

NOTICE OF MEETING

Well-Being Strategic Partnership Board

TUESDAY, 5TH OCTOBER, 2010 at 19:00 HRS – COUNCIL CHAMBER, 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 agenda item where they appear. New items of Urgent Business will be considered under Item 13 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 10 June 2010 as a correct record.

DISCUSSION ITEM:

5. FINANCIAL PLANNING / CHALLENGES 2010/11 (PAGES 11 - 20)

BUSINESS ITEMS:

6. **'EQUITY AND EXCELLENCE: LIBERATING THE NHS' - WHITE PAPER 12 JULY 2010 (PAGES 21 - 28)**
7. **NHS HARINGEY AND COUNCIL: APPROACH TO PERFORMANCE MANAGEMENT (PAGES 29 - 36)**
8. **SAFEGUARDING ADULTS: UPDATE ON IMPLEMENTATION PLAN**

This report will be sent to follow.

INFORMATION ITEMS:

9. **QUARTER 1 PERFORMANCE SUMMARY / EXCEPTION REPORT (PAGES 37 - 50)**
10. **WELL-BEING PARTNERSHIP BOARD RISK REGISTER (AS AT 30 JUNE 2010) (PAGES 51 - 68)**
11. **THEME BOARD PRIORITIES 2011/12 - RESOURCING AND SUSTAINABLE COMMUNITY STRATEGY REFRESH (PAGES 69 - 70)**

A briefing note with respect to the process is attached.

12. **MINUTES OF SUB GROUPS (PAGES 71 - 124)**

To note the minutes of sub group meetings set out below:

- Autistic Spectrum Conditions Steering Group: 12 July 2010
- Carers Partnership Board: 23 July 2010, 24 August 2010
- Learning Disabilities Partnership Board: 14 July 2010, 18 August 2010
- Mental Health Partnership: 8 July 2010, 9 September 2010
- Older Persons Partnership Board: 9 August 2010

13. **NEW ITEMS OF URGENT BUSINESS**

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

14. **ANY OTHER BUSINESS**

To consider any items of AOB members of the Board wish to raise.

15. **DATES OF FUTURE MEETINGS**

To note the dates of meetings for the remainder of 2010/11 as set out below:

- 11 January 2010, 7pm, Council Chamber, Civic Centre
- 7 April 2011, 7pm, Council Chamber, Civic Centre

Ken Pryor
Deputy ad of Local Democracy and Member
Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Xanthe Barker
Principal Committee Coordinator
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Published 27 September 2010

SECTOR GROUP	AGENCY	NO. OF REPS	NAME OF REPRESENTATIVE
Local Authority	Haringey Council	9	Mun Thong Phung Councillor Dilek Dogus (Chair) Councillor John Bevan Councillor Ann Waters Margaret Allen Susan Otitu* John Morris Lisa Redfern
Health	Haringey Teaching Primary Care Trust	6	Fiona Eldridge Tracey Baldwin Stephen Deitch Cathy Herman Marion Morris Richard Sumray (Vice-Chair)
	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
	Middlesex University	1	Gina Taylor
Other agencies	Haringey Probation Service	1	Kate Gilbert
	Metropolitan Police	1	Dave Grant
Total		27	

* Jointly appointed by the Council and Primary Care Trust

MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
THURSDAY, 10 JUNE 2010

Present: Councillor Dilek Dogus (Chair), Margaret Allen, Stephen Deitch, Fiona Eldridge, John Forde, Margaret Fowler, Cathy Herman, Howard Jeffrey, Maria Kane, Susan Otit, Richard Milner, Lisa Redfern, Faiza Rizvi, Bronagh Scott, Naeem Sheikh, Richard Sumray (Vice-Chair), Stephen Wish.

In Attendance: Xanthe Barker, Mary Connolly, Helen Constantine, Paul Knight, Leks Omiteru, Barbara Nicholls, Melanie Ponomarenko.

MINUTE NO.	SUBJECT/DECISION	ACTION BY
OBHC199	<p>APOLOGIES</p> <p>Apologies for absence were received from the following:</p> <p>Tracey Baldwin Kate Gilbert Paul Head Michael Fox - Maria Kane substituted Dave Grant - John Forde substituted Marion Morris Mun Thong Phung - represented by Lisa Redfern</p>	
OBHC200	<p>URGENT BUSINESS</p> <p>Following notification from central Government, received just this week, that a number of Local Authority funding streams would be cut, including the Area Based Grant, Councillor Dogus proposed that the Board should discuss this as an item of Urgent Business.</p> <p>There was agreement that this item should be added to the agenda following agenda Item 8.</p> <p>RESOLVED:</p> <p>That the Board should discuss this as a new Item of Urgent Business after Item 8.</p>	
OBHC201	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were raised.</p>	
OBHC202	<p>MINUTES</p> <p>RESOLVED:</p> <p>That the minutes of the meeting held on 25 February 2010 be confirmed</p>	

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	as a correct record.	
OBHC200	<p>ELECTION OF CHAIR FOR 2010/11</p> <p>RESOLVED:</p> <p>That Councillor Dilek Dogus be elected as Chair of the WBSPPB for 2010/11.</p>	
OBHC204	<p>ELECTION OF VICE-CHAIR</p> <p>RESOLVED:</p> <p>That Richard Sumray be elected as Vice-Chair for 2010/11.</p>	
OBHC205	<p>APPOINTMENT OF A REPRESENTATIVE TO THE HSP STANDING LEADERSHIP CONFERENCE FOR 2010/11</p> <p>RESOLVED:</p> <p>That Councillor Dilek Dogus be appointed as the WBSPPB representative to the HSP Standing Leadership Conference for 2010/11.</p>	
OBHC206	<p>CONFIRMATION OF TERMS OF REFERENCE AND MEMBERSHIP FOR 2010/11</p> <p>The Board received a report that sought confirmation of the Well-Being Strategic Partnership Board's Terms of Reference and Membership for 2010/11.</p> <p>It was noted that the arrangements around the new Joint Leadership Team were not reflected in the Terms of Reference and there was agreement that they should be amended to reflect this and any other changes to the Board's sub structure.</p> <p>With regard to the Membership it was noted that Stephen Deitch had replaced James Slater as one of NHS Haringey's representatives.</p> <p>RESOLVED:</p> <p>That, subject to the amendments set out above, the Terms of Reference and Membership List, as set out in the report, be confirmed.</p>	<p>Helen Constantine</p> <p>Xanthe Barker</p> <p>Helen Constantine / Xanthe Barker</p>
OBHC207	<p>LOCAL GOVERNMENT FUNDING CUTS</p> <p><i>This item was added to the agenda as a new item of Urgent Business under agenda Item 2.</i></p> <p>The Chair noted that she had requested that the paper was drafted in order to share with Partners how the cuts, announced by central Government to the Area Based Grant (ABG), might impact on projects currently funded from the ABG.</p> <p>It was noted that this represented only the first wave of cuts that Local</p>	

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	<p>Government and other Public Sector organisations would face over the next three years and that it would be vital that partners worked together to maximise the resources available.</p> <p>The Board was advised that the administration fund attached to the Supporting People grant had been withdrawn rather than the grant for delivering the programme itself. A meeting was being held on 11 June to discuss the impact of this and what action would need to be taken.</p> <p>It was noted that the report tabled set out all of the initiatives, projects and strategies funded by the Board's ABG allocation. The figures set out in the paper were based on the premise that a total saving of 20% had to be achieved by ceasing to fund all non statutory services; the remainder of this would be achieved by looking at where savings could be made from statutory services.</p> <p>The Board discussed how the cuts would impact on services and the need to establish a process to review the projects funded and where cuts could be made. It was noted that the report tabled provided a blunt analysis of the statutory and non statutory services funded from the ABG; however, there was agreement that, whilst this provided a useful tool to demonstrate the severity of the cuts, what was really required moving forward was an assessment of the impact that this level of cuts would have upon Health Inequalities.</p> <p>The strategic overview provided by a Needs Assessment would allow the Board to look at what should be delivered by the Partnership as a whole and to determine how this could be best achieved with the resources available. There was agreement that this should be undertaken and that a report should be submitted to the Board at its next meeting.</p> <p>It was noted that the Voluntary and Community Sector (VCS) was likely to be significantly effected by cuts to the ABG and the Assistant Director Safeguarding and Strategic Services suggested that a meeting should be arranged during the next week between herself, the Interim Director of Public Health, the Head of Governance and Partnerships, ACCS and the Chief Executive of HAVCO, to discuss the cuts and how the Council and VCS could work together to address this.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the joint Needs Assessment to quantify the impact that financial cuts would have upon Health Inequalities should be undertaken and that a report should be submitted to the Board at its next meeting. ii. That a meeting should be arranged between the Assistant Director of Safeguarding and Strategic Services and HAVCO to discuss the reduction in ABG funding in more detail. 	<p>All to note</p> <p>Margaret Allen</p> <p>Council / NHS Haringey</p> <p>Margaret Allen</p>
OBHC201	COMPREHENSIVE OVERVIEW – FINANCIAL PLANNING/CHALLENGES 2010/11	

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The Board considered a report that summarised a number of the key issues that would shape future priorities in the light of the significant budgetary cuts that were likely during the next financial year.

The report highlighted three areas that the Board might focus on moving forward, to ensure that the resources available were best used to support the health and well being of people living in the Borough:

- Improving the 'health expectancy', as well as the life expectancy, of the population
- Focusing on the 'top four' behavioural risk factors with the greatest impact on life expectancy and mental health and well being
- Prevention of the onset of long-term conditions and deterioration and improvements in quality of life and fulfilment for people with disabilities

Given that the amount of funding available would be significantly reduced it was noted that both the Public Sector and VCS would need to improve partnership working to achieving these priorities. A new integrated commissioning model for health and well being would need to be established and the integration of public sector delivery would need to be improved at a local level.

All to note

The Board discussed the report and the measures that would need to be taken in planning for the forthcoming period of significant spending cuts.

It was noted that there was still uncertainty around a number of areas at present; the Government had indicated that it may create a Department of Public Health and that funding for preventative programmes may be protected to some degree. In addition a new operational framework for health, which was due to be published during the next week, may result in a number of changes to working practice.

In order to ensure that preventative work was not lost within the raft of cuts likely to be made during the next three years there was agreement that the Board should agree a set of strategic priorities at the outset. Work programmes and the funds available would then be set around these rather than being determined in a piecemeal way.

All to note

It was contended that retaining support services such as advice on debt management formed part of a holistic approach to prevention that was essential. There was agreement that consideration would need to be given as to how this type of support service would be incorporated within the priorities adopted by the Board.

There was a general consensus that the priority areas set out in the report should be adopted and form the basis of a piece of work, which would then be developed by an officer sub group. The Chair requested that the Interim Director of Public Health lead on this piece of work and that the Board should nominate a representative from their respective

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	<p>organisations to sit on the group.</p> <p>In response to concerns raised around the loss of VCS funding and services the Chair noted that both she and the Council's Cabinet recognised and valued the importance of the VCS; however, the extensive level of cuts anticipated meant that all organisations, including those from the VCS, would need to demonstrate value for money.</p> <p>It was noted that there would need to be an overview of all of the services delivered in light of funding cuts and it was suggested that as part of this the VCS should be invited to look at areas where it felt it may also be able to deliver efficiencies.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> i. That the priority areas identified in the report be adopted as the basis for a piece of work that would be developed by an officers sub group to be lead by the Interim Director of Public Health. ii. That the Board should receive an update on how this piece of work was progressing at its next meeting. 	<p>to note</p> <p>Naeem Sheikh</p> <p>Susan Oti</p> <p>Susan Oti</p>
OBHC209	<p>IMPACT OF THE RECESSION</p> <p>The Board received a report that highlighted how the recession was likely to impact upon people's health and well being and the measures that were being taken to mitigate this.</p> <p>It was noted that the Enterprise Partnership Board (EPB) was leading on the work being done by the Partnership to address the adverse impact of the recession and that an Action Plan had been established that formally set out the measures being taken to address this.</p> <p>Studies showed that economic downturns had a significant impact on both the general well being of individuals and communities. Mental health was particularly affected and information gathered by the World Health Organisation (WHO) showed that instances of depression, self harm and suicide, were significantly higher amongst people who were made redundant.</p> <p>Other studies demonstrated that GP's referred a higher number of people into Mental Health services. The services of organisations such as the Citizens Advice Bureaux (CAB) also experienced a higher demand during economic downturns and there was often insufficient capacity to meet this additional need.</p> <p>The Board discussed the report and it was noted that eminent changes to the Benefit system, which would essentially mean that less people would receive financial support, would have an impact upon the health and well being of those people. This would need to be monitored closely as some of the most vulnerable members of society were likely to be</p>	

