also includes partially attributed conditions like falls and hypertensive diseases that can be linked to alcohol but may have other causes.</p> <p>There is £100k new investment from the Area Based Grant for 2009/10 and further £60k from the Primary Care Trust. The Drug and Alcohol Action Team was also successful in the application for the migrant impact funds (MIF) and have set up a steering group to both research and set in place a strategy to deal with street drinking with a particular focus on migrants.</p> <p>Local analysis has shown that the main causes for alcohol related hospital admissions are mental and behavioural disorders and cardiovascular disease. Accordingly we have put the following in place:</p>																				

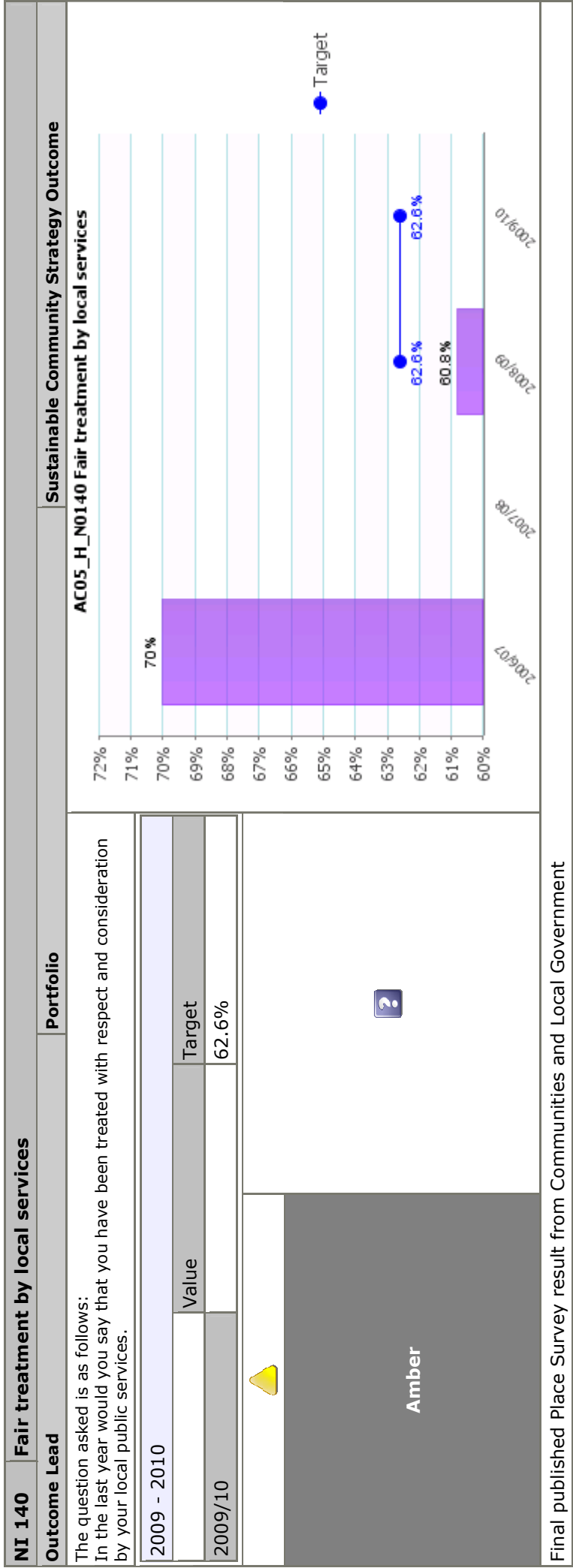
- Extension of alcohol brief interventions at A&E and on the wards of North Middlesex Hospital
- Commissioning of new detoxification places for people with alcohol related complex needs
- Commissioning of new peripatetic detox nurse
- Enhancement of an existing service (COSMIC) meeting the needs of children and families affected by substance misuse
- Following a detailed hospital admissions analysis a targeted social marketing campaign will be implemented
- NHS Haringey are looking at the possibilities for introducing a directed enhanced service (DES) to screen for alcohol use by GPs
- NHS Haringey is completing an Alcohol Needs Assessment which will inform any further commissioning
- Local campaign during the Alcohol Awareness Week (19-25th October) focussed on children & young people and binge drinking. A Christmas campaign is also being done to promote sensible drinking and access to services.





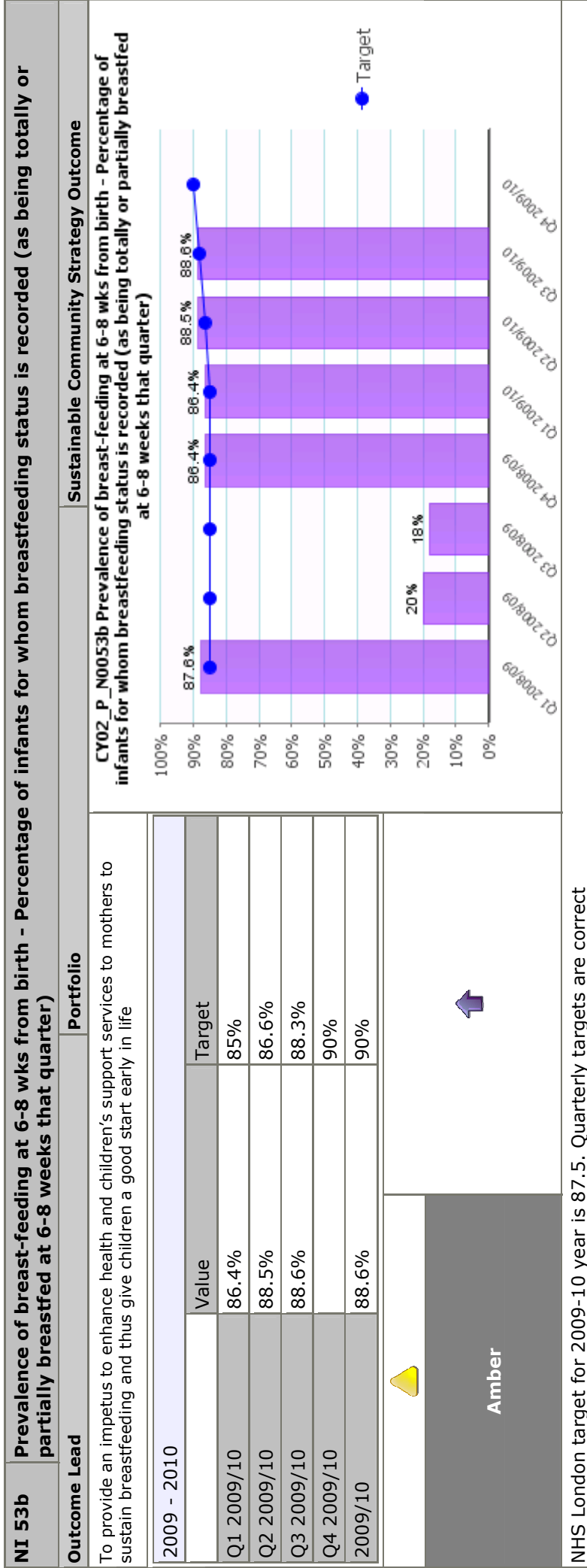
NI 126	Early Access for Women to Maternity Services	Sustainable Community Strategy Outcome																				
Outcome Lead	Portfolio	Sustainable Community Strategy Outcome																				
		<p><b>AC02_P_N0126 Early Access for Women to Maternity Services</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2009/09</td><td>44.0%</td></tr> <tr><td>Q2 2009/09</td><td>49.8%</td></tr> <tr><td>Q3 2009/09</td><td>60.5%</td></tr> <tr><td>Q4 2009/09</td><td>53.4%</td></tr> <tr><td>Q1 2009/10</td><td>73.6%</td></tr> <tr><td>Q2 2009/10</td><td>79.2%</td></tr> <tr><td>Q3 2009/10</td><td>79.2%</td></tr> <tr><td>Q4 2009/10</td><td>79.2%</td></tr> <tr><td>Target</td><td>80.0%</td></tr> </tbody> </table>	Quarter	Value	Q1 2009/09	44.0%	Q2 2009/09	49.8%	Q3 2009/09	60.5%	Q4 2009/09	53.4%	Q1 2009/10	73.6%	Q2 2009/10	79.2%	Q3 2009/10	79.2%	Q4 2009/10	79.2%	Target	80.0%
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<p>Amber</p>																						
<p>The end of year score is based on the number of health assessments provided during quarters 1-2 divided by the number of maternities in quarters 3-4. This is to ensure that roughly the same cohort of women is counted. Q2 2009-10 assessments against Q4 2008-09 maternities provides a score of 79.17%. This is a considerable improvement from 53% in 2008-09 and a result of work done through the Maternity Steering group and its Action Plan. The quarter 2 score of 79% is just short of the 80% target, but may yet exceed the target when quarter 3-4 maternities are known. There were 1512 assessments by 12 weeks 6 days Q1-2, so to achieve the 80% target there can be no more than 1890 maternities during Q3-4. There were 1957 births during this period last year. This is 67 over target so a score of "under achieve" or "amber" is likely for NHS Haringey's 2009-10 Periodic Review (formally known as the Annual Health Check)</p>																						

NI 156	Number of households living in temporary accommodation	Portfolio												
Outcome Lead	Sustainable Community Strategy Outcome													
	<p>UE06_H_N0156 Number of households living in temporary accommodation</p> 													
2009 - 2010														
Q1 2009/10	<table border="1"> <thead> <tr> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>4403</td> <td>4280</td> </tr> <tr> <td>4123</td> <td>4032</td> </tr> <tr> <td>3800</td> <td>3792</td> </tr> <tr> <td>3734</td> <td>3712</td> </tr> <tr> <td>3734</td> <td>3712</td> </tr> </tbody> </table>	Value	Target	4403	4280	4123	4032	3800	3792	3734	3712	3734	3712	
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		<p style="text-align: center;">Amber</p>												
<p>The number of homeless households in Temporary Accommodation continues to fall in line with the target reduction set for the year.</p>														



