haringey strategic partnership

NOTICE OF MEETING

Well-Being Strategic Partnership Board

THURSDAY, 10TH JUNE, 2010 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see Membership List set out below.

AGENDA

1. APOLOGIES

To receive any apologies for absence.

2. URGENT BUSINESS

To consider 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 dealt with under Item 18 below).

3. DECLARATIONS OF INTEREST

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

4. MINUTES (PAGES 1 - 10)

To confirm the minutes of the meeting held on 25 February 2010 as a correct record.

GOVERNANCE ITEMS:

5. ELECTION OF CHAIR FOR 2010/11

To elect a Chair for 2010/11.

6. ELECTION OF VICE-CHAIR

To elect a Vice-Chair for 2010/11.

7. APPOINTMENT OF A REPRESENTATIVE TO THE HSP STANDING LEADERSHIP CONFERENCE FOR 2010/11

To appoint a representative from the Board to the HSP Standing Leadership Conference for 2010/11.

8. CONFIRMATION OF TERMS OF REFERENCE AND MEMBERSHIP FOR 2010/11 (PAGES 11 - 22)

DISCUSSION ITEMS:

9. COMPREHENSIVE OVERVIEW – FINANCIAL PLANNING/CHALLENGES 2010/11 (PAGES 23 - 32)

10. IMPACT OF THE RECESSION (PAGES 33 - 42)

11. TIMEBANK (PAGES 43 - 48)

BUSINESS ITEMS:

12. TRANSFORMING SOCIAL CARE (PAGES 49 - 58)

13. FINANCIAL RISK AND ASSESSMENT PROGRAMME

This report will be sent to follow.

14. SAFEGUARDING ADULTS: UPDATE ON IMPLEMENTATION PLAN

This report will be sent to follow.

INFORMATION ITEMS:

15. PERFORMANCE SUMMARY AND EXCEPTION REPORT (PAGES 59 - 76)

16. OVERVIEW AND SCRUTINY WORK - UPDATE (PAGES 77 - 82)

17. JOINT MENTAL HEALTH & WELL-BEING STRATEGY FOR ADULTS 2010-2013 (PAGES 83 - 136)

18. NEW ITEMS OF URGENT BUSINESS

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

19. ANY OTHER BUSINESS

To consider any items of AOB.

20. DATES OF FUTURE MEETINGS

To note the dates of future meetings set out below:

- 10 June 2010, 7pm, Council Chamber, Civic Centre
- 5 October 2010, 7pm, Council Chamber, Civic Centre
- 11 January 2010, 7pm, Council Chamber, Civic Centre
- 7 April 2011, 7pm, Council Chamber, Civic Centre

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Published: 1 June 2010

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	9	Mun Thong Phung Councillor Dilek Dogus, Cabinet Member for Adult and Community Services TBC X2 (Councillor places) Margaret Allen Susan Otiti* John Morris Lisa Redfern
Health	Haringey Teaching Primary Care Trust	6	Fiona Aldridge Tracey Baldwin Cathy Herman Marion Morris James Slater Richard Sumray
	North Middlesex Hospital trust	1	Claire Panniker
	BEH Mental Health Trust	1	Michael Fox
	Whittington Hospital Trust	1	Rob Larkman
Community Representatives	Community Link Forum	3	Margaret Fowler Faiza Rizvi Stephen Wish
	HAVCO	1	Naeem Sheikh
Education	College of North East London	1	Paul Head
Other agencies	Haringey Probation Service	1	Kate Gilbert
	Metropolitan Police	1	Dave Grant
	Total	**26**	

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

Agenda Item 4

MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
THURSDAY, 25 FEBRUARY 2010

Present: Richard Sumray (Chair), Margaret Allen, Councillor John Bevan, Councillor Dilek Dogus, Fiona Eldridge, Cathy Herman, Sue Hessle, Maria Kane, Angela Manners, Richard Milner, Mun Thong Phung, Barbara Nicholls, Faiza Rizvi, Councillor Liz Santry, Dr Gina Taylor.

In Attendance: Councillor Gina Adamou, Xanthe Barker, Marc Dorfman, Paul Ely, Olivia Darby, Nicole Klynman, Leks Omiteru, Pamela Pemberton, Melanie Ponomarenko, Liz Rahim, Councillor David Winskill, Dr. Fiona Wright.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBHC183	**APOLOGIES** Apologies for absence were received from the following: Tracey Baldwin John Forde (non Board member) Michael Fox - Maria Kane substituted Dave Grant Siobhan Harrington (non Board member) Rob Larkman Marion Morris Susan Otiti - Fiona Wright substituted Claire Pannicker - Richard Milner substituted Lisa Redfern	
OBHC184	**URGENT BUSINESS** No items of Urgent Business were admitted.	
OBHC185	**DECLARATIONS OF INTEREST** No declarations of interest were made.	
OBHC186	**MINUTES** <u>OBHC177</u> Prior to the confirmation of the minutes the Board was advised by Councillor Bevan, the Cabinet Member for Housing, that the smoking cessation pilot, referred to a the last meeting, which was being run by the Council's Strategic Housing Service and targeted smokers living in the N15 and N17 areas, was progressing well. Councillor Bevan noted that a training session provided by NHS Haringey, for staff working with residents, had been extremely useful and he requested that their contact details were passed onto him so	Richard

	that he could thank them for their assistance. OBHC174 The Board was advised that further information requested with respect to Area Based Grant (ABG) and Supporting People funding, which had been requested by the Chair of HAVCO, had been received. **RESOLVED:** That, subject to the amendment and point of clarification set out below, the minutes of the meeting held on 8 December 2009 be confirmed as a correct record: i. List of persons present should be amended to list Fiona Eldridge as being present rather than Fiona Aldridge as listed. ii. Reference contained within minute reference OBCH172, paragraph four, final sentence which stated that 'HAVCO was also working with the Council's Neighbourhood Management Team to develop Community Sports Clubs' should be checked for accuracy.	Sumray Xanthe Barker Xanthe Barker
OBHC187	**JOINT MENTAL HEALTH AND WELL-BEING STRATEGY** The Board considered a report that provided an update on the Joint Mental Health Partnership Strategy – 'Moving Forward 2010 – 13'. Mental Health Joint Strategic Needs Assessment In order to provide a sense of context an overview was given of the key points that had emerged from the Joint Strategic Needs Assessment (JNSA) Council: • There was a clear divide between the east and the west of the Borough in terms of the levels of mental health problems people experienced and the way they accessed services. This was particularly evident amongst Black and Minority Ethnic (BME) groups and older people. • Stigma around mental illness and seeking medical help for it had also emerged as a key area where work was required and again this was particularly prevalent amongst certain BME groups. • As levels of Dementia and Depression increased amongst older people new strategies would be required to address this. There would be a key role for the Voluntary and Community Sector (VCS) to play with respect to this. • Refugees and asylum seekers coming into the Borough were generally unfamiliar with how to access services. Often these groups had mental health needs as a result of the trauma they	

had undergone. New mechanisms for identifying these issues at an earlier stage were required.

- Improving the links between Primary and Secondary Care and drawing together the spectrum of organisations delivering services was also highlighted by the JNSA.

In response to a query, with respect to how the information collected around BME groups was being analysed, the Board was advised that many of the recognised contributory causes of mental health applied. For example it was known that there were higher than average levels of mental illness amongst men of African Caribbean descent; other factors including unemployment and a lack of adequate housing, which were known to contribute to mental illness, were prevalent in the east of the Borough.

It was noted that stigma around mental illness was particularly prevalent within Turkish and Kurdish communities and there was agreement that continuing to develop ways of addressing this was a key priority for the Partnership.

Often the children of immigrants and asylum seekers were traumatised by the difficulties their parents had experienced and their mental health was also affected. The JNSA recognised that there were higher instances of eating disorders, self harm, depression and anxiety amongst children from BME groups and there would be targeted work to join up the support available to these families. It was noted that there would be a key role for the VCS to play with respect to this.

Joint Mental Health and Well-Being Strategy

The Board was advised that the strategy had been informed by a stakeholder event held in April 2008. In addition the Mental Health Partnership Board had also been consulted with extensively.

In achieving the aims of the strategy there would be a focus on joint commissioning, to create comprehensive, integrated and personalised services. This reflected the shift towards the delivery of care from institutions to community based settings.

The strategy also reflected the 'New Horizons' strategy published by the Department of Health in August 2009, which set out the Government's approach to addressing mental health and well being. It was noted that the Personalisation Agenda also strongly influenced how the strategy had been developed.

The Board discussed the strategy and concern was raised that any reduction in the number of hospital beds available would have a significant impact on those where admission to hospital was the most appropriate form of care.

Whilst this point was recognised the Board was advised that one of the

	key drivers of the strategy was to manage people's illness in the most appropriate setting. There was evidence that prolonged stays in hospital made it harder for individuals to reintegrate into society. To address this there would be an increasing emphasis on delivering services in a way that enabled people to remain in their homes. The Board was advised that a pilot scheme to deliver Personalised Care was being undertaken at present and that the experiences drawn from this and elsewhere would inform the final policy. As part of any Personalised Care package a risk assessment would be undertaken and provision would be made for episodes where a patient required an increased level of support. It was noted that Barnet, Enfield and Haringey (BEH) Mental Health Trust had already undertaken a Personalised Care pilot, which had received positive feedback. One of the key issues arising from this had been the need for higher levels of advocacy and for provision to be made for circumstances where a higher level of care was required. In response to concerns the Chair advised institutionalising people where this was not necessary was recognised as being damaging and the strategy aimed to redress the balance of care currently provided. In response to a query as to whether the mapping exercise of the VCS, which had been commissioned by the HSP and undertaken by HAVCO, had been considered; the Board was advised that this would be taken into account as part of the process of improving joint working. The Board was advised that patients, not registered with a GP, generally accessed health care via Accident and Emergency (A&E) or the Urgent Care Centre at the North Middlesex when their problems became acute. Appointments were for patients to register with their local GP were made following treatment. In response to a query the Board was advised that information was available regarding the ethnicity of people accessing the IAPT service and there was agreement that a report should be brought to a future meeting providing analysis of this. It was noted that there had been a number of pieces of work published on Health Inequalities and there was agreement a seminar should be organised to look at the advice and views arising from these. **RESOLVED:** i. That the draft Joint Adult Mental Health Strategy 2010-2013 be noted and approach to commissioning be noted. ii. That the finalised strategy should be brought back to the Board in July 2010 for approval. iii. That a summary document should be drafted and circulated to	Nicole Klynman Liz Rahim / Barbara Nicholls Liz Rahim / Barbara

	the Board. (This could also be used as part of the next stage of the consultation process).	Nicholls
	iv. That there should be further analysis of how people from different ethnic backgrounds accessed services to inform how the VCS could be best utilised to improve this.	Nicole Klynman
	v. That a seminar should be organised to look at the advice and views arising from recent publications on Heath Inequalities.	Susan Otiti
OBHC188	**HARINGEY 2012 OLYMPIC AND PARALYMPIC LEGACY** The Board received a report that provided an overview of the Haringey 2012 Olympic and Paralympic Legacy Plan. In addition to the reports circulated two further documents were tabled, one of which set out the range of projects being funded and the second provided a briefing note on the Council's approach to the 2012 Olympics. There were three key areas of focus within the Haringey Olympic Plan: <u>People</u> This area looked at how the opportunities brought by the Olympics would be maximised to increase people's skills levels. <u>Places</u> There would be a focus on how Haringey could take advantage of its proximity to the various Olympic sites to draw in investment and to assist in the regeneration of parts of the Borough. <u>Prosperity</u> This focussed on maximising the business opportunities attached to the Olympics and using these to develop the local economy and create sustainable employment and enterprise. This would in turn help drawn people into Haringey and provide additional support to local businesses. <u>Haringey 2012 Fund</u> A sum of £180K had been set aside to enable as many residents as possible to take up the opportunities offered by the Olympics and to ensure that an Olympic legacy was created in Haringey. It was noted that Alexandra Palace had been selected as the venue for one of the 'Compete For' meetings in April, which were being held by the organisation established to consider tenders. The Chair noted that it was important that the work was linked into the City Programme, which was being organised by the Greater London Authority, as there may be further opportunities for volunteers from Haringey to participate.	Marc Dorfman

	He also suggested that discussions should be entered into with the organisers to include Haringey within the route for the Olympic torch as this would help galvanize people and create a sense of excitement around the Games. The Chair requested that a further update should be provided to the Board later in the year. **RESOLVED:** i. That the report be noted. ii. That a further update should be brought to the Board later in the year.	Marc Dorfman Marc Dorfman
OBHC189	**WORKING FOR A HEALTHIER HARINGEY - NHS HARINGEY STRATEGIC PLAN 2009 - 14** The Board considered a report that provided an overview of the key elements of the NHS Haringey Strategic Plan 2009 – 14 and a verbal summary was given of the most salient points. In response to concerns raised with respect to the provision of dental care in Tottenham the Board was advised that this was dealt with in detail in the full document. This took into account the recommendations of a recent Overview and Scrutiny review on Oral Health. Concern was also raised around the level of single handed GP practices in Tottenham and the quality of the service delivered by these practices. It was contended that under the proposed plans for Poly Centres North Tottenham would not be adequately provided for. The Chair advised that NHS Haringey was in discussion with Tottenham Hotspur football club around the possibility of creating a health centre within its complex. He noted that NHS Haringey recognised the health inequalities within the Borough and that this was one of the key drivers behind its strategic plan. It was noted that NHS Haringey had limited power over the level of single handed GP practices. The creation of polysystems would enable GPs to access a broader range of skills and it was envisaged that this would help to drive up the quality of services delivered. The Board was advised that the performance of GP practices was measured and publicised to assist the public make an informed choice and to raise standards amongst GPs. Concern was raised that the Local Authority could not responded a consultation exercise being held with respect to the delivery of health care in North London until further information was provided with respect to NHS Haringey's plans for Poly Centres in the Borough. The Chair advised that more detailed information would be circulated	

	once available; however, work on planning for the polysystems and the polysystems around these was driven by the needs of local communities and as such was separate from the consultation being carried out with respect to the delivery of care as a whole. The Board discussed the budget savings of 3%, which NHS London had required NHS Haringey to achieve by 2013/14. It was noted that a saving of 1% had been made for 2010/11 by revising the clinical guidelines to create greater consistency for some cosmetic and minor procedures. In response to a query, as to how the 'Total Place' agenda would be reflected in the plan, the Board was advised that new methods of delivering services such as Children Centres, where people were able to access services provided by a range of organisations, were already being developed. The plan was updated annually would be revised to reflect this as it developed. In response to a query the Board was advised that the full document set out NHS Haringey's strategic approach to the Safeguarding of both children and adults in detail. It was agreed that if the summary document was used again it should be amended to make reference to this. There was a general consensus that it would be helpful for the Board to receive a report setting out NHS Haringey's approach to performance management. Concern was raised around rumours that the A&E department at the Whittington Hospital may face closure. Given the current financial circumstances and the lack of certainty around this it was contended that many of the plans set out in the document would not come to fruition. Consequently any closure of A&E services was ill timed. The Chair advised that a decision to close A&E services at the Whittington had not been made. **RESOLVED:** i. That the key elements of the NHS Haringey Strategic Plan 2009-14 be noted. ii. That the Board should receive a report setting out NHS Haringey's approach to performance management at a future meeting.	Fiona Wright Fiona Wright / Susan Otiti Susan Otiti
OBHC190	**OVERVIEW AND SCRUTINY WORK PROGRAMME 2010/11** The Board received a report that sought suggestions for Overview and Scrutiny topics for 2010/11. Following discussion there was a general consensus that it would be	

	useful if the following areas topics were considered: • Polysystems - lessons arising from pilots • Total Place - lessons arising from pilots • How the stigma attached to mental health and learning disabilities were being addressed • Access to services for Refugees and Asylum Seekers **RESOLVED:** i. That the report be noted. ii. That the topics suggested above be formally proposed to the Overview and Scrutiny Committee for consideration during 2010/11.	Melanie Ponomarenko
OBHC191	**THIRD QUARTER PERFORMANCE REPORT** The Board considered a report that set out performance during Quarter Three against Local Area Agreement (LAA) targets within its responsibility. The Chair noted that although NI 112, which related to the reduction in under eighteen conception rates, had not been met a significant improvement had been made in this area. In addition to the information provided a document was circulated that provided more detailed information with respect to Safeguarding and DOLS. Further data sets were also being developed to illustrate the work that was being carried out in these areas and this would be submitted at future meetings. **RESOLVED:** That the report be noted.	
OBHC192	**EXPERIENCE STILL COUNTS 2009 -12** The Board received a report that provided an interim update on the Delivery Plan for the Experience Still Counts strategy and the progress being made with respect to developing a Priorities Options Paper. It was noted that the Older People's Partnership Board had now established a sub-group, which would monitor the delivery of the strategy, and that this was due to meet in March. A report would then be submitted to the Older People's Partnership Board for consideration in April. **RESOLVED:** i. That the approach to monitoring the Delivery Plan and developing the Options Appraisal, as set out in the report, be endorsed.	

	ii. That the full Option Paper should be submitted to the WBSPB in July.	Barbara Nicholls
OBHC193	**WELL BEING STRATEGIC PARTNERSHIP BOARD RISK REGISTER AS AT 31 DECEMBER 2009** The Board received a report that set out the level of risk associated with the operation of the Board and the risk attached to achieving LAA targets as calculated at the end of December 2009. It was noted that the Board had originally been required to formally review its Risk Register on an annual basis. However, given the current economic climate, as of April 2010 it would be required to review it on a quarterly basis. The Chair welcomed more frequent monitoring and noted that the element of financial risk would need to be carefully monitored during the next financial year. **RESOLVED:** That the refreshed Risk Register be approved.	Margaret Allen
OBHC194	**DRAFT HARINGEY MULTI AGENCY SAFEGUARDING ADULTS PREVENTION STRATEGY 2009/11** The Board received a verbal update on the Safeguarding Adults Prevention Strategy 2009/11. The Chair noted that the relationship between the Board and the Safeguarding Adults Board (SAB) may need to be clarified further to ensure that roles of each body were clear. It was noted that Chief Superintendent Dave Grant had indicated that he would be raising this issue at the next HSP Performance Management Group meeting. **RESOLVED:** That the verbal update be noted.	
OBHC195	**UPDATES FROM THEME BOARD MEMBERS** No verbal updates were provided.	
OBHC196	**NEW ITEMS OF URGENT BUSINESS** No new items of Urgent Business were admitted.	
OBHC197	**ANY OTHER BUSINESS** No items of AOB were raised.	
OBHC198	**DATES OF FUTURE MEETINGS** The draft date of future meetings, set out below, were noted:	

	• 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 *The Board was advised that these dates may be subject to change until they had been confirmed by Council on 22 March. Members of the Board would be advised of the confirmed dates as soon as became available.*	All to note

The meeting closed at 9.20pm.