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	<p>effected.</p> <p>The Chair noted that the level of people presenting with mental health problems was likely to increase as levels of employment fell. It was noted that unemployment often caused people's behaviour to change and for dynamics within families to alter.</p> <p>The Board was advised by Barnet, Enfield and Haringey (BEH) Mental Health Trust (MHT) that the Financial Service Authority had recently informed the Trust that Haringey would be a pilot area for a new scheme focussing on these issues. This would offer debt counselling and advice and would initially be run for one year. There was agreement that officers from the Council and BEH MHT should liaise and discuss how they could link into this.</p> <p>It was noted that a higher than average proportion of the population in Haringey worked in the Public Sector and for VCS organisations. Therefore there would be a greater need for support that in other Boroughs in terms of well being once the anticipated cuts in public spending were implemented later in the year.</p> <p>The Chair requested that the Interim Director of Public Health liaise with the HSP Manager to determine how best the well being agenda could be mainstreamed within the work being undertaken by the Partnership as a whole and the Enterprise Partnership Board.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the report be noted. ii. That the Interim Director of Public Health liaise with the HSP Manager to determine how best the well being agenda could be mainstreamed within the work being undertaken by the Partnership as a whole and the Enterprise Partnership Board. 	<p>Lisa Redfern / Maria Kane</p> <p>Susan Otit / Mary Connolly</p> <p>Susan Otit / Mary Connolly</p>
<p>OBHC210 TIMEBANK</p>	<p>The Board received a report that set out the implications of commissioning a 'Timebank' programme in Haringey for the Council and NHS Haringey.</p> <p>There was a general consensus that given the current uncertainty around the funding streams it would not be appropriate for the Board to take a view on whether the project should be commissioned at present.</p> <p>The Chair requested that there was further discussion with HAVCO when representatives met with the Assistant Director Safeguarding to discuss the impact of the loss of the ABG.</p> <p>RESOLVED:</p> <p>That no decision should be made with respect to funding a Timebank</p>	<p>Margaret Allen / Naeem Sheikh</p> <p>All to note</p>

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	<p>scheme until further information was available with respect to the wider funding issues.</p>	
OBHC21	<p>TRANSFORMING SOCIAL CARE</p> <p>The Board received a report that provided an update in relation to the Transforming Social Care (TSC) Delivery Plan.</p> <p>Following a verbal summary of the report the Board discussed the progress to date and where this sat within the wider context of the work that Board was responsible for.</p> <p>It was noted that having effective review mechanisms to ensure that Safeguarding was built into all personal care packages was vital.</p> <p>The Board was advised that there were systematic mechanisms to ensure that Safeguarding issues were monitored. One of the aims of the TSC agenda was to place a greater emphasis on prevention and it was noted that the Council had to achieve a balance between promoting independent living and ensuring that vulnerable adults were properly protected and supported.</p> <p>It was suggested that the Chief Executive of Community Home Support should be invited to join the Board and there was agreement that this issue should be discussed further outside the meeting.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the report be noted. ii. That there should be discussion outside the meeting regarding the merits and practicalities of co-opting the Chief Executive of Community Home Support onto the Board. 	<p>Chair / Xanthe Barker</p>
OBHC21	<p>FINANCIAL RISK AND ASSESSMENT PROGRAMME</p> <p>The Board was advised that information required in order to complete the report had not been supplied in sufficient time to allow the report to be drafted and submitted to the Board.</p> <p>RESOLVED:</p> <p>That the report should be emailed to members of the Board following the meeting for comments.</p>	<p>Margaret Allen / Xanthe Barker</p>
OBHC21	<p>SAFEGUARDING ADULTS: UPDATE ON IMPLEMENTATION PLAN</p> <p>The Board considered a tabled report that provided an update on the Safeguarding Adults Implementation Plan.</p> <p>It was noted that two permanent appointments had now been made. Unfortunately there had been a delay in the Council's Human Resources team in processing the applications and consequently these posts would not be filled until the end of the summer.</p>	

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The Safeguarding Adults Board (SAB) Away Day had been held on 30 April and its Membership and Work Programme had been signed off. A report would be submitted to the Board advising of these in the Autumn. The Assistant Director Adult Services had recently led on a piece of work, which had been undertaken in partnership with two other London Boroughs, which would be piloted shortly. This centred on the development of a casefile audit toolkit as a Quality Assurance mechanism, and would be an amalgamation of documents from two London Councils, which had both been externally evaluated as 'Excellent' by Care Quality Commission (CQC). The document would be ready for testing in two of the four Councils during the summer as part of the pilot project and would be evaluated by the corresponding Councils in the four Borough group.

At present there was one Serious Case Review (SCR) outstanding and the Panel looking at this was due to report to the Department of Health on 16 July.

The Board was advised that Morrison's supermarket in Wood Green had offered to publicise Adult Safeguarding as part of its Community Safeguarding campaign. The campaign would run from 1 July for eight weeks; as this was the busiest Morrison's store in the country it would be an excellent opportunity to promote Safeguarding messages.

It was noted that the Metropolitan Police Service (MPS) had invited Haringey's Adult Safeguarding team to work with them to help them to adapt the MERLIN system, which was used to capture information on children coming to the notice of the Police, for use with adults. Discussions were at an early stage and the Board would be notified in due course of the outcome.

The Board discussed the report and there was agreement that the work being done to improve the way adult and child Safeguarding were brought together and the way information was shared was extremely useful. It was noted that throughout the last year the Cabinet Member for Children and Young People and the Cabinet Member for Adult Services had met, along with their representative senior management teams, on quarterly basis to discuss cross working and how this could be improved. One of the key issues discussed during these meetings was how adult mental health issues effected children.

In response to a query as to how illegal immigrants were reached and the measures being taken to address their needs, the Board was advised that there were no specific projects in place to address; however, this was an issue that had been raised and the SAB was aware of the need to reach this group.

It was noted that VCS organisations may be able to provide assistance in this area as they were more likely to deal with people from these groups.

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	<p>RESOLVED:</p> <p>That the report be noted.</p>	
<p>OBHC214</p>	<p>PERFORMANCE SUMMARY AND EXCEPTION REPORT</p> <p>The Board received a report that provided an update on the end of year performance against Local Area Agreement (LAA) targets within its responsibility.</p> <p>It was noted that, overall, 80% of the LAA targets within the Board's responsibility had been achieved. Unfortunately 25% of the quarterly monitored targets and 75% of the annually monitored targets had not been reported on as the data was not available at present.</p> <p>The Board was advised that the information reported with respect to the number of accidental dwelling fires was incorrect and that the Stretch Target in relation to this had not been met.</p> <p>In response to a query from the Chair, as to whether there was anything that could be done to better align the timescales, which the Council and NHS Haringey worked to in order improve the quality of the performance reports received by the Board; the Board was advised that at present the main difficulty arose from the annually measured targets. At present proxy targets were being developed to provide a better indication of progress and a narrative would also be attached to these. In addition there were a number of targets that weren't reported on in 'real time' and where this was the case future reports would include a forecast.</p> <p>The Chair noted that despite the current financial climate the Boards expectations in terms of performance should remain high.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>	<p>Stephen Deitch</p>
<p>OBHC215</p>	<p>OVERVIEW AND SCRUTINY WORK - UPDATE</p> <p>The Board received a report that set out the outcomes of reviews undertaken during 2009/10 with respect to the Well-Being Strategic Partnership Board's area of work. The report also set out the draft Overview and Scrutiny Work Programme for 2010/11.</p> <p>It was noted that two topic areas were being considered for the forthcoming year: Joint Local Commissioning and Poly systems. The Board would be advised once topics had been finalised.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>	
<p>OBHC216</p>	<p>JOINT MENTAL HEALTH & WELL-BEING STRATEGY FOR ADULTS</p>	

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	<p>2010-2013 The Board received the final version of the Joint Mental Health and Well-Being Strategy for approval.</p> <p>RESOLVED:</p> <p>That the Joint Mental Health and Well-Being Strategy be approved.</p>	
<p>OBHC217</p>	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>As set out above a new item of Urgent Business was admitted by the Chair on 'Local Government Spending Cuts'.</p>	
<p>OBHC218</p>	<p>ANY OTHER BUSINESS</p> <p>No items of AOB were raised.</p>	
<p>OBHC219</p>	<p>DATES OF FUTURE MEETINGS</p> <p>The following dates of future meetings were noted:</p> <ul style="list-style-type: none"> • 5 October 2010, 7pm, Council Chamber, Civic Centre • 11 January 2010, 7pm, Council Chamber, Civic Centre • 7 April 2010, 7pm, Council Chamber, Civic Centre 	<p>All to note</p>

The meeting closed at 9.00pm.

COUNCILLOR DILEK DOGUS

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CHAIR



Meeting: Well-Being Strategic Partnership Board

Date: 5 October 2010

Report title: Financial Planning/Challenges 2010/11

Report of: Margaret Allen, Assistant Director Safeguarding and Strategic Services
Susan Oti, Acting Joint Director of Public Health

Purpose

This paper is intended to enable the partnership to debate the financial situation and its impact and to discuss initial proposals setting out how the partnership will act to meet the financial savings required.

Summary

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.

There are a number of key proposals that will affect the partnerships priorities and way of working in the future;

- The Decentralisation and Localism Bill
- The Police Reform and Social Responsibility Bill
- The NHS White Paper - Equity and Excellence: Liberating the NHS (including Commissioning for patients, Local democratic legitimacy in health and Transparency in outcomes - a framework for the NHS)
- The future funding of social care is to be examined by an independent commission on long term care.
- The government also announced that it will not now start the provisions in the Personal Care at Home Act 2010, relating to free care at home.
- Comprehensive Spending Review 2010

Over the next 3 years there will be significant challenges to the funding of the public sector in Haringey. There will be a need to fundamentally re-evaluate all aspects of the way in which the statutory and third sector organisations work.

The challenge is to ensure our future priorities and work programme can fit within the reduced finances and that our reduced planned activities do not lead to an adverse outcome where health inequalities in Haringey increase. The need now is for greater collaboration and joining-up across local organisations at all levels.

There are a number of work streams that have been working through the summer (and are continuing) to enable the partnership to agree a realistic and achievable work programme in the new reduced financial climate;

- A consultation exercise has just finished on the *review of the Well-being Strategic Framework*
- A Voluntary Sector Review is taking place
- The *Sustainable Community Strategy Refresh* is underway
- Strengthening future action on *tackling health inequalities*, and to address the wider social determinants of health
- There has been a thorough and wide ranging review of the Area Based Grant funding.

The effective collaborative work programme of the partnership is under threat by the worst financial position the public sector has faced for a long time. The Well Being Strategic Partnership Board needs to enter into a debate and develop a clear understanding and consensus of its priorities. The work streams described in section 3 demonstrate that the thinking and discussions have already started across the partners. These discussions need to carry on following the Comprehensive Spending Review announcement and the publication of the Public Health White Paper (due in December 2010) until January 2011. The Board will then be in an informed position to agree a work programme for the next three years.

Legal/Financial Implications

The financial implications will become clearer once the Comprehensive Spending Review is announced.

Recommendation

All members of the Board need to engage in this developing agenda and continue to work towards a consensus on the priorities for the future.

For more information contact:

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Susan Otit
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1. Background

At a time of challenge and uncertainty it is often helpful to 'pause for a minute' and remind ourselves of the purpose of the Board in order to ensure our discussion and decision making supports us in working towards our agreed aim.

Taken from the Terms of Reference June 2010

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. The Need for financial planning

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.

The borough's statutory organisations face the most difficult financial settlement in the history of Haringey, with the Government asking departments to draw up plans to reduce budgets by between 25% and 40%. The Government's decision to cut the deficit in 2 years will have significant consequences for the provision and commissioning of services by the local statutory organisations.

2.1 National context

Public finance including local government services, NHS services and police services have been the subject of much review and debate recently, particularly in the context of the public sector deficit and the new coalition Government announcement to significantly accelerate the reduction in the structural deficit over the course of a Parliament, with the main burden of the deficit reduction borne by reduced spending. The Government has already announced public expenditure cuts of £6.2bn for the current financial year and

these have already had an impact across the statutory organisations and the third sector in Haringey.

The coalition government has also set out their legislative programme for the next 18 months in the Queen's Speech. The speech included the intention to enhance "the role of social enterprises, charities and co-operatives in our public services". This includes proposals to open up public service markets to allow such organisations to bid for the running of public services.

Question: What is the Board's view on this proposal?
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There are a number of key proposals that will affect the partnerships priorities and way of working in the future;

2.1.1 *The Decentralisation and Localism Bill* which will "devolve greater powers to councils and neighbourhoods and give local communities control over housing and planning decisions".

2.1.2 *The Police Reform and Social Responsibility Bill* which will "make the police service more accountable to local people and to tackle alcohol-related violence and antisocial behaviour."

2.1.3 *The NHS White Paper - Equity and Excellence: Liberating the NHS* (including Commissioning for patients, Local democratic legitimacy in health and Transparency in outcomes - a framework for the NHS) which describes proposals to give NHS commissioning to GP consortia, abolish Primary Care Trusts and Strategic Health Authorities, promote greater competition in the NHS, give new responsibilities to local authorities for public health and to support health/social care integration."