NI 1	Outcome Lead		Portfolio	Sustainable Community Strategy Outcome																			
<p><b>% of people who believe people from different backgrounds get on well together in their local area</b></p>	<p><b>% of people who believe people from different backgrounds get on well together in their local area</b></p>		<p>PP03_H_N0001 % of people who believe people from different backgrounds get on well together in their local area</p>	<p>Sustainable Community Strategy Outcome</p>																			
<p>The proportion of the adult population who say they 'tend to agree', or 'definitely agree' that their local area is a place where people from different backgrounds get on well.</p>	<p>2009 - 2010</p>		<table border="1"> <thead> <tr> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>77.9%</td> <td>77.9%</td> </tr> </tbody> </table>	Value	Target	77.9%	77.9%	<table border="1"> <caption>Chart Data: % of people who believe people from different backgrounds get on well together in their local area</caption> <thead> <tr> <th>Year</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2006/07</td> <td>78%</td> <td>77.9%</td> </tr> <tr> <td>2007/08</td> <td>81%</td> <td>77.9%</td> </tr> <tr> <td>2008/09</td> <td>81%</td> <td>77.9%</td> </tr> <tr> <td>2009/10</td> <td>77.9%</td> <td>77.9%</td> </tr> </tbody> </table>	Year	Value	Target	2006/07	78%	77.9%	2007/08	81%	77.9%	2008/09	81%	77.9%	2009/10	77.9%	77.9%
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<p>Red</p>	<p>?</p>																						
<p>Final published Place Survey result from Communities and Local Government.</p>																							
<p>This outturn is comparable with the London average of 76.3%.</p>																							
<p>The next Place Survey will be carried out in 2010.</p>																							





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

**Date:** 25 February 2010

**Report Title:** Experience Still Counts 2009-2012

**Report of:** Barbara Nicholls, Head of Adult Commissioning, Adult Culture & Community Services

#### **Purpose**

To provide Board members with an interim update on the delivery plan for Experience Still Counts, and progress towards developing an Priorities Options Paper to ensure successful delivery of the quality of life strategy for older people

#### **Summary**

Experience Still Counts is the Haringey Strategic Partnership's quality of life strategy for older people in the borough, including and involving all statutory partners, the third sector and older people themselves. It was widely consulted on with older people.

The delivery of the strategy is now monitored by the Older People's Partnership Board, with a subgroup established to undertake this role. The first meeting of this sub-group will be in March 2010, with its first report to the Older People's Partnership Board at its April 2010 meeting.

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

Budgets for 2010/11 have not yet been finalised for the key statutory partners – i.e. the Council and NHS Haringey. Delivery of the strategy will be dependent on working with older people in setting priorities over the next two financial years in the context of uncertainty around public finances, whilst maintaining quality service delivery within the available resources.

#### **Recommendations**

- i. That the WBPB endorses the approach to monitoring the delivery plan and developing the options appraisal.
- ii. That a full options paper is submitted to WBPB in Summer 2010 following consideration by the Older People's Partnership Board and Joint Leadership Team.

**For more information contact:**

Name: Barbara Nicholls

Title: Head of Adult Commissioning, Adult Culture & Community Services, Haringey Council.

Tel: 020 8489 3328

Email address: [barbara.nicholls@haringey.gov.uk](mailto:barbara.nicholls@haringey.gov.uk)

**Background**

The strategy was presented to the Well-being Partnership Board in May 2009, and was agreed at Council Cabinet in June 2009. The Well-being Partnership Board requested at its meeting in May that an options paper be submitted to the Older People's Partnership Board, the Joint Leadership Team and subsequently the Well-being Partnership Board, which looks at how the priorities under each of the goals can be delivered within available resources.

The delivery plan sets out ten outcomes, with a number of key initiatives under each of the outcomes, with progress achieved on the delivery of a significant number of the initiatives. However in order to ensure progress is maintained, agreed priorities for the next two financial years (for the remaining life of the strategy) is critical.

The strategy and delivery plan provide the platform with work against the outcomes progressing in other arenas. This includes for example, a completed review of the Older People's Partnership Board, increased engagement of Older People in personalisation (including using the innovative 'Reaching Out' programme to consult with older people on their domiciliary care needs and comment on the impact on of the transforming social care agenda), commissioning of a footcare service, development of a commissioning framework for the delivery of older people's mental health services, review and strengthening of the Safeguarding Adults Service, and the development of a volunteering strategy. Within this context of work being undertaken across the partnership, the Older People's Partnership sub-group's initial work plan will be to consider achievements to date and areas where progress has been limited. From the latter the priorities for action for the remainder of Experience Still Counts 2009-2012 will be agreed.

Well-being Partnership Board members, including statutory and third sector partners are key to the successful delivery of the quality of life strategy, which is dependent on ownership from all stakeholders across the partnership. Engagement from statutory sector partners is particularly critical in terms of planning for the use of available resources in the coming financial years.

**Use of Appendices**

Outcome progress summary – to be tabled at Partnership Board



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

**Date:** 25 February 2010

**Report Title:** Well-Being Partnership Board Risk Register as at 31 December 2009

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

**Purpose**

To provide the Well Being Partnership Board with the updated Well Being Risk Register as at 31 December 2009.

**Summary**

Theme Boards are now taking ownership of risk registers. The attached risk register (Appendix 1) includes risks associated with the running of the partnership board and the key LAA targets.

The Annexes to the Well Being Risk Register (Parts A, B and C) provide notes to the terminology used in the register and an explanation of the corporate scoring system that is used.

This will be uploaded and monitored on the Council's Risk and Performance Management System (*Covalent*).

**Legal/Financial Implications**

N/A.

**Recommendations**

For the Well Being Partnership Board to approve the refreshed Well Being Risk Register.

**For more information contact:**

Name: Helen Constantine  
 Title: Head of Governance & Partnerships Service  
 Tel: 020 8489 3905  
 Email address: [Helen.constantine@haringey.gov.uk](mailto:Helen.constantine@haringey.gov.uk)

**Use of Appendices**
















Appendix 1 - Well Being Partnership Board Risk Register 2009/10 as at 31 December 09

- Part A. Terminology guide
- Part B. Residual Risk Map
- Part C. Impact and Likelihood Scales

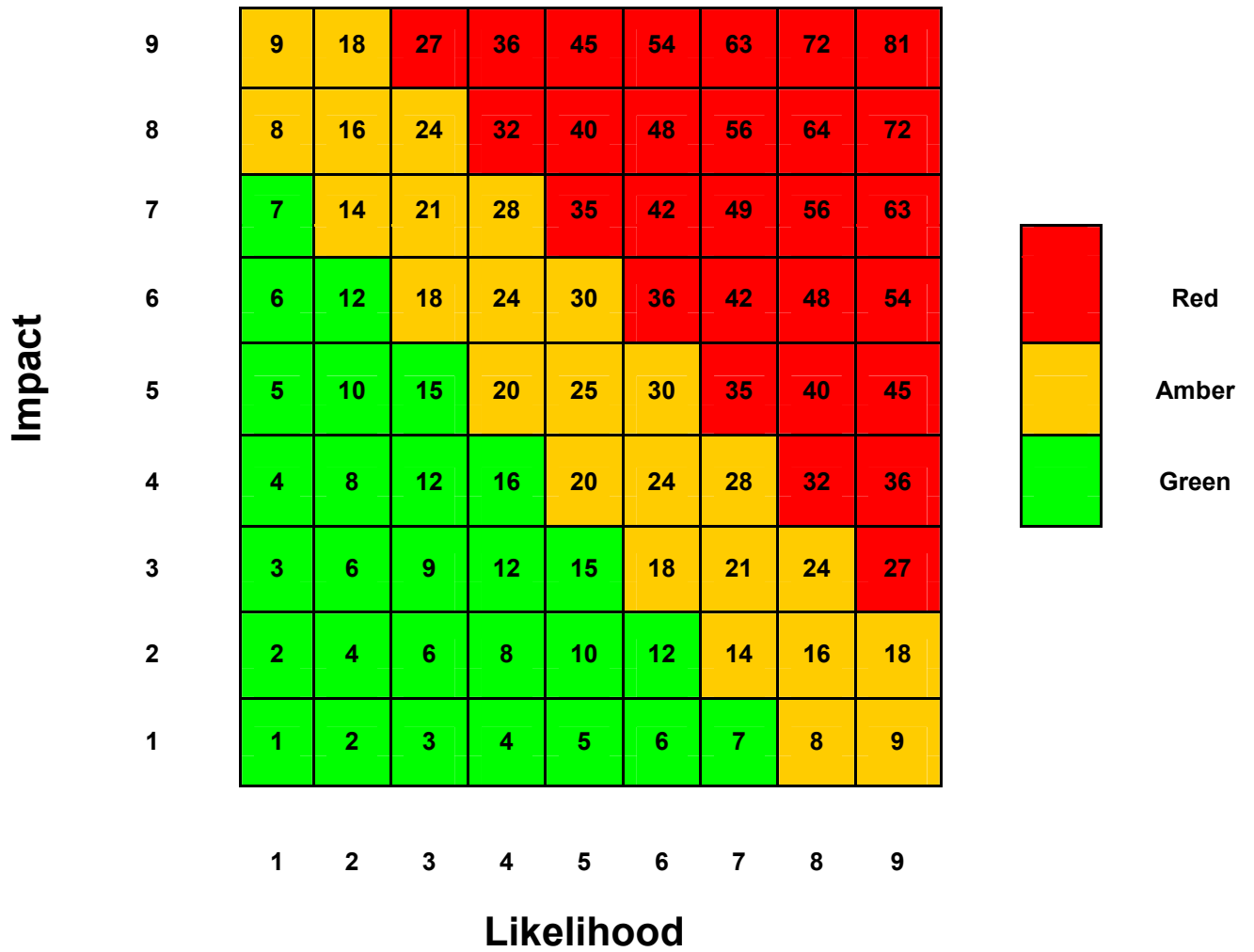
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## WBPB RISK REGISTER - NOTES

### Terminology

<b>Code</b>	Each Risk has a unique code, from which you will be able to identify the Directorate and the Business Unit. For the WBPB Risk Register the code WBPB_ followed by a sequential Risk Number has been used.												
<b>Risk</b>	The name/ details of the risk which is the responsibility of the Risk owner.												
<b>Internal Controls</b>	The internal controls that are already in place to mitigate the risk. These are the responsibility of the Control Owner (where different from the Risk Owner).												
<b>Risk and Control Ownership</b>	Needs to be completed for each Risk. Should specify the ownership for: <ul style="list-style-type: none"> <li>• The Risk</li> <li>• The Internal controls (if different from the Risk Owner)</li> <li>• The Further Actions (if different from the Risk Owner)</li> </ul>												
<b>Impact</b>	The score associated with the impact of the risk (see Appendix B – Residual Risk Map).												
<b>Likelihood</b>	The likelihood of the risk occurring (see Appendix B – Residual Risk Map).												
<b>Risk Score</b>	This is automatically generated and is the Impact score * the Likelihood score. (See Appendix B - Residual Risk Map).												
<b>Rag Status</b>	The current traffic light status, as determined by the risk rating on the matrix for Current Risk Assessment. <div style="text-align: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th colspan="2">Risk Status</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"></td> <td>Alert – Information is missing</td> </tr> <tr> <td style="text-align: center;"></td> <td>Warning - High Residual Risk Score</td> </tr> <tr> <td style="text-align: center;"></td> <td>Warning – Medium Residual Risk Score</td> </tr> <tr> <td style="text-align: center;"></td> <td>OK – Residual Risk Score is low or zero</td> </tr> <tr> <td style="text-align: center;"></td> <td>Unknown</td> </tr> </tbody> </table> </div>	Risk Status			Alert – Information is missing		Warning - High Residual Risk Score		Warning – Medium Residual Risk Score		OK – Residual Risk Score is low or zero		Unknown
Risk Status													
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	OK – Residual Risk Score is low or zero												
	Unknown												
<b>Further Action Code</b>	Each Further Action has a unique code, from which you will be able to identify the Directorate and the Business Unit and Risk it relates to. See appendix A.												
<b>Further Action Title</b>	The details of the Further Action linked to this risk.												
<b>Progress %</b>	Progress is automatically calculated by Covalent and is the progress made on each further action based on the due date of the action. The due date is input into the system for each further action.												