RICHARD SUMRAY

Chair

haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Membership and Terms of Reference**

Report of: **Mary Connolly, HSP Manager, Haringey Council.**

Summary

1. The first meeting of the new Municipal Year provides a timely opportunity for the Board to confirm its Membership for 2010/11 and re-affirm the Terms of Reference as fit for purpose. The membership of the Board and the agencies that they represent are attached at Appendix 1.

2. The Terms of Reference, attached at Appendix 2, were previously confirmed on 14 May 2009. The Board may wish to consider whether any changes are required at this time.

3. The Haringey Community Link Forum (HCLF) have recently been through an election process to determine the representatives across the HSP including the Well-Being Strategic Partnership Board. The Council has recently been notified of the individuals elected to the these positions and these will be formally confirmed at the meeting.

4. The Council's Cabinet will appoint Councillors to the HSP and each of the Thematic Boards on 15 June. As this agenda was published before the Cabinet meeting takes place there maybe alterations to the membership.

5. An induction pack for new Board members is currently being updated and a briefing session to go through the governance arrangements including roles and responsibilities of Board members will be provided for new members at a convenient time.

Recommendations

1. That the Board confirm its Membership for 2010/11.
2. That the Board reviews the Terms of Reference and agrees changes as necessary.

For more information contact:
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APPENDIX 1

Well-Being Strategic Partnership Board –Membership List

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	9	Mun Thong Phung Councillor Dilek Dogus, Cabinet Member for Adult and Community Services TBC X2 (Councillor places) Margaret Allen Susan Otiti* John Morris Lisa Redfern
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	HAVCO	1	Naeem Sheikh
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	Metropolitan Police	1	Dave Grant
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** Jointly appointed by the Council and Primary Care Trust*

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APPENDIX 2

WELL-BEING PARTNERSHIP BOARD (WBPB)
Terms of Reference
Confirmed 14 May 2009

1. Purpose

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and opportunities for a healthier lifestyle.

Haringey's **Well-being Partnership Board** (WBPB) will lead in promoting and delivering a Healthier Haringey for **all people aged 18 years and over in Haringey** by:

- improving the health and quality of life of people who live and work in Haringey and reducing health inequalities
- setting a strategic framework, including outcomes and objectives, through which joint priorities can be delivered and through which statutory responsibilities can be carried out
- agreeing joint, overarching priorities for the wider well-being agenda through an annual statement which will guide the work of the Board in the light of the most recent information and developments

2. Rationale

The WBPB is a strategic body forming part of the Haringey Strategic Partnership (HSP). The HSP has established six priority outcomes which are set out in the Sustainable Community Strategy. The WBPB contributes to all six outcomes and has adopted them as its priorities:

Sustainable Community Strategy Priorities	Well-being Partnership Board Outcomes
People at the heart of change	Improved quality of life Making a positive contribution Freedom from discrimination or harassment Maintaining personal dignity and respect
An environmentally sustainable future	Improved quality of life Economic well-being
Economic vitality and prosperity shared by all	Improved quality of life Economic well-being
Safer for all	Improved quality of life Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment Maintaining personal dignity and respect

Sustainable Community Strategy Priorities	Well-being Partnership Board Outcomes
Be people and customer focused	Making a positive contribution

The WBPB will address the need to:

- shift from the narrow focus of treating illness to promotion of the broader concept of well-being, in line with the requirements of the Department of Health's 2006 White Paper *Our Health, Our Care, Our Say*

- create a sustainable framework for local action on health and well-being, so that partnership working is strengthened and there is greater clarity over who is responsible for agreeing and delivering local health and well-being targets, in line with the requirements of the Department for Communities and Local Government's 2006 White Paper, *Strong and Prosperous Communities* and the associated Local Government Involvement in Public Health Bill.

The WBPB also meets the requirements of the Health Act 1999 which specifies a formal duty of partnership between health organisations and local authorities. It is subject to government policy guidance and directives.

The Board is the umbrella body to statutory and non-statutory partnerships and sub groups that fall within its remit.

3. Outcomes, objectives and targets

Our Health, Our Care, Our Say **(OHOCOS) Outcome**	**WBPB Objective**	**Key Performance Indicators**
Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey	• Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in age, all-cause mortality (LAA Target) • Increase physical activity in the borough (LAA Target) • Increase the number of smoking quitters in N17 (LAA Target) • Clients receiving a review (PAF D40) • Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA)
Improved quality of life	To promote opportunities for leisure, socialising and life long learning, and to ensure that people are able to get out and about and feel safe and confident inside and outside their homes	• Increasing the number of older people attending day opportunities programmes (LAA Target) • The number of physical visits per 1000 population to public libraries (CPA C2c PLSS 6) • Increase adult education take-up • The percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56) • The number of those aged 18 and over helped to live at home (PAF C29; C30; C31; C32) • Increase the number of breaks received by carers (LAA Target) • Reduce the proportion of adults saying they are in fear of being a victim of crime (LAA Target) • Households receiving intensive homecare per 1,000 population (PAF C28 BVPI 53)
Making a positive contribution	To encourage opportunities for active living including getting involved, influencing decisions and volunteering	• Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year (LAA Target) • Increase the number of volunteers recruited as part of day opportunities for older people (LAA Target)
Increased choice and control	To enable people to live independently, exercising choice and control over their lives	• The number of adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (PAF C51) • Acceptable waiting times for assessments (PAF D55 BVPI 56) • Acceptable waiting times for care packages (PAF D56 BVPI 196) • Increasing the proportion of vulnerable single people supported to live independently, who as a result do not need to be accepted as homeless and enter temporary accommodation (LAA Target)

3. Outcomes, objectives and targets

Our Health, Our Care, Our Say **(OHOCOS) Outcome**	**WBPB Objective**	**Key Performance Indicators**
Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment	• Percentage of adults assessed in the year whose ethnicity was 'not stated' in RAP return A6 (key threshold) • Percentage of adults with one or more services in the year whose ethnicity was 'not stated' in RAP return P4 (key threshold)
Economic well-being	To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs	• Increase the number of residents on Incapacity Benefit for 6 months or more helped into work of 16 hours per week or more for at least 13 weeks (LAA Target) • Increase the number of people from priority neighbourhoods helped into sustained work (LAA Target) • Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)
Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care and prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur	• Availability of single rooms (PAF D37) • Numbers of relevant staff in post who have had training in addressing work with vulnerable adults. • Written guidance on personal and/or sexual relationships between people who use in-house or purchased care services

4. Core business

The WBPB will:

- Carry out all statutory duties required by government including formally approving Section 31 partnership agreements and confirming the statutory transfer of funds between agencies
- Respond, as a partnership, to new government initiatives, directives and legislation
- Contribute to the implementation and review of the Community and Neighbourhood Renewal Strategies and to monitor progress on agreed actions
- Monitor and review our overarching Well-being Strategic Framework (WBSF) based on the seven *Our Health, Our Care, Our Say* (OHOCOS) outcomes to help us shift from the narrow focus of treating illness and providing care to vulnerable people and towards the promotion of well-being for all
- Work with the other local thematic partnerships to champion the priorities of the WBSF, and to ensure there is joint ownership and delivery of the framework
- Agree the structure and terms of reference of sub groups and Partnership Board falling within the well-being structure
- Monitor the implementation of projects delegated to the well-being sub groups
- Consider, comment on and endorse, as appropriate, strategic documents from other Partnership Boards or sub groups in the well-being or wider HSP structure that require a joint multi-agency well-being response
- Monitor the effectiveness of the Partnership Boards and sub groups and other joint planning arrangements within its structure through receipt of an annual report or other agreed mechanisms
- Monitor progress on Local Area Agreement (LAA) targets
- Refresh and agree future LAA targets and priorities in line with the Sustainable Community Strategy and the WBSF
- Actively engage service users and carers, with specific emphasis on traditionally hard to reach groups, and give support to enable participation from all relevant stakeholders
- Actively encourage the contribution of all stakeholders to the wider well-being agenda, e.g. leisure, environment, housing, community safety, regeneration, education and children's services, ensuring that well-being activities are appropriately considered in their planning, including other HSP theme partnerships
- Share information, best practice and experience
- Share performance management frameworks where appropriate and possible
- Integrate, wherever appropriate, the plans and services of partner organisations including the use of Health Act 1999 flexibilities
- Account for actions and performance through regular reports to the HSP via the joint commissioning group which manages finance and performance of the WBPB

5. Operational Protocols

Membership
The membership of the Well-being Partnership Board will:

- Be related to the agreed role of the Partnership with the flexibility to co-opt members for a specified time to meet specific requirements
- Be reviewed annually
- Have the authority and resources to meet the aims and objectives of the Terms of Reference
- Possess the relevant expertise to deliver the Terms of Reference
- Be responsible for disseminating decisions and actions back to their own organisation and ensuring compliance
- Will nominate a member to represent it on the HSP Board

Chair
The WBPB will select a chair from either Haringey Council or Haringey Teaching Primary Care Trust – on rotation – at the beginning of each municipal year.

Vice Chair
The WBPB will elect a vice chair from either Haringey Council or Haringey Teaching Primary Care Trust – whichever is not currently providing the chair – at the beginning of each municipal year.

Deputies and representation
Partner bodies are responsible for ensuring that they are represented at an appropriate level. Where the nominated representative is unable to attend, a deputy may attend in their place.

Co-opting
The Partnership may co-opt additional members by agreement who will be the full voting members of the Board.

WBPB Membership

Agency	Number of representatives
Local Authority to include representatives from: Urban Environment, Safer Communities, Children and Young People and Adult, Culture and Community Services	9
Haringey Teaching Primary Care Trust (HTPCT)	6
North Middlesex University Hospital NHS Trust	1
Whittington Hospital NHS Trust	1
Barnet, Enfield and Haringey Mental Health Trust	1
Haringey Association of Voluntary and Community Organisations (HAVCO)	2
Community Link Forum representatives	3
Voluntary/Community sector representative	1
Haringey Police	1
Haringey Probation	1
College of North East London	1
TOTAL	**27**

Well-being Chairs Executive (WBCE)
The WBPB is supported by an executive group consisting of the Chief Executive of the HTPCT, the Director of Adult, Culture and Community Services of Haringey Council, chairs of sub groups, as outlined below, and policy support. The WBCE meets monthly and its responsibilities include:

- agenda setting for the quarterly WBPB which will then be agreed by the chair and vice chair of the WBPB
- finance and performance management of the WBPB sub groups.

Sub Groups of the Haringey Well-being Partnership Board
The WBPB and the WBCE will be supported by subsidiary bodies known as outcome-focused sub groups and a joint commissioning group with responsibility for finance and performance.

Other sub bodies may be established by the Board as it evolves.

Meetings

- Meetings will be held four times a year with additional, special meetings if required
- A meeting of the Well-being Partnership Board will be considered quorate when at least six members are present, providing that two representatives each of the Council and the Teaching Primary Care Trust, including the following, are in attendance:
  - one Councillor, Haringey Council
  - one Non Executive Director, Haringey Teaching Primary Care Trust
- Attendance by non-members is at the invitation of the chair
- The agendas, papers and notes will be made available to members of the public when requested, but meetings will not be considered as public meetings
- Members will elect a chair and vice chair from Haringey Council and Haringey Teaching Primary Care Trust – on rotation – at the beginning of each municipal year
- Members will develop and agree protocols for the conduct of members and meetings

These representatives are responsible for disseminating decisions and actions required back to their own organisation, ensuring compliance with any actions required and reporting back progress to the HSP.

Agendas
Agendas and reports will circulated at least five working days before the meeting, after the agenda has been agreed by the chair and vice chair. Additional late items will be at the discretion of the chair.

Partner action
Representatives will provide a link with their own organisation regarding reporting back and instigating partner action.

Interest
Members must declare and personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.

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

haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Comprehensive Overview – Financial Planning/Challenges 2010/11**

Report of: **Susan Otiti, Acting Joint Director of Public Health**

Purpose This discussion paper is intended to summarise some key issues to enable members to start a debate on the future focus of the Board over the next four years.
Summary The financial and social case for prioritising health and well-being is overwhelming and there is clear information on how investment in health and well being pays economic and social dividends. In these challenging times the partnership needs to focus on specific priorities such as: i) Improving the health expectancy, as well as the life expectancy, of the population ii) Focusing on the 'top four' behavioural risk factors with the greatest impact on life expectancy and mental health and wellbeing iii) Prevention of the onset of long-term conditions and deterioration, and improvements in quality of life and fulfilment for people with disability. The delivery systems to achieve this should encompass: i) Strengthened partnership working on health and wellbeing ii) The need for a new integrated commissioning model for health and wellbeing iii) Integrated public sector delivery at a local level iv) Continuing improvements in the quality and efficiency of primary care and general practice v) Focusing the partnership on prevention
Legal/Financial Implications The financial implications will need to be identified.
Recommendations

The Well Being Strategic Partnership Board needs to develop a clear understanding of its priorities to ensure it delivers the agenda however the priorities are threatened by the worst financial position the public sector has faced for a long time. This gives the partnership the opportunity to further capitalise on joint working and work closely with communities to support them to take control of their own lives.
For more information contact: Susan Otiti Acting Joint Director of Public Health Tel: 020 8442 6070 Email address: susan.otiti@haringey.nhs.uk

Background

The Well-Being Strategic Partnership Board's aim has been to promote a healthier Haringey by improving well-being and tackling inequalities. By working together we are increasing opportunities to share information, plan services better and target our work more effectively.

The Board's vision is that all people in Haringey have the best possible chance of an enjoyable, long and healthy life. Many factors combine that affect the well-being of individuals and communities. Local residents, statutory, voluntary, community and commercial organisation all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.

The public sector has entered very difficult financial times and this will continue for a number of years. The challenge for the partnership is to ensure it focuses on the right priorities to deliver the vision within the 'public purse' available to all partners. In doing this we will need to build on best practices and evidence of what works however at the same time we need to promote innovation and continue to create supportive environment for communities and residents to take responsibility for their own well-being.

2. Enabling effective delivery of well-being

2.1 In these challenging times the partnership needs to focus on specific priorities such as:

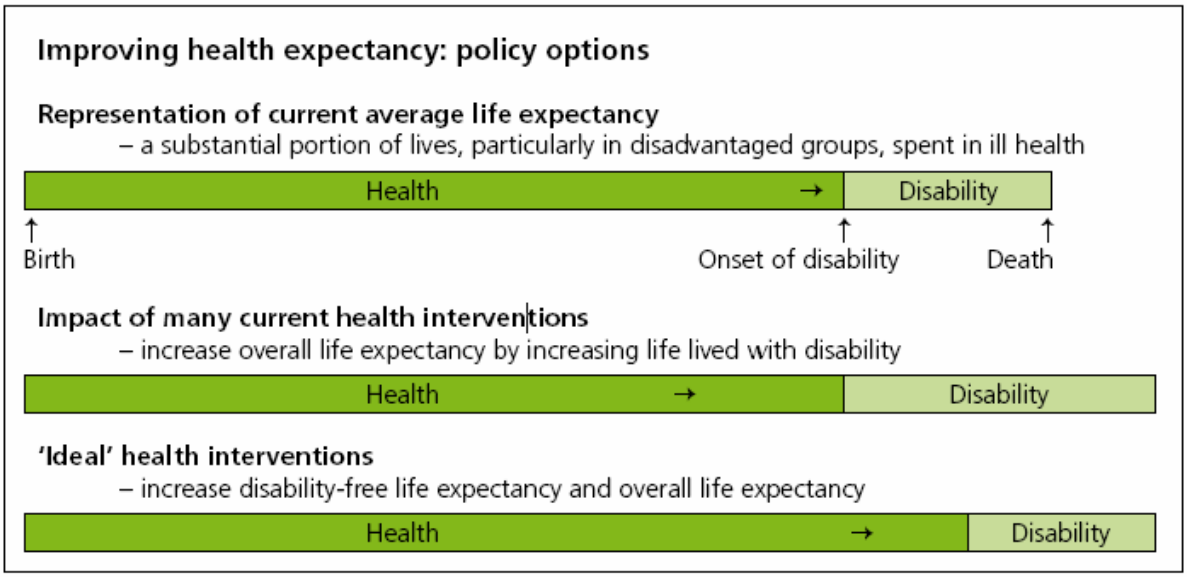
i) Improving the health expectancy, as well as the life expectancy, of the population

Increasing life expectancy is a Public Service Agreement target, we need to ensure that as life expectancy increases we improve health and wellbeing and at the same time reduce the onset and relapse of long-term illness, reduce inequalities, improve the quality of life years lived, and increase years lived in

good health. This will enable public services to control treatment and care costs and for people to remain in their communities and their own homes.

The current average life expectancy and disability-free life expectancy is represented by the first bar on the figure below, with the impact of many currently prioritised health interventions being to increase overall life expectancy but not disability-free life expectancy (second bar). Ideal interventions increase both disability-free life expectancy and overall life expectancy (third bar).

Figure 1. Improving health expectancy



Many important healthcare interventions increase life years lived with disability, and achieve the outcome represented by the second bar. However, many interventions that cost less and are more cost-effective increase disability-free life expectancy, yet are not routinely implemented. For example, increasing physical activity improves mental health and wellbeing, reduces rates of heart disease and cancer, reduces the likelihood of developing diabetes in those at risk, reduces deterioration and supports fulfilled lives in people with many established long-term conditions and disabilities, and improves mobility, quality of life and life expectancy in older people.

The National Institute for Health and Clinical Excellence (NICE) appraisals of healthcare technologies are rightly expected to be implemented across the NHS within three months. However, NICE public health guidance such as the one on improving rates of physical activity, which identifies interventions that are considerably more cost-effective than many health technologies, does not have the same expectation of implementation.

Question to consider
Is it our view that an increase in health expectancy and an improved quality of life and reduction in disability for people with long-term conditions, should be the benchmark by which to judge new policies and investments?

ii) *Focusing on the 'top four' behavioural risk factors with the greatest impact on life expectancy and mental health and wellbeing*

Four behavioural risk factors – tobacco use, physical inactivity, excess alcohol consumption and poor diet – are the biggest behavioural contributors to preventable disease. These 'top four' are responsible for 42% of deaths from leading causes and approximately 31% of all disability-adjusted life years.