2.1.4 The future funding of social care is to be examined by an independent commission on long term care. The Commission will report within a year. It will consider a range of ideas, including both a voluntary insurance scheme to protect the assets of those who go into residential care, and a partnership scheme as proposed by Sir Derek Wanless. The current system is unsustainable so the Commission on Long Term Care will be tasked with delivering a sustainable settlement, which is a fair partnership between the state and the individual.

2.1.5 The government also announced that it will not now start the provisions in the Personal Care at Home Act 2010, relating to free care at home. The Act was passed shortly before the election.

2.1.6 *Comprehensive Spending Review 2010*

The budget year 2010/11 is the last of the three years under the direction of the Comprehensive Spending Review (CSR) 2007, which was issued in October 2007 and set totals for national and local government expenditure together with Treasury-led policy directions. The new government is intending to publish the new Comprehensive Spending Review, which will cover the rest of the parliamentary period 2011/12 to 2014/15, on 22nd October 2010 as confirmed in the Emergency Budget. The Chancellor has stated that the Spending Review will challenge departments, local government and others to

consider fundamental changes to the way they provide public services. The Spending Review will also cover the large cross cutting areas of government spending. The government will set out their plans to reform the welfare system and to restrain the cost of public sector pay and pensions as indicated in the Budget.

It is this announcement that will provide the Partnership with clear details to enable further discussions at the January 2011 Board meeting.

2.2 Local context

Over the next 3 years there will be significant challenges to the funding of the public sector in Haringey. There will be a need to fundamentally re-evaluate all aspects of the way in which the statutory and third sector organisations work. This has already started with the review of the Area Based Grant.

The challenge of significant budget reductions needs to be addressed while also ensuring the partnerships priorities are delivered and the aspirations and ambitions of the residents are fulfilled. The Board's vision that all people in Haringey have the best possible chance of an enjoyable, long and healthy life entails commissioning and delivering cost effective services that are responsive to people's needs and achieving value for money while at the same time addressing the health inequalities existing in Haringey.

2.2.1 The main budget measures affecting local authorities are indicated below:-

- The Government will work in partnership with local authorities in England to freeze council tax in 2011-12. The Government will clarify in due course the terms under which local authorities that commit to freeze or reduce their council tax will be compensated.
- A two-year pay freeze to be implemented for public sector workers earning more than £21,000, but 1.7 million of those earning less than £21,000 will get a flat pay-rise worth £250 in both years. This will produce a saving in the Councils medium term financial plan of £1.7m.
- Average real terms public expenditure budget cuts of 25% over four years to Departmental Expenditure Limits (DELs) by 2014-15 - except for health and international aid. The estimated impact of which is a reduction of £15.5m (based on RPI) over 3 years assuming an average reduction.
- Housing benefit will be limited to a maximum of £280 per week for a flat and £400 per week for a four-bedroom house under radical reforms to save £1.8bn a year by the end of the Parliament.

2.2.2 The main budget challenges affecting NHS Haringey are:-

- National problem of managing the consequences of the economic downturn
- Reduced additional funding (2008/9 additional growth 5.5%, 2009/10 additional growth 5.2% and 2010/11 additional growth 5.14%)
- Significant non-recurrent funding in 2009/10 leading to pressures in 2010/11
- Growth in 2011/12 expected to be 2.9%
- Underlying increase in expenditure pressures (increasing activity particularly within the acute hospitals leading to a year on year cost pressure)

- 2010/11 savings: restructuring and re focussing NHS Haringey (NHS Haringey is implementing an extensive programme of cost efficiencies to address significant financial challenges in 2010/11 and facing increasingly difficult choices in this financial year and beyond)

2.2.3 The current system of resource allocation to statutory organisations is complex and, in the Council's and PCTs view, understates Haringey's relative needs. The estimates of population, which underpin resource allocation, appear flawed, particularly in respect of under-enumeration and the short-term migration impact for Haringey.

There continues to be extensive further government work on population statistics. On 27th May 2010, the Office for National Statistics (ONS) published the latest national population projections which are likely to be used as datasets for part of the methodology for resource allocation this autumn. Separately ONS is taking forward a work programme to improve the accuracy and reliability of its data. Haringey council has started work on preparing for the next census in 2011 in conjunction with the ONS and partners. The council and its partners will be working to ensure we maximise the return rate in the borough.

2.2.4 Preparing for budget constraints from 2011/12

The Council, Police and Primary Care Trust are preparing for the further inevitable public expenditure reductions from 2011/12 so that they will be able to continue to provide quality services and consider carefully how they can deliver services differently and more cost effectively.

The Government announcements mean there are significant budget shortfalls, highlighted for 2011/12 and 2012/13 plus 2013/14 will now need to be included. These savings will be subject to review when the results of the 2010 spending review is completed by central government in the autumn.

A prime requirement of the budget process will be the systematic identification of improved value for money, both in terms of improved outcomes from given resources and the delivery of efficiency savings.

3. The challenges

The challenge is to ensure our future priorities and work programme can fit within the reduced finances and that our reduced planned activities do not lead to an adverse outcome where health inequalities in Haringey increase. Stuckler and Basu *et al*ⁱ caution that in situations such as these 'the services that are cut are often those which lack a strong advocacy base rather than those lacking a strong evidence-base for improving health'.

3.1 The need now is for greater collaboration and joining-up across local organisations at all levels. One example is Total Place Pilots, which appears to generate significant savings by looking at the needs (health and other) of an entire place or community rather than focusing on the separate

ⁱ Stuckler D, Basu S, McKee M *et al*. Responding to the economic crisis: a primer for public health professionals. *J Public Health* 2010;**32**(3):298-306

organisational silos in those places. Seeking to reduce costs through ending duplication and waste also creates potential for freeing up funds without sacrificing essential services or quality.

Question: How can we maximise the impact and outcomes between theme Boards?

3.2 There are a number of work streams that have been working through the summer (and are continuing) to enable the partnership to agree a realistic and achievable work programme in the new reduced financial climate;

- A consultation exercise has just finished on the *review of the Well-being Strategic Framework* (July – September 2010). The consultation document proposed the partnership to focus on the following outcomes;
 - i) Reduced health inequalities
 - ii) Adults safeguarded from abuse wherever possible and dealt with appropriately and effectively if it does occur
 - iii) Choice and control offered through the personalisation of services
 - iv) Care closer to home

The responses are currently being analysed and will be presented at the January meeting with a Health and Well-Being Plan for the next three years. This gives the partnership the opportunity to align the refreshed Haringey Well-Being Strategic Framework with the reduced budget.

- **Voluntary Sector Review**
Haringey Council values the contribution and role of the third sector in terms of service delivery and currently spends c£18 million through a combination of grants and commissioned projects.

In the current financial climate the Council has to review all funding with the objective of maximising the outcomes that can be achieved for our communities.

The Community and Voluntary sector is diverse and provides a wide range of services. The Council wants to ensure that funding provided to the sector is appropriately targeted given the new financial position and that we are maximising outcomes which promote sustainable communities, self reliant individuals, early intervention and prevention , and , other outcomes that will enable the Council's resources to achieve 'more for less'. The Council is also concerned to ensure that we are making the full use of the voluntary and community sector in Haringey in ensuring that we support our communities.

The aim of this review (led by Cllr Dogus) is to ensure Haringey's spend is aligned to the core council and NHS Haringey strategic priorities and Haringey Strategic Partnership (HSP) priorities and that the projects offer value for money and there is also a need to minimise possible duplication in projects and in funding streams.

Voluntary sector review scope:

- i) Complete a detailed exercise across all council and NHS Haringey to map

all funded (grant and commissioned) projects building on mapping work already completed by both the council and NHS Haringey (August 2010);

- ii) Clarify alignment to Council and HSP priorities (August 2010);
- iii) Building on existing strategies and strategic commissioning plans develop a voluntary sector strategy and voluntary commissioning framework moving from a grant to a commissioning- based approach and agree the voluntary sector strategy, this will include community buildings (October 2010); and
- iv) Make recommendations to the Council regarding the future allocation of resources to and support for the VCS and agree future funding arrangements.

- The *Sustainable Community Strategy Refresh* is underway and was discussed at the September meeting of the multi agency Joint Leadership Team. Members agreed the following three priorities;

- i) Develop locality based commissioning
- ii) Joint projects in priority areas with measurable outcomes; eg; Dementia Strategy
- iii) Early intervention/prevention

- In order to strengthen future action on *tackling health inequalities*, and to address the wider social determinants of health (which the National Support Team visit did not address) the PCT is proposing six high level themes for consideration. These are consistent with the evidence based approach set out in the Marmot Review and the Mayors Health Inequalities Strategy. They build upon and are consistent with the existing context, strategies and policies and within the reviewed Well-Being Strategic Framework. The proposed key themes are;

- i) Empowering Haringey's people and communities
- ii) Enabling the best start in life
- iii) Primary and social care equity
- iv) Health, work and well-being
- v) Maintaining healthy and sustainable places
- vi) Preventing ill-health and supporting lifestyle changes

- There has been a thorough and wide ranging review of the Area Based Grant funding. The Corporate Voluntary Sector Team (CVST) has now become part of ACCS under Assistant Director, Lisa Redfern and the ABG for Wellbeing is linked to the grant management system that the CVST oversees. This will provide for greater clarity between the council and the services funded via ABG, and will support the development of the Voluntary Sector Strategy comprehensively.

4. Conclusion

The effective collaborative work programme of the partnership is under threat by the worst financial position the public sector has faced for a long time. The Well Being Strategic Partnership Board needs to enter into a debate and develop a clear understanding and consensus of its priorities. The work streams described in section 3 demonstrate that the thinking and discussions have already started across the partners. These discussions need to carry on following the Comprehensive Spending Review announcement and the publication of the Public Health White Paper (due in December 2010) until

January 2011. The Board will then be in an informed position to agree a work programme for the next three years.

5. Recommendation

All members of the Board need to engage in this developing agenda and continue to work towards a consensus on the priorities for the future.

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Meeting: Well-Being Strategic Partnership Board

Date: 5 October 2010

Report Title: [Equity and excellence: liberating the NHS](#) White Paper
12 July 2010

Report of: Head of Adult Commissioning Haringey Council and
Acting Joint Director of Public Health NHS
Haringey/Haringey Council

Purpose

To brief Well-Being Partnership Board on the White Paper.

Summary

This briefing summarises the proposals in the White Paper and its implementation timetable (attached as Appendix 1). It outlines issues for the Well-being Partnership Board.

The White Paper outlines plans to:

- set up an NHS Commissioning Board by 2011 to commission GPs and specialist services
- make compulsory GP consortia commission £80bn of hospital and community health by 2013
- allow patients to register with a GP anywhere
- abolish Primary Care Trusts from 2013 and Strategic Health Authorities (SHAs) by 2012/ 2013
- open up health provision to “any willing provider” extending the private provider market
- produce an outcomes framework for health and social care to replace the current targets
- make the Secretary of State responsible for setting national objectives for health improvement
- make Monitor, independent regulator of NHS foundation trusts. the financial regulator
- make Care Quality Commission (CQC) the quality regulator for health and social care
- make National Institute for Health and Clinical Excellence (NICE) set standards for both health and social care

Changes affecting local authorities

- responsibility for public health and local health strategy will transfer to LAs from NHS
- LAs will:

- employ a Joint Director of Public Health.
 - receive a ring-fenced Health Improvement budget
- there are proposals aimed at strengthening local NHS democratic legitimacy
- new statutory LA Health and Well-being Boards will be set up by April 2012
- LAs will have responsibility to:
 - join up commissioning of local NHS services,
 - promote integration and partnership working,
 - lead Joint Strategic Needs Assessments (JSNAs)
 - progress health/social care integration
 - co-ordinate health care, social care and health improvement. This will change statutory health scrutiny powers as accountability for co-ordinating change will now rest with LAs not the NHS
- LAs will retain statutory duty to support patient and public involvement. A new patient voice, HealthWatch, will be created as part of the CQC with local branches, building on the Local Involvement Networks (LINKs)
- Statutory health scrutiny powers would transfer to the Health and Wellbeing Boards.

Statutory Health and Wellbeing Boards

- Would have four main functions:
 - Assess needs of local population and lead JSNA
 - Promote integration and partnership, including joint commissioning
 - Support joint commissioning and pooled budget arrangements
 - Undertake scrutiny role in relation to major service redesign
- Statutory obligation for LA and commissioners to participate as members of the board and act in partnership on the above functions.
- Would have an 'escalation role' e.g. should the Local Children's Safeguarding Board have concerns about local safeguarding arrangements they could raise this with the Health and Wellbeing Board who could in turn escalate to the NHS Commissioning Board should local resolution not be forthcoming.
- Members would include: The Leader of the Council, social care, NHS Commissioners, patient champions, local government including the Director of Public Health, HealthWatch and GP consortia. Would also include representation from NHS Commissioning Board where relevant issues are being discussed. Elected members would decide who chaired the board.