Residual Risk Map





## Impact and Likelihood Scales

To be used as a guide in assessing risk ratings

	Score	Impact Guide	Likelihood Guide	
Low	1	No impact	<1% likely to occur in next 12 months	Low
	2	Financial loss up to £5,000 or no impact outside single objective or no adverse publicity	1%-5% likely to occur in next 12 months	
	3	Financial loss up to £10,000 or no impact outside single objective or no adverse publicity	5%-10% likely to occur in next 12 months	
Medium	4	Financial loss up to £50,000 or minor regulatory consequence or some impact on other objectives	10%-20% likely to occur in next 12 months	Medium
	5	Financial loss up to £100,000 or impact on other objectives or local adverse publicity or strong regulatory criticism	20%-30% likely to occur in next 12 months	
	6	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)	30%-40% likely to occur in next 12 months	
High	7	Financial loss up to £500,000 or impact on strategic level objectives or national adverse publicity or strong regulatory sanctions	40%-60% likely to occur in next 12 months	High
	8	Financial loss up to £1 million or impact at strategic level or national adverse publicity or Central Government take over administration	60%-80% likely to occur in next 12 months	
	9	Financial loss above £1 million or major impact at strategic level or closure/transfer of business	>80% likely to occur in next 12 months	

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## WELL BEING PARTNERSHIP BOARD RISK REGISTER 2009/10 [AS AT 31<sup>st</sup> December 2009]

This document sets out the Well Being Partnership Board key risks, as per our agreed approach. The risks are based upon the LAA targets, which are shown below for information.

### LAA Targets:

- **NI 8** (LA Lead): Adult Participation in sport (2007 – 2010 stretch target)
- **NI 39** (LA/NHS Lead): Alcohol-harm related hospital admission rates
- **NI 121** (NHS Lead): Mortality rate from all circulatory diseases at ages under 75
- **NI 123** (NHS Lead): Stopping Smoking
- **NI 125** (NHS Lead): Achieving independence for older people through rehabilitation/intermediate care
- **NI 131** (LA/NHS Lead): Delayed transfers of care
- **NI 135** (NHS Lead): Carers receiving needs assessment or review and a specific carer's service, or advice and information
- **NI 141** (LA Lead): % of vulnerable people achieving independent living
- **NI 149** (NHS Lead): Adults in contact with secondary mental health services in settled accommodation

### Local Targets:

- % of HIV-Infected patients with CD4 count <200 cells per mm<sup>3</sup> at diagnosis - NHS Lead
- Number of older people permanently admitted into residential and nursing care (2007-2010 stretch) – LA Lead
- Number of accidental dwelling fires (2007 – 2010 stretch target) – LA Lead
- Number of smoking quitters in the N17 area (2001 – 2010 stretch target) – LA Lead




**Lack of continuity of membership across the Well Being Strategic Thematic Board**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
WBPB_R001	<p>Lack of continuity of membership impacts on the ability to deliver on outcomes/targets:</p> <ul style="list-style-type: none"> <li>&gt; High turnover of members</li> <li>&gt; Inability to recruit and/or retain right members</li> <li>&gt; Non-attendance of members at meetings</li> <li>&gt; Lack of continuity and/or succession planning</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Agreed recruitment procedures for Theme Board Membership</li> <li>&gt; Responsibility for filling posts identified</li> <li>&gt; Training and development for Theme Board Members</li> <li>&gt; Reporting processes to highlight and identify vacancies and/or non-attendance</li> <li>&gt; Membership reviewed annually</li> </ul>	<p><b>Risk Owner:</b> Well Being Partnership Board</p> <p><b>Control Owner:</b> Joint Leadership Team (JLT)</p>	3	2	6		<p>WBPB_R001_F001</p> <p>Terms of reference/ membership is reviewed annually and ratified at Well Being Partnership Board.</p> <p><b>Further Action Owner:</b> JLT</p>	100%



Data quality and/or information management arrangements									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
WBPB_R002	Information requirements not identified. Responsibility for data collection and verification not identified and/or assigned to specific officers. Information provided is inaccurate of not in accordance with agreed timescales.	Quarterly Well Being scorecard submitted. Monitoring and capturing information by the Joint Leadership Team and Well Being Partnership Board - reviewed quarterly.	<b>Risk Owner:</b> Well Being Partnership Board  <b>Control Owners:</b> JLT, ACCS and NHS Haringey Performance Managers	3	2	6	✓	WBPB_R002_F001 Health Communities Sub Group to be established under the JLT.  <b>Further Action Owner:</b> JLT	0%

Governance Arrangements									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
WBPB_ROOT3	Proper governance arrangements not in place.	Well Being Partnership Board Terms of reference reviewed and ratified annually.	<b>Risk and Control Owners:</b> Well Being Partnership Board and Joint Leadership Team	3	2	6			
	Principles of good governance not embedded.								
	Theme board members fail to act in accordance with principles of good governance.	Members of the WBPB and JLT 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.							
	Declarations or conflicts of interest not completed.								
	Potential conflicts of interest not addressed/acted on to ensure appropriate decisions are taken.								



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

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
WBPB_R004	Outcomes not delivered:	Developing Healthy Communities and reducing Health Inequalities targets that are outcome focused.  Structure and terms of reference of JLT and Healthy Communities Sub-Groups agreed by Well Being Partnership Board.  OHOCOS (Our Health Our Care Our Say) outcomes monitored and reviewed by JLT and HC Group.  Healthy Communities Group ensures joint ownership and delivery of the Well Being Strategic framework.  Well Being Partnership Board monitors the implementation of projects delegated to the JLT.	Risk & Control Owner: Joint Leadership Team	3	3	9	🟢	WBPB_R004_F001 Regular workshops to be held to discuss effectiveness of structure and ensuring delivering to well being objectives.	100%
	WBPB_R004_F002 Create cycle of regular update reporting from HC Sub-Group to WBPB.							0%	
	WBPB_R004_F003 Each service or project linked to the relevant LAA indicator(s) needs to be 'tracked' directly through the mainstream or grant budget(s) and this should be identified across all documentation (including risk							100%	



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

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	<p>➤ Failure to work effectively with other Theme Boards on relevant issues</p>	<p>WBPB and HC Group monitor progress on LAA targets.</p> <p>JLT consider, comment on and endorse, as appropriate strategic documents from other partnership boards or sub groups relating to the group's outcomes that require a joint multi-agency response.</p> <p>HC Sub-Group reports to the Well Being Partnership Board via the JLT.</p> <p>JLT accounts for actions/performance through regular reports to the WBPB on finance, performance and joint commissioning.</p> <p>WBPB monitors the effectiveness of joint planning arrangements</p>						<p>registers). Effective controls to be put in place in order to mitigate risks associated to outcomes that are not delivered. These need to be measurable.</p> <p><a href="#">WBPB_R004_F004</a> The HC sub-group of the WBPB needs to identify and put in place SMART objectives for the services and projects that fall under its work programme.</p> <p><a href="#">WBPB_R004_F005</a> HC sub-group to focus on making controls work and identify/follow through on any further</p>	0%






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

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
		<p>within its structure.</p> <p>Well Being Partnership Board nominates a member to represent it on the HSP Board.</p>						<p>actions required.</p> <p><b>Further Action Owners:</b></p> <p><i>JLT, ACCS and NHS Haringey Finance and Performance Heads and Head of Governance &amp; Partnership Service ACCS.</i></p>	



NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
WBPB_R005	Failure to increase overall adult sport and physical activity participation to 26.90% in 2009/10.	<p>Officer and funding resources allocated to improving participation.</p> <p>Projects e.g. HariActive, developed to address link to Central Governments Change 4 Life programme.</p> <p>Better governance of wider participation programme via CSPAN.</p> <p>Several ABG funded projects are monitored through a performance regime and monthly call-overs.</p>	<p><b>Risk Owner:</b> Assistant Director of Recreation, ACCS</p>	8	5	40		<p>WBPB_R005_F001 Development of CSPAN &amp; Proxy PI reporting.</p>	90%
			<p>WBPB_R005_F002 Implement 'HariActive - Make a Change' Programme</p>					50%	
			<p><b>Control Owner:</b> Recreation Policy &amp; Development Manager, ACCS</p>					<p>WBPB_R005_F003 Implement 'Free Swimming' initiative</p>	60%
								<p>WBPB_R005_F004 Continued focus, resources etc, required for the medium to long term.</p>	0%
								<p>WBPB_R005_F005 Develop 'Active' promotion within My Haringey campaign.</p>	10%
								WBPB_R005_F006	



NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
								Create, coordinate and develop Service Promotions and Consultation programme  <b>Further Actions Owner:</b> <i>Assistant Director Recreation Services, ACCS</i>	75%
<b>WBPB_R006</b>	Failure to increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5%.	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitored through leisure centres.	<b>Risk Owner:</b> Assistant Director of Recreation, ACCS  <b>Control Owner:</b> Head of Sport and Leisure, ACCS	3	5	15			
<b>WBPB_R007</b>	Failure to increase the proportion of lower socio economic use of our leisure centres by 2% from 112,000 to 118,855.	Enhanced levels of marketing and outreach work with BME Communities and potential alteration to programmes offered.	<b>Risk Owner:</b> Assistant Director of Recreation, ACCS	3	2	6		<b>WBPB_R007_F001</b> Partnership working with relevant agencies. <b>WBPB_R007_F002</b>	90%



NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
		Monitored through Leisure Centres.	<b>Control Owner:</b> Head of Sport and Leisure					Develop and implement Leisure Programme  <b>WBPB_R007_F003</b> QUEST Improvement Programme  <b>Further Actions Owner:</b> AD Recreation Services, ACCS	25%  75%
<b>WBPB_R008</b>	Failure to increase sports and leisure use equally across BME communities and reduce the differential by 2% from 4%.	Enhanced levels of marketing and outreach work with BME Communities and potential alteration to programmes offered. Monitored through Leisure Centres.	<b>Risk Owner:</b> Assistant Director of Recreation, ACCS  <b>Control Owner:</b> Head of Sport and Leisure, ACCS	2	5	10		<b>WBPB_R008_F001</b> Partnership working with relevant agencies.  <b>Further Actions Owner:</b> Assistant Director Recreation Services, ACCS	90%
<b>WBPB_R009</b>	Failure to increase the proportion of older people	Enhanced levels of marketing and outreach	<b>Risk Owner:</b> Assistant	3	2	6		<b>WBPB_R009_F001</b> Partnership working	



NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	(60+) using our leisure centres by 5% per annum from 101,000 to 116,920.	work and potential alteration to programmes offered. Monitored through Leisure Centres.	Director of Recreation, ACCS  <b>Control Owner:</b> Head of Sport and Leisure, ACCS					with Adult Social Services, Age Concern etc.  WBPB_R009_F002 Implement Free Swimming initiative  <b>Further Actions Owner:</b> Assistant Director Recreation Services, ACCS	90%  60%
WBPB_R010	Failure to increase the proportion of disabled people using our leisure centres by 5% from 96,000 to 111,132.	Enhanced levels of marketing and outreach work and potential alteration to programmes offered. Monitored through Leisure Centres.	<b>Risk Owner:</b> Assistant Director of Recreation, ACCS <b>Control Owner:</b> Head of Sport and Leisure, ACCS	2	2	4	✔	WBPB_R010_F001 Partnership working with Adult Social Services and other relevant groups/organisations.  <b>Further Action Owner:</b> Assistant Director Recreation Services, ACCS	90%
WBPB_R011	Failure to increase club membership to 26%.	Officer resources focused on assisting clubs to build	<b>Risk Owner:</b> Assistant	2	4	8	✔	WBPB_R011_F001 Produce /Implement	100%



NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	Failure to increase sports tuition to 21%. Failure to increase sports volunteering to 5%.	capacity via volunteering, better coaching, sign posting and assistance with club funding etc. Various sports specific development plans are being developed (as per further actions). Closer relationships with National Governing Bodies. New pricing policy to encourage club engagement.	Director of Recreation, ACCS  <b>Control Owner:</b> Recreation Policy & Development Manager, ACCS					Football Development Plan  WBPB_R011_F002 Produce /Implement Tennis Development Plan  WBPB_R011_F003 Produce/ Implement Aquatics Development Plan  WBPB_R011_F004 Review & Develop Sports Approved Suppliers Framework and Club Accreditation  <b>Further Actions</b> <b>Owner: Assistant Director Recreation Services, ACCS</b>	100%    80%   25%
WBPB_R012	Failure to increase the number of young people	Significant officer resources focussed on	<b>Risk Owner:</b> <b>Assistant</b>	2	5	10		WBPB_R012_F001 Partnerships between	





NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
								Organising Committee of the Olympic Games bid  <a href="#">WBPB_R013_F003</a> Develop & Implement Muswell Hill Playing Fields Masterplan  <a href="#">WBPB_R013_F004</a> Implement Leisure Strategic Renewals Programme  <a href="#">WBPB_R013_F005</a> Develop Outdoor Play Improvement Project - 'Playbuilder'  <b>Further Actions Owner:</b> <i>Assistant Director Recreation Services, ACCS</i>	80%
<a href="#">WBPB_R014</a>	Failure to increase parks and open space use across BME	Targeted activity programmes and publicity	<b>Risk Owner:</b> Assistant	2	5	10			





NI 8: Adult Participation in Sport (2007-2010 stretch target)									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	communities and reduce the differential by 3% from 10.3% to 7.3%.	plus outreach work. Community champions initiative. Monitored through annual parks survey.	Director of Recreation, ACCS  <b>Control Owner:</b> Head of Parks, ACCS						
<b>WBPB_R015</b>	Failure to increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66.	Publicity/Events Calendar, HariActive initiative, and enhanced activity programmes. HariActive promotional programme launched 2009. Monitored through annual parks survey and quarterly monitoring program in use.	<b>Risk Owner:</b> Assistant Director of Recreation, ACCS  <b>Control Owner:</b> Head of Parks, ACCS	2	5	10		<b>WBPB_R015_F001</b> Complete Parkforce Implementation  <b>WBPB_R015_F002</b> Implement Open Space Improvement Programme  <b>Further Actions Owner:</b> Assistant Director Recreation Services, ACCS	100%  80%
<b>WBPB_R016</b>	Failure to increase the percentage of residents visiting a park at least once a	Publicity/Events calendar, HariActive initiative, enhanced activity	<b>Risk Owner:</b> Assistant Director of	2	4	8		<b>WBPB_R016_F001</b> Complete Parkforce Implementation	100%



**NI 8: Adult Participation in Sport (2007-2010 stretch target)**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	month by 3% from 88.3% to 91.3%.	programmes. HariActive promotional programme launched 2009. Monitored through annual parks survey and quarterly monitoring program in use.	Recreation, ACCS  <b>Control Owner:</b> Head of Parks, ACCS					<b>WBPB_R016_F002</b> Implement Open Space Improvement Programme  <b>Further Actions Owner:</b> Assistant Director Recreation Services ACCS	80%



**NI 39: Alcohol-harm related hospital admission rates**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<b>WBPB_R017</b>	<p><i>Target: rate of hospital admissions per 100,000 for alcohol related harm = 1,654 in 2009/10</i></p> <p>The latest provisional figures for NI 39 (reducing alcohol related hospital admissions) are available for Quarter 1 (2009) on the North West Public Health Observatory website (<a href="http://www.nwph.net/alcohol/lape/download">www.nwph.net/alcohol/lape/download</a>). Figures for Quarter 2 are not yet available from the NWPHO but the local estimate derived from PCT SUS data for the Q2 09/10 showed admissions at 463 per 100,000. Both figures are higher than any quarter in 08/09.</p> <p><b>Unless there is a significant reduction in the admissions,</b></p>	<p>Specification for analysis drafted and analyst commissioned.</p> <p>£100k new investment from the Council's ABG allocation for 09/10 and £60k from Primary Care Trust. DAAT are also successful in application for Migrant Impact Funds (MIF) and set up steering group to research and set in place strategy to deal with street drinking with a particular focus on migrants.</p> <p>Meeting to be arranged with North Mid managers re achieving buy-in to undertake BI at A&amp;E.</p> <p>Alcohol screening to be undertaken as part of mid life health checks.</p>	<p><b>Risk Owner:</b> Associate Director of Public Health for Adults and Older People</p> <p><b>Control Owner:</b> D.A.A.T.</p>	2	2	4		<p><b>WBPB_R017_F001</b> Extension of alcohol brief interventions at A&amp;E and on wards on North Middlesex Hospital</p> <p><b>WBPB_R017_F002</b> Commissioning of new detoxification places for people with alcohol related complex needs.</p> <p><b>WBPB_R017_F003</b> Commissioning of new peripartetic detox nurse.</p> <p><b>WBPB_R017_F004</b> Enhancement of an existing service (COSMIC) meeting the needs to children and families affected by substance misuse.</p>	70%



**NI 39: Alcohol-harm related hospital admission rates**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	<p>it is unlikely that the target for 2009, 1654 or lower, will be met.</p> <p>It should however be noted, that new investment to tackle alcohol related hospital admissions only became available in 09/10. Therefore, outcomes from the new investment are likely to be seen more in the longer term (and this target is a reduction in an upward trend, which implies looking at the admission rate over a number of years).</p>							<p><b>WBPB_R017_F005</b>            Targeted social marketing campaign following a detailed hospital admissions analysis. <i>(no resources available to action this).</i></p> <p><b>WBPB_R017_F006</b>            NHS Haringey are looking at the possibilities for introducing a directed enhanced service (DES) to screen for alcohol use by GPs.</p> <p><b>WBPB_R017_F007</b>            Completion of the Alcohol Needs Assessment by NHS Haringey which will inform any further commissioning.</p> <p><b>Further Actions Owner:</b>            D.A.A.T.</p>	<p>0%</p> <p>100%</p> <p>90%</p>



**NI 121: Mortality rate from all circulatory diseases at ages under 75**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<a href="#">WBPB_R018</a>	Capacity to remodel stroke care (hyper-acute centres, care pathways, rehabilitation and on-going support.) <i>Target 09/10 = 94</i>	New PH Consultant lead for stroke appointed. Annual external survey undertaken. Services/initiatives are in place to ensure a supportive environment in order to meet the target.	<b>Risk &amp; Control Owner:</b> Associate Director of Public Health for Adults and Older People	2	2	4			

**NI 123: 16+ smoking rate prevalence**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<a href="#">WBPB_R019</a>	Staff turnover in quit smoking team, including new manager. Reaching routine and manual workers.	Interim Commissioner appointed. Multi-agency Tobacco Control Alliance established.	<b>Risk &amp; Control Owner:</b> Associate Director of Public Health for Adults and	2	2	4		<a href="#">WBPB_R019_F001</a> Need to reach routine and manual workers. Social marketing research has informed targeted	80%



NI 123: 16+ smoking rate prevalence									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	<i>Target 09/10 = 1008 4-week quitters</i>	<p>Manager now in post.</p> <p>Service has restructured in order to focus work on the high prevalence smoking areas as identified by DOH demographics studies. N17 has been identified as a high priority area.</p>	Older People					<p>work with evidence-based projects.</p> <p><b>Further Action Owner:</b>  <i>Associate Director of Public Health for Adults &amp; Older People</i></p>	