There is also strong evidence that reducing behavioural risk factors in older people significantly increases both quality and length of life, irrespective of any pre-existing long-term condition. With ageing of the population, it is critical that we have a strong focus on improving health and wellbeing in older people.

In addition to these 'top four', there is strong evidence that improving mental health and wellbeing significantly reduces physical (as well as psychological) ill health. This is why NHS Haringey has invested in an IAPT Service (improving access to psychological therapies).

iii) *Prevention of the onset of long-term conditions and deterioration, and improvements in quality of life and fulfilment for people with disability.*

There are five high-impact groups: circulatory conditions, respiratory conditions, mental health conditions, musculoskeletal conditions and cancers. Behavioural risk factors and health and wellbeing are core to preventing and reducing the severity of long-term conditions. Tackling behavioural risk factors is often seen as an issue among younger, predominantly healthy people, but behavioural factors are also major risk factors in the onset and relapse of, and premature mortality from, long-term conditions such as diabetes, cardiac disease and respiratory disease, and for increased disability from musculoskeletal conditions and mental ill health.

Once again physical activity is a powerful example. Diet and exercise have been found to reduce the relative risk of diabetes by 37%.[i] Unplanned care costs and costs of poor downstream management of long-term conditions are dramatic and have large negative effects on the local health and social care economy. The cost-effectiveness of behaviour change is stark in comparison.

It is, however, vital that a focus on risk factors is complemented by policy to address common underpinning social determinants. Social determinants highlighted in the Marmot Review (see Appendix 1) should be integrated, where pertinent, into long-term conditions policy.

Haringey Council and NHS Haringey has reviewed and revised the Well Being Strategic Framework (Health & Well-Being Plan). It will go out for consultation

[i] Orozco l j et al. (2008), Exercise or exercise and diet for preventing type 2 diabetes mellitus, *Cochrane Database of Systematic Reviews 2008,* Issue 3.

from 14th June for three months with a view to bringing the final paper to the Partnership Board in October.

2.2 The delivery systems to achieve this could encompass:

i) Strengthened partnership working on health and wellbeing

Poor health and wellbeing costs a great deal through medical and social care costs, reduced productivity in the workplace, increased incapacity benefits, and many other calls on public services and community support. Our most deprived communities experience the poorest health and wellbeing, therefore systematically targeting approaches, through our partnerships, on the geographical areas and population groups at greatest need is crucial in reducing inequalities. Good health and wellbeing is an essential foundation for a prosperous and flourishing borough. It enables individuals and families to contribute fully to their communities, and underpins higher levels of motivation, aspiration and achievement. It improves the efficiency and productivity of the labour force – critical to ensuring economic recovery. The council and the local NHS have improving health and well-being within their core business there is scope for the third sector to be proactive in determining the health and well-being services they can deliver in partnership with local communities and neighbourhoods.

ii) The need for a new integrated commissioning model for health and wellbeing

This needs to identify explicitly how we will commission jointly to deliver improved health and wellbeing, building on our Joint Strategic Needs Assessment. The council and NHS Haringey are currently exploring options to step up joint commissioning. This will avoid service duplication, ensure efficient use of resources and ultimately improve outcomes for Haringey residents.

iii) Integrated public sector delivery at a local level

Integrated commissioning will drive better integration of delivery at a local level for the benefit of residents. There are many examples across Haringey for example; Haringey Community Services and Haringey Council are delivering a pilot programme targeting those residents over 75 years old living in their own homes. They are jointly offering an assessment to people who are not known to either service to maximise the older person's income, review their medicines and assess if they need any home adaptations. NHS Haringey, the council and Haringey Community Services have made good progress over the last to reduce the 'length of stay' in hospital, enable discharge from hospital in a timely fashions and support residents in their own home.

Total Place is the next big step to redesign how we do things and by doing so, improve the quality of life for our communities. Total Place looks at how a 'whole area' approach to public services can lead to better services at less

cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level. The Haringey Strategic Partnership Performance Management Group has agreed to a scoping of a Total Place initiative.

There is potential for local public services to share certain 'back room' functions to improve efficiency.

Question to consider
What further services can we share across the partnership to improve efficiency and control costs?

iv) Continuing improvements in the quality and efficiency of primary care and general practice

While health and wellbeing requires action across the whole partnership, the role of general practice and community pharmacists is fundamental to prevention at an individual and community level. It is acknowledged that general practice's unique role and access to the population can allow for improved case management, self-care and coherence with other local professionals.

Systematic approaches to early intervention on risk factors and to secondary prevention to support improved wellbeing in people with long-term conditions is vital. The role of general practice in targeted case finding and proactive management of major long-term conditions is essential. The current GP contract does support this activity through the Quality and Outcomes Framework however it does have limitations and the new Coalition Government's announcement to review and renegotiate a new GP contract is an essential element to providing the supportive environments for people to take control of their own lives. This, and improved support for self-care, has the potential to save considerable health and financial cost by bringing about a reduction in complications and emergency admissions. The development of polysystems will bring care closer to home for Haringey residents and provide the early intervention and on-going support.

v) Focusing the partnership on prevention

There is a commitment across the local NHS to improve health and to be engaged in prevention, as well as treatment. However, there is still a gap between this commitment and the practical reality of NHS performance and delivery. The same can be said for other partners.

With the recent publication 'The Coalition: our programme for government' the government believes that we need action to promote public health through an ambitious strategy to prevent ill-health which harnesses innovative techniques to help people take responsibility for their own health.

Question to consider
Is this our well-being agenda?

These changes to delivery systems across the partnership will significantly reduce barriers to the ability of front-line organisations to improve health and wellbeing.

3. Conclusion

The Well Being Strategic Partnership Board needs to develop a clear understanding of its priorities to ensure it delivers the agenda however the priorities are threatened by the worst financial position the public sector has faced for a long time. This gives the partnership the opportunity to further capitalise on joint working and work closely with communities to support them to take control of their own lives.

Appendix 1. The Marmot Review

In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health, to chair an independent review to develop the most effective evidence-based strategies for reducing health inequalities in England from 2010, addressing the social determinants of health inequalities.

Key messages from the Marmot Review were:

- Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.
- There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
- Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.
- Reducing health inequalities will require action on six policy objectives:
  - Give every child the best start in life
  - Enable all children young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill-health prevention
- Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local

delivery systems focused on health equity in all policies.

- Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

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haringey strategic partnership

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

Date: **10th June 2010**

Report Title: **Impact of the Recession**

Report of: **Susan Otiti, Acting Joint Director of Public Health**

Purpose The purpose of this paper is to raise with members the known impact of the recession on the well-being of the population and to share the on going work from the Enterprise Theme Board and other partners of the actions being taken to address the adverse impacts of the recession.
Summary The report sets out the findings of the latest update from the Enterprise Theme Board of their 'Response to the recession and tackling worklessness action plan' and describes the impact the recession has on the well being of the population. The effects of the recession in Haringey will continue to be felt even as the economy improves people will need time and support to deal with debts, find work and secure relevant benefit entitlements. In previous recessions it has taken up to five years before unemployment has fallen to its pre recession level.[i] The evidence in the report shows that recession does have an impact on the well being of individuals and communities and that partner organisations across Haringey have worked hard collectively to reduce this impact.
Legal/Financial Implications There are no direct legal and financial implications arising.
Recommendations The board are asked to note the contents of this report.
For more information contact: Susan Otiti

[i] Economic and Social Research Council, September 09

Acting Joint Director of Public Health
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1. Background

Recession is defined as two consecutive quarters of falling real gross domestic product (GDP). Gross Domestic Product (GDP) is the market value of goods and services produced by an economy.[ii]

The first changes in the UK labour market that signalled the onset of the recession were in quarter 2 2008.[ii] Data from the Office of National Statistics shows the UK economy pulled out of recession in the last quarter of 2009 when the Gross Domestic Product rose by 0.1 per cent.[iii]

The Enterprise Board led on partners' plans in response to the recession and tackling worklessness and an action plan was developed in spring 2009 The Enterprise Board receives regular progress reports against the plan.

2. Current position

The following data and information has been taken from a report presented to the Enterprise Theme Board in February 2010. Analysis of their recession dashboard (January) shows that worklessness and revenue collection remain the most critical groups of indicators. Over the nine months since the first dashboard, the group of indicators concerning housing have shown improvement, both in terms of the decline in mortgage and landlord repossession orders, but also in the recovering housing market.

2.1 Worklessness

Highlights

- The employment rate in Haringey continues to show a trend of decline. The latest figure of 62.3% is 7.5% lower than the ten year peak of 69.8% in March 2007. The employment rates for London and England are consistently higher and not displaying substantial trends of decline.
- The unemployment rate of 10.4% in Haringey is the highest rate since March 2005. The year-on-year increase has been 1.7%, with London and England figures following a similar trend, albeit tracking at a lower rate.
- The JSA claim rate for Haringey reached its lowest of 4% in May 2008; the rate has since risen significantly to 6.3% at December 2009. Despite this upward long trend, recent short trends have shown a small decrease in the claim rate. London and England figures following a similar trend, albeit tracking at a lower rate.

Actions

[ii] ONS - http://www.statistics.gov.uk/downloads/theme_labour/impact-of-recession-on-LM.pdf
[iii] DirectGov- https://www.direct.gov.uk/en/NI1/Newsroom/DG_184544

- Delivery of the Haringey Guarantee continues, with a target of 218 people into sustained employment in 2009/10.
- £1.4m of DWP funding secured through the Future Jobs Fund, which will help fund 221 new posts across several strategic partners. These jobs will last a minimum of 6 months.
- Over £2m of funding from the LDA to deliver the North London Pledge 2, with a target of 400 jobs by March 2011 (across the boroughs of Haringey, Enfield or Waltham Forest).
- The Families Into Work pilot project now has 59 families formally engaged on the programme with 11 sustainable employment outcomes to date and a new School Gates Project in collaboration with Job Centre Plus will deliver
- The Council in partnership with Homes for Haringey has a target of 70 apprenticeship places by March 2011 these positions will be created in the Council, as part of the Building Schools for the Future programme and through the Decent Homes programme. Opportunities will be across a range of job types. To date there are 62 apprenticeships in place.

2.1.2 Revenue collection

Highlights

- The collection rate of 97.4% for NNDR in November 2009 is lower than the previous month and lower than the same period in 2008, however proactive actions such as extended instalments in February and March should result in an increased rate towards the end of the year.
- The collection rate of 92.49% for Council Tax in November 2009 is lower than previous months, however this relates to technical problems. The current collection rate is slightly lower than for the same period in 2008.
- The number of Housing and Council Tax benefits claims has increased by 4.8% since October 2008 to a total of 39,657 in October 2009.
- There number of Council Tax summonses and reminders issued in November 2009 has increased by 4.4% and 2.5% respectively compared to the same period in 2008.
- Planning Application fees and cases are down year-on-year to December 2009 compared to 2008. However, the figures do not include the Tottenham Hotspur application.
- The number of Building Control cases is down year-on-year to December 2009 compared to 2008, but the amount of fees received is up.

Actions

- The NNDR team are proactively speaking to businesses where appropriate about opportunities such as Small Business Rate Relief and extended payment periods of 12 months instead of 10.
- The Council Tax team are also being proactive through ‘direct mailing’ that encourages residents to contact the Council and make mutual arrangements rather than to avoid paying.
- Corporate Resources in collaboration with Corporate Policy are to run a Benefits take-up campaign, encouraging residents who are eligible

for benefits (e.g. Housing and/or Council Tax benefit) or tax reliefs, to take advantage of such opportunities.

2.1.3 Other actions in responding to the recession

- Haringey Guarantee has set up an "Employment Zone" to help local business understand the benefit of staff training
- The Council will endeavour to pay invoices within 10 working days for services purchased from SMEs.
- Corporate Procurement are hosting a Meet the Buyer event to provide local SMEs with the opportunity to bid for over £20m worth of public and private contracts. This is supported by two ABG funded projects to train small businesses to effectively compete for public contracts including the Olympic Compete For programme.
- Direct business engagement in the boroughs Town Centres to support and promote the centres as visitor and shopping destinations.
- Significant levels of capital funding has been secured for the borough through the Growth Area Fund and the Homes and Community Agency to deliver our major regeneration sites at Haringey Heartlands and Tottenham Hale.
- Developing a Credit Union service to tackle financial exclusion in the borough and support vulnerable residents through safe and affordable credit.

The critical groups indicators represent challenges to the borough's residents and businesses, however they are challenges faced nationally as well. Haringey Council and its partners have responded to central government policy initiatives in relation to the recession, but also developed and delivered local initiatives.

Nationally there are signs of improvement however it is increasingly expected that the full impacts of the recession on employment are still to manifest itself, with the expected squeeze in public finances following the coalition governments' recent announcements.

3. Impact on well-being

Recession can affect individuals and communities in a variety of ways.

3.1 Physical Health

Research has repeatedly shown a higher prevalence of ill health in those who are unemployed.[i] It has, however, been shown that physical health does not necessarily decline with an unemployment spell as studies failed to find an increase in physical ill-health in people who were unemployed for up to 18 months.[ii] It is thought that the impact will vary greatly from person to person according to their particular circumstances, capabilities and pre-existing health.

3.2 Mental Health

Cross-sectional and longitudinal studies have consistently found poorer psychological health in unemployed compared with employed people.[iii] A number of studies in the UK and elsewhere have identified a correlation between unemployment and depression and physical illnesses.[iv] A publication by the World Health Organisation shows that unemployment negatively affects mental health not only among those people who are made redundant, but also among those who have never worked and prospects of getting employed are diminished, with pronounced elevations in depression, self-harm and suicide. Adverse effects of unemployment may be apparent before actual job loss - anxiety about job insecurity increases levels of depression and anxiety in addition to elevating heart disease risk, and job insecurity appears to act as a chronic stressor with cumulative effects building over time.[v]

Nettleton and Burrows in 1998 showed that mental health problems in adverse economic conditions translate to increased use of GP consultations and of the use of mental health services, as well as a growth in contact rates with non-statutory support and advice services.[vi] It is difficult to measure the impact the recession has had on our local services, however our IAPT service (Improving Access to Psychological Therapies) has experienced an increase in its referral rate over the last year, from a rate of 200 per month to now over 350 per month.

Haringey Community Health Services has a Healthy Communities Programme with various work streams to support people to get into work and to support those in work. The programme receives financial support from the Enterprise Theme Board and supports their action plan with a long-term approach, committed to working with local people and communities to develop learning and skills around health in order to establish employment pathways within the health sector, and to support individuals facing barriers to work that may include illness or disability.

Working for Health

For at least a generation, unemployment in Haringey has exceeded national and regional averages. The “Working for Health” project is funded by the Area Based Grant and provides employment support services in GP practices particularly targeting those on incapacity benefit in the most deprived neighbourhoods. Employment advisers provide one-to-one support to patients to help them improve their skills, access training and voluntary work experience and to gain employment. The project aims to reduce the number of people in the target areas who are claiming Incapacity Benefit and/or other benefits as a result of poor health. The project has demonstrated innovation by taking referrals from a range of health services of patients who would not otherwise have access to employment support, in particular from the Physiotherapy Service and the Community Mental Health teams. The service is now firmly embedded in the new neighbourhood health centres.

Table 1. Client output from April 2009[iv]

Activity Profiles	*Quarter ending:*			
	Jun-09	**Sep-09**	**Dec-09**	**Mar-10**
Registrations	10	20	20	20
Cumulative	10	30	50	70
Job entries	3	6	7	4
Cumulative	3	8	13	20
Sustained Jobs	4	3	6	7
Cumulative	4	7	13	20

Activity Actuals	*Quarter ending:*			
	Jun-09	**Sep-09**	**Dec-09**	**Mar-10**
Registrations	10	20	20	
Cumulative	10	30	50	
Job entries	4	8	8	
Cumulative	4	12	20	
Sustained Jobs	4	4	7	
Cumulative	4	7	15	

Approximately 7 of the above sustained jobs have been in the local NHS.

Employment Support Service for IAPT

Employment Advisers from the Working for Health team are attached to each of the IAPT teams in Haringey to support the IAPT service in achieving its benefit reduction targets (a measure of recovery). Last year the programme secured £100k match funding from the Department of Health through the London IAPT team. This has enabled them to extend the service to the West of the borough, which has felt the impact of the recession more than the East, as many of the residents there are working in the sectors most affected by this recession.

This funding also enabled them to provide a retention service, working with GPs, employers and employees on statutory sick pay to support them in retaining their employment and returning to work as quickly as possible with appropriate support mechanisms in place. NHS Commissioning Support for London have been so impressed with the quality of the service in Haringey that they are proposing to use the service as a vehicle for evaluating the impact of employment support services in primary care in partnership with the Sainsbury Centre for Mental Health and the Institute of Psychiatry.

[iv] Activity profiles are targets agreed through the contract and actuals are what the service has achieved.

Condition Management Programme

In 2007 the Programme expanded its support to unemployed patients through the successful piloting of a Conditions Management Programme addressing the needs of individuals claiming Incapacity Benefit who require support to return to work. Patients suffering with mild to moderate mental health problems, back or neck pain and cardio-respiratory conditions have all benefited from this service which links to other PCT services and includes pain control and life style change advice. The service has continued to offer valuable support and is now being accessed by all the Haringey Guarantee providers, Reed in Partnership (the local Pathways to Work provider) and is currently being rolled out in Waltham Forest, funded through the North London Pledge (London Development Agency).

Working for Health – Pathways

The "Working for Health – Pathways" project will be delivering four 10-week training and development programmes over the next eighteen months designed to help 60 local residents move closer to the labour market and into work or training with the NHS. The project will target lone parents, particularly those from BME groups, and those living in low income households, prioritising residents in the wards with the highest levels of worklessness.

3.3 Lifestyle

Several studies have found higher rates of smoking, alcohol use and poorer diet among unemployed people, although the evidence is not consistent, as personal circumstances and beliefs greatly influence people's lifestyle choices. [vii,viii,ix]

3.4 Communities/wider determinants of health

3.4.1 The Local Government Association carried out a survey last year looking at the impact of the current economic slow down on local authorities. The respondents were chief executives and Council Leaders. These were the key finding;[x].