Overview and Scrutiny Function

- Statutory health scrutiny powers would transfer to the Health and Wellbeing Boards.
- The government believes this would give HealthWatch a stronger formal role as it would have representation on the Health and Wellbeing boards.
- Consultation document notes that "a formal health scrutiny function will continue to be important within the local authority, and the local authority will need to assure itself that it has a process in place to adequately scrutinise the functioning of the health and wellbeing board and health

improvement policy decisions” (p13)

Implementation issues for the Well-being Partnership Board to consider:

- How to ensure strategic coherence.
- How will the local authority (LA) responsibility for public health be managed? (Public Health White Paper due late 2010).
- Boundaries of GP consortia not being co-terminous with GPs having residents from other boroughs on their lists. LA will be liaising about their own residents only.
- There is a concern across London about GP consortia being too big and crossing borough boundaries causing fragmentation and making LA communication with them difficult.
- Ensuring implementation is compliant with the Equality Act 2010 and reduces health inequalities-how to ensure that equalities and the needs of seldom heard groups met.
- A key equality issue is that richer populations have more GPs per head than poor ones. Local Government Information Unit (LGIU) asks if new NHS board or councils will be able to influence the distribution of GPs?
- The White Paper mentions safeguarding of adults it does not specifically mention Local Safeguarding Children Boards, there are likely to be implications for them. Ensuring high-quality services for children and young people in the light of the consultation Achieving Equity and Excellence for Children (published 16 Sept 2010, closing 11 October 2010).
- Managing the conflict of interest in Health and Wellbeing Boards being given a role of self-scrutiny and ensuring that independent health scrutiny continues.
- Need to ensure that the proposals for the strengthening of the Well-being Partnership Board fit with current work to review and further develop the Well-being Strategic Framework – in effect the board’s work plan – current proposals fit well as they include four outcomes covering health inequalities, safeguarding, increased choice and control and bringing care closer to home.
- LAs will have the lead role for developing needs assessments, crucial to ensure that GPs are involved. Haringey has a well established JSNA annual work plan. In addition each GP Collaborative has developed a Neighbourhood Development Plan
- How to make sure commissioning is for local need. Ensuring needs are met of: older people, younger people, people with long term conditions, with mental health needs, learning disabilities, with Autistic Spectrum Disorder, who use drugs and/or alcohol, people with no GPs who often use A&E services, and end of life care.
- Ensuring prevention, well-being and personalisation agendas are progressed and integrated.

Legal/Financial Implications

Legal

- The plans would require primary legislation, the first of which, the Health Bill 2010 is timetabled for autumn 2010. A Public Health White Paper is due by the end of 2010. A vision paper on social care will be published by

the end of 2010, with a White Paper to follow in 2011.

Financial

- The government says that the White Paper proposals will save up to £200bn in efficiency savings by 2014 to be re-invested in patient care. The British Medical Journal (BMJ) estimates, using National Audit Office figures, that the proposals will cost between £2 and £3 billion to implement. It would work out at an average of between £5,154,639 and £7,731,958 per local authority area. The government disputes the BMJ's figures.
- Local authorities are to be given statutory powers to agree local strategies for health improvement and local commissioning plans and social care commissioning strategies at a time of financial stringency.
- It is crucial that the ring-fenced *health improvement budget* is adequate and, for Haringey Council, fairly reflects the borough's level of deprivation and health inequality. The new budget will be based on the current formula grant system which understates Haringey's relative needs.

Recommendations

That Well-being Partnership Board:

- notes the briefing
- considers the implications for its future of the White Paper proposals, in particular the proposed new statutory LA Health and Well-being Boards

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Background

1.0 Rationale for the proposals

- The government's rationale for the White Paper is to give more power to patients by making GPs responsible for commissioning and to create up to £200bn of efficiency savings by 2014 to be re-invested in patient care.

2.0 Commentaries on the proposals

- The White Paper proposals have been described by both its supporters and its critics as the most major change proposed to the NHS since its creation in 1948. Commentators have also expressed surprise at the fact that the proposal to abolish PCTs was not in the Coalition agreement which, in fact, promised no top down re-organisations of the NHS.
- Questions have been raised about whether GPs want to, or have the skills to, take on commissioning. GPs' organisations are divided. As mentioned above the BMJ has raised criticisms of the proposals.

The Local Government Association

The Local Government Group says the proposals:

“represents a major restructuring, not just of health services but also of councils' responsibilities in relation to health improvement, and coordination of health and social care”

The Kings Fund comment by Professor Chris Ham, Chief Executive

"Proposals to strengthen the links between the NHS and local authorities and give councils an enhanced role in improving public health are positive. The emphasis on linking health and social care budgets is also welcome. With the NHS facing the most significant financial challenge in its history and substantial cuts to social care budgets likely to follow the spending review in the autumn, stronger integration between health and social care services is not just desirable, it is essential."

Civitas, the right wing think thank

raises concerns about the pace of a huge structural change, questions the government's view that it will cut management costs by 45% with potentially as many as 500 commissioning organisations replacing 152, and believes there is evidence indicating a dip in performance of at least one year is likely.

3.0 Planned implementation of legislation timetable

Health Bill autumn 2010.

Public Health White Paper by end of 2010.

Vision paper on adult social care by end of 2010

White Paper on social care 2011

4.0 Consultations

The government has published a series of consultation documents on the White Paper and its proposals. The Assistant Director, Adult Services and Commissioning, ACCS is leading on the Council's response to the White Paper.

White Paper related consultations	Due date
Equity and Excellence NHS White Paper 12 July 2010	5 Oct 2010

<u>Transparency in outcomes - a framework for the NHS</u>	11 Oct 2010
<u>Commissioning for patients</u>	11 Oct 2010
<u>Local democratic legitimacy in health</u>	11 Oct 2010
<u>Regulating healthcare providers</u>	11 Oct 2010
<u>Achieving Equity and Excellence for Children</u> (published 16 Sept 2010)	11 Oct 2010

Use of Appendices:**Appendix 1** Timeline for implementation

Appendix 1 Timeline for implementation of NHS White Paper

Timetable for action	
The high level timetable below outlines the Government's proposed timetable (subject to Parliamentary approval for legislation).	
Commitment	Date
Further publications on: <ul style="list-style-type: none"> • framework for transition • NHS outcomes framework • commissioning for patients • local democratic legitimacy in health • freeing providers and economic regulation 	July 2010
Report of the arm's length bodies review published	Summer 2010
Health Bill introduced in Parliament	Autumn 2010
Further publications on: <ul style="list-style-type: none"> • vision for adult social care • information strategy • patient choice • a provider-led education and training • review of data returns 	By end 2010
Separation of SHAs' commissioning and provider oversight functions	
Public Health White Paper	Late 2010
Commitment Date Introduction of choice for: <ul style="list-style-type: none"> • care for long-term conditions • diagnostic testing, and post-diagnosis 	From 2011
White Paper on social care reform	2011
Choice of consultant-led team	By April 2011
Shadow NHS Commissioning Board established as a special health authority	April 2011
Arrangements to support shadow health and wellbeing partnerships begin to be put in place	
Quality accounts expanded to all providers of NHS care	
Cancer Drug Fund established	
Choice of treatment and provider in some mental health services	From April 2011
Improved outcomes from NHS Outcomes Framework	
Commitment	Date
Expand validity, collection and use of PROMs	
Develop pathway tariffs for use by commissioners	
Quality accounts: nationally comparable information published	June 2011
Report on the funding of long-term care and support	By July 2011
Hospitals required to be open about mistakes	Summer 2011

GP consortia established in shadow form	2011/12
<p>Tariffs:</p> <ul style="list-style-type: none"> • Adult mental health currencies developed • National currencies introduced for critical care • Further incentives to reduce avoidable readmissions • Best-practice tariffs introduced for interventional radiology, day-case surgery for breast surgery, hernia repairs, and some orthopaedic surgery 	2011/12
NHS Outcomes Framework fully implemented	By April 2012
<p>Commitment Date Majority of reforms come into effect:</p> <ul style="list-style-type: none"> • NHS Commissioning Board fully established • New local authority health and wellbeing boards in place • Limits on the ability of the Secretary of State to micromanage and intervene • Public record of all meetings between the Board and the Secretary of State • Public Health Service in place, with ring-fenced budget and local health improvement led by Directors of Public Health in local authorities • NICE put on a firmer statutory footing • HealthWatch established • Monitor established as economic regulator 	April 2012
International Classification of Disease (ICD) 10 clinical diagnosis coding system introduced	From 2012/13
NHS Commissioning Board makes allocations for 2013/14 direct to GP consortia	Autumn 2012
Free choice of GP practice	2012
Formal establishment of all GP consortia	
SHAs are abolished	2012/13
GP consortia hold contracts with providers	April 2013
PCTs are abolished	From April 2013
Commitment	Date
All NHS trusts become, or are part of, foundation trusts	2013/14
All providers subject to Monitor regulation	
Choice of treatment and provider for patients in the vast majority of NHS-funded services	By 2013/14
Introduction of value-based approach to the way that drug companies are paid for NHS medicines	
NHS management costs reduced by over 45%	By end 2014
NICE expected to produce 150 quality standards	By July 2015



Meeting: Well Being Strategic Partnership Board

Date: 5 October 2010

Report Title: NHS Haringey and Council: Approach to Performance Management

Report of: Arshiya Khan, Director of Professional Standards, NHS Haringey.

<p>Purpose:</p> <p>To update the Board on the approach to performance management taken by NHS Haringey and the Council.</p>
<p>Legal/Financial Implications</p> <p>N/A</p>
<p>Recommendations:</p> <p>That the report be noted.</p>
<p>For more information contact:</p> <p>Name: Arshiya Khan Title: Director of Professional Standards Tel: 020 8442 6697 Email address: arshiya.khan@haringey.nhs.uk</p>

Background

NHS Haringey is responsible for managing independent contractors (General Practitioners, Dentists, Pharmacists and Optometrists) against their contracts. This is carried out through a number of established methods: regular contract review visits, audits and dashboards.

Queries have been raised about access to general practitioners (GPs) so this paper focuses on performance management of general practice.

Access and Targets

There have been well established targets around access to GPs which all practices in Haringey were meeting. These were:

- access to a GP within 48 hours, and
- access to a primary care professional within 24 hours.

Since June 2010 these are no longer targets for GP practices following the revisions to the Operating Framework for the NHS in England 2010/11 published by the Department of Health. These revisions are to reflect the government's ambition to move towards a health service focusing on quality and outcomes not processes, and with more devolved responsibilities.

Under access, the revised NHS Operating Framework for 2010/11 states:

“We intend to remove some process targets. This is not a signal that clinically unjustified waits are acceptable. Patients should still be able to expect the NHS to continue to deliver improvements in access and quality. It will remain important, for example, for patients with cancer or its symptoms, to be seen by the right person, with appropriate expertise, within the current performance standard timescales.

The Vital Sign and Existing Commitment relating to access to primary care will no longer be performance managed. This is not a signal that a deterioration of patients' experiences is acceptable and commissioners must ensure access reflects local need. “

Whilst there is no longer a target for access against which practices are being monitored, information on access is still being collected via the national GP Patient Survey. Practices who underachieve on the patient survey are monitored against individual action plans to demonstrate improvements.

Practices also have the opportunity to participate in a directed enhanced service for extended hours opening; this means that if they open additional hours outside the core hours of 8.30am – 6.30pm they can receive additional payments. The majority of practices in Haringey have opted in to this scheme.

Performance Monitoring

As referred to above there are a number of tools used for monitoring performance of practices.

All practices in Haringey have signed up to the General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contracts. There are certain standards in the contracts to which the contract holder must adhere, and these are reviewed through contract review meetings with the contract holder (usually a GP at the practice). If a practice is not meeting their contractual obligations they may be service a breach or remedial notice, or in severe situations a contract may be terminated.

A number of practices each year are audited against points claimed for their Quality and Outcomes Framework (QOF) by the North Central London Audit Service. If practices cannot produce evidence of points claimed then monies paid to them may be clawed back.

A dashboard has been developed to show how each practice is performing against national targets and local priorities. These are produced each quarter and shared with practices. They may be used as the basis for discussions with practices where NHS Haringey has concerns about performance, and support the contract review visits. Information from these dashboards will be published by NHS Haringey on our internet.

NHS Haringey has an escalation process for primary care performance where issues have been raised or concerns identified through any route, including the above routes. This is attached at Appendix 1.

APPENDIX 1

NHS Haringey Primary Care Escalation Process

NHS Haringey has developed a Primary Care Escalation Process as follows:

Identifying Under Performance:

- ❖ Regular monitoring and active contract management should allow NHS Haringey and Primary Care providers to work together and identify early signs of underperformance and consequently target where remedial action is required.
- ❖ Any concerning outcomes from contract reviews should be reported to the Independent Contract Performers Review Group (ICGRP) in the first instance, unless they are serious enough to warrant reporting to the Reference Committee (Ref Com).
- ❖ When a provider underperforms systematically or persistently then it may be appropriate for intervention under the contract.