**NI 125: Achieving independence for older people through rehabilitation/intermediate care**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<b>WBPB_R020</b>	Failure to improve the involvement of people in care planning by increasing the number of person-centred care plans.	Scrutinised in monthly performance call-overs.	<b>Risk Owner:</b> Assistant Director Adult Services & Commissioning, ACCS  <b>Control Owner:</b> Head of Commissioning, ACCS	2	2	4			

**NI 131: Delayed Transfers of Care**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<b>WBPB_R021</b>	Target for delayed transfer of care not met.  <i>Target 2009/10: 9.0 against London Average of 10.0</i>	Actions are in place to improve performance including:- ➤ Daily teleconferencing between Haringey and NHS Haringey to assist in problem-solving on	<b>Risk &amp; Control owners:</b> Assistant Director Adult Services & Commissioning  and	3	2	6		<b>WBPB_R021_F001</b> New single point of access (the Integrated Access Team) will provide advice and information to all people contacting or	100%



**NI 131: Delayed Transfers of Care**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
		<ul style="list-style-type: none"> <li>➤ discharge cases;</li> <li>➤ Procurement of joint beds at Newstead Nursing Home;</li> <li>➤ Integrated Care Team have target to reduce acute delays by 2 per month;</li> <li>➤ Performance monitoring through monthly performance call-overs;</li> <li>➤ Performance team and PCT working together to validate data to ensure reported performance for Social Services and PCT are same or at least comparable.</li> </ul>	Associate Director of Public Health for Adults and Older People					<p>making referrals to the team including information about services for older people.</p> <p><b>Further Action</b>  <b>Owner:</b>  <i>Assistant Director Adult Services &amp; Commissioning and Associate Director of Public Health for Adults and Older People</i></p>	







NI 135: Carers receiving needs assessment or review and a specific carers service or advice and information									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
WBPB_R023	Failure to offer culturally appropriate assistance and support for the cared-for-person.	BME voluntary sector partners commissioned to: 1. provide services to BME carers 2. perform advocacy role 3. 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. Several ABG funded projects monitor performance targets for wide-ranging initiatives/services.	<b>Risk Owner:</b> Assistant Director Adult Services & Commissioning, ACCS <b>Control Owner:</b> Assistant Director Adult Services & Commissioning and Head of Commissioning, ACCS	5	2	10	✔	WBPB_R023_F001 Implement the Carers Partnership Board work plan including the information and communication workstream. <b>Further Action Owner:</b> Head of Commissioning	100%
WBPB_R024	Delay in developing a commissioning strategy for carers.	Carers Partnership responsible to managing process of developing strategy including consultation.	<b>Risk Owner:</b> Assistant Director Adult Services & Commissioning, ACCS	2	2	4	✔	WBPB_R024_F001 Implement the Carers Partnership Board work plan including the information and communication	100%



**NI 135: Carers receiving needs assessment or review and a specific carers service or advice and information**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
			<b>Control Owner:</b> Head of Commissioning					workstream.  <b>Further Action Owner:</b> Head of Commissioning	

**NI 141: Number of vulnerable people achieving independent living**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<b>WBPB_R025</b>	Failure to increase access to day opportunities.  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. ( <i>Target 09/10 = 77%</i> )	All clients in supported housing to be given a basic 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	<b>Risk &amp; Control Owners:</b> Assistant Director Adult Services & Commissioning  And  Assistant Director Culture, Learning &	3	2	6		<b>WBPB_R025_F001</b> 100% of tenants to have had a benefit check within 6 weeks of arrival in the scheme.  <b>WBPB_R025_F002</b> The Commissioning work stream of the Personalisation Program has	100%        80%



<b>NI 141: Number of vulnerable people achieving independent living</b>									
Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
	<p>Failure to increase the number of service users who are supported to establish and maintain independent living.</p> <p>Failure to increase the number of service users who have moved on in a planned way from a temporary living arrangement.</p>	<p>disabilities.</p> <p>Supporting People Programme promotes independence and supports vulnerable service users to live independently.</p> <p>ABG funded projects are monitored through monthly performance regime and meetings.</p>	Libraries					<p>undertaken detailed market research (including gap analysis) of services currently available to personal budget holders, informing a market development framework to ensure improved market readiness of a variety of community and preventative services. This includes capacity building of community groups and social enterprise and workforce transformation.</p> <p>Work is underway with key providers in moving to providing care that delivers user outcomes. Meetings have been</p>	



**NI 141: Number of vulnerable people achieving independent living**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
								held (November 2009) with key domiciliary care providers to start testing and piloting this from January 2010.  <b>Further Actions</b> <b>Owner:</b> <i>Assistant Director Adult Services &amp; Commissioning</i>	

**NI 149: Adults in secondary mental health services in settled accommodation**

Code	Risk	Internal Controls	Risk and Control Ownership	Impact	Likelihood	Risk Score	Rag Status	Further Actions	Progress %
<b>WBPB_R026</b>	Failure to increase the number of adults aged 18-64 with mental health problems helped to live at home.	Monitored and scrutinised at monthly performance call-over meetings with all service leads.	Assistant Director Adult Services & Commissioning	2	2	4			

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# Haringey Multi-agency

## Safeguarding Adults

### Prevention Strategy 2009/11

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**Equality Impact Assessment.....**

**Glossary.....**



<b>Version</b>	<b>Status</b> <i>Month 20XX</i>	<b>Author</b> <i>Officer's Name, Job Title, Business Unit, Directorate</i>
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<b>Monitoring Arrangements:</b> <i>The arrangements put in place to ensure that the strategy outcomes will be achieved</i>		
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<b>Lead Officer</b> <i>(a contact person who can assist with inquiries about the strategy)</i>		

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## Executive Summary

Haringey's multi-agency safeguarding adults' policy and procedures represents the commitment across the agencies in Haringey to promote a safer Haringey. This must be co-ordinated between agencies, all sharing a common vision: to promote safety; prevent abuse; and protect vulnerable adults from abuse.

This document represents collaboration between the agencies in the Borough with a responsibility for working with vulnerable adults. This includes Adult Services; the three health trusts; the police; the voluntary sector and the private sector, to provide a joint policy framework by which we work in partnership to safeguard vulnerable adults from abuse. The policy and procedures are based on 'No Secrets'<sup>1</sup> and 'A National Framework of Standards for good practice and outcomes in Adult Protection work.'<sup>2</sup>

Haringey Adult Services are responsible for the co-ordination and development of the prevention strategy for safeguarding vulnerable adults in conjunction with the other agencies; despite being the lead agency, ownership and responsibility lies with all agencies.

There are safeguarding adults' leads within each of the statutory agencies represented in Haringey; these identified individuals have a responsibility for co-ordinating safeguarding adults within their organisation. This includes embedding the procedures and ensuring that safeguarding adults retains a place of significance, whilst ensuring prevention measures are practiced.

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<sup>1</sup> No Secrets – Department of Health (2000)

<sup>2</sup> A National Framework of Standards for good practice and outcomes in Adult Protection work.<sup>2</sup> ADSS 2005

## **Forward**

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

The Care Quality Commission presented its findings to Adult Services in July 2009 following an inspection of the safeguarding adults and elderly services. One of its recommendations was to develop a multi-agency prevention strategy to tackle abuse and neglect of vulnerable adults within Haringey.

Much work has been done in Haringey to raise awareness; investigate; and safeguard vulnerable adults. We are now working towards an overarching strategy to prevent the very abuses we have so far been investigating.

This strategy covers the next three years; however, there are significant changes afoot, both within Haringey and nationally in relation to safeguarding adults. These include the joint protocols being developed by Care Quality Commission for Adult Services, the NHS, and the police, augmenting the recommendations following the consultation on 'No Secrets'. This document is therefore a living instrument, to be reviewed regularly by the prevention subgroup and the safeguarding adults' board, so that we can all work together towards ending the abuse of vulnerable people.

The abuse of vulnerable adults will continue to be a challenge to professionals and to society in general. Raising awareness of issues that constitute abuse and responding appropriately when concerns about possible abuses are reported will give a message that it is not acceptable.

Cllr Dilek Dogus  
Cabinet Member for Adult Social Care and Wellbeing

## **Introduction**

“Abuse is a violation of an individual’s human and civil rights by any other person or persons.”<sup>3</sup>

There are three sections to this prevention strategy

1. Background and challenges to address in Haringey around safeguarding adults;
2. The current status of safeguarding adults, current work and key issues;
3. A recommendation for future expansion of safeguarding adults’ preventative work.

This strategy has been written in consultation with partner agencies, including Haringey Council; NHS Haringey; Whittington hospital NHS trust; North Middlesex hospital NHS trust; Barnet, Enfield and Haringey mental health trust; the Metropolitan Police service for Haringey; and has had input from other statutory bodies including the Crown Prosecution Service for Haringey; Victim Support; and non-statutory bodies listed in the 2009 workplan.

There are significant changes in safeguarding adults. Part of the changes from a multi-agency perspective is the fact that there will now be a joint safeguarding adult’s protocol from the Care Quality Commission. NHS trusts were not previously inspected for safeguarding adults procedures, they will in future be fully inspected and scored in a manner similar to how the local authority are currently being inspected in this regard.

### **Scope of the Strategy**

This strategy applies to vulnerable people of Haringey, as defined under section 59 of the Safeguarding Vulnerable Groups Act 2006 (please see Appendix B). It does not apply to safeguarding children.

### **Challenges: local**

This strategy should be read in conjunction with the Sustainable Community Strategy, in particularly, People at the heart of change; Economic vitality and prosperity shared by all; Safer for all; Healthier people with a better quality of life; People and customer focused.

Haringey has one of the most diverse populations in the United Kingdom, characterised by a constantly changing population, with significant

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<sup>3</sup> No Secrets – Department of Health (2000)

differences in wealth. The east of the borough is one of the most deprived areas in the country, with the concomitant affects on health and wellbeing that this brings; to the west, profound affluence, where some elderly people live in properties worth in excess of £1 million.

Haringey's population has its extremes also; much of the population is aged between 20 and 30 owing to the large immigrant population. The Borough is not immune to the national phenomenon of an aging population however, with the increase of service demands that this brings. 49,000 people within the borough are over 50 and will rise to over 55,000 by 2011. Of these numbers, 47% are from black and minority ethnic groups, which is likely to rise by 8% by 2011.

Growing older ought not be a barrier to living healthily, with the support of family members, carers and services. Nevertheless, numbers of elderly people requiring services is likely to increase dramatically over the next 10 years as a consequence of an aging population.