- 90% of respondents had seen an increase in the number of people seeking welfare/debt advice over the previous six months, 86 per cent had had increased numbers of housing benefit applications, and 83 per cent had experienced increased demand for business support services.
- 74% of respondents reported that due to the downturn their authority had revised its overall budget position over the previous six months partly because of increased demand for services.
- 52% and 48% reported that the two most pressing challenges presented by the economic downturn as problems facing local businesses and unemployment respectively.
- 85% of respondents reported an increase in the number of empty properties in town centres over the previous six months.

3.4.2 Haringey's Citizens Advice Bureau (CAB)

According to Haringey's CAB the beginning of the recession in 2008 caused a substantial increase in demand for advice and this demand has continued to increase.

Table 2. Haringey CAB activity 2008/09 – 2009/10

Enquiry Category	08/09	09/10	% Increase
Benefits	4018	5476	36
Consumer	223	362	62
Debt	1991	3433	72
Employment	886	1302	47
Housing	1366	1816	33
Immigration	610	899	47
Legal	435	561	29
Other (including Finance, Tax, Utilities, relationship breakdown etc..)	1455	2213	52
Total	10984	16062	46

The biggest actual and percentage increases have been in benefits, debt, employment and housing. The first three of these categories are no doubt directly related to the recession and with the already high deprivation levels represent a substantial threat to the economic wellbeing of Haringey residents.

The Council has provided Haringey CAB with additional funding up to the end of June to provide additional sessions to cope with this increase in demand. Without this many Haringey residents would not have been able to access the advice they need. Nationally the government provided an extra £10 million to CAB's last year and this year they have provided an additional £5 million due to the recognition that the effects of the recession are continuing.

3.5 Deaths

Rising unemployment rates have been associated with increased rates of overall mortality, increased suicides and deaths from alcohol abuse. Higher death rates from ischemic heart disease have been observed in unemployed men. The increased death rate from heart disease appears to start two to three years after unemployment and continued for the next 10–15 years.[xi]

4. Conclusion

The evidence in the report shows that recession does have an impact on the well being of individuals and communities. Partner organisations across Haringey have worked hard collectively to reduce this impact.

Members of the Enterprise Theme Board and Haringey CAB have no doubt that the effects of the recession in Haringey will continue to be felt, even as the economy improves people will need time and support to deal with debts, find work and secure relevant benefit entitlements. In previous recessions it has taken up to five years before unemployment has fallen to its pre recession level.[v]

Haringey CAB are clear that by ensuring people can access the advice they need can increase benefit take up, ensure that residents are able to secure their financial, employment and consumer rights and therefore contribute

[v] Economic and Social Research Council, September 09

substantially to lessening the impact of the recession and supporting the local economy.

Acknowledgement
The following people gave information and data for this report;
Sue Day, Project Manager, Haringey CAB
Leo Atkins, Head of Healthy Communities Programme, Haringey Community Services
Patrick Jones, Business and Enterprise Officer, Haringey Council

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haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Timebank**

Report of: **Susan Otiti, Acting Joint Director of Public health**

Purpose To provide more detail in relation to implementation and commissioning a Timebank programme for Haringey and the implications for the Council and NHS Haringey.
Summary A Mental Well-being Impact Assessment Haringey Timebank report was presented to the WBSP Board in May 2009. There was general support for the Timebank scheme and it was noted by Board members that it provided a good model for community empowerment. The Local Ward Member noted there were particular challenges in Northumberland Park and that it was a measure of the schemes value that it had been so successfully implemented there. It was noted that there had been other successful examples of these in London and they provided opportunities for building on the engagement with the local community and developing the role of the Voluntary and Community Sector further. Board members supported in principle the expansion of the Time Bank Scheme, subject to a further report being submitted to the Board to providing more detail in relation to implementation, commissioning and the implications for the Council and NHS Haringey. The further report was originally on the agenda for December 2009 however, as advised by Councillor Dogus, it was postponed due to budgetary issues that were not going to be resolved until April 2010.
Legal/Financial Implications There will be financial implications next year once the short term funding ends.
Recommendations

Board members to acknowledge the challenging financial climate and be assured that the Council and PCT are working together to place Timebank in a more stable position.

For more information contact:
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Acting Joint Director of Public Health
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1. Background

What is a Timebank? - A Timebank is a way for people to come together and help each other through mutual volunteering. Every person receives this as a reward. 1 time credit is given for 1 hour of volunteering. People can spend the time credits, swap them or save the. Participants 'deposit' their time in the bank by giving practical help and support to others and are able to 'withdraw' their time when they need something done themselves. People help each other in various ways; for example companionship, shopping, walking the dog, gardening, DIY anything that might help another person or group.

Groundwork was commissioned in 2007 to set up a Timebank in Haringey. The Timebank works with the following organisations in order to deliver and achieve its aims and objectives:

- Somerford Adventure Playground, Northumberland Park community School;
- LBH Neighbourhood Management Team. Safer Neighbourhood Team, Local Councillors;
- HAVCO, Adult Learning Centre, Job Centre Plus, Clarendon Centre, Six 8 Four Centre, Therapeutic Network, The Vale, Women's and Children's Centre, Richmond Fellowship (Pathways to Work for those with mental health issues), College of North East London;
- Support and incentives are given by The Odeon Cinema and Bernie Grant Arts Centre.

2. Implementation

HAVCO's Volunteering Project Workers says: "Timebank is particularly relevant to promote volunteering among people who suffer from mental health issues as there is no commitment linked to Timebank volunteering however, with the Timebank people can volunteer at their pace, build up experience, skills and confidence which they can then use to help them find employment".

The partnership that HAVCO and Timebank has developed has proved to be a valuable source to set up volunteering for people with mental health issues or people who want to do more informal volunteering. The partnership is also an opportunity for HAVCO to support volunteering at a neighbourhood level.

For the past three years Groundwork has received funding via the Council's Community for Health programme[1].

2.1. In 2007/08 Groundwork received £30,332 funding and agreed the following targets and objectives.

To develop a time banking network in Haringey in partnership with local referral agencies, relevant community groups, Sports and Leisure services; Neighbourhoods and regeneration within LBH, HTPCT, MIND, Mental Health Carers Support Association, HAVCO, Mental Health Commissioning, BEHMHT, REC and so on. The Timebank with specifically target deprived communities and those people with mental health problems. The following objectives were set:

- Engage at least 50 local people in the Timebank initiative in Haringey who will be either from disadvantaged communities or people with mental health issues (by February 2008 we have signed up 40 people and anticipate to meet out target of 50 Timebank members by April 2008);
- Hold a launch event to publicise the Timebank (this was successfully held in December 2007);
- Undertake an evaluation of the first year and produced an evaluation report with suggestions of the long tern sustainability of the project (will be completed in April 2008).

The evaluation would highlight outcome indicators such as how the Timebank has started to develop resident's skills (including employability), improve confidence and feeling of self worth and improved well being. Timebank would also look at social isolation and how the Timebank had bought people together. Timebank stressed that evaluation of this will be ongoing, as these outcomes take longer to capture.

In 2007/08 Timebank achieved the following outcomes;

- 50 local people signed up to the time bank and home visit carried out.
- Dedicated time broker in post.
- Timebanking infrastructure developed.
- Stakeholder and community launch events held.
- Steering group set up, including Haringey Council, HAVCO , Carers Centre, Safer Neighbourhoods Team, ward councillor, PCT, etc.
- Two newsletters produced.
- Over 10 local organisations signed up as organisational members and supporters, including the Odeon Cinema, HAVCO, Carers Centre, Vale Resource Base, Age Concern, etc.
- At least monthly meetings with mental health service users and service providers attended.

[1] Funding received from the Department of Health

2.2. In 2008/09 Groundwork received £31,175 funding and agreed the following additional targets and objectives.

Timebank would provide bench marking at the time that members signed up. This would examine and identify the reasons the person joined the Timebank, their attitude and state of mental health. After 9 months, each member would be assessed and measured alongside these benchmarks, providing an accurate evaluation of the impact the Timebank has made on their mental health.

Timebank expressed a desire to grow into other areas in Haringey and set the following objectives:

- 80 active Timebank members signed up by March 2009;
- 450 hours exchanged;
- 20 carers, including young carers supported and respite time provided;
- 10 people referred to HAVCO for formal work placements;
- 3 projects to be developed with people with mental health issues;
- 70% of Timebank members with mental health issues to report significant improvements in their outlook within a year of joining the time bank;

In 2008/09 Timebank achieved the following outcomes:

- 79 members signed up including 15 carers;
- 10 volunteers from Age Concern Haringey joined Timebank;
- Social event held in August 2008 that gave members the opportunity to meet one another and to generate community spirit. Several exchanges of skills were arranged between the members themselves;
- First Give and Take day held in September 2008, extremely popular and attended by approximately 150 local residents;
- Second Give and Take day held February 2009 enjoyed increased success as more local residents gave items;
- Timebank committee formed – constitution agreed and adopted. A bank account was opened. Committee members have taken part in capacity building for roles and responsibilities of committee members and chairing skills;
- 2000 hours exchanged;
- 15 carers supported, despite little demand from carers for respite care
- Timebank did not referred any members to HAVCO due to capacity issues at HAVCO;
- Book swap established at the Women and Children Centre and Neighbourhood Resource Centre;
- Regularly running art and craft sessions
- Timebank members continue to be involved with the allotment project arm of *Living Under One Sun* [2] (LUOS).

[2] *Living Under One Sun* is a community cohesion initiative allotment project which is based on the East Hale Allotment Site, adjoining Tottenham Marshes. The project is inspiring local residents to grow and cook their own produce, while building friendships, skills and communities.

2.3. In 2009/10 Groundwork was awarded £28,500 continuation funding until the end of April 2010 and agreed the following aims and objectives:

- 100 active Timebank members signed up by April 2010;
- 1,000 hours exchanged;
- 30 carers, including young carers supported and respite time provided;
- 15 people referred to HAVCO/other employment advisors for formal work placements;
- 3 funding bids for time bank activities/programmes submitted;
- 3 new projects developed with people with mental health issues;
- 70% of Timebank members with mental health issues to report significant improvements in their outlook within a year of joining the Timebank;
- 20 people referred to the Health Trainers and Mental Health Community Development.

In addition Timebank agreed to work with the Steering Group to create an action plan to turn the time bank into a stand alone, commissioned service.

3. Current position

The financial climate for all partners is challenging. Haringey Council has agreed further short term funding for Timebank (1.5.10 to 31.3.11) from the Area Based Grant.

NHS Haringey Commissioning Manager, Learning Disabilities and Mental Health has completed a mental health voluntary sector review. The review assessed service users and carers' needs and the direction of the *New Horizons* national strategy.

The Head of Commissioning in Adults, Culture and Community Services in the council will work with the PCT Commissioning Manager to pull together the different funding streams to aim for integrated commissioning in the next financial year.

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haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Transforming Social Care Update**

Report of: **Director of Adult Culture and Community Services**

Purpose

To provide the Board with an update on the delivery plan for Transforming Social Care, now that the programme is into its third and final year and to clarify its relationship to Well-being.

Summary

The programme delivery plan is set to ensure the following, within the context of the four Quarters of Transforming Social Care diagram set out at Appendix A:

- Introduction of an Integrated Access Team providing advice information and signposting to services for the public (**already achieved**);
- Provision of a web based public facing information directory about all services (**target date August 10**);
- Introduction of a "Re-ablement Service" for 4-6 weeks for service users on discharge from hospital or in response to a crisis at home for service users who do not need admission to hospital, and need a period of recovery to become as self caring as possible again (**target date October 10**);
- Implementation of self directed support using a supported self assessment questionnaire (SSAQ) validated by a risk assessment, providing a personal budget based on a points to pounds system (responding to the answers to the questions in the SSAQ) and a support plan (**target date end October 10 for all service user groups**);
- Introduction of a Personal Budget Support and Service Finding Team which will enable service users to take their personal budget as a direct payment and purchase their own services or support them to make choices about services to implement their support plan and purchase them on their behalf;
- Introduction of a revised IT system to underpin the new pathway to service (**October 10**);
- Provision of a wider choice of services by changing the process of commissioning to market shaping and mapping, responding to service users views and choice instead of the current very limited

offer (**ongoing**);
- Continued provision of the Safeguarding Team to respond to referrals of suspected abuse and the Out of Hours Emergency Service at night and at weekends;
- Introduction of an independent advocacy service for service users to gain advice, information and support re the new pathway (**during 10/11**);
- Development of "social capacity" in local communities to assist in the support of vulnerable adults prior to any need to refer to adult social care or for people who are not eligible for self directed support by the provision of neighbourhood networks of support and volunteers (**ongoing development during 10/11**).
- Consultation with service users has been continuous within the pilots and with a reference group linked to the Transforming Social Care Board; and
- The new pathway to service is set out at Appendix B

The pilot projects in each care management team for people with physical disabilities, learning disabilities, older people and people with mental health needs have been testing the new self directed support pathway and process. Self directed support is now implemented for people with physical disabilities and for people with learning disabilities and is beginning to be for older people, but as the numbers of people are far larger in older peoples services it will take longer to complete the pilot. In the community mental health service the pilot has only just begun.

The delivery plan expects that all service user groups will be using self directed support by end October 10, that the reablement service and the Personal Budget Support and Service Finding Team will also be in place and therefore the last five months of the transforming social care programme will be about making adjustments to the process and organisation and monitoring the outcomes for service users.

Staff will be provided with appropriate training to deliver the changes required as part of an integrated local workforce strategy and programme which overtime will involve not just in house staff but staff across the adult social care sector in the borough of Haringey.

There are a number of assumptions built into the Transforming Social Care Programme. They are:

- Staff will change their "professional culture" so that more choice and control is transferred to the service user (and carer where appropriate in agreement with the service user);
- More service users will take their personal budget as a direct payment
- The Reablement Service will reduce the numbers of service users requiring hospital admission and reduce some dependence on long term provision of services;
- Overtime more service users will depend on others than care management staff to complete their SSAQs and Support Plans

(that is the evidence from other authorities who were involved in the national pilots);
- All “new” and those service users having a review where needs have changed will undertake the Self Assessment and receive a personal budget;
- The transformed service will continue the process of reducing demand for expensive and restrictive residential care services in favour of more independent and continued life in service users’ own homes;

The well being of vulnerable adults is directly entwined with their ability to maintain independence, choice and control over their lives which is the main aim of personalisation and the provision of self directed support.

Legal/Financial Implications

None.

Recommendations

That the update be noted.

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Appendices

Appendix A - Four Quarters of Personalisation
Appendix B - Future Access to Self Directed Support

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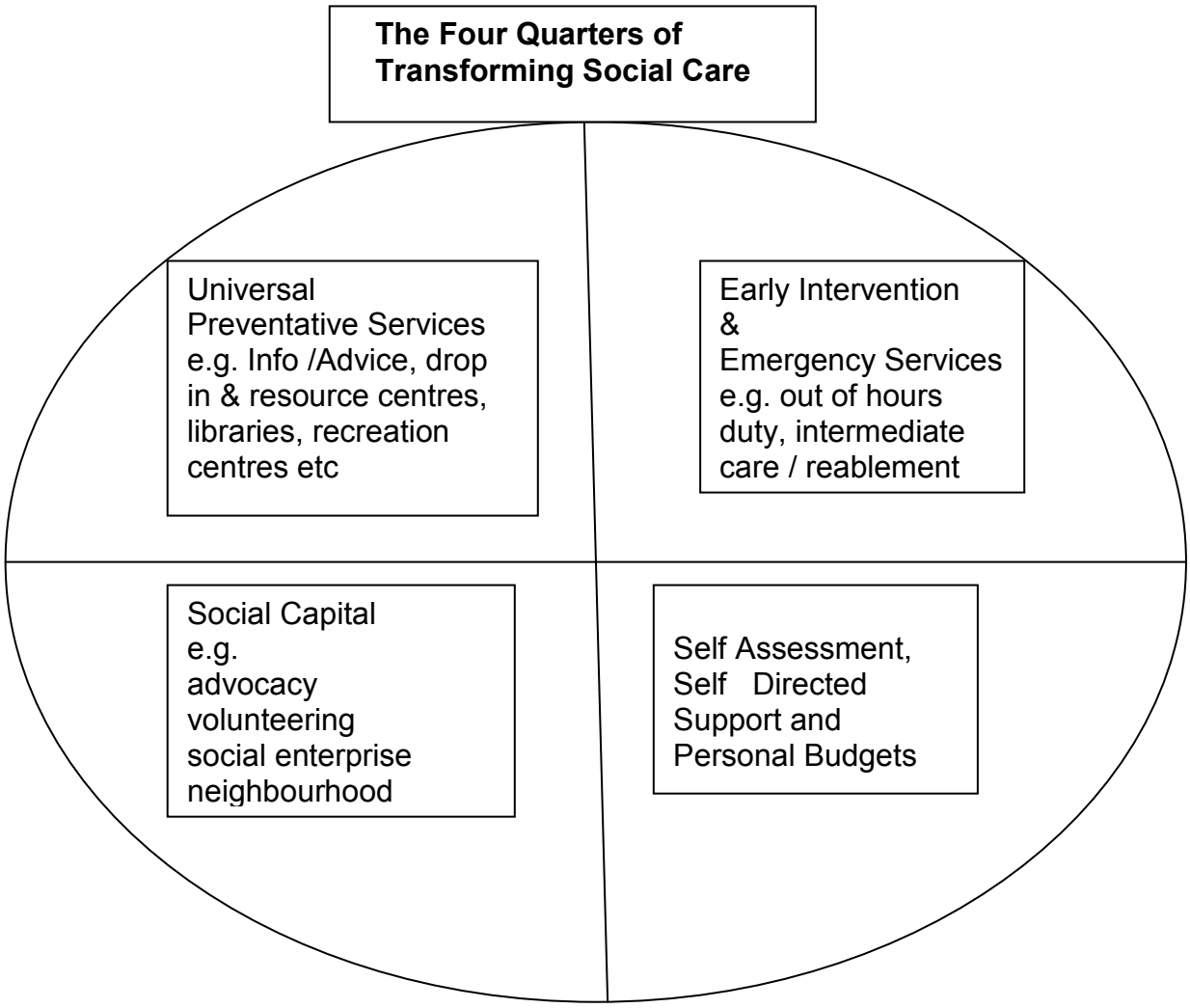
APPENDIX A

"Personalisation" means Putting People First, enabling users of adult social care services to have choice and control over the services they receive, to meet their needs.