Intervening to Support Recovery:

- ❖ Interventions should firstly be aimed at supporting recovery and actions taken should be proportionate to the risk presented.
- ❖ The main aim of intervention is to achieve recovery and it is assumed that with the correct level and method of intervention that this can be achieved in the majority of cases.
- ❖ If there is a repeated failure to meet targets or co-operate with the PCT, then intervention may be aimed at safeguarding patient safety and/or initiating action to procure services from elsewhere.
- ❖ The actions and measures taken should be proportionate to the scale of the underperformance.
- ❖ The type of interventions will vary, dependent upon the type of contract held with the provider, such as GMS, PMS, APMS. However, common themes throughout are likely to include:
 - ❖
 - Meetings with Practice Managers/ all relevant staff to discuss targets and appropriate dispute resolution/escalation methods to adopt such as development and monitoring of action plans
 - Serving of a contract remedial notice and the required steps to take within a specified time period
 - Service of a breach notice; and
 - In more extreme circumstances a suspension or termination of all or part of the contract may be invoked.
- ❖ The appropriate type of intervention will also be dependant upon the level of underperformance. If a provider is underperforming in one area or against a specific target then the root of the issue is likely to be at a service level. However, if the underperformance is persistent or

systematic then this is likely to be as a result of a problem at an organisational level.

- ❖ A contract remedial notice will detail the improvements the PCT expects the Practice to make, sets out clear timelines for this to happen and details any contractual sanctions. An effective remedial plan may include responsibilities for both the provider and the commissioner. The plan could look to include offering external support organisations to address specific areas of underperformance concerning a provider.

Identifying and Recognising High Performance:

- ❖ NHS Haringey will place an emphasis on recognising and celebrating high performers who consistently reach standards across the dashboard.
- ❖ High performance providers may be asked to be role models and can provide peer support to other primary care providers.

Managing Provider Failure:

- ❖ In line with the recurrent theme throughout this framework NHS Haringey will develop a more consistent and transparent approach to managing failure through the performance management process.
- ❖ This will be supported by the PCT developing defined clear thresholds for intervention and taking action against providers that fail to address underperformance within a reasonable time frame.
- ❖ As part of the process the PCT will consider a range of options to ensure that patients are able to access high quality primary care services.
- ❖ Where a provider is unable to demonstrate recovery, the commissioner will need to consider disinvesting.

Non achievement of minimum performance standards or key metrics (identified through dashboard, data returns or other mechanism)

Referral to:
ICGRP

Develop action plan and agree review period, to be monitored by primary care manager

Non compliance

Refer to:
Clinical Director
Commissioning Executive Committee
Medical Director

Non compliance

Contractual route:
breach notice

Lack of contractual/ statutory compliance

Inform Reference Committee

Remedial notice

Review actions to remedy lack of compliance within appropriate timescale

Non compliance

Breach notice

Review at appropriate point

Non compliance

Reference Committee decision to refer to Panel

Poor clinical performance

Refer to Reference Committee

Consider GMC/ GDC/ NCAS referral

Fraud

Refer to Counter Fraud

Consider de-commissioning or termination of contract

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haringey strategic partnership

Meeting: Well Being Strategic Partnership Board

Date: 5 October 2010

Report Title: Quarter 1 Performance Summary/Exception Report

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

Purpose

To provide the 2010/11 Quarter One performance on National and Local Performance Indicators (PIs) within the Well-Being Scorecard.

Summary

This report shows that of the thirteen PIs where data was available for Quarter 1 (Q1), 69% (nine) were reported as green, 23.1% (three) as amber, 7.7% (one) as red and sixteen (ten annual and six quarterly) could not be reported as data was not available at the time of writing this report. Four indicators are perception measures from the Place Survey which will not be reported due to CLG's decision to postpone the 2009/10 survey.

The Appendix 1 shows performance against all the indicators that the thematic board has agreed to overview.

The Appendix 2 provides an exception report focusing on those indicators that are performing below the target. These are:

- Rate of Hospital Admissions per 100,000 for Alcohol Related Harm
- Drug users in effective treatment
- Percentage change in under eighteen conceptions (per thousand girls aged fifteen to seventeen as compared with the 1998 baseline) (LAA)

Legal/Financial Implications

None identified.

Recommendations

To note the report.

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1. Background

The Well-being Partnership Board (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 is responsible for making sure that we achieve these outcomes and our LAA targets over the next three years. This report provides the Q1 position of performance against 2010/11 targets and noting areas of concern.

2. 2010/11 Performance - Quarter 1 Position

- Performance in the Number of adults permanently admitted into residential and nursing care indicator is very good as low number signifies good performance. As at end of Q1, zero adults were placed permanently into a care home against a target of four.
- Twenty-seven older people admitted into residential and nursing care as at end of Q1. Performance continues to be strong as this is below target of twenty-eight. For this PI low number represents good performance. Although, it is no longer part of the LAA, it is seen as a key performance indicator and hence continues to be monitored locally.
- Both the prevalence (NI 53a) and recording (NI 53b) of breastfeeding continues to improve. The end of year outturn for 2009-10 of 70.3% of infants being either fully or partially breastfed at the six to eight week check was over 8% higher than the London average, and 55% higher than the national average. This improvement continued into Q1 with prevalence of 75.5% and breastfeeding status at 96.2%, both higher than last year and above target.
- The number of carers (NI 135) that received needs assessment or review and a specific carer's service, or advice and information as a percentage of clients receiving community based services was above target at 5.9%.
- 83% of adults who were in receipt of secondary mental health services were in settled accommodation (NI 149) as at end of Q1. against target of 86%
- 89.5% of vulnerable people achieved independent living as at end of Q1 against target of 79%.
- Early Access for Women to Maternity Services (LAA): While 79.5% of women saw a health professional by twelve weeks six days gestation during Q1, this was lower than the target of 84% (health target is 81%). Despite being below target early access to maternity has improved considerably from 53% at the end of 2008-09. This improvement will be monitored and supported through the work of the Maternity Project, one of the key pieces of work under the improving performance programme

- Percentage change in the 1998 baseline conception rate per 1000 girls aged fifteen (LAA). The percentage change of 13.3% is lower than the ambitious target of 55% as masks the significant improvements in teenage conceptions in the borough. Latest conception data for Haringey was released in the last week of August 2010 and covers the period to July 2009. The data shows a rate of 50.1 conceptions per thousand girls (forty-two conceptions in the quarter) compared to 56.4 per thousand for same period in 2008. The rolling four quarter average is now 52.4 per 1000 which is the lowest rate amongst our statistical neighbours.

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Appendix 1 Well-Being Theme board Scorecard - Quarterly Indicators

PI Code	Performance Indicator	2009/10			Q1 2010/11			2010/11			Latest Note			
		Value	Target	Status	Short Trend	Value	Target	Status	Short Trend	Value		Target	Status	Short Trend
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)	114	115			27	28			36	47			
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)	13	20			0	4			2	6			
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (LAA)	1431	1224								1750			The latest provisional figures from North West Public Health Observatory are available for quarters 1-3 in 2009/10 financial year (Published in June 2010 and available from: http://www.nwph.net/alcohol/lape/download.htm). The total for the quarters (1431) represents a 18% increase from last year.
NI 40	Number of drug users recorded as being in effective treatment against 2007/08 baseline. (LAA)	39	135				187				139			Following the national NDTMS (National Drug Treatment Monitoring System) audit a revised baseline for numbers of clients in effective treatment has been agreed by CQC. For Haringey this has resulted in the original baseline of 933 being reduced to 909 with a new target of 1041 PDUs in effective treatment for 2009-10. Despite these changes the target has not been met. This is because of a significant drop in the new clients coming into drug treatment last year. The DAAT partnership has developed a specific action plan to increase the numbers.














PI Code	Performance Indicator	2009/10					Q1 2010/11					2010/11					Latest Note
		Value	Target	Status	Short Trend	Value	Target	Status	Short Trend	Value	Target	Status	Short Trend				
NI 53a	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks (LAA local)	70.3%	64.8%			75.46 %	68.1%			75.46 %	68.1%				The first quarter of 2010-11 has indeed seen an increase in the trend with 38 more new clients in comparison to last year. Also Haringey has consistently been above London average for the proportion of clients completing treatment successfully (44% against 33% in 2009-10).		
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)	92.8%	90%			96.2%	91.3%			96.2%	91.3%						
NI 112	Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline) (LAA)	15.1%	18.1%			13.3%	55.0%			15.9%	55.0%						
NI 113a	Prevalence of Chlamydia in under 25 year olds - Part 1 - Chlamydia screens/tests (LAA)	26.4%	25.0%			8.0%	5.6%			8.0%	5.6%						
NI 113b	Prevalence of Chlamydia in under 25 year olds - Part 2 - new diagnoses of chlamydia (LAA)	5.8%												To be verified by HPA			
NI 121	Mortality rate from all circulatory diseases at ages under 75 per 100,000 population (LAA)	86.42	94.00								93.00				The Final Mortality rate for 2009-10 as ratified by the CQC is 86.42. This is the average of the directly standardised death rate per 100,000 population for 2007, 2008 and 2009. NHS Haringey's target is 89		



PI Code	Performance Indicator	2009/10			Q1 2010/11			2010/11			Latest Note			
		Value	Target	Status	Short Trend	Value	Target	Status	Short Trend	Value		Target	Status	Short Trend
NI 123_N	Number of 4-week smoking quitters who attended NHS Stop Smoking Services	2103	2000			286	205			286	205			
NI 125	Achieving independence for older people through rehabilitation/intermediate care (LAA)	82.6%	82%							130%	85%			PI measures clients who have been rehabilitated 91 days after hospital discharge. Q1 data will be available by end of September 10.
NI 126	Early Access for Women to Maternity Services (LAA)	73.9%	80.0%			79.5%	84.0%			79.5%	84.0%			
NI 135	% of carers receiving needs assessment or review and a specific carer's service, or advice and information - YTD (LAA)	21.2%	19.2%			5.9%	5.8%			8.6%	9.7%			The expectation is for performance to improve as more carers are reviewed or assessed in the year. An action plan to make it easier to record carers receiving only information and advice on Framework-1 has been agreed. This will help improve performance when completed and the performance team is monitoring its progress.
NI 141	Percentage of vulnerable people achieving independent living (LAA)	77.4%	77%			89.5%	79%			89.5%	82%			
NI 149	% of Adults receiving secondary mental health services in settled accommodation (LAA)	88.0%	85.0%			83.0%	86.0%			83.0%	86.0%			
NI 153	% of working age people claiming out of work benefits in the worst performing neighbourhoods (LAA)		26.3%								23.7%			This target has been renegotiated with GOL and is now based on maintaining the baseline gap between the Haringey and London rates - 0.6 percentage points. The latest data (four quarters to November 2009) show that the gap is currently 0.8 percentage points. Data for 2010/11 Q1 will not be available from the DWP until 2011.
NI 156	Number of households living in temporary accommodation (LAA)	3,547	3,552			3,454	3,310			3,370	3,152			Work to reduce numbers in TA continues. There have been particular problems in the last quarter in securing alternative supply in the private sector. This has meant that more households have had to remain in temporary accommodation. Efforts are continuing to secure alternative

PI Code	Performance Indicator	2009/10			Q1 2010/11			2010/11			Latest Note			
		Value	Target	Status	Short Trend	Value	Target	Status	Short Trend	Value		Target	Status	Short Trend



Annual Indicators

PI Code	Performance Indicator	2009/10			2010/11			Latest Note		
		Value	Target	Status	Short Trend	Value	Target		Status	Short Trend
		L0221(LAA local)	% of HIV infected patients with CD4 count less than 200 cells per mm ³ diagnosed (LAA local)	40.1%	?	?	?		27.95%	
NI 7	Environment for a thriving third sector (LAA local)	21.9%	?	?	?	24.9%			?	Baseline measurement was conducted during Autumn 2008, and a follow up commences in Autumn 2010.
NI 08	Adult participation in sport and active recreation (2007-2010 LAA stretch target)	26.9%			?	27.9%			?	09/10 survey runs from Oct 09 - Sep 10 with results being published in Dec 10.
NI 35	Building resilience to violent extremism (LAA)	3	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 actions for 2010/11. Finally a new guidance document on Channel, a multi agency process to provide