Changing the ways we provide services will be transformed by the introduction of the individual budgets scheme. It is essential that adequate safeguards are embedded in the service provision. Haringey has introduced the Risk Matrix and assessment tool to identify risks to the individual and a monitoring system is being developed to assess and evaluate the management of those risks. We will work also with third sector and voluntary service providers to improve practice.

People with mental health problems, learning disabilities or physical disabilities are also vulnerable to abuse and exploitation. It will remain a challenge to strike the right balance between empowering vulnerable people in line with the personalisation agenda, and keeping them safe from exploitation and abuse. This debate has to be made inclusively, by engaging with clients and their carers in the services provided. The new quality assurance system and strategy will follow up alerts through service user evaluation which will qualitatively assist in improving services.

**Challenges: National:**

The national safeguarding adults' agenda is in flux. There is a new definition of 'vulnerable' under the Safeguarding Vulnerable Groups Act 2006 (please see Glossary),. This new definition is much wider than the No Secrets definition and will encompass a great many people hitherto unknown to Adult Services.

National consultation on the No Secrets guidance is completed and we await the government's response. At the time of writing it is unknown whether legislation is likely to be made concerning safeguarding adults,

although the Law Commission has stated that it has made no recommendation to the Government in preparation for consolidation legislation relating to community care, due in 2013.

Perhaps the most significant challenge regarding prevention of abuse is the new personalisation agenda and expansion of individual budgets. Currently, all workers and carers, including agency workers, are subject to rigorous background checks and references. There are outstanding provisions for checking and regulating independent carers, employed by the vulnerable adult themselves. This area will be the most important element of the prevention strategy.

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## **Section Two**

### **Current Status: 2009**

The safeguarding adults' agenda and structure within Haringey is changing. The current structure dates back four years, taking the last three years to augment and establish throughout Haringey Borough. Following the Care Quality Commission inspection, which delivered its findings in July 2009, the safeguarding adults' team has been re-structured in Adult Services.

#### **To date, we have achieved the following:**

- Safeguarding awareness at inductions has become formalised and mandatory within Haringey council, NHS Haringey, and the police.
- The Commissioning and Contracts service in Haringey Council have introduced robust systems into the procurement of services. Two Market Development Officers were appointed in 2008 to develop quality systems within service delivery and identify problems.
- Service Providers who do not meet agreed standards are either temporarily suspended whilst they improve their services or contracts are terminated if unable to improve.
- Criminal Records Bureau (CRB) checks for all new employees and all staff are registered with the Independent Safeguarding Authority
- Ensuring that small unregulated voluntary providers have funds available for CRB checks for workers.
- We have developed a Quality Assurance Framework and audit tools to support the safeguarding investigation process and monitor outcomes for victims of abuse.
- We have introduced the SOVA Workflow on the Council's electronic client database system. The workflow is a fully automated 'systems checker', able to measure all data within safeguarding adults and provide detailed information for quality assurance analysis. The workflow has an in-built risk assessment and audit tools.
- Monitoring of referrals, investigations and outcomes will be more accurate with the introduction of the workflow.

- The system is also a management tool and must be authorised at every stage by a manager to ensure that appropriate actions are taken to protect and prevent further abuse.
- The risk assessment and management framework has been launched and 30 frontline staff and managers have been trained. Further training courses are planned.
- The number of SOVA alerts have increased in 2009 by 10–15%, reflecting in part awareness of abuse and the steps to take in reporting abuse.
- Vulnerable adults are receiving education about what constitutes abuse through their individual case workers.
- User groups are being supported to enable vulnerable adults to talk about issues which concern them.
- Self-advocacy schemes are available to support vulnerable adults to disclose abuse.
- Advocacy schemes are available to represent vulnerable adults, when they are unable to do so themselves.
- Specific information on safeguarding adults is available, accessible and understandable to vulnerable adults.
- Where possible, vulnerable adults are helped to make decisions, which affect their lives.
- In each ward within Haringey Borough, there are four crime prevention officers.
- The Safer Neighbourhood Units have expanded and with a compliment of one sergeant; two police constables; and three police constable support officers.
- For other continuing work, please see domestic violence protocol.
- We have carried out targeted outreach to specific black and minority ethnic groups which has resulted in an increase in reports of adult abuse from specific communities (please see annual report).



**Section Three**  
**Recommendations for the Future:**

1. Linking the Safeguarding Adults Board into key local strategic partnerships thus ensuring safeguarding is on everyone's agenda.
2. Embedding safeguarding principles across partner agencies with each partner taking ownership of the implementation in their organisations.
3. Raising awareness across Haringey through 6 dedicated awareness days per year.
4. Training all staff in safeguarding adults (please see training strategy)
5. Reducing the likelihood of abuse and repeat episodes of abuse and neglect once reported.
6. Improving services and quality systems
7. Analysis of safeguarding data to understand and reduce abuse and neglect
8. Embed the notion that "If in doubt, shout" to all frontline staff, so that concerns are consistently escalated.

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### **Specific Action Plan for 2010/11**

- Prevention is as much about creativity as it is about responding and investing; we will therefore continue to appoint individuals to the prevention subgroup who have ideas to bring, regardless of their standing or seniority.
- We will learn from errors, and will examine changes in national policy, so that the prevention subgroup can scrutinise changes and implement them as necessary.
- The prevention subgroup is now established and is Quorate.
- Establish full interagency cooperation and involvement with the Safeguarding Adults Board .
- To share resources: NHS Haringey has provided £25,000 towards the prevention strategy.
- To support key national and international dates on safeguarding adults' issues such as the World Elder Abuse Awareness Day on June 15 each year.
- Ensure key individuals within various organisations are involved with prevention planning, including adult social services, the three NHS trusts, the police, the London ambulance service, non-statutory organisation, charities with vested interests, and members of the public.
- This is the first time that the London ambulance service has linked in with a London borough specifically to deal with safeguarding adults issues. We will build collaborative professional relationships with the LAS and work towards wider awareness to ambulance crews who regularly witness abuse and neglect.
- This is the first time that the Crown Prosecution Service has officially endorsed openness and close working partnerships with other agencies. We have met with the crown prosecutors, one of whom is now a member of the board.
- Where previously front line officers worked with the court of protection, closer working with the CPS will ensure that appropriate cases are prosecuted, and that such cases are reported.
- The police in Haringey will review their training to standing police officers on safeguarding adults (please see training plan) in collaboration with the training subgroup.
- The training and development subgroup is reviewing all levels of training for front line workers.
- To work with trading standards and regulated/local authority sanctioned businesses which provide services to vulnerable people in order that they can provide us with intelligence on 'scams' and we can provide services that will ameliorate these risks.
- Much of last year focused on briefings to various agencies, organisations and charities. This year, the focus will be on specific training, in consultation with all leads within each organisation. Nevertheless, briefings will remain for hard-to-reach groups within the BME groups highlighted in last year's audit.

- Financial exploitation/abuse/theft/fraud is the single greatest area regarding safeguarding adults. We will target post offices initially, as most vulnerable people meet their financial needs there, and staff may be amenable to disclosure.
- To increase the number of health staff who attend strategy meetings.
- To train one quarter of GP's in Haringey around safeguarding adults.
- To establish operational safeguarding adults leads within each service/clinic/medical centre/in-patient ward.
- Disseminate the new overarching safeguarding adults' protocol delivered by the Care Quality Commission.
- To work with the courts, probation and CPS to establish a new court system for domestic violence, to prevent the continued violence against women suffering domestic violence.

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### **2010/11**

- We will examine new changes from the review and consultation on No Secrets and implement them as required.
- To support key national and international dates on safeguarding adults' issues such as the World Elder Abuse Awareness Day and to provide 6 such awareness days in the year.
- Create, plan, and execute a safeguarding adult's launch. Invited attendees will include key political and professional individuals responsible for safeguarding adults.
- We will continue to build collaborative professional relationships with the London ambulance service and work towards wider awareness to ambulance crews who regularly witness abuse and neglect.
- We will work closely with trading standards in disseminating new programmes, and sharing concerns.
- We will continue to work with the CPS to share information, training and awareness, particularly around section 44 Mental Capacity Act 2005 offences and fraud.
- The new level 2 and 3 training for safeguarding adults to be implemented.
- Specific tailor made training will expand to target areas of idiosyncratic challenges, e.g. emergency medicine and end of life care.
- To continue to increase the number of health staff who attend strategy meetings and for this to be audited.
- To train a further one quarter of GP's in Haringey around safeguarding adults.
- To develop posts within the two acute NHS trusts in dealing with safeguarding adults and domestic violence through the neighbourhood renewal fund for deprived areas
- Audit will continue to evaluate qualitatively, service users' opinions. This information will be brought to the quality assurance, training and development subgroup for analysis and to support required changes.
- Annual audits within all organisations will continue each April to ascertain trends. We will check these against known numbers from equalities data, for example: BME groups; age; disability; gender; religion and belief; and sexuality.

## **2011/12**

- We will examine future legislation and prepare for the changes, including law commission proposals for consolidation legislation in community care.
- To support key national and international dates on safeguarding adults' issues such as the World Elder Abuse Awareness Day and to provide 6 such awareness days in the year.
- We will continue to work with the CPS to share information, training and awareness, particularly around section 44 Mental Capacity Act 2005 offences and fraud.
- In this regard, we will audit, analyse and assess successful prosecutions in Haringey over the previous three years, to learn lessons and build into the following prevention strategy.
- Last year's training will be audited and altered to accommodate national and local changes; and to build in lessons learned from the quality assurance workflow.
- We will target banks and other financial institutions, and encourage them to report incidences of potential/suspected financial abuse. This is contrary to the culture of confidentiality in the banking sector and remains one of our greatest challenges.
- To continue to increase the number of health staff who attend strategy meetings and for this to be audited.
- To train the final half of GP's in Haringey around safeguarding adults.
- To review its strategy in the context of Individual Budgets and personalisation of services in Adult Services
- Audit will continue to evaluate qualitatively, service users' opinions. This information will be brought to the quality assurance, training and development subgroup for analysis and to support required changes.
- Annual audits within all organisations will continue each April to ascertain trends. We will check these against known numbers from equalities data, for example: BME groups; age; disability; gender; religion and belief; and sexuality.

## **Monitoring**

This strategy will be monitored every two months in compliance with the Terms of reference for the prevention subgroup to ensure the action plan is being implemented. Annual audits in April from all partner agencies will be examined to ensure that areas of development or weakness are targeted and explored and so improve service user safety.