This aim is set in the context of a series of changes encapsulated in the picture below:



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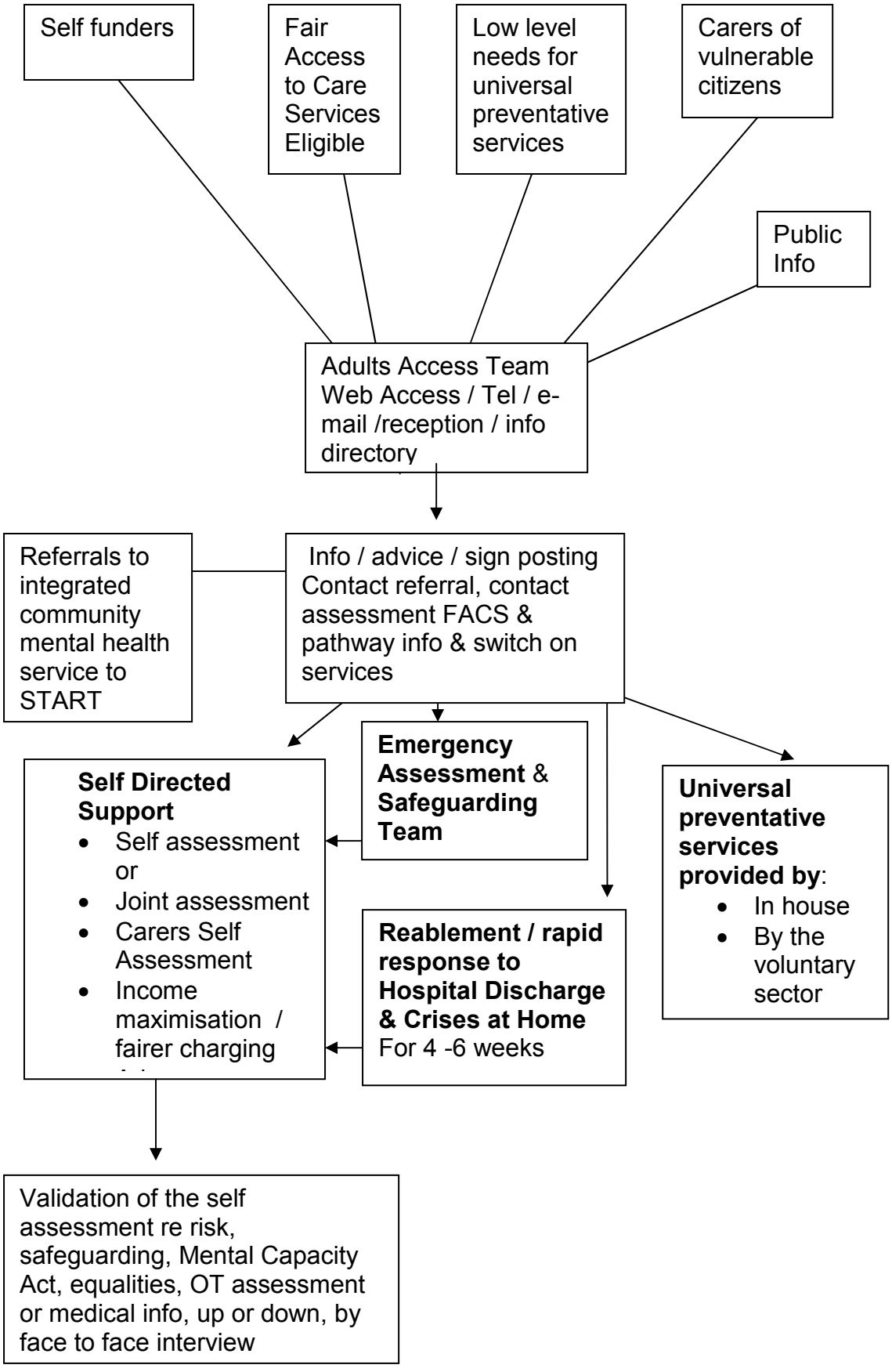
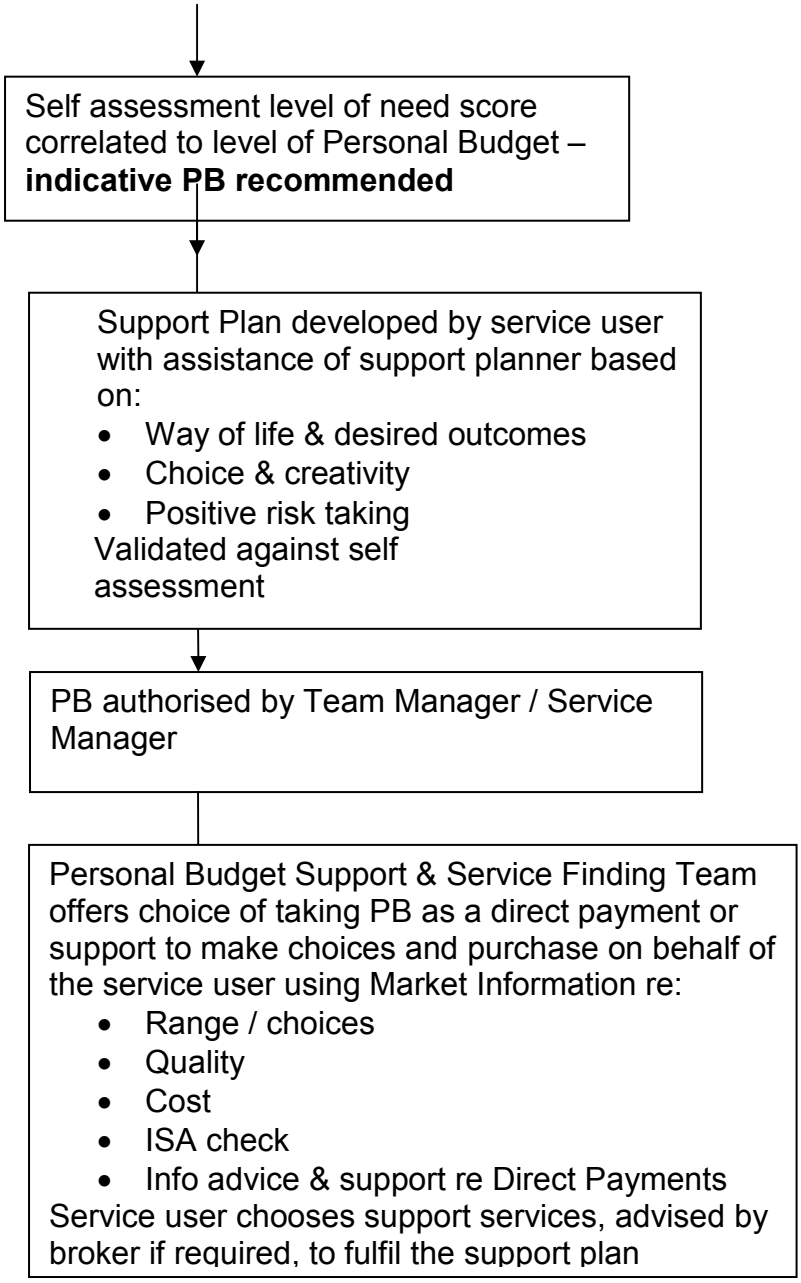
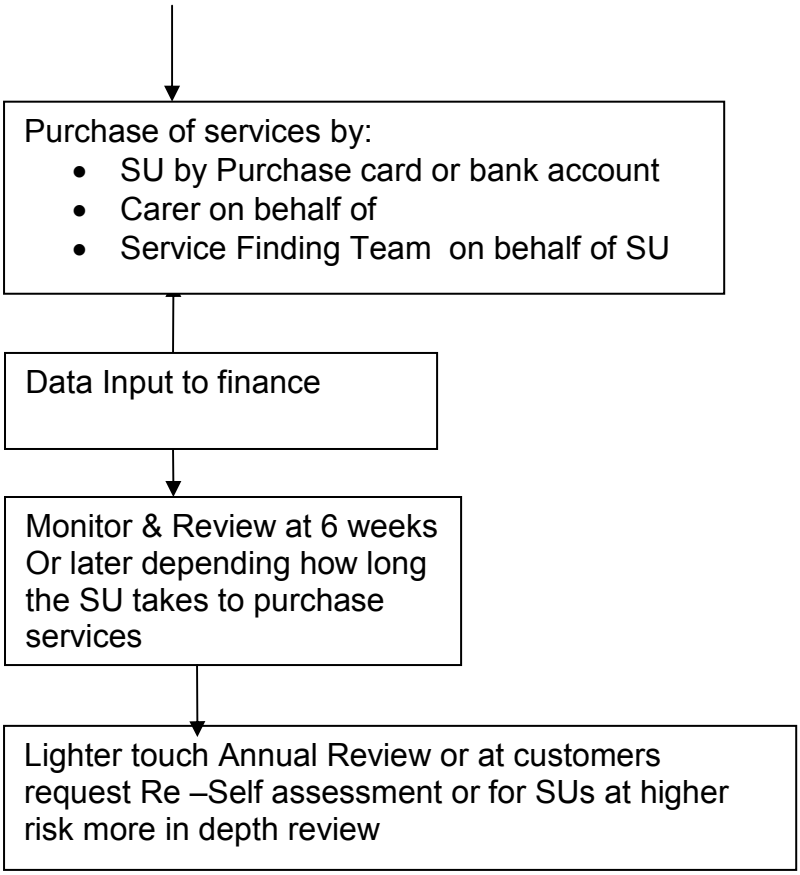
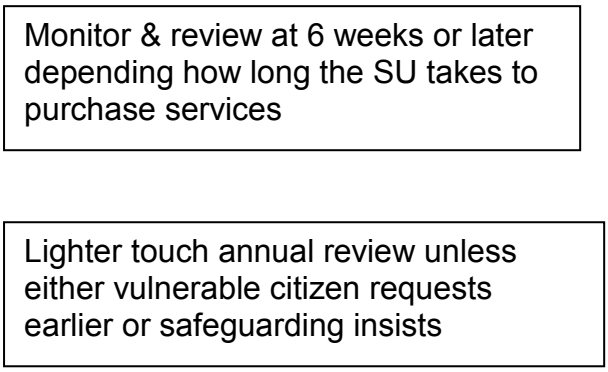
APPENDIX B

Draft VERSION 7. - FUTURE ACCESS & SELF DIRECTED SUPPORT PATHWAY TO SUPPORT - choice & control passes to the vulnerable citizen




Self assessment level of need score correlated to level of Personal Budget – **indicative PB recommended**
Support Plan developed by service user with assistance of support planner based on:
• Way of life & desired outcomes
• Choice & creativity
• Positive risk taking
Validated against self assessment
PB authorised by Team Manager / Service Manager
Personal Budget Support & Service Finding Team offers choice of taking PB as a direct payment or support to make choices and purchase on behalf of the service user using Market Information re:
• Range / choices
• Quality
• Cost
• ISA check
• Info advice & support re Direct Payments
Service user chooses support services, advised by broker if required, to fulfil the support plan


Purchase of services by:
SU by Purchase card or bank account
Carer on behalf of
Service Finding Team on behalf of SU
Data Input to finance
Monitor & Review at 6 weeks Or later depending how long the SU takes to purchase services
Lighter touch Annual Review or at customers request Re –Self assessment or for SUs at higher risk more in depth review


Monitor & review at 6 weeks or later depending how long the SU takes to purchase services
Lighter touch annual review unless either vulnerable citizen requests earlier or safeguarding insists

haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Performance Summary and Exception Report**

Report of: **Director of ACCS & Director of Public Health**

Purpose To provide the 2009/10 end of year update on National and Local Indicators within the Well-Being Scorecard.
Summary This report shows that overall, out of 19 PI's with outturn figures, 80% achieved targets, 25% of the quarterly and 75% of the annual indicators could not be included in this report due to data not been available.
Legal/Financial Implications None identified.
Recommendations To note the report.
For more information contact: Leks Omiteru 020 8489 2402 leks.Omiteru@haringey.gov.uk Chris Bush- King 020 8442 5431 Chris.Bush-King@haringey.nhs.uk

Background

1. This report summarises 2009/10 outturn for 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 that missed their targets.

2. **The following indicators met their targets.**

- Number of older people permanently admitted into residential and nursing care, final outturn was 114 against LAA target of 115 - 18.4% improvement over 2008/09 outturn.

- Number of adults permanently admitted into residential and nursing care, 13 adults placed permanently against a target of 20. This represents a good performance as final outturn better than target.

- Percentage of carers receiving needs assessment or review and a specific carer's service, or advice and information, outturn was 21.2% against target of 19.2%

- 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, outturn was 82.6% and target exceeded by 0.6%. This is an LAA stretch indicator and target for 2010/11 has been agreed at 85%.

- Smoking cessation – increase in the number of smoking quitters in N17 (2007 – 2010 stretch target), with an outturn value of 234 against target of 125.

- Prevalence of breast-feeding at 6-8 wks from birth (NI 53a) - percentage of infants being breastfed at 6- 8 weeks, outturn of 70.03% against target of 64.8%.

- Prevalence of breast-feeding at 6-8 wks from birth (NI 53b)- percentage of infants from whom breastfeeding status is recorded (as being totally or partially breastfed or partially breastfed at the 6- 8 week check that quarter (LAA local) , outturn of 92.8% against target of 64.8%.

- Adults in contact with secondary mental health services in settled accommodation (NI 149), final outturn of 89% against target of 86%.

- Number of accidental dwelling fires – final outturn of 247 against target of 230.

- 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. This target was achieved with 7,414 young people screened, or 26% of the 15-24 year old population.

3. **The following indicators missed their targets. The Well-Being Board is not the lead body for the majority of these indicators**:

- Early Access for Women to Maternity Services, final outturn of 73.9% against target of 80%. 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. Using this methodology NHS Haringey achieves 73.8, which is classed as "amber" or "under achieve" by NHS London. 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. This will continue into 2010-11.

- Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline. NI112) – -15.9% is based on 2008 actual data. There were 52.4 conceptions per 1,000 in 2008 compared to 62.3 in the 1998 baseline year. 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).

- Mortality rate from all circulatory diseases at ages under 75 per 100,000 population (N121) – 2009-10 CVD rate is based on the 2006-08 three-year average which was 90.10. The target for 2008, which is used by NHS London and the Department of Health is 89 which is rated as "amber" or underachieve

Indicators with no Quarter 4 data

Source	Indicator	Due Date
ACCS	NI 141 Percentage of vulnerable people achieving independent living	Supporting people PI, data available in July.
Health	% of HIV infected patients with CD4 count less than 200 cells per mm3 diagnosed	Data not available
Health	NI 123_N Number of 4-week smoking quitters who attend NHS Stop Smoking Services	Data not available
Health	NI 39 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm.	Data not available
Health	Number of drug users recorded as being in effective treatment against 2007/08 baseline (LAA)	Data is not yet available but it looks like target will not be achieved.

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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			Q4 2009/10			2009/10			Latest Note
		Value	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	
L0114 LAA	Improved living conditions for vulnerable people ii) Number of older people permanently admitted into residential and nursing care - YTD (2007 -2010 LAA local stretch target)	135		20	29		57	57		97	86		114	115		114	115		
L0115 LAA	Improved living conditions for vulnerable people iii) Number of adults permanently admitted into residential and nursing care - YTD (2007 -2010 LAA local stretch target)	10		1	5		5	10		9	15		13	20		13	20		
L0223 LAAstretch	Smoking cessation - increase in the number of smoking quitters in N17 (2007-2010 LAA local stretch target)	632		133	50		101	75			75			125		234	125		
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (LAA)	1626		438	414		478	413			397			430		916	827		The latest provisional figures from North West Public Health Observatory are available for quarters 1 and 2 in 2009/10 financial year (Published in March 2010 and available from: http://www.nwph.net/alcohol/lape/download.htm). This represents a 13% increase from last year. The target is unlikely to be met in 2009/10. Provisional figures for the first half of the year 2009/10 show a rate of 916 per 100 000 population against the mid year target of 827 (year-end target is 1,654). It should however be noted that new

PI Code	Performance Indicator	2008/09		Q1 2009/10			Q2 2009/10			Q3 2009/10			Q4 2009/10			2009/10			Latest Note
		Value	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	
																			investment to tackle alcohol related hospital admissions only became available in 2009/10. 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). In addition a large number of admissions are a result of long term drinking and this target also includes admissions that could be said to be partially attributable to alcohol as well as wholly attributable. So for e.g. conditions like falls and hypertensive disease are included – which clearly may or may not be due to alcohol and are therefore more difficult to control. Significant activity is taking place in the borough to address these problems. This includes brief interventions at A&E and targeting repeat attenders, new detoxification facilities, peripatetic detox nurse post, enhancement to the COSMIC service for children and families, and plans to enhance alcohol screening by GPs. The 2010-11 Alcohol Strategy Action Plan is currently being developed which will include: -Data sharing agreement between A & E re: alcohol related violence -A commissioning framework for alcohol to be agreed -Further work to be done on housing needs of people with alcohol problems
NI 40	Number of drug users recorded as being in effective treatment against 2007/08 baseline. (LAA)	89		58	135		60	135		82	135			135		82	135		We are very unlikely to meet this target for 2009-10 as the number of new clients coming into drug treatment has declined by 111 since last year. Acquisitive crime is down which counts for some of the reduction in new clients coming through the Drug Interventions Programme. Treatment effectiveness has however increased from last year (from 82% to 88%), and Haringey's rate is above the London average (84%). The NI40 trend and the additional action plan are being monitored on a monthly basis by the DAAT together with the drug treatment agencies. Examples of additional activity include: improving communication with pharmacies and GPs to increase referrals; training housing workers and Job Centres