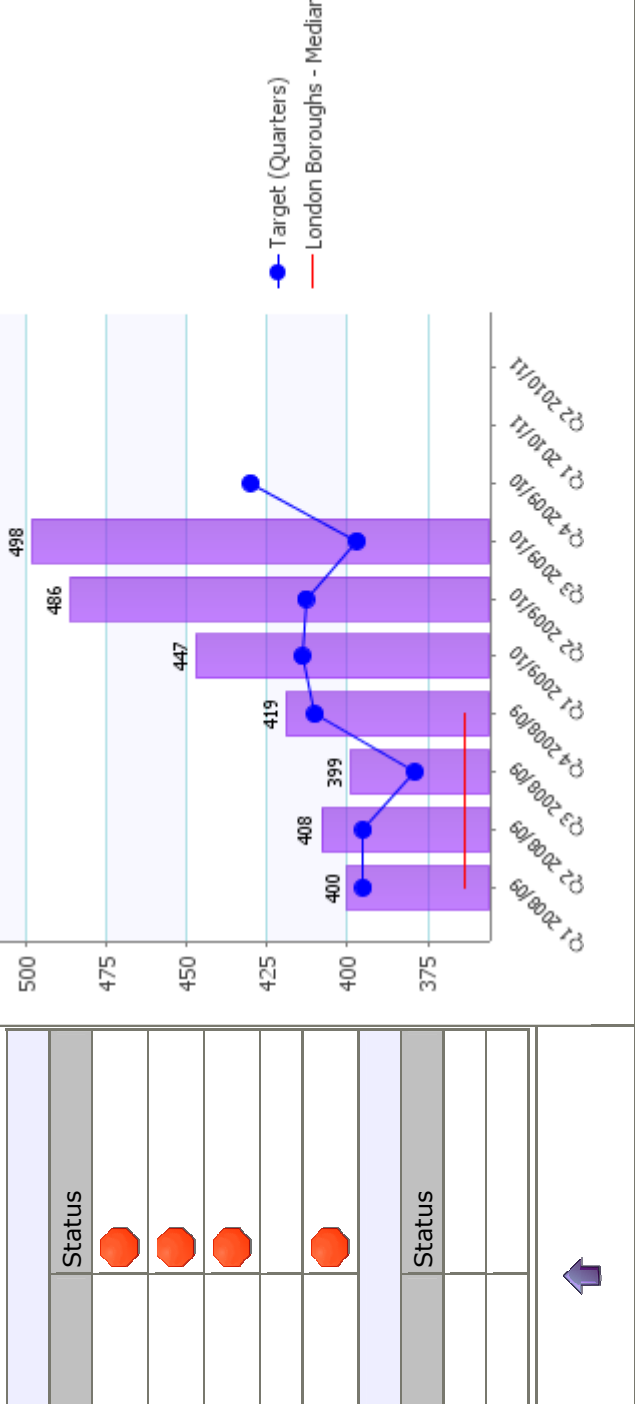
PI Code	Performance Indicator	2009/10				2010/11				Latest Note
		Value	Target	Status	Short Trend	Value	Target	Status	Short Trend	
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services (LAA)	15	15			16	16			support to those who may be vulnerable to being drawn into violent extremism, 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 56(x)	Obesity in primary school age children in Year 6: Line 10 (LAA)		24.0%				23.8%			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%				30.5%			Workshop on 12 Jan 2010 at GOL. Proxy measures to remain in place. Data released 26 Jan 2010. Revised targets to be confirmed.
NI 127	Self reported experience of social care users (measured by survey every 3 years)									This indicator is measured by survey every 3 years. Annual survey due to take place in 09/10. The latest results from the service user questionnaire from Adults Services found that 89% of clients were satisfied with the services they were receiving.
NI 175	Access to services and facilities by public transport, walking and cycling									Data not yet received from Transport for London
NI 187a	Tackling fuel poverty – % of people receiving income based benefits living in homes with: (i) Low energy efficiency (LAA)	13.42%	12.53%				11.53%			This Indicator relates to the SAP ratings of homes occupied by vulnerable households. Data for the indicator was obtained from a postal survey form sent to 7,500 residents in the borough who were identified as being in receipt of either council tax benefit or housing benefit. The postal survey form used was that approved by DECC and is submitted with this form. Out of 7,500 survey forms sent out 462 were returned. The returned survey forms were then analysed using NHER Auto Assessor software, which calculates the SAP rating of each individual dwelling based on NHER Level O methodology and using between 15 and 25 data items. A small table is then produced detailing how many properties fell within the SAP bandings of interest, with this number then being expressed as a percentage. The entire exercise was undertaken for us by Creative Environmental Networks.

PI Code	Performance Indicator	2009/10				2010/11				Latest Note
		Value	Target	Status	Short Trend	Value	Target	Status	Short Trend	
NI 187b	Tackling fuel poverty – % of people receiving income based benefits living in homes with: (ii) High energy efficiency (LAA)	16.23%	14%							<p>The results for 2009/10 showed that 13.4% 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%).</p> <p>The Affordable Warmth Strategy was launched in November 2009 and provides details on how we intend to reduce the incidence of fuel poverty in the borough. The four central tenets of the Action Plan are: 1) Engage with people to improve awareness and understanding of energy efficiency and fuel poverty 2) Increase the energy efficiency of Haringey's housing 3) Maximise resources and opportunities for tackling fuel poverty 4) Link to other strategies</p> <p>We have also secured a small amount (£42,500) of funding from the North London sub Region to enable us to survey and carry out such improvements as we can to the properties reported as having the lowest SAP ratings.</p> <p>This Indicator relates to the SAP ratings of homes occupied by vulnerable households. Data for the indicator was obtained from a postal survey form sent to 7,500 residents in the borough who were identified as being in receipt of either council tax benefit or housing benefit. The postal survey form used was that approved by DECC and is submitted with this form. Out of 7,500 survey forms sent out 462 were returned. The returned survey forms were then analysed using NHER Auto Assessor software, which calculates the SAP rating of each individual dwelling based on NHER Level O methodology and using between 15 and 25 data items. A small table is then produced detailing how many properties fell within the SAP bandings of interest, with this number then being expressed as a percentage. The entire exercise was undertaken for us by Creative Environmental Networks.</p> <p>The results for 2009/10 showed that 16.2% of vulnerable residents were living in homes with a good SAP rating of above 65 (compared to this year's target of 14.0%).</p>

Appendix 2 Well-Being Theme board Exception Report

NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (LAA)	Sustainable Community Strategy Outcome
Outcome Lead	Portfolio	
<p>This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics.</p>		
2009 - 2010		
	Value	Target
Q1 2009/10	447	414
Q2 2009/10	486	413
Q3 2009/10	498	397
Q4 2009/10		430
2009/10	1431	1224
	Value	Target
Q1 2010/11		1750
2010/11		
		
	Red	

PP02_H_N0039 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (LAA)



Quarter	Actual Value	Target (Quarters)	London Boroughs - Median
Q1 2008/09	400	~400	~380
Q2 2008/09	408	~400	~380
Q3 2008/09	399	~400	~380
Q4 2008/09	419	~400	~380
Q1 2009/10	447	~400	~380
Q2 2009/10	486	~400	~380
Q3 2009/10	498	~400	~380
Q4 2009/10	486	~400	~380
Q1 2010/11	498	~400	~380
Q2 2010/11	498	~400	~380

The latest provisional figures from North West Public Health Observatory are available for quarters 1-3 in 2009/10 financial year (Published in June 2010 and available from: <http://www.nwph.net/alcohol/lape/download.htm>). The total for the quarters (1431) represents a 18% increase from last year.

NI 40	Number of drug users recorded as being in effective treatment against 2007/08 baseline. (LAA)	Sustainable Community Strategy Outcome																		
Outcome Lead	Portfolio																			
<p>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.</p>																				
<p>2009 - 2010</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Target</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>58</td> <td>135</td> <td>●</td> </tr> <tr> <td>60</td> <td>135</td> <td>●</td> </tr> <tr> <td>82</td> <td>135</td> <td>●</td> </tr> <tr> <td>39</td> <td>135</td> <td>●</td> </tr> <tr> <td>39</td> <td>135</td> <td>●</td> </tr> </tbody> </table>	Value	Target	Status	58	135	●	60	135	●	82	135	●	39	135	●	39	135	●	<p>PP02_P_N0040 Number of drug users recorded as being in effective treatment against 2007/08 baseline. (LAA)</p>	
Value	Target	Status																		
58	135	●																		
60	135	●																		
82	135	●																		
39	135	●																		
39	135	●																		
<table border="1"> <thead> <tr> <th>Value</th> <th>Target</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>187</td> <td>187</td> <td></td> </tr> <tr> <td>139</td> <td>139</td> <td></td> </tr> </tbody> </table>	Value	Target	Status	187	187		139	139												
Value	Target	Status																		
187	187																			
139	139																			
<p>●</p> <p>Red</p>																				
<p>Following the national NDTMS (National Drug Treatment Monitoring System) audit a revised baseline for numbers of clients in effective treatment has been agreed by CQC. For Haringey this has resulted in the original baseline of 933 being reduced to 909 with a new target of 909 in effective treatment for 2009-10. Despite these changes the target has not been met. This is because of a significant drop in the new clients coming into drug treatment last year. The DAAT partnership has developed a specific action plan to increase the numbers. The first quarter of 2010-11 has indeed seen an increase in the trend with 38 more new clients in comparison to last year. Also Haringey has consistently been above London average for the proportion of clients completing treatment successfully (44% against 33% in 2009-10).</p>																				

NI 1.12 Percentage change in under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline) (LAA)		Portfolio	Sustainable Community Strategy Outcome
<p>Outcome Lead</p> <p>The change in the rate of under-18 conceptions per 1,000 girls aged 15-17 years resident in the area for the current calendar year, as compared with the 1998 baseline rate, shown as a percentage of the 1998 rate.</p>		<p>CY02_P_N0112 Percentage change in under-18 conceptions (per 1000 girls aged as compared with the 1998 baseline) (LAA)</p>	
2009 - 2010			Status
Q1 2009/10	Value 7.2%	Target -18.1%	
Q2 2009/10	-2.9%	-18.1%	
Q3 2009/10	-8.8%	-18.1%	
Q4 2009/10		-18.1%	
2010/11	Value	Target	
		55.0%	
Red			
<p>-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 greater 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.</p>			

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Meeting: Well-Being Strategic Partnership Board

Date: 5 October 2010

Report Title: Well-Being Partnership Board Risk Register (as at 30 June 2010)

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

Purpose

To provide the Well Being Partnership Board with the updated Well Being Risk Register as at 30 June 2010.

Summary

The Well Being Partnership Board agreed the Risk Register as at 31 December 2009, at its meeting on 25 February 2010.

The attached risk register (Appendix 1) includes risks associated with the running of the partnership board and the key LAA targets as at 30 June 2010.

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

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

Legal/Financial Implications

Legal Implications

There are no legal implications attached to this report.

Financial Implications

There are no direct financial implications attached to this report.

However, there are a number of assumptions that need to be considered, including the impending Comprehensive [Spending Review](#) (CSR) which is to be announced in October 2010. The Coalition Government published its [Emergency Budget](#) on 22 June 2010, setting out its intention to reduce spending by £30 billion per year by 2014-15 on top of existing reductions. The Chancellor also launched [the Spending Challenge](#) a consultation with public sector workers and the public. This will continue to the CSR to be announced in October which will set out spending plans for the life of this Parliament.

The [NHS White Paper](#), out for consultation until 5 October 2010, outlines new functions in Adult Social Care and the NHS, with a shift of NHS Commissioning budgets to GP consortia and efficiency savings. Local

Authorities will be given statutory powers to agree local strategies for health improvement and local commissioning plans and social care commissioning strategies locally at a time of financial stringency.

A ring-fenced public health budget based on need will be allocated to local authorities to support public health and health improvement functions. The formula for this is yet to be released.

Finally the [impending Public Health Service White Paper](#) scheduled to be published later this year, implications of which will need to be assessed.

The impact of all of these will need to be factored into a future Well Being Partnership Board Risk Register.

Recommendations

For the Well Being Partnership Board to approve the updated Well Being Risk Register as at 30 June 2010.

For more information contact:

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Use of Appendices

Appendix 1 - Well Being Partnership Board Risk Register 2009/10 as at 30 June 2010.