## Equality Impact Assessment

The Safeguarding Adults Strategy underwent an Equalities Impact Assessment in 2008 which revealed that groups within the community faced barriers to accessing the service. As a result of the EIA they launched a communications campaign which included translated leaflets in 6 community languages. They also carried out outreach work with local voluntary organisations to raise awareness of adult abuse and how to respond to it. The service worked with Bengali, West Indian, Somali groups and a local Church. Working with these groups gave officers the opportunity to understand more about the type of abuse that affects different communities and to understand the most effective way of supporting them.

Equality Target Group	Number of Safeguarding adults referrals made during 2008/09 by equalities group
Male:	146 (42%)
Female:	199 (58%)
Unknown	1
White British	221 (64%)
Black	98 (28%)
Asian	19 (6%)
Ethnicity Unknown	8 (2%)
18 – 24	10 (3%)
25 – 34	21 (6%)
35 - 44	25 (7%)
45 – 54	33 (10%)
55 – 64	26 (8%)
65 – 74	71 (21%)
75 - 84	72 (21%)
85+	78 (23%)

An example of improved service access following the impact assessment occurred in one particular community. There has been a significant improvement in the referrals received across all BME communities with the exception of the Chinese community. A Chinese community centre was then visited on 24<sup>th</sup> March 2009. These service users were elderly people who have not integrated well within Haringey and therefore do not speak English. During the meeting they raised specific concerns around financial exploitation; this information was then passed on as alerts.

We will continue to work with BME groups to highlight the services available; to advertise the process of safeguarding adults; and to gather trust within these groups that we will and do take their concerns seriously.

## Appendix A

### Terms of Reference for the Prevention Subgroup

#### **Prevention Sub-Group: Terms of Reference**

##### **Role**

The Prevention Sub-Group co-ordinates initiatives to raise awareness - across organisations, community groups and the general public - of the need to safeguard and promote the welfare of vulnerable adults. It commissions task groups to address areas that present a risk both to the safety of and to operational effectiveness.

##### **Responsibilities**

- To improve partnership working in the borough;
- To initiate multi-agency preventative work as directed by Serious Case Review recommendations and the work of the Quality Assurance Sub-Group;
- To devise and update a communications strategy for the HSAB;
- To raise awareness of issues relating to the protection of adult among operational staff, community organisations and members of the public;
- To co-ordinate preventative work in relation to agreed priority areas;
- To raise the profile of the Haringey Safeguarding Adults Board among operational staff, community organisations and members of the public;
- To identify training needs as a consequence of multi-agency initiatives, linking with the Quality Assurance, Training and Development subgroup

##### **Linked Groups**

- Training and Serious Case Review subgroups
- Champions Forum
- Housing Board and Housing Groups and Associations
- Multi Agency Public Protection Arrangements (MAPPA)
- Anti-Social Behaviour Action Team (ASBAT) / Anti Social Behaviour Board
- Safer Communities
- Domestic Violence Partnership Board
- Community Safety Unit – Haringey Police

##### **Priority Work streams**

- Mapping of relevant voluntary agencies and community groups in conjunction with HAVCO;
- Identify key partners from above groups;
- Review of information currently provided on safeguarding adult processes;
- Review current publicity material and identify a range of resources which will meet the needs of all communities;
- Monitor effectiveness of a new campaign to raise awareness in ethnic minority communities and disability groups

##### **Membership**

Assoc Director of Professional Development, Governance and Risk, PCT – Chair

Service Manager, Adult Services  
Lead Nurse Safeguarding Vulnerable Adults- PCT  
Vulnerable Adult Lead – Hospital  
Vulnerable Adult Lead – CMHT  
Vulnerable Adult lead – Housing -  
Vulnerable Adult lead – Police  
Domestic Violence Team member  
Communications  
Voluntary group representative  
Victim support services  
HAVCO

Physical disabilities

Any additional member may be invited, at the discretion of the board, where their presence would be necessary.

### **Frequency of Meetings**

Every two months initially and reviewed after 6 month

## **Appendix B**

**Definition of vulnerable adult is now contained within the Safeguarding Vulnerable Groups Act 2006 at section 59:**

### **Vulnerable adults**

(1) A person is a vulnerable adult if he has attained the age of 18 and—

(a) he is in residential accommodation,

(b) he is in sheltered housing,

(c) he receives domiciliary care,

(d) he receives any form of health care,

(e) he is detained in lawful custody,

(f) he is by virtue of an order of a court under supervision by a person exercising functions for the purposes of Part 1 of the Criminal Justice and Court Services Act 2000 (c. 43),

(g) he receives a welfare service of a prescribed description,

(h) he receives any service or participates in any activity provided specifically for persons who fall within subsection (9),

(i) payments are made to him (or to another on his behalf) in pursuance of arrangements under section 57 of the Health and Social Care Act 2001 (c. 15), or

(j) he requires assistance in the conduct of his own affairs.

(2) Residential accommodation is accommodation provided for a person—

(a) in connection with any care or nursing he requires, or

(b) who is or has been a pupil attending a residential special school.

(3) A residential special school is a school which provides residential accommodation for its pupils and which is—

(a) a special school within the meaning of section 337 of the Education Act 1996 (c. 56);

(b) an independent school (within the meaning of section 463 of that Act) which is approved by the Secretary of State in accordance with section 347 of that Act;



(c) an independent school (within the meaning of section 463 of that Act) not falling within paragraph (a) or (b) which, with the consent of the Secretary of State given under section 347(5)(b) of that Act, provides places for children with special educational needs (within the meaning of section 312 of that Act);

(d) an institution within the further education sector (within the meaning of section 91 of the Further and Higher Education Act 1992) which provides accommodation for children.

(4) Domiciliary care is care of any description or assistance falling within subsection (5) whether provided continuously or not which a person receives in a place where he is, for the time being, living.

(5) Assistance falls within this subsection if it is (to any extent) provided to a person by reason of—

(a) his age;

(b) his health;

(c) any disability he has.

(6) Health care includes treatment, therapy or palliative care of any description.

(7) A person is in lawful custody if he is—

(a) detained in a prison (within the meaning of the Prison Act 1952 (c. 52));

(b) detained in a remand centre, young offender institution or secure training centre (as mentioned in section 43 of that Act);

(c) detained in an attendance centre (within the meaning of section 53(1) of that Act);

(d) a detained person (within the meaning of Part 8 of the Immigration and Asylum Act 1999 (c. 33)) who is detained in a removal centre or short-term holding facility (within the meaning of that Part) or in pursuance of escort arrangements made under section 156 of that Act.

(8) The reference to a welfare service must be construed in accordance with section 16(5).

(9) A person falls within this subsection if—

(a) he has particular needs because of his age;

(b) he has any form of disability;

(c) he has a physical or mental problem of such description as is prescribed;

(d) she is an expectant or nursing mother in receipt of residential accommodation pursuant to arrangements made under section 21(1)(aa) of the National Assistance Act 1948 or care pursuant to paragraph 1 of Schedule 8 to the National Health Service Act 1977 (c. 49);

(e) he is a person of a prescribed description not falling within paragraphs (a) to (d).

(10) A person requires assistance in the conduct of his own affairs if—

(a) a lasting power of attorney is created in respect of him in accordance with section 9 of the Mental Capacity Act 2005 (c. 9) or an application is made under paragraph 4 of Schedule 1 to that Act for the registration of an instrument intended to create a lasting power of attorney in respect of him;

(b) an enduring power of attorney (within the meaning of Schedule 4 to that Act) in respect of him is registered in accordance with that Schedule or an application is made under that Schedule for the registration of an enduring power of attorney in respect of him;

(c) an order under section 16 of that Act has been made by the Court of Protection in relation to the making of decisions on his behalf, or such an order has been applied for;

(d) an independent mental capacity advocate is or is to be appointed in respect of him in pursuance of arrangements under section 35 of that Act;

(e) independent advocacy services (within the meaning of section 248 of the National Health Service Act 2006 (c. 41) or section 187 of the National Health Service (Wales) Act 2006 (c. 42)) are or are to be provided in respect of him;

(f) a representative is or is to be appointed to receive payments on his behalf in pursuance of regulations made under the Social Security Administration Act 1992 (c. 5).

(11) The Secretary of State may by order provide that a person specified in the order or of a description so specified who falls within subsection (1) is not to be treated as a vulnerable adult.

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**Objective: Prevention Strategy action plan 2009-2012**

Completed  
 Delayed/late  
 Incomplete/deadline not met

Actions	Imp.	Benefits	Timescales and milestones	Responsibilities and accountability	Financial and other resource requirements	Measuring success and monitoring arrangements
Foment full interagency cooperation and involvement with the SAB including adult and child services; health; police; CPS; LAS; and trading standards.	High	Collaborative full inter-agency participation.	01.09.2009	AD and head of service.	Nil.	2/12
Levels 1 training to be re-written and updated following three year audit.	High	Feedback from training recognises that the training is poorly aimed	01.09.2009	Quality Assurance Training Development sub-group chair.	Existing budget.	2/12 Quality Assurance Training Development sub-group
To establish operational safeguarding adults leads within each organisation and service.	High	To ensure ownership within each organisation.	01.09.2009	AD and head of service.	Existing budget.	
Prepare for the	High	To ensure compliance	01.10.2009	Jan Doust	Unknown and	1/12

implementation of the Safeguarding Vulnerable Groups Act 2006 and the ISA		with legislation.			outstanding for non-stat bodies	
Complete awareness day regarding safeguarding adults.	High	Raise awareness in the community.	01.12.2009	Lead for safeguarding adults	From existing budget.	2/12 in prevention subgroup
Financial organisations targeted to assist in prevention: post offices.	Mod	Financial exploitation/fraud goes largely under-reported yet constitutes the largest abuse.	01.12.2009	Prevention subgroup chair.	Existing budget.	2/12 prevention subgroup
Prepare for the new guidance following the consultation on 'No Secrets'	Mod	There is likely to be significant alterations to No Secrets; our recommendations are likely to be followed by DoH.	01.012.2009	Head of service	Unknown	2/12
Appoint permanent individuals to the prevention subgroup from all relevant agencies.	High	Provide ownership within all agencies.	01.01.2010	Head of safeguarding adults service/prevention subgroup chair.	N/A	Quarterly review
Appoint non-stat agencies representative/third sector member to the prevention subgroup.	High	As per Care Quality Commission report and in line with good practice.	01.01.2010	Head of safeguarding adults service/prevention subgroup chair.	N/A	Quarterly review
Examine changes in national policy, so that the prevention subgroup can scrutinise changes and implement them as	High	There are continued changes within safeguarding adults policy.	?	All safeguarding adults leads.	N/A	2/12 prevention subgroup meetings.