PI Code	Performance Indicator	2008/09		Q1 2009/10			Q2 2009/10			Q3 2009/10			Q4 2009/10			2009/10			Latest Note
		Value	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	
																			on screening and referral pathways; and BUBIC, a peer support service, is doing extra outreach at night. The DAAT has also commissioned BUBIC to run a retrieval service which aims to re-engage clients who have dropped out of drug treatment. If performance drops any further the DAAT also requires a monthly exception report from the treatment agencies for each client who has dropped out. Notes: Please note that the status in other reports, including those by the National Treatment Agency, indicates that are on red against this target. However, the threshold in covalent is different and erranously shown as amber. The latest performance data for the number of problematic drug users in effective treatment (NI 40) relates to the 12-month rolling period from Jan 09 – Dec 09. The delay is due to how the target is constructed ie. clients in the cohort need to remain in treatment for 3 months to be counted as effective. Published statistics available from: https://www.ndtms.net/performance.aspx
NI 53a	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks (LAA local)	65.95%		62.36%	60%		66.39%	61.7%		63.91%	63.3%		70.03%	64.8%		70.03%	64.8%		
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) (LAA local)	86.4%		86.4%	85%		88.5%	86.6%		88.6%	88.3%		92.8%	90%		92.8%	90%		
NI 112	Percentage change in under-18 conceptions (per 1000 girls aged 15-	11.9%		7.2%	-18.1%		-2.9%	-18.1%		-8.8%	-18.1%			-18.1%		-15.9%	-18.1%		-15.9% is based on 2008 actual data. There were 52.4 conceptions per 1,000 in 2008 compared to 62.3 in 1998, the baseline year. This decrease was greather than the England

PI Code	Performance Indicator	2008/09		Q1 2009/10			Q2 2009/10			Q3 2009/10			Q4 2009/10			2009/10			Latest Note
		Value	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	
	17 as compared with the 1998 baseline) (LAA)																		average of -13%. The target for 2010 (2011-12) is to reduce the number of conceptions from the 1998 baseline rate by -55% (28 per 1,000 conceptions). An extremely challenging task.
NI 113a	Prevalence of Chlamydia in under 25 year olds - Part 1 - Chlamydia screens/tests (LAA)	17.1%		3.4%	3.1%		7.6%	6.3%		13.6%	15.0%		26.4%	25.0%		26.4%	25.0%		Part 1 Chlamydia screens/tests (NI 113a), the target has increased from 15% last year to 25% this year. This target was achieved with 7,414 young people screened, or 26% of the 15-24 year old population.
NI 113b	Prevalence of Chlamydia in under 25 year olds - Part 2 - new diagnoses of chlamydia (LAA)	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 (LAA)	93.80		90.00	94.00		90.00	94.00		93.60	94.00					90.10	89.00		The 2009-10 CVD rate is based on the 2006-08 three-year average which was 90.10. The target for 2008, which is used by NHS London and the Department of Health is 89 which is rated as "amber" or underachieve
NI 123_N	Number of 4-week smoking quitters who attended NHS Stop Smoking Services	1939		356	250		688	500			500			750		1044	750		Health PI.
NI 125	Achieving independence for older people through rehabilitation/intermediate care (LAA)	79.8%					79.2%	80.0%		88.2%	82.0%		82.6%	82.0%		82.6%	82.0%		Revised targets for this indicator were confirmed by GOL on 10th February 2010. 2009/10 82% 2010/11 85%
NI 126	Early Access for Women to Maternity Services (LAA)	51.9%		73.6%	80.0%		79.2%	80.0%		73.7%	80.0%		73.9%	80.0%		73.9%	80.0%		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. Using this methodology NHS Haringey achieves 73.8, which is classed as "amber" or "under achieve" by NHS London. 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. This will continue into 2010-11.
NI 135	% of carers receiving needs assessment or review and a specific	22.1%		7.7%	4.8%		12.8%	9.6%		18.0%	14.4%		21.2%	19.2%		21.2%	19.2%		

PI Code	Performance Indicator	2008/09		Q1 2009/10			Q2 2009/10			Q3 2009/10			Q4 2009/10			2009/10			Latest Note
		Value	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	
	carer's service, or advice and information - YTD (LAA)																		
NI 141	Percentage of vulnerable people achieving independent living (LAA)	81.5%		81.5%	77%		82.2%	77%		43.8%	77%			77%		76.5%	77%		Q3 data to be available by July 2010.
NI 149	% of Adults receiving secondary mental health services in settled accommodation (LAA)	81.0%		83.0%	85.0%		85.0%	85.0%		81.4%	85.0%			85.0%		89.0%	85.0%		
NI 153	% of working age people claiming out of work benefits in the worst performing neighbourhoods (LAA)	26.9%															26.3%		Enterprise board to finalise figure.
NI 156	Number of households living in temporary accommodation (LAA)	4548		4403	4280		4123	4032		3800	3792		3547	3552		3547	3552		

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 (LAA local)	30.1%			40.1%		Health PI.
NI 1	% of people who believe people from different backgrounds get on well together in their local area (LAA local)	75.6%			78.4%		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 (LAA)	21%			22.7%		Final published Place Survey result from Communities and Local Government. No target was set for 2008/09. The next Place Survey will be carried out in 2010.
NI 7	Environment for a thriving third sector (LAA local)	18.9%			21.9%		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 LAA stretch target)	23.1%			26.9%		09/10 survey runs from Oct 09 - Sep 10 with results being published in Dec 10.
NI 35	Building resilience to violent extremism (LAA)	2		3	3		NI 35 has met level 3 based upon the Home Office self assessment Framework. Training has been piloted with Police colleagues and the Haringey race & equalities council and this is being evaluated before being rolled out further. An independent evaluation was commissioned in line with recommended good practice from DCLG and this has reported that the PREVENT programme is in good shape. It has recommended that the separate projects work more collaboratively in the next year and this will be addressed. The DCLG select committee report into PREVENT was published late in the financial year and this is being reviewed to direct

PI Code	Performance Indicator	2008/09		2009/10			Latest Note
		Value	Status	Value	Target	Status	
							actions for 2010/11. Finally a new guidance document on Channel, a multi agency process to provide support to those who may be vulnerable to being drawn into violent extremism, was published in March 2010. The MPS are working closely with Council staff to establish how we might embed the Channel process into our safeguarding processes around vulnerable individuals
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services (LAA)	13		15	15		
NI 56(x)	Obesity in primary school age children in Year 6: Line 10 (LAA)	23.2%		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 (LAA)				32.5%		Haringey 38.9% London 27.3% Gap 11.3%(2008)
NI 119	Self-reported measure of people's overall health and wellbeing (LAA local)	80.1%			82.7%		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			09/10 survey (User Experience Survey on Equipment and Adaptations) completed and results currently being analysed and results will be published in Jul 10.
NI 140	Fair treatment by local services (LAA)	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						The data sets for this indicator are now available, the council and NHS Haringey are in the process of agreeing targets for the various strands of this indicator.
NI 187a	Tackling fuel poverty – % of people receiving income based benefits living in homes with: (i) Low energy efficiency (LAA)	13.53%		13.42%	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 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 April.

PI Code	Performance Indicator	2008/09		2009/10			Latest Note
		Value	Status	Value	Target	Status	
							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.
NI 187b	Tackling fuel poverty – % of people receiving income based benefits living in homes with: (ii) High energy efficiency (LAA)	13.04%		16.23%	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 (LAA)	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.

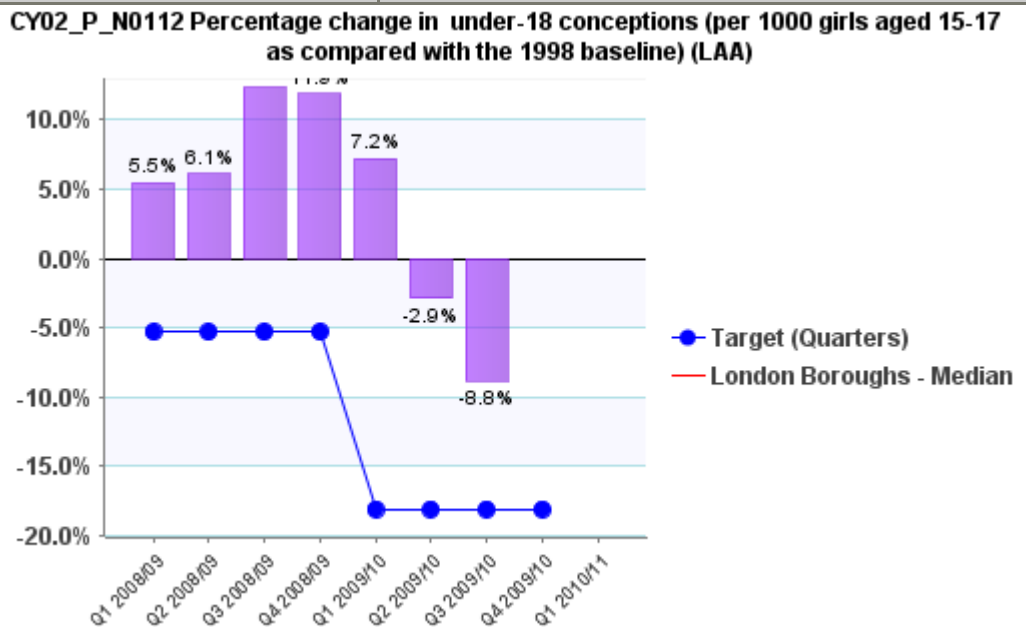
APPENDIX 2 - Well-Being Theme Board Exception Report

NI 112	Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline) (LAA)	
Outcome Lead	**Portfolio**	**Sustainable Community Strategy Outcome**

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.

2009 - 2010		
	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		-18.1%
2009/10	-15.9%	-18.1%

Red

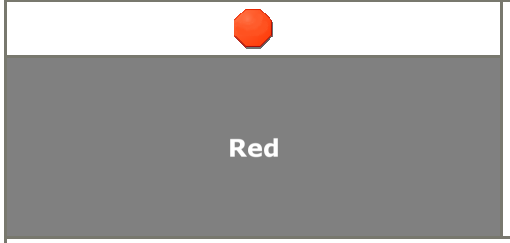


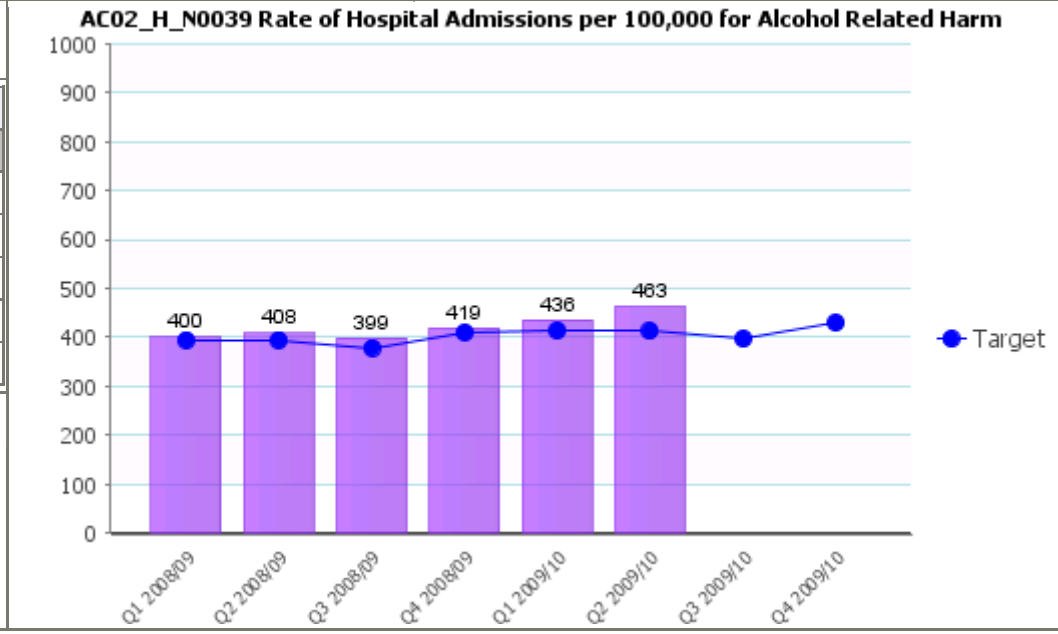
-15.9% is based on 2008 actual data. There were 52.4 conceptions per 1,000 in 2008 compared to 62.3 in 1998, the baseline year. This decrease was greather than the England average of -13%. The target for 2010 (2011-12) is to reduce the number of conceptions from the 1998 baseline rate by -55% (28 per 1,000 conceptions). An extremely challenging task.

NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (LAA)	
Outcome Lead	**Portfolio**	**Sustainable Community Strategy Outcome**

This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics.

2009 - 2010		
	Value	Target
Q1 2009/10	438	414
Q2 2009/10	478	413
Q3 2009/10		397
Q4 2009/10		430
2009/10	916	827





The latest provisional figures from North West Public Health Observatory are available for quarters 1 and 2 in 2009/10 financial year (Published in March 2010 and available from: http://www.nwph.net/alcohol/lape/download.htm). This represents a 13% increase from last year.

The target is unlikely to be met in 2009/10. Provisional figures for the first half of the year 2009/10 show a rate of 916 per 100 000 population against the mid year target of 827 (year-end target is 1,654). It should however be noted that new investment to tackle alcohol related hospital admissions only became available in 2009/10. 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).

In addition a large number of admissions are a result of long term drinking and this target also includes admissions that could be said to be partially attributable to alcohol as well as wholly attributable. So for e.g. conditions like falls and hypertensive disease are included – which clearly may or may not be due to alcohol and are therefore more difficult to control.

Significant activity is taking place in the borough to address these problems. This includes brief interventions at A&E and targeting repeat attenders, new detoxification

facilities, peripatetic detox nurse post, enhancement to the COSMIC service for children and families, and plans to enhance alcohol screening by GPs. The 2010-11 Alcohol Strategy Action Plan is currently being developed which will include:

-Data sharing agreement between A & E re: alcohol related violence
-A commissioning framework for alcohol to be agreed
-Further work to be done on housing needs of people with alcohol problems

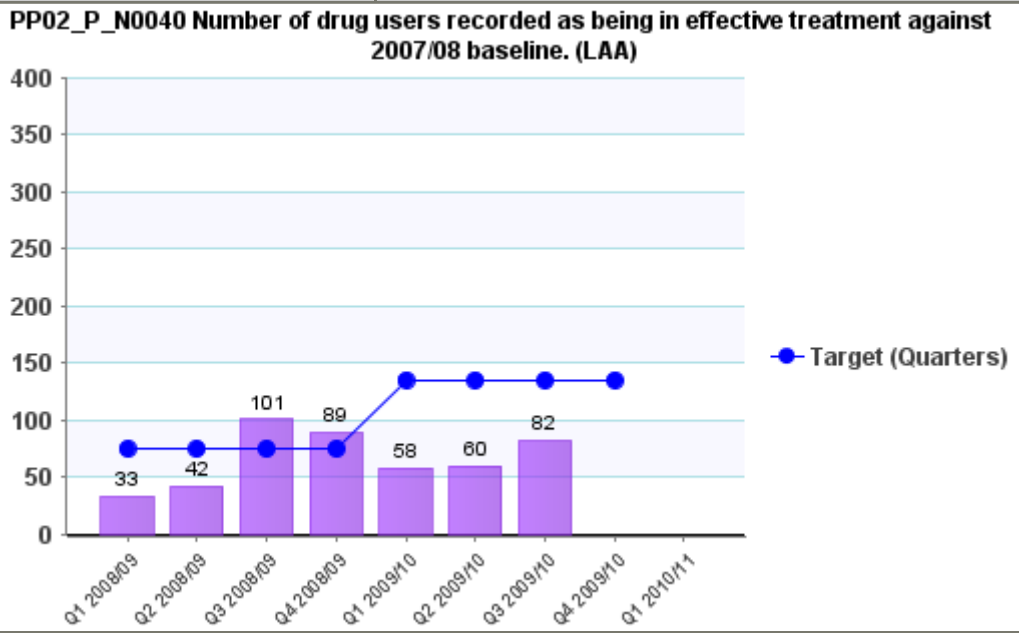
NI 40	Number of drug users recorded as being in effective treatment against 2007/08 baseline. (LAA)

Outcome Lead	Portfolio	Sustainable Community Strategy Outcome

This indicator shows the change in the total number of drug users, using crack and/or opiates recorded as being in effective treatment, when compared with the number of drug users using crack and/or opiates recorded as being in effective treatment in the baseline year of 2007/8.

2009 - 2010		
	Value	Target
Q1 2009/10	58	135
Q2 2009/10	60	135
Q3 2009/10	82	135
Q4 2009/10		135
2009/10	82	135

Red



We are very unlikely to meet this target for 2009-10 as the number of new clients coming into drug treatment has declined by 111 since last year. Acquisitive crime is down which counts for some of the reduction in new clients coming through the Drug Interventions Programme. Treatment effectiveness has however increased from last year (from 82% to 88%), and Haringey's rate is above the London average (84%).

The NI40 trend and the additional action plan are being monitored on a monthly basis by the DAAT together with the drug treatment agencies. Examples of additional activity include: improving communication with pharmacies and GPs to increase referrals; training housing workers and Job Centres on screening and referral pathways; and BUBIC, a peer support service, is doing extra outreach at night. The DAAT has also commissioned BUBIC to run a retrieval service which aims to re-engage clients who have dropped out of drug treatment. If performance drops any further the DAAT also requires a monthly exception report from the treatment agencies for each client who has dropped out.

Notes:

Please note that the status in other reports, including those by the National Treatment Agency, indicates that are on red against this target. However, the threshold in covalent is different and erranously shown as amber.

The latest performance data for the number of problematic drug users in effective treatment (NI 40) relates to the 12-month rolling period from Jan 09 – Dec 09. The delay is due to how the target is constructed ie. clients in the cohort need to remain in treatment for 3 months to be counted as effective.