- Appendix 2 – Guidance Notes
- Part A. Terminology guide
 - Part B. Residual Risk Map
 - Part C. Impact and Likelihood Scales


Well Being Partnership Board Risk Register


Report Type: Risks Report
Report Author: Sima Khiroya
Generated on: 22 September 2010











Haringey Council

Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
WBP_R00 1	Lack of continuity of membership impacts on the ability to deliver on outcomes and targets	High turnover of members Inability to recruit and/or retain right members Non-attendance of members at meetings Lack of continuity and/or succession planning	Agreed recruitment procedures for Theme Board Membership. Responsibility for filling posts identified. Training and development for Theme Board Members Reporting processes to highlight and identify vacancies and/or non-attendance. Membership reviewed annually	Risk Owner: Well Being Partnership Board Control Owner: Joint Leadership Team	L	L	1	✔	Terms of reference/membership is reviewed annually and ratified at Well Being Partnership Board.	100 %
WBP_R00 2	Information requirements not identified. Responsibility for data collection and verification not identified and/or assigned to specific officers. Information provided is inaccurate of not in accordance with agreed timescales.		Quarterly Well Being scorecard submitted. Monitoring and capturing information by the Joint Leadership Team and Well Being Partnership Board - reviewed quarterly.	Risk Owner: Well Being Partnership Board Control Owner: Joint Leadership Team, ACCS and NHS Haringey Performance Managers	L	L	1	✔	Health Communities Sub-Group to be established under the Joint Leadership Team following review of Health and Well-Being Plan (out for consultation on 20/9/10) and priorities will be identified after consultation on the Commissioning Framework.	0 %
WBP_R00	Maintaining	Proper governance	Well Being Partnership	Risk Owner:	L	L	1	✔		

Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
3	governance arrangements.	arrangements not in place. Principles of good governance not embedded. Theme board members fail to act in accordance with principles of good governance. Declarations or conflicts of interest not completed. Potential conflicts of interest not addressed/acted on to ensure appropriate decisions are taken.	Board Terms of reference reviewed and ratified annually. Members of the WBPB and JLT declare any personal and/or pecuniary interests with respect to agenda items and do not take part in any decision required with respect to these items.	Well Being Partnership Board Control Owner: Joint Leadership Team						
WBP_R004	Outcomes not delivered	Lack of/ineffective financial and/or performance monitoring Resources not allocated, or not allocated appropriately Inadequate financial and/or management information provided to the Theme Board Commissioning not carried out according to plan Expenditure exceeds allocated budget Failure to spend allocated budget within agreed/ approved timescales (potential loss of grant funding) Effective reporting does not take place Failure to work effectively with other Theme Boards on relevant issues	Developing Healthy Communities and reducing Health Inequalities targets that are outcome focused. Structure and terms of reference of JLT and Healthy Communities Sub-Groups agreed by Well Being Partnership Board. OHOCOS (Our Health Our Care Our Say) outcomes monitored and reviewed by JLT and HC Group. Healthy Communities Group ensures joint ownership and delivery of the Well Being Strategic framework. Well Being Partnership Board monitors the implementation of projects delegated to the JLT. WBPB and HC Group monitor progress on LAA targets. JLT consider, comment on and endorse, as appropriate strategic documents from other partnership boards or sub	Risk Owner: Joint Leadership Team Control Owner: Joint Leadership Team	L	L	1		Regular workshops to be held to discuss effectiveness of structure and ensuring delivering to well being objectives. Create cycle of regular update reporting from HC Sub-Group to WBPB. Each service or project is linked to the relevant LAA indicator(s) and needs to be tracked directly through the mainstream or grant budget(s) and this should be identified across all documentation (including risk registers). The HC sub-group of the WBPB needs to identify and put in place SMART objectives for the services and projects that fall under its work programme. HC sub-group to focus on making controls work and identify/follow through on	100 % 0 % 100 % 0 %



Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
			groups relating to the group's outcomes that require a joint multi-agency response. HC Sub-Group reports to the Well Being Partnership Board via the JLT. JLT accounts for actions/ performance through regular reports to the WBPB on finance, performance and joint commissioning. WBPB monitors the effectiveness of joint planning arrangements within its structure. Well Being Partnership Board nominates a member to represent it on the HSP Board.						any further actions required.	
WBP_R005	NI 8 - Failure to increase overall adult sport and physical activity participation.	Target 2009/10 26.9% Target 2010/11 27.9%	Officer and funding resources allocated to improving participation. Projects e.g. Har/Active, developed to address link to Central Governments Change 4 Life programme. Better governance of wider participation programme via CSPAN. Several ABG funded projects are monitored through a performance regime and monthly call-overs.	Risk Owner: Assistant Director Recreation Services, ACCS Control Owner: Recreation Policy & Development Manager, ACCS	H	M	6		Development of CSPAN & Proxy PI reporting. Implement 'Har/Active - Make a Change' Programme Implement 'Free Swimming' initiative Continued focus, resources etc, required for the medium to long term Develop 'Active' promotion within My Haringey campaign. Create, coordinate and develop Service Promotions and Consultation programme	90 % 50 % 60 % 0 % 10 % 75 %



Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
WBP_R006	NI 8 - Failure to increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5%.		Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitored through leisure centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	M	2			
WBP_R007	NI 8 - Failure to increase the proportion of lower socio economic use of our leisure centres by 2% from 112,000 to 118,855.		Enhanced levels of marketing and outreach work with BME Communities and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure	L	M	2		Partnership working with relevant agencies Develop and implement Leisure Programme QUEST Improvement Programme	90 % 25 % 75 %
WBP_R008	NI 8 - Failure to increase sports and leisure use equally across BME communities and reduce the differential by 2% from 4%.		Enhanced levels of marketing and outreach work with BME Communities and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	M	2		Partnership working with relevant agencies	90 %
WBP_R009	NI 8 - Failure to increase the proportion of older people (60+) using our leisure centres by 5% per annum from 101,000 to 116,920.		Enhanced levels of marketing and outreach work and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	L	1		Partnership working with Adult Social Services, Age Concern etc. Implement Free Swimming initiative	90 % 60 %
WBP_R010	NI 8 - Failure to increase the proportion of disabled people using our leisure centres by 5% from 96,000 to 111,132.		Enhanced levels of marketing and outreach work and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	L	1		Partnership working with Adult Social Services and other relevant groups/ organisations.	90 %



Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
WBP_R01 1	NI 8 - Failure to increase club membership to 26%. Failure to increase sports tuition to 21%. Failure to increase sports volunteering to 5%.		Officer resources focused on assisting clubs to build capacity via volunteering, better coaching, sign posting and assistance with club funding etc. Various sports specific development plans are being developed (as per further actions). Closer relationships with National Governing Bodies. New pricing policy to encourage club engagement.	Leisure, ACCS Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Recreation Policy & Development Manager, ACCS	L	M	2		Produce /Implement Football Development Plan Produce /Implement Tennis Development Plan Produce/ Implement Aquatics Development Plan Review & Develop Sports Approved Suppliers Framework and Club Accreditation	100 % 100 % 80 % 25 %
WBP_R01 2	NI 8 - Failure to increase the number of young people participating in 5 hours of sports per week to 50%.		Significant officer resources focussed on improving opportunities for young people and signposting for young people to sports opportunities. Funding for a specific number of projects.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Assistant Director CYPs	L	M	2		Partnerships between Youth Services, Schools/Children's Service and Recreation Services to be further developed.	60 %
WBP_R01 3	NI 8 - Failure to provide new and enhanced facilities leading to reduced levels of satisfaction and not contributing as effectively as possible to improving rates of participation.		Capital identified for a number of projects. Various projects in progress. Partnership between Recreation Services and Building for Schools Framework.	Risk owner: Assistant Director of Recreation, ACCS Control owner: Assistant Director of Recreation, ACCS	L	M	2		Partnerships with Building for Schools Framework and funding organisations to be further developed. Complete White Hart Lane Community Sports Centre Masterplan /Funding Strategy / London Organising Committee of the Olympic Games bid Develop & Implement Muswell Hill Playing Fields	80 % 50 % 80 %



Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
									Masterplan Implement Leisure Strategic Renewals Programme Develop Outdoor Play Improvement Project - 'Playbuilder'	75 % 50 %
WBP_R014	NI 8 - Failure to increase parks and open space use across BME communities and reduce the differential by 3% from 10.3% to 7.3%.		Targeted activity programmes and publicity plus outreach work. Community champions initiative. Monitored through annual parks survey.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Parks, ACCS	L	M	2			
WBP_R015	NI 8 - Failure to increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66.		Publicity/Events Calendar, HariActive initiative, and enhanced activity programmes. HariActive promotional programme launched 2009. Monitored through annual parks survey and quarterly monitoring program in use	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Parks, ACCS	L	M	2		Complete Parkforce Implementation Implement Open Space Improvement Programme	100 % 80 %
WBP_R016	NI 8 - Failure to increase the percentage of residents visiting a park at least once a month by 3% from 88.3% to 91.3%.		Publicity/Events calendar, HariActive initiative, enhanced activity programmes. HariActive promotional programme launched 2009. Monitored through annual parks survey and quarterly monitoring program in use.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Parks, ACCS	L	M	2		Complete Parkforce Implementation Implement Open Space Improvement Programme	100 % 80 %
WBP_R01	NI 39 - Rate of	The latest figures for NI 39	Specification for analysis	Risk Owner:	M	H	6		Extension of alcohol brief	100 %






Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
	hospital admissions per 100,000 for alcohol related harm. Target 2009/10 1,654 Target 2010/11 1,750	(reducing alcohol related hospital admissions) from the North West Public Health Observatory are available for Quarters 1 and 2 2009/10 financial year (published in March 2010 and available from www.nwph.net/alcohol/lape/do_wload.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 be noted, however, that new investment to tackle alcohol related hospital admissions only became available in 09/10. Therefore, outcomes from the new investment are likely to be seen more in the longer term (and this target is a reduction in an upward trend, which implies looking at the admission rate over a number of years). 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	drafted and analyst commissioned. £100k new investment from the Council's ABG allocation for 09/10 and £60k from Primary Care Trust. DAAT are also successful in application for Migrant Impact Funds (MIF) and set up steering group to research and set in place strategy to deal with street drinking with a particular focus on migrants. Meeting to be arranged with North Mid managers re achieving buy-in to undertake BI at A&E. Alcohol screening to be undertaken as part of mid life health checks.	Associate Director of Public Health for Adults and Older People Control Owner: D.A.A.T.					interventions at A&E and on wards on North Middlesex Hospital Commissioning of new detoxification places for people with alcohol related complex needs. Commissioning of new peripatetic detox nurse. Enhancement of an existing service (COSMIC) meeting the needs to children and families affected by substance misuse. Targeted social marketing campaign following a detailed hospital admissions analysis. (no resources available to action this). NHS Haringey are looking at the possibilities for introducing a directed enhanced service (DES) to screen for alcohol use by GP's. Completion of the Alcohol Needs Assessment by NHS Haringey which will inform any further commissioning. Mid life checks at GP surgeries to encompass alcohol screening, targeted social marketing & training of GP's in Brief	100 % 100 % 100 % 0 % 100 % 100 % 0 %

Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
		<p>included - which clearly may or may not be due to alcohol and are therefore difficult to control.</p> <p>Significant activity is taking place in the borough to address these problems. This includes brief interventions at A&E and targeting repeat attenders, new detox facilities, peripatetic detox nurse post, enhancement to the COSMIC service for children & families, and plans to enhance alcohol screening by GP's. The 2010/11 Alcohol Strategy Action Plan is currently being developed which will include:-</p> <ul style="list-style-type: none"> - data sharing agreement between A&E re alcohol related violence; - a commissioning framework for alcohol to be agreed; and - further work to be done on housing needs of people with alcohol problems. 							Interventions, screening and B.I. linked to chronic conditions in GP surgeries with high alcohol related admissions (pilot GP).	
WBP_R018	NI 125- Capacity to remodel stroke care (hyper-acute centres, care pathways, rehabilitation and on-going support.)	<p>Target 2009/10 94</p> <p>Target 2010/11</p>	<p>Services/initiatives are in place to ensure a supportive environment in order to meet the target.</p>	<p>Risk & Control Owner: Associate Director of Public Health for Adults and Older People</p>	L	L	1			
WBP_R020	NI 125 - Failure to improve the involvement of people in care planning by	<p>Target 2009/10 82%</p> <p>Actual 2009/10 82.6%</p> <p>Target 2010/11 82%</p>	<p>Scrutinised in monthly performance call-overs</p>	<p>Risk Owner: Assistant Director Adult Services & Commissioning</p>	L	L	1			

Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
	increasing the number of person-centred care plans.			and Associate Director of Public Health for Adults and Older People Control Owner: All Heads of Service ACCS						
WBP_R02 1	NI 131 - Target for delayed transfer of care not met.	Target 2009/10 9.0 against London Average of 10.0 Actual 09/10 13.5 Target 2010/11 11.0 average to date 8.3	Actions are in place to improve performance including:- Daily teleconferencing between Haringey and NHS Haringey to assist in problem-solving on discharge cases; Procurement of joint beds at Newstead Nursing Home; Integrated Care Team have target to reduce acute delays by 2 per month; Performance monitoring through monthly performance call-overs; Performance team and PCT working together to validate data to ensure reported performance for Social Services and PCT are same or at least comparable.	Risk & Control Owner: Assistant Director AS&C, ACCS & Associate Director of Public Health for Adults & Older People	L	L	1		New single point of access (the Integrated Access Team) will provide advice and information to all people contacting or making referrals to the team including information about services for older people.	100 %
WBP_R02 2	NI 135 - Failure to improve information and communication methods with carers.	Target 2009/10 19.2% actual 09/10 21.2% Target 2010/11 5.8% actual to date 10/11 5.9%	Number of carers who receive an assessment of their needs, leading to services and/or further information/advice monitored through performance call-overs.	Risk Owner: Assistant Director Adult Services & Commissioning, ACCS Control Owner: Head	M	L	2		Implement the Carers Partnership Board work plan including the information and communication workstream.	100 %
















Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
			<p>Role/needs of carers are standing items on team meeting agendas.</p> <p>Individual worker supervision includes review of number of carer assessments completed and carer outcomes achieved. Learning Disability Carers' Forum meets regularly. Issues are reported back to the LD Partnership Board and the Carer's Partnership Board.</p>	of Commissioning , ACCS						
WBP_R02 3	NI 135 - Failure to offer culturally appropriate assistance and support for the cared-for-person.	<p>BME voluntary sector partners commissioned to:</p> <ol style="list-style-type: none"> 1. provide services to BME carers 2. perform advocacy role 3. complete carers assessments on behalf of Council. <p>Revised carers' strategy to include full needs/gap analysis of current services to inform future model of care.</p> <p>Several ABG funded projects monitor performance targets for wide-ranging initiatives/services.</p>	<p>Risk Owner: Assistant Director Adult Services & Commissioning , ACCS Control Owner: Assistant Director Adult Services & Commissioning and Head of Commissioning , ACCS</p>	M	L	2		Implement the Carers Partnership Board work plan including the information and communication workstream.	100 %	
WBP_R02 4	NI 135 - Delay in developing a commissioning		Carers Partnership responsible to managing process of developing	Risk Owner: Assistant Director Adult	L	L	1		Implement the Carers Partnership Board work plan including the	100 %

Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
	strategy for carers.		strategy including consultation.	Services & Commissioning, ACCS Control Owner: Head of Commissioning					information and communication workstream.	
WBP_R02 5	NI 141 - Number of vulnerable people achieving independent living. Target 2009/10 77% Actual 77.4%. Target 2010/11 79%.	Failure to increase access to day opportunities. Failure to increase the number of older people helped to live at home per 1,000 aged 65 and over. Failure to increase the number of younger physically disabled people helped to live at home per 1,000 aged 18-64. Failure to increase the number of service users who are supported to establish and maintain independent living. Failure to increase the number of service users who have moved on in a planned way from a temporary living arrangement.	All clients in supported housing to be given a basic benefit check to maximise their income on arrival in the service and assistance in applications as needed. Support the planning and implementation of individual budgets. Support implementation of employing people with disabilities. Supporting People Programme promotes independence and supports vulnerable service users to live independently. ABG funded projects are monitored through monthly performance regime and meetings.	Risk Owner: Assistant Director Adult Services & Commissioning and Assistant Director Culture, Learning & Libraries Control Owner: AD Adult Services & Commissioning, AD Culture, Learning & Libraries and AD Safeguarding & Strategic Services	L	L	1		100% of tenants to have had a benefit check within 6 weeks of arrival in the scheme. Market research (including gap analysis) of services currently available	100 % 80 %
WBP_R02 6	NI 149 - Failure to increase the number of adults aged 18-64 with mental health problems helped to live at home.	Target 09/10 85% actual 88% Target 10/11 86%	Monitored and scrutinised at monthly performance call-over meetings with all service leads	Risk Owner: Assistant Director Adult Services & Commissioning Control Owner: Assistant Director Adult Services & Commissioning	L	L	1			

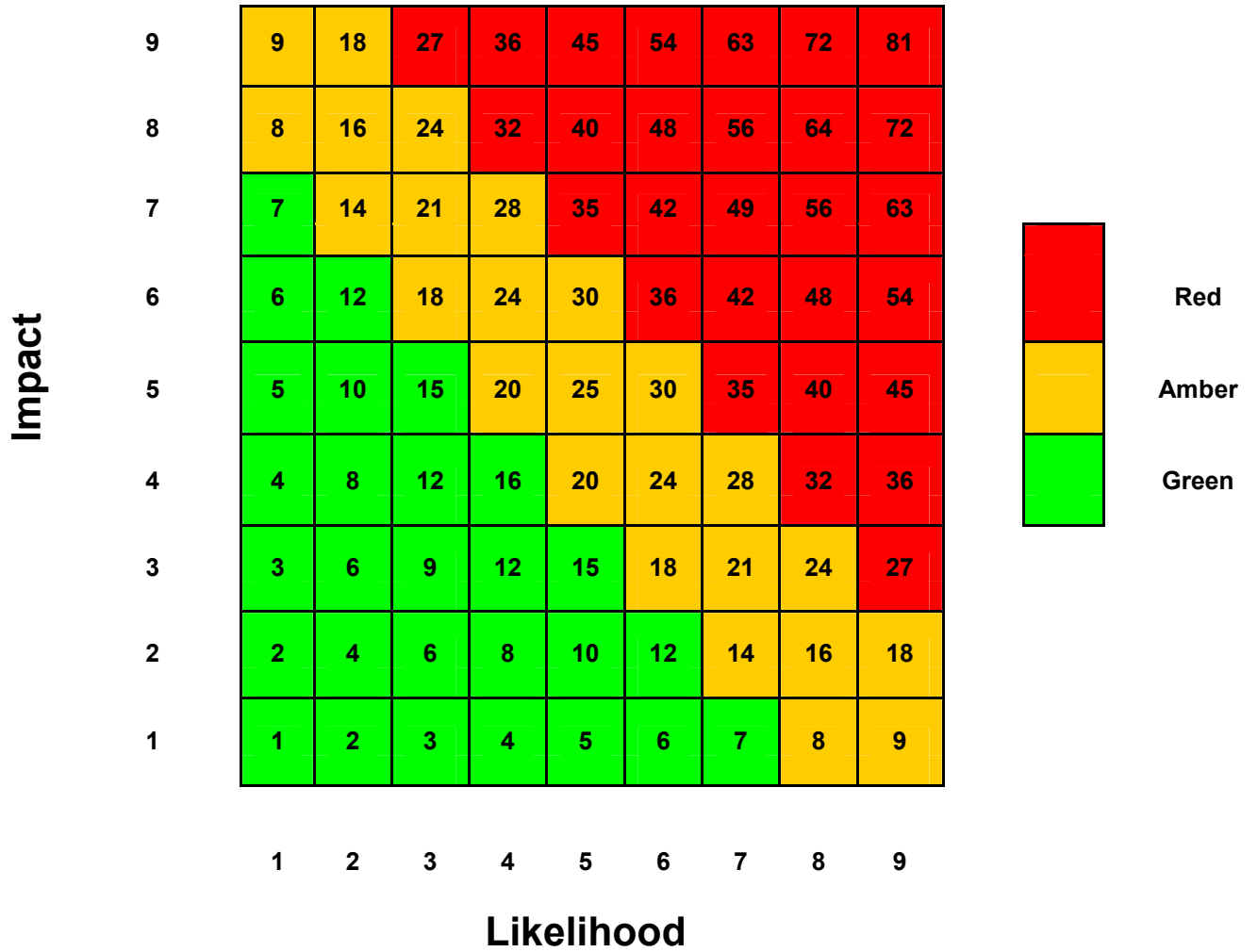
Risk Status	
	Alert
	High Risk
	Warning
	OK
	Unknown

WBPB RISK REGISTER - NOTES

Terminology

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

Residual Risk Map



Impact and Likelihood Scales

To be used as a guide in assessing risk ratings

	Score	Impact Guide	Likelihood Guide	
Low	1	No impact	<1% likely to occur in next 12 months	Low
	2	Financial loss up to £5,000 or no impact outside single objective or no adverse publicity	1%-5% likely to occur in next 12 months	
	3	Financial loss up to £10,000 or no impact outside single objective or no adverse publicity	5%-10% likely to occur in next 12 months	
Medium	4	Financial loss up to £50,000 or minor regulatory consequence or some impact on other objectives	10%-20% likely to occur in next 12 months	Medium
	5	Financial loss up to £100,000 or impact on other objectives or local adverse publicity or strong regulatory criticism	20%-30% likely to occur in next 12 months	
	6	Financial loss up to £300,000 or impact on many other processes or local adverse publicity or regulatory sanctions (such as intervention, public interest reports)	30%-40% likely to occur in next 12 months	
High	7	Financial loss up to £500,000 or impact on strategic level objectives or national adverse publicity or strong regulatory sanctions	40%-60% likely to occur in next 12 months	High
	8	Financial loss up to £1 million or impact at strategic level or national adverse publicity or Central Government take over administration	60%-80% likely to occur in next 12 months	
	9	Financial loss above £1 million or major impact at strategic level or closure/transfer of business	>80% likely to occur in next 12 months	

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Briefing Note: Setting and Resourcing Haringey's Priorities 2011/12 Guidance for Thematic Boards

Introduction

The Haringey Strategic Partnership (HSP) has agreed that the thematic partnerships should **confirm their priorities for 2011/12 and undertake scenario planning based on reduced Area Based Grant (ABG) funding and / or mainstream reductions across partner agencies**. This work needs to begin now to best inform commissioning options immediately following the Comprehensive Spending Review (CSR) on 20 October 2010.

The key strategies that will guide the priority setting and commissioning are:

- **Better Places** - [Greenest Borough Strategy](#)
- **Children and young people** - [Children and Young People's Plan](#)
- **Enterprise** - [Regeneration Strategy](#)
- **Housing** - [Housing Strategy](#)
- **Safer Communities** - [Safer for All strategy](#)
- **Well-being** - [Well-being Strategic Framework](#)

The HSP Business Group, working to the HSP Executive, is leading on this process and will consider cross-cutting issues for the partnership as a whole.

A "light-touch" refresh of the [Sustainable Community Strategy](#) (SCS) will be undertaken from January 2011, informed by the 2011/12 priority setting and incorporating national and local policy developments.

The process

The process will be undertaken in three phases starting from August 2010.

Timetable

Phase	Action	Deadline	Partnership body
Phase 1	Each theme board to: <ul style="list-style-type: none"> ➤ Confirm priorities for 2011/12 ➤ Undertake scenario planning for a reduction in ABG funding based on 25%, 50% and 100%. 	Mid Aug-end of Sept 2010	Theme Board / Executive
Phase 2	<ul style="list-style-type: none"> ➤ Review options and commissioning intentions following announcement of the Comprehensive Spending Review ➤ Preparation for de-commissioning programmes and projects 	Oct-Nov 2010 Dec 2010	Theme Board / Executive
Phase 3	<ul style="list-style-type: none"> ➤ Review longer-term SCS priorities and commissioning options over the 3-year period 2012-15 ➤ Refresh of the SCS and development of delivery plan 	Jan-March 2011	Theme Board / HSP Executive

Phase 1: August - September 2010

A template (**attached**) has been developed to ensure that there is a consistent approach to reviewing and agreeing evidence-based priorities and undertaking scenario planning across each of the theme boards. This information will also feed into Impact Assessments (e.g. COMPACT, Equalities etc.) that will need to be undertaken as part of this process.

What each theme board needs to do

1. Identify who will lead on this process for each board – this will most likely be the **HSP Theme Board Co-ordinator or relevant Policy Lead**.
2. Completion of the attached template by Council theme board leads identifying **up to three** priorities and any relevant activities for delivering these at this stage. Provisional ABG funding should be allocated to activity based on varying reduced levels of funding and the impact to service provision must be considered. This should be returned by 3 September 2010 to Louisa.aubeeluck@haringey.gov.uk
3. Working group meetings to take place to confirm theme priorities; review scenario options and impact; and consider how best to utilise potential pooled resources to deliver the partnership priorities.
4. HSP Theme Board Co-ordinators to liaise with theme board chairs and their Cabinet Member.
5. Briefing and feedback with voluntary and community sector via Community Link Forum and representatives.

Phase 2: October – December 2010

6. HSP Theme Board Co-ordinator to report through relevant theme board structures on process, priorities, options and impact.
7. Review implications of CSR post 20 October 2010 and advise Cabinet Advisory Board (CAB) on scenario options and theme board allocations for 2011/12 and indicative allocations for 2012/13-2014/15.
8. Follow up meetings with voluntary and community sector via Community Link Forum.
9. CAB and CABINET to confirm theme board allocations (November/December).
10. Theme Board Lead Officers to confirm / revise ABG programme for 2011/12 based on theme board allocation.
11. Finalise Impact Assessment.
12. Theme boards to start decommissioning and inform providers.

If you have any questions about **Phase 1 or 2 - Theme Board priority setting and the HSP (de)commissioning process**, please contact Louisa Aubeeluck on 020 8489 4533, email <mailto:louisa.aubeeluck@haringey.gov.uk>.

Phase 3: January – March 2011

- Longer term priorities and activities to deliver them to be revisited from January 2011.
- Thematic boards will be asked to identify longer term priorities based on 2011/12 priority setting and evidence to form the basis for a refreshed SCS.
- Once agreed the longer term priorities should be used as the basis for the next review of the key strategy for the thematic board.

Guidance on Phase 3 will be distributed following the completion of the earlier phases. In the meantime, if you have any questions about the SCS