necessary.									
Levels 2&3 training to be re-written and updated following three year audit.	Mod	Due to changes in safeguarding adults structure, roles have altered and thus different training required.	01.02.2010	Quality Assurance Training Development sub-group chair.	Existing budget.	2/12 Quality Assurance Training Development sub-group			
To establish trading standards representative on the SAB.	Mod	To facilitate preventative work already underway	01.01.2010	Lead for safeguarding adults	Existing budget.	2/12 prevention subgroup			
Specific tailor made training will expand to target areas of idiosyncratic challenges, e.g. emergency medicine and end of life care; applies to: Whittington and North Mid hospitals.	Mod	To prevent inappropriate alerts and improve practice.	01.04.2010	NHS Haringey lead for safeguarding adults.	Existing JD.	2/12 Quality Assurance Training Development sub-group			
To train one quarter of GP's in Haringey around safeguarding adults.	Mod	GP's remain largely untrained in safeguarding yet are frontline clinicians.	01.04.2010	NHS Haringey lead for safeguarding adults.	Existing JD.	2/12 Quality Assurance Training Development sub-group			
To work with the courts, probation and CPS to establish a new court system for domestic violence, to prevent the continued violence against women suffering domestic violence.	High	To work to prevent further repeated acts of domestic violence.	01.04.2010	Local authority lead for safeguarding adults.	Existing budget.	3/12, SAB			
To increase the number	High	To improve co-	01.04.2009	Local authority and	Existing	2/12 Quality			

of health staff who attend strategy meetings following SOVA's raised by NHS staff.		operation and communication between witness and strategy chair.		NHS Haringey lead for safeguarding adults.	budget.	Assurance Training Development sub-group
Financial organisations targeted to assist in prevention: banks	Low	Financial exploitation/fraud goes largely under-reported yet constitutes the largest abuse.	01.04.2010	Prevention subgroup chair.	Existing budget.	2/12 prevention subgroup
To collate information from quality assurance and workflow to target highlighted areas	Mod	Feedback systems are essential to target areas of concern.	01.04.2010	Quality Assurance Training Development subgroup chair; and Haringey performance team.	Existing budget.	2/12 Quality Assurance Training Development subgroup
To collate information from evaluations sent to service users involved with safeguarding adults	Mod	As a QA indicator.	01.04.2010	Quality Assurance Training Development subgroup chair; and Haringey performance team.	Existing budget.	2/12 Quality Assurance Training Development subgroup
To work with trading standards and regulated/local authority sanctioned businesses which provide services to vulnerable people in order that they can provide us with intelligence on 'scams' and we can provide services that will alleviate these risks.	Mod	Much goes unreported as vulnerable people feel humiliated. Prevention in this area is thus essential.	01.04.2010	Prevention subgroup chair.	Existing budget.	2/12 prevention subgroup
Safeguarding adults	Low	Championing	01.04.2010	Head of service and	Ring fenced	2/12 prevention

launch.		safeguarding adults awareness in Haringey.		lead for safeguarding adults	finance from NHS Haringey.	subgroup
To train a further quarter of GP's in Haringey around safeguarding adults.	Mod	GP's remain largely untrained in safeguarding yet are frontline clinicians.	01.04.2011	NHS Haringey lead for safeguarding adults.	Existing JD.	2/12 Quality Assurance Training Development sub-group
To train the final half of GP's in Haringey around safeguarding adults.	Mod	GP's remain largely untrained in safeguarding yet are frontline clinicians.	01.04.2012	NHS Haringey lead for safeguarding adults.	Existing JD.	2/12 Quality Assurance Training Development sub-group

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**Equality Impact Assessment 2007  
Key Findings**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• 75+ the highest group for referrals. They are the largest vulnerable group in the population and so their over representation is justified.</li> <li>• White British/Other White seem able to access service.</li> <li>• Briefings to adult service areas</li> <li>• Briefings to managers of residential, nursing and sheltered housing managers</li> </ul>	<ul style="list-style-type: none"> <li>• Information to BME groups. The information leaflet is only available in English</li> <li>• Raising adult protection awareness has been focussed on staff and other professionals.</li> <li>• The policy and procedures is for professionals only</li> <li>• Caribbean and Africans are over represented in Mental Health and Supporting People services</li> <li>• Over representation by older people</li> <li>• Most referrals from other ethnic groups seem to come from residential/nursing care setting rather than from the community</li> <li>• High level of referrals from older people and younger black men with mental health.</li> <li>• No referral from gypsies and Travellers</li> <li>• No referral from the Chinese community</li> <li>• Barriers to access service for people who have limited communication</li> <li>• There was no information to analyse on religion and sexuality</li> <li>• 65% of referrals had no ethnicity code</li> <li>• No referrals from the Police</li> <li>• Most common type of abuse for 2005/0 and 2006/7 was financial abuse and most common in older people, learning disabilities and mental health services.</li> <li>• High level of sexual abuse experienced by young black females in Supporting People schemes and mental health</li> </ul>

	services.
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**Required Actions in 2008/10**

<b>Topic</b>	<b>Action</b>	<b>Achievements</b>	<b>Completion Date</b>
Publicity Campaign	<ul style="list-style-type: none"> <li>To identify local communities and to undertake outreach work</li> <li>To deliver safeguarding briefings to BME Faith and other voluntary organisations</li> <li>To produce safeguarding information leaflets in the six most common local languages</li> <li>To make information accessible at all public places</li> <li>To engage in a borough-wide street campaign</li> <li>To participate in six awareness raising event per year with our partners</li> </ul>	<ul style="list-style-type: none"> <li>30 community groups were identified and letters of introduction were sent to them.</li> <li>Briefings to Somali, Bengali, Kurdish, Turkish Cypriot Women Centre, Afro Caribbean centre, BME carers group, Chinese centre, Grace (black) daycentre, 2 Pentecostal churches</li> <li>Leaflets produced in the six main ethnic languages – Kurdish, Turkish, Somali, French, Albanian and Polish</li> <li>Leaflets and posters were distributed at all public places – libraries, GPs' reception, partner agencies reception areas, residential and nursing homes, day-care centres, customer service reception areas</li> <li>A street advertising campaign ran from January to February 2009</li> <li>The Prevention subgroup organised a road show to celebrate the World Elders Awareness Day (WEAD) on 15<sup>th</sup> June 2009.</li> <li>A pictorial information leaflet has been produced for people with communication needs</li> </ul>	<p>July 2008</p> <p>Ongoing</p> <p>May 2009</p> <p>Ongoing</p> <p>June 2009</p> <p>June 2009</p> <p>June 2009</p>

	<ul style="list-style-type: none"> <li>Remove barriers to access service for people who have limited communication</li> <li>To make safeguarding training available to all our partner agencies</li> <li>To ensure that all those providing care and services to vulnerable adults have access to some form of training</li> <li>To develop a joint training strategy with partner agencies</li> </ul>	<ul style="list-style-type: none"> <li>The training strategy was reviewed in June 2009.</li> <li>Safeguarding awareness at inductions has become formalised and mandatory</li> <li>Informal training through briefings to service users and carers and those who have responsibilities for vulnerable adults groups. 30 elected councillors were briefed in April and June 2009. briefings were delivered to the Learning Disabilities Carers Forum x2; Older People's Forum and Carer Forum</li> <li>Training to be delivered jointly by a multi agency process</li> </ul>	<p>August 2009</p> <p>Ongoing</p> <p>Ongoing</p> <p>Outstanding</p>
<p>Improve the collection and recording of equalities monitoring data</p>	<ul style="list-style-type: none"> <li>To implement the Council's equality monitoring framework</li> <li>To implement new information requirement by CQC</li> </ul>	<ul style="list-style-type: none"> <li>To add missing codes of sexuality and gender to alert form</li> <li>To add missing codes to personal details on Framework-I</li> <li>To meet the information requirement by CQC</li> <li>To monitor information</li> </ul>	<p>Completed</p> <p>Completed</p> <p>Oct 2010</p> <p>Ongoing</p>
<p>Financial abuse the most common type of abuse among the elderly,</p>	<ul style="list-style-type: none"> <li>To introduce robust financial and advocacy systems</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable adults are receiving education about what constitute abuse through their case workers</li> <li>Information leaflets included in assessment packs</li> </ul>	<ul style="list-style-type: none"> <li>ongoing</li> </ul>

<p>learning disabilities and the mentally ill groups</p>	<ul style="list-style-type: none"> <li>To raise awareness with local financial institutions</li> </ul>	<ul style="list-style-type: none"> <li>Self advocacy schemes</li> <li>£150K investment in the expansion of advocacy services in the borough</li> <li>Self funders targeted through the Providers Forum</li> <li>A letter sent to post offices to raise awareness to staff.</li> <li>Banks and building societies and other businesses to be considered</li> </ul>	
<p>To ensure that all service providers, statutory, independent and voluntary with the approved safeguarding standards</p>	<ul style="list-style-type: none"> <li>To send out audit questionnaires based on the ADASS Framework of Good Practice</li> <li>To engage more fully with the small unregistered service providers</li> <li>To seek and obtain funding for CRB checks for the small unregistered service providers</li> </ul>	<ul style="list-style-type: none"> <li>50 questionnaires were sent to residential, nursing homes, day centres and domiciliary service providers in the borough.</li> <li>31 providers returned completed questionnaires</li> <li>The Commissioning and Contracts service in Haringey are introducing robust systems into the procurement of services</li> <li>Two market development officers in post</li> <li>A member from the voluntary sector sits on the Prevention subgroup. The subgroup is developing a communication's strategy with the unregistered voluntary providers</li> <li>??</li> </ul>	<ul style="list-style-type: none"> <li>May 2009</li> <li>ongoing</li> <li>April 2008</li> <li>ongoing</li> </ul>
<p>Review mental health and</p>			<ul style="list-style-type: none"> <li></li> </ul>

<p>supporting people services To link in with other professional and non professional organisations</p>			
		<ul style="list-style-type: none"> <li>• Adult Safeguarding is represented on the Local Children Safeguarding Board, Domestic Violence, Older People's Partnership Board, Community Mental Health safeguarding Board, the MARAC, Autism Steering Group, Learning Disabilities Partnership Board</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

WAVE SAFE

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