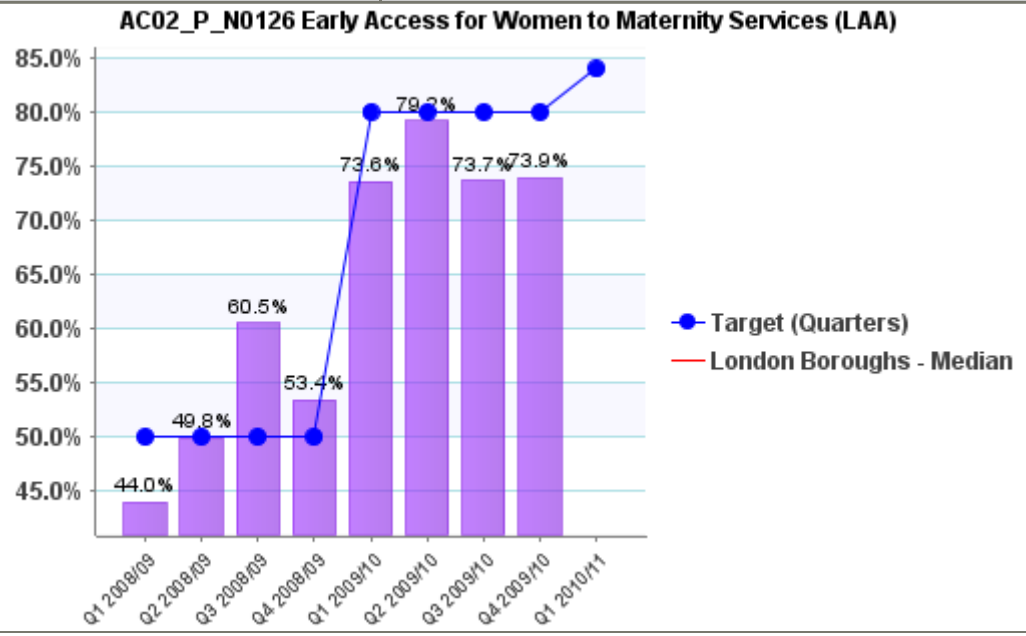
Published statistics available from: https://www.ndtms.net/performance.aspx

NI 126	Early Access for Women to Maternity Services (LAA)	
Outcome Lead	**Portfolio**	**Sustainable Community Strategy Outcome**

The percentage of women provided in the area who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy

2009 - 2010		
	Value	Target
Q1 2009/10	73.6%	80.0%
Q2 2009/10	79.2%	80.0%
Q3 2009/10	73.7%	80.0%
Q4 2009/10	73.9%	80.0%
2009/10	73.9%	80.0%

Amber



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. Using this methodology NHS Haringey achieves 73.8, which is classed as "amber" or "under achieve" by NHS London. 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. This will continue into 2010-11.

haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Overview and Scrutiny Work - Update**

Report From: **Cllr David Winskill**

Purpose

To feed back to the Well-Being Partnership Board on the review outcomes from 2009/10.

To update the Partnership Board on the draft work programme for 2010/11.

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.

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

That the Well-Being Partnership Board notes the content of this report.

For more information contact:

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Email: Melanie.Ponomarenko@haringey.gov.uk

1. Update on Task and Finish reviews from 2009/10

1.1. Support to Carers

Cllr Gina Adamou (Chair), Cllr Richard Wilson, Cllr Karen Alexander

- A number of panel meetings were held throughout the review to hear evidence from a variety of sources, including NHS Haringey, Adult Services, BEH Mental Health Trust, Leisure Services and Adult Learning. These which were very well attended, including by a number of carers.

- The panel hosted a coffee morning for carers to give them a chance to share their experiences, views and thoughts and feed into the review in an informal setting away from service providers.

- The panel also attended a lively BME Carers Support Group to gain their input and answer any questions about the review.

- The review was also discussed at a HAVCO (Haringey Association of Voluntary and Community Organisations) Well-being meeting and the Carers Partnership Board.

- A number of carers also wrote to the panel with input.

Recommendations included:

- NHS Haringey and Haringey Council jointly addressing the need for greater provision of respite/carers breaks.
- A review of the Carers Assessment processes across the partnership to ensure continuity.
- Emergency plans being in place for all carers receiving a care package.
- A review of the way information is provided to carers on changes due to take place under personalisation.
- Exploration of sharing information on carers held across statutory organisations.
- A mapping exercise of carers services including equity of access.

1.2. Engaging with Hard to Reach Communities

Cllr Gideon Bull (Chair), Cllr Ron Aitken, Cllr Gina Adamou

- For the purpose of this review the term 'hard to reach' was defined as:

  "Those groups which are difficult to engage with from an organisational perspective because they do not feel empowered to do so, or due to barriers which may be overcome."

- A wide range of organisations and individuals contributed to the review including: Bringing Unity Back Into the Community (BUBIC), Sexual Health On Call (SHOC), BME Carers, Caris Haringey, Afrikcare, Crucial Steps, North Middlesex University Hospital Trust, Whittington NHS Trust, Haringey Borough Police, LGBT Network, Haringey Council departments, HAVCO members of the public.

- The panel also went along to a Youth reparation session and had an extremely interesting conversation with young people to get their views.

Recommendations were made around:

- The development of a multi-agency consultation network and some areas of work for the network to undertake.
- Consultation training to include cultural awareness and hard to reach groups.
- The undertaking of a customer journey mapping exercise to include dual needs for example, a sex worker who has housing needs as well as needing support on drug addiction. The aim of this is to ensure that no one slips through the net due to their complex needs.
- Exploration of IT based options for sharing accessibility data across the council, for example if one service knows that a person needs communication in large print then this information should be shared with other services.

1.3. Breast Screening Services

Cllr David Winskill (chair), Cllr Karen Alexander, Cllr Sarah Beynon, Cllr Gideon Bull

- Breast cancer is one of the biggest causes of cancer among women in the UK and a major cause of adult female mortality.

- The National Breast Screening Programme (NBSP) screens nearly 2 million women each year and helps to detect of breast cancer earlier, which has helped to improve treatment options and survival rate for those women diagnosed. The NBSP saves about 1,400 lives each year.

- As a result of the temporary suspension of the North London Breast Screening Service, fewer women in Haringey are screened every three years than in many other boroughs. Furthermore, just over half (55%) of women actually take up invites to breast screen in Haringey. There is a concern that poor uptake may exacerbate local health inequalities.

- This scrutiny review aimed to assess how local uptake rates could be improved. To help form recommendations, the panel:
  - talked to local commissioners and service providers
  - heard evidence from specialist screening agencies
  - consulted local women who had used the breast screening service
  - visited the local breast screening service.

- The panel found that there are a number of issues which affected screening uptake:
  - operational issues: location of clinics, appointment times, availability of out of hours services
  - structural issues: how screening lists are developed, operation of call and recall system
  - socio-demographic issues: age, ethnicity, social deprivation
  - personal attitudes: personal anxiety, perceptions of personal risk

- The panel identified some preliminary work (i.e. Health Trainers project & the Breast Screening Action Plan) but noted that this had yet to be fully implemented. The panel felt that concerted action would be necessary at a number of levels to help improve screening uptake.

- The Panel made a number of recommendations in three key areas to help improve screening uptake:
  - improved accessibility of breast screening clinics
  - greater involvement of primary care in the breast screening process
  - the need to develop more localised public health information and awareness for breast cancer

1.4. Next Steps

- The Support to Carers and Engaging with Hard to reach communities reviews were discussed at the Overview and Scrutiny Committee March 2010 and the recommendations approved.

- The Cabinet is due to respond to the recommendations on 15th June 2010.

- The Breast Screening review is due to be considered at Overview and Scrutiny on 5th July 2010. Following this NHS Haringey will consider and respond to the recommendations from the review.

2. 2010/2011 work programme

- The Overview and Scrutiny Committee are in the process of agreeing their work programme for the next year. The Committee plans to carry out one 'Task and Finish' review linked to each of the Partnership Theme Boards.

- The Committee recently met informally to discuss topics proposed for review and to short-list two topics per Theme Board area. The reviews currently being considered linked to the Well-Being Partnership Board are:

  - Poly-systems – a whole system approach
  - Joint local commissioning of services

- The Lead Scrutiny Member for Well-Being is due to meet with relevant officers from the partnership to further consider these options.

- As this is an on-going process, the Lead Scrutiny Member will be able to give a verbal update on progress and other areas linked to the Well-Being Partnership Board which will form part of the Overview and Scrutiny work programme for 2010/11.

- The Overview and Scrutiny Committee expects to finalise and commission its work programme at the first Committee meeting, due to be held in early July 2010.

- A copy of this work programme will then be circulated to the Board Members.

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haringey strategic partnership

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

Date: **10 June 2010**

Report Title: **Joint Mental Health & Wellbeing Strategy for Adults 2010-2013**

Report of: **Lisa Redfern, AD Adult Services and Commissioning, Haringey Council and Harry Turner, Director Finance, NHS Haringey**

1. Purpose

To provide an update on the Joint Adult Mental Health Partnership Strategy – *'Moving Forward'* – 2010-2013,

2. Summary

The Joint Adult Mental Health and Well-being Strategy 2010-2013 has now been signed up to by Haringey Council's Cabinet and NHS Haringey's Board, and delivery implementation has already started.

The strategy as considered by the Well-Being Strategic Partnership Board in February 2010 was further consulted on until 31 March 2010 and no significant changes made to the early draft.

Members of the Council's Cabinet considered the strategy at a Cabinet meeting on 20 April 2010, and approval was given to the strategy and action plan.

NHS Haringey's Board considered and approved the strategy and action plan at their meeting on 25 March 2010.

3. Legal/Financial Implications

The strategy incorporates policy changes since 2005 when the previous joint adult mental health strategy was approved.

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 that provide best value for money.

4. Recommendations

That the Well-being Partnership Board endorses the Joint Adult Mental Health Strategy 2010-2013; and notes next steps in implementation.

For more information contact:

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5. Background:

The vision statement set out in the 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 strategy sets out priorities for the three year period from April 2010. 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.

This strategy has been underpinned and informed by the mental health joint strategic needs assessment completed in March 2010, including incorporating its recommendations. Other detailed needs assessments will be key to the re-shaping of services in the future.

6. Next steps:

The implementation steps are set out below:

- May / June 2010 – Delivery Plan developed and agreed by partners, including robust financial modelling.
- Autumn 2010 – information update to Well-being Partnership Board if required.

Use of Appendices:

Final 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

Moving Forward – Haringey Joint Mental Health Strategy 2010 - 13 Executive summary

Introduction

'Moving Forward' - 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.

This is an exciting time in mental health services, *New Horizons: towards a shared vision for mental health*, published in October 2009, 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.

This summary describes the specific key priorities and commissioning intentions in 'Moving Forward' 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.

Personalised care, Prevention, Well-being and Access

Good mental health and well-being for all is at the heart of our strategy and we will develop 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.

- We need to work together to maximise opportunities for new models of service to 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.
- Mental Health should form part of the assessment of everyone's health.

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

- 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.

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.

Personal Budgets in Mental Health Services

Haringey Council Adult Services is getting ready for the implementation of a pilot project for personalisation in Mental Health starting in 2010/11. 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.

We will build on the review undertaken of day opportunities services, as part of the 2005 Joint Adult Mental Health Strategy, to provide more personalised care, choice and control to service users to maximise:

- 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;
- Access to mainstream opportunities in education and employment;
- Opportunities for recovery and ensure social inclusion;
- Ensure linkage with other services for people with mental health issues such as Supporting People Floating Support.

Mental Health Commissioners will work closely with service users and current providers of day opportunities services to make sure the kind of service they currently offer it is 'fit for purpose' in the future. The overarching principles of a future model of day opportunities in mental health services will 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;
- Using a socially inclusive model, such as initiatives with Tottenham Hotspur and the A team, currently in development as a social firm

Modernising Mental Health Services in Haringey

Our overarching strategic principle is 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. This requires whole systems thinking and planning and there are a number of relevant current work-streams either in train or in the initial planning stages that involve the statutory partners as both commissioners and providers of 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. We want to increase the capacity of primary and community mental health services to promote early intervention, community treatment and recovery and support the reduction in the use of more traditional models of service.

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. Integration is a key element to the success of the polysystem model. Working across professional boundaries increases collaboration and reduces duplication across the patient pathway. The polysystem model promotes a culture of quality improvement through the use of evidence based care pathways, delivering on improved patient satisfaction and clinical outcomes.

To support the Going Local vision, NHS Haringey has built three Neighbourhood Health Centres (polyclinics) to deliver local health services, reduce health inequalities and provide a range of community-based services to help people to lead healthy lives.

We want mental health services to be a core service within primary care and one of the key initiatives is to identify how improved integration between primary, community and mental health care can be implemented through the use of polysystems.

We plan to

- develop memory clinics as our inaugural pathway which will provide early diagnosis and treatment
- 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.
- develop Peri-natal Mental Health pathways in polysystems with North Central London Sector to improve early identification and intervention for vulnerable women

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.

An identified service gap is the need for a local care pathway for low secure care for service users. In addition to this inpatient rehabilitation services are under review in Barnet, Enfield and Haringey Mental Health Trust. There are significant NHS resources invested in these existing care arrangements which are historical rather than commissioned on the basis of good analysis. Service users are often being placed at high cost in placements 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.

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. This is 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.

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.

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.

Supported Accommodation and Housing

Access to and the availability of secure and stable housing is critical in supporting people with mental health problems in the community and enabling people to live as independently as possible**.** Supported accommodation is a significant resource in any system of mental health services and its efficient and successful operation is a priority.

Supported accommodation in Haringey funded by Supporting People has been re-commissioned to provide a modern, recovery focused service.

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.

Conclusion

'Moving Forward' proposes a number of significant initiatives to improve the quality of mental health services in Haringey. Improving service users and carers experience and satisfaction with services is the central outcome for this strategy and we will work collaboratively with all partners to deliver it.

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

1. 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 -
MOVING FORWARD - JOINT MENTAL HEALTH AND WELL-BEING STRATEGY 2010-2013

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

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)

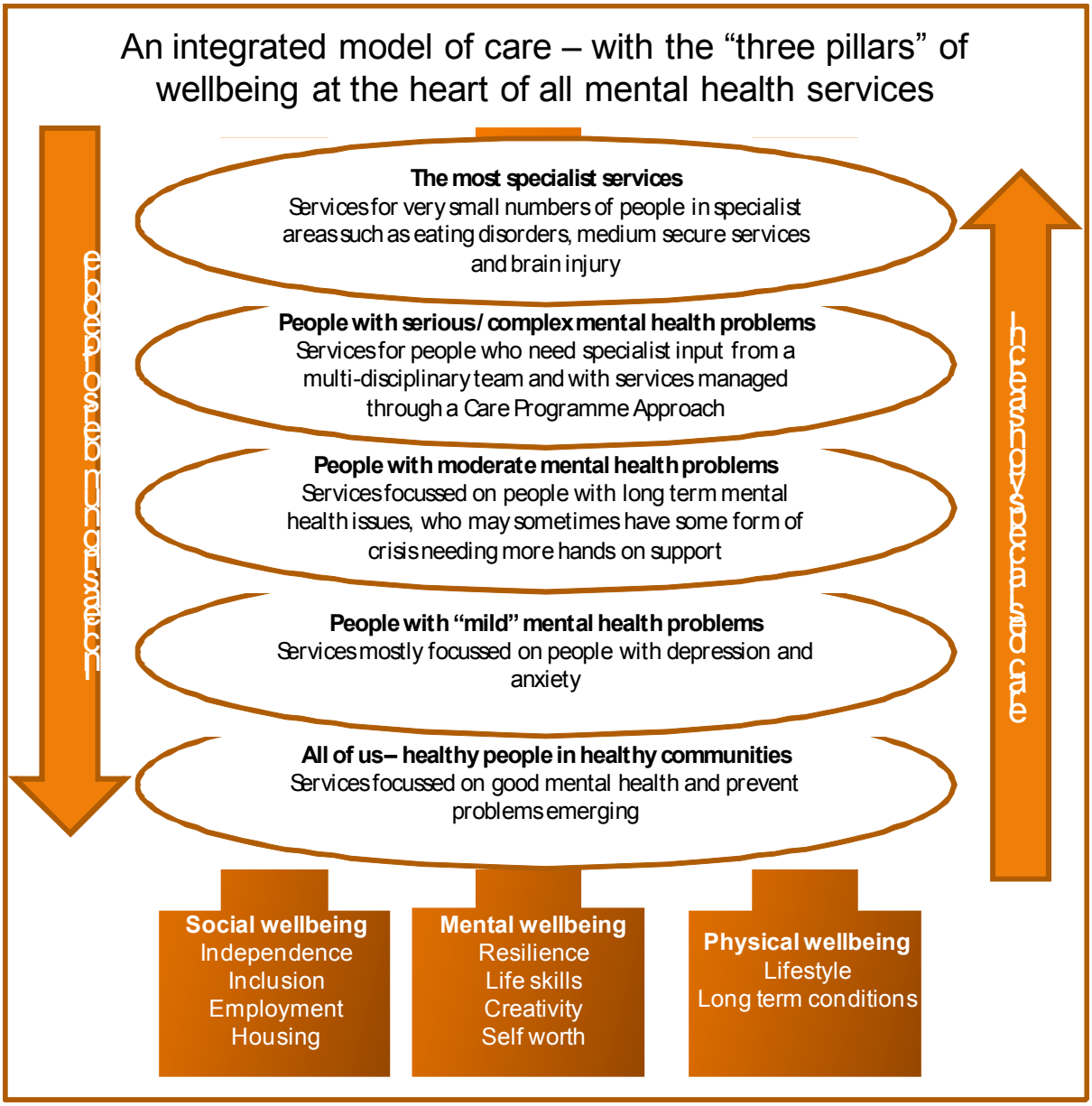
NHS Haringey and Haringey Council Adult Services -
MOVING FORWARD - JOINT MENTAL HEALTH AND WELL-BEING STRATEGY 2010-2013

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



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.

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

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.

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.

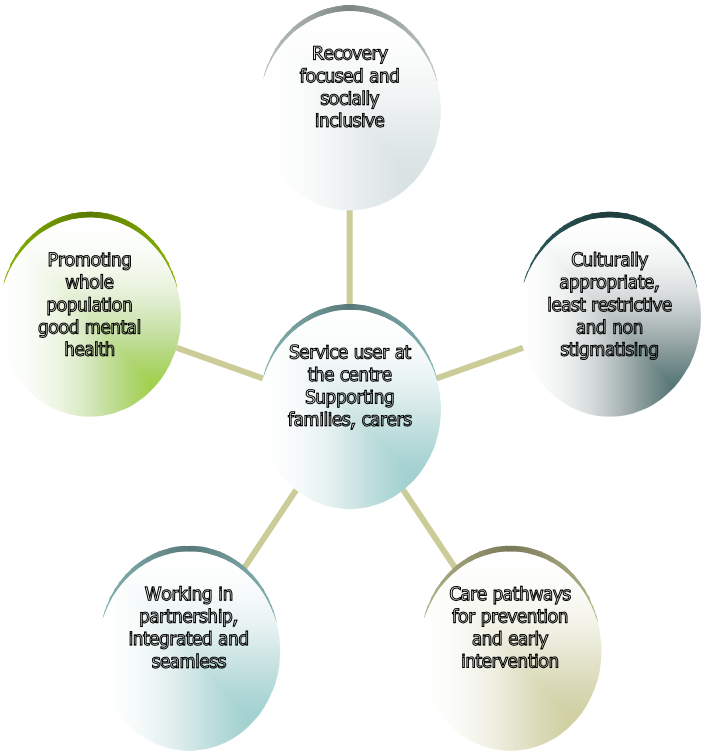
The aim of the Framework is: To promote a healthier Haringey by improving well-being and tackling inequalities.

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



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 organisation's 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.

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;

- 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.

A good practice example of multi agency partnership working is exemplified with the Police Mental Health Team. The Team, a National first, is a bespoke unit specialising in the Policing / Mental Health interface. It provides for all pre-planned Mental Health Assessments on private premises, where police involvement is necessary (e.g. Sec 135 warrants) to be undertaken by the team. Crimes committed within the wards of the mental health hospital are investigated by the team. This means dedicated officers deal with the complexities of mental health policing: the Team caries out Crime Prevention initiatives for staff and Service Users. The original Haringey Mental Health Team has been bolstered with additional officers from Enfield and Barnet: the Joint Mental Health Policing Unit, comprising Haringey, Barnet and Enfield Borough Command Units is now up and running, improving the mental health policing across those boroughs."

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 10th 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.
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"*[1]. Mental health problems are common; they have a significant impact upon health and that they present a high cost to individuals, families and society[2]. 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

[1] 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.
[2] 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

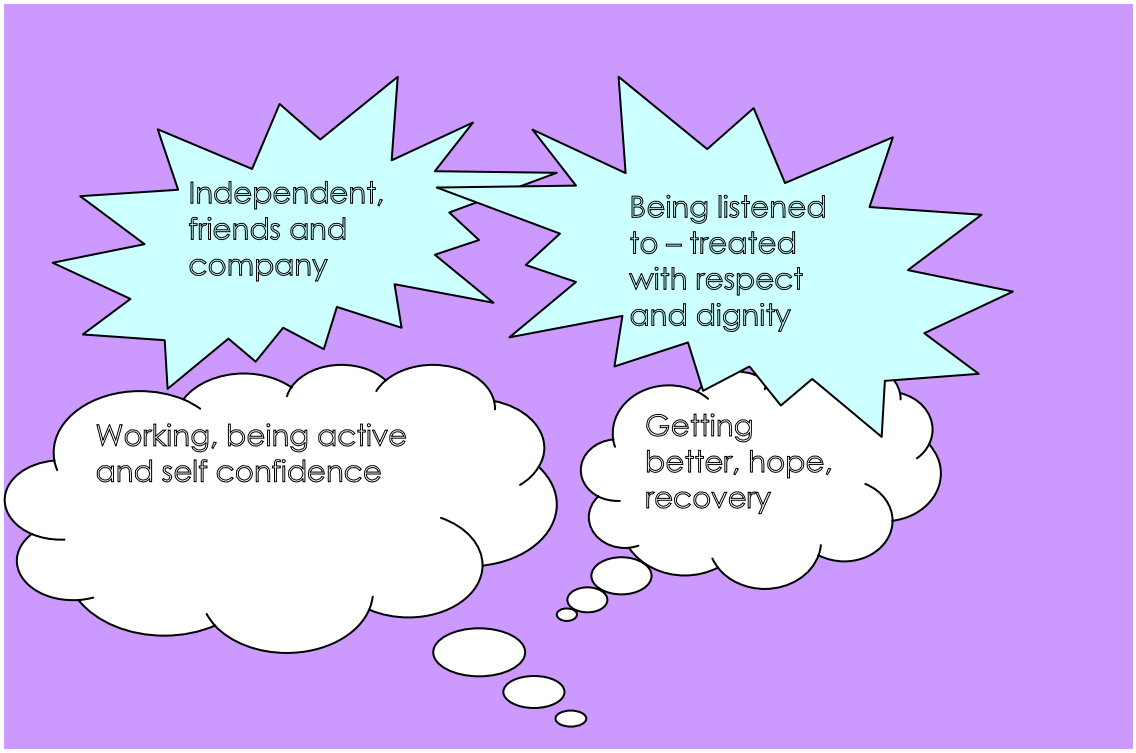
well-being. It enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. It identifies four key areas that promote and protect mental well-being namely:

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

4. What service users have told us is important

'Being listened to' was the 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
- 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 17th 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.
- 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.

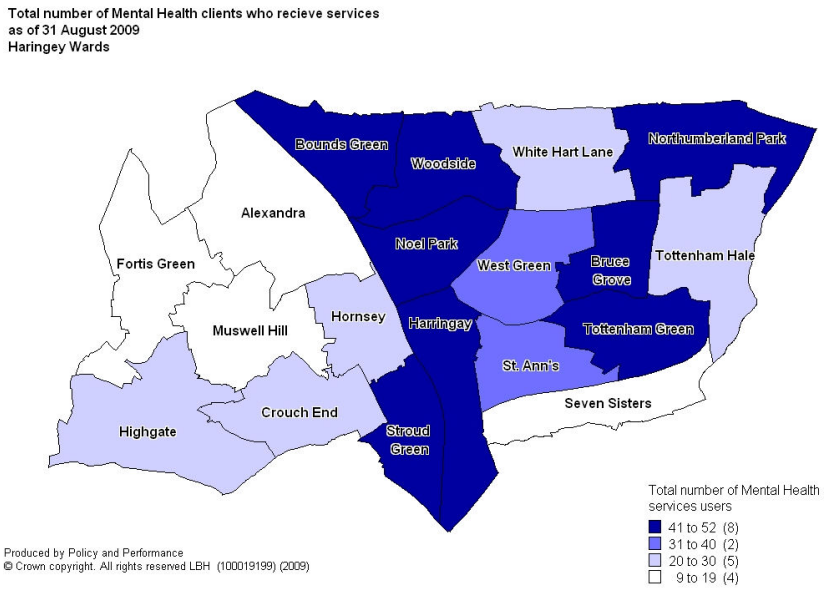
5.1 Joint Strategic Needs Assessment

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.



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.

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

Condition	**Estimated Number**
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[i] 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

Condition	**5-10 year olds**	**11-16 year olds**	**All children**
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;
- 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.

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

Working age adult mental health services	**Haringey £'000**
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
Total Direct Costs	44,231
Indirect costs (e.g. overheads)	7,227
Total spend	**51,458**

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.

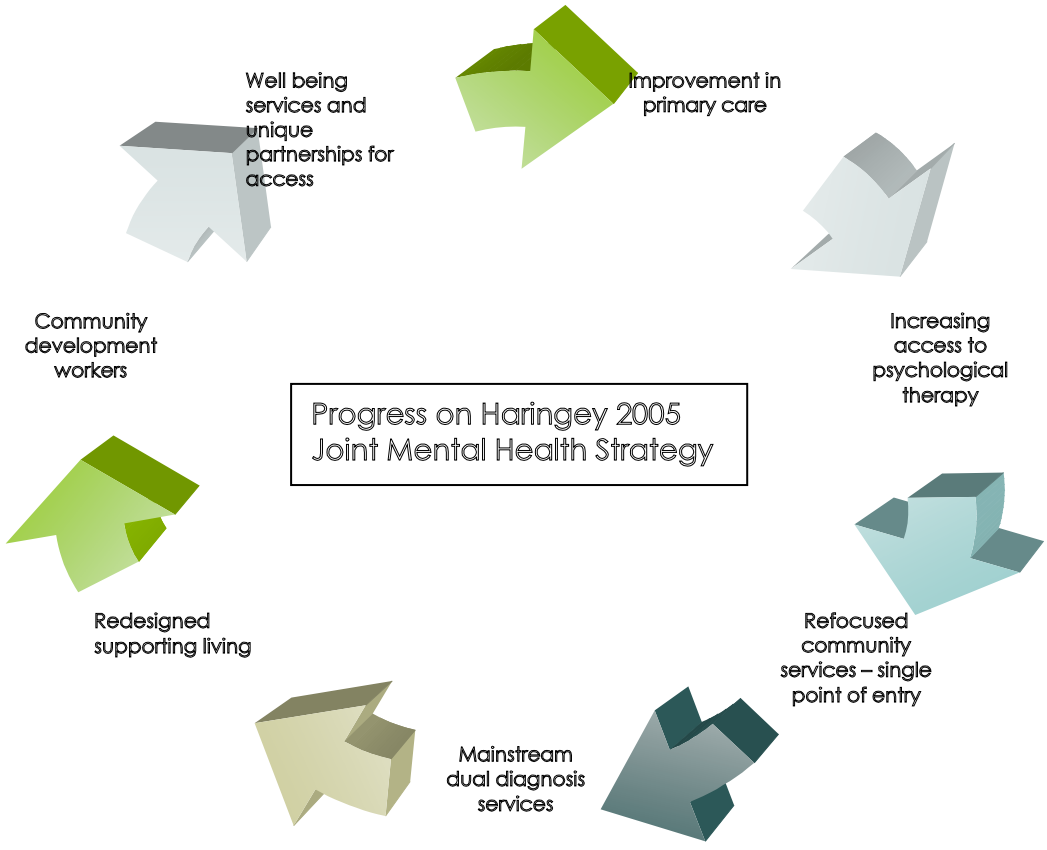
Haringey Council has developed a commissioning framework for personalisation, which sets out the principles for commissioners of adult social care, in facilitating a 'transformed' social care market place. These principles include:

- 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 e.g. ensure systems are in place to analyse services purchased by people so as to inform future commissioning intentions.

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;
- 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 though 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.

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.

- ***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:

- **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 is 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.

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;
- 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;
- 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.

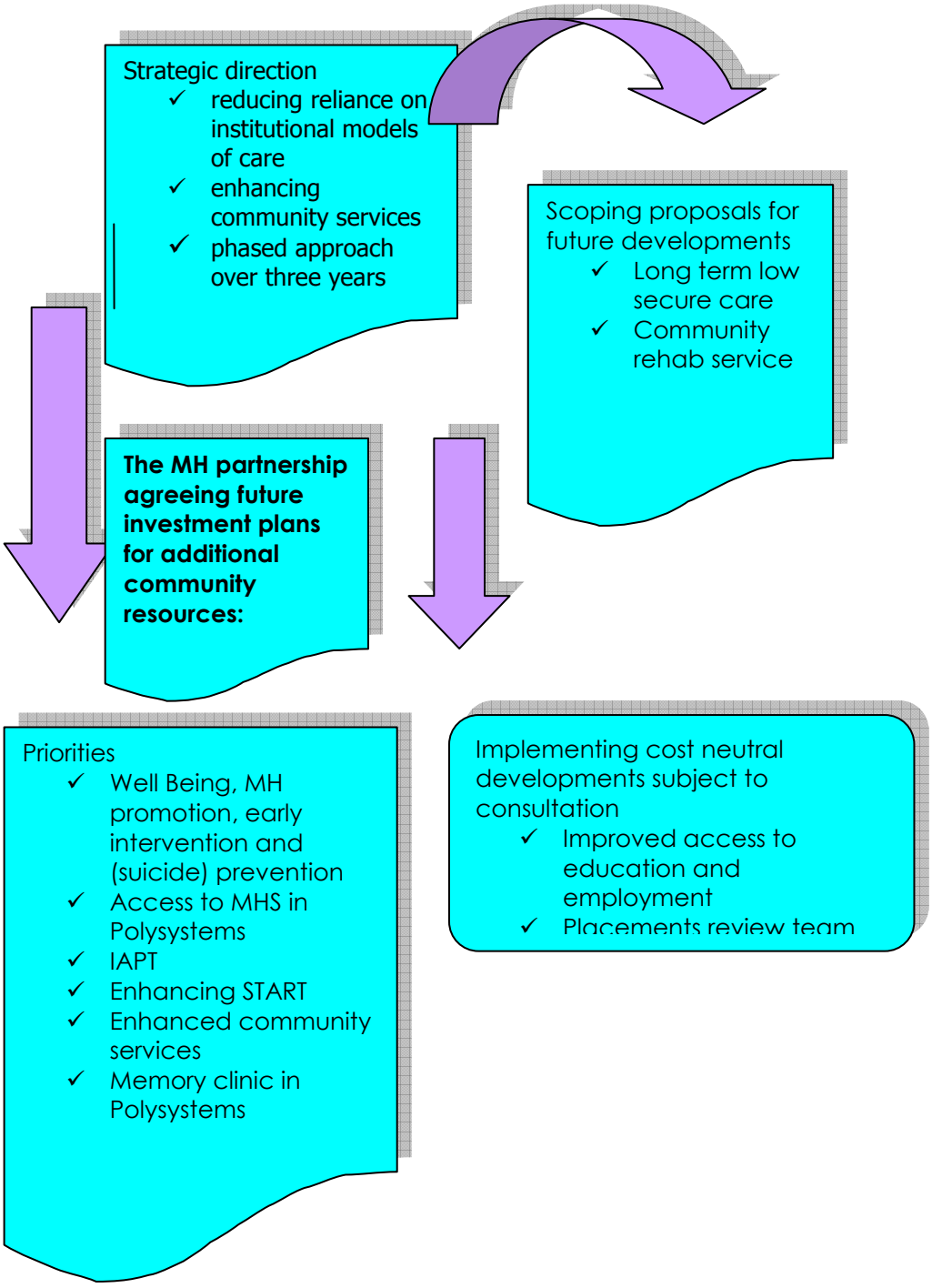
There will be implications for current providers. We need to work with current providers to make sure their services are focused on outcomes around maximising access to mainstream day to day activities and working to ensure good mental health for services users.

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.

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

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.



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 ands 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 a holistic approach of integrating mental health and physical health needs. The development of services in polysystems will involve the re-modeling 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.

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

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.

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:

- 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.

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.

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
Future community service development Service users in recovery Service users in employment Service users in independent living arrangements	**Improved Access to Psychological Therapies (IAPT)** 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)		
	Implementation of Personalised Budgets in Mental Health Services 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	

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

11.2 Modernising Mental Health Services in Haringey

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Mental Health services in Polysystems	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
Community Services	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

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Rehabilitation and recovery 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		
Reducing over reliance on inpatient beds	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
Ensure appropriate services for BME communities, particularly newly arrived communities	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: • Local need • Unmet need • Future	NHS Haringey: Public Health and Joint Mental Health Commissioner	Complete needs assessment by March 2010			

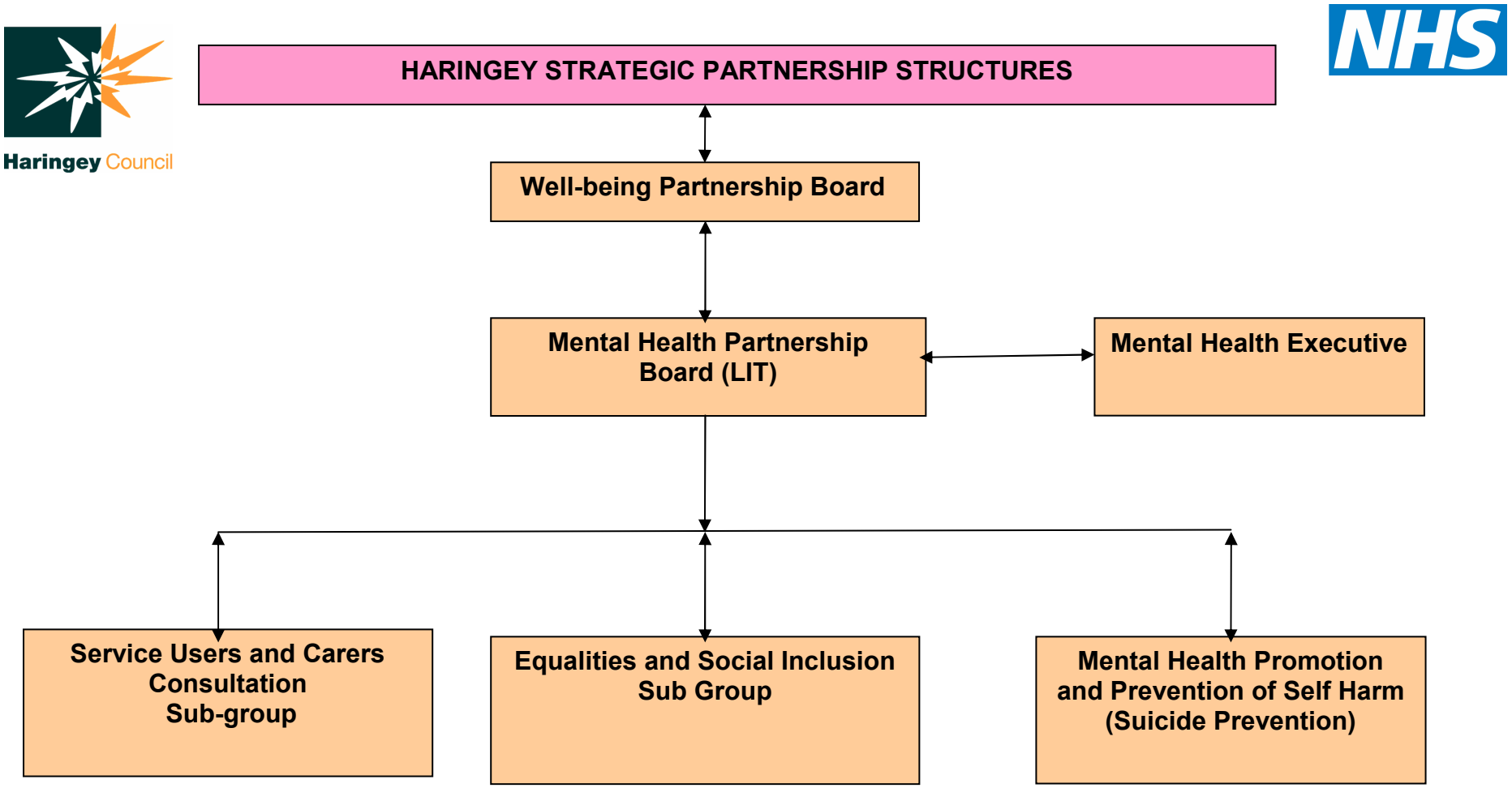
Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
	Review current commissioning of services to newly arrived communities to ensure appropriate provision	projections of need	Joint Mental Health Commissioner		Complete review and agree commissioning intentions where appropriate		

11.3 Ensuring the right accommodation at the right time

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Review current service users in placements	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 31st March 2010	Reviews ongoing, and move-on to independent living where appropriate		
Supported Housing 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 1st April 2009, transition period until March 2010 for providers to re-model	Full implementation of re-modelled services from April 2010		

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
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			
Access to mainstream Housing 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.

- **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

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.

- **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.

- **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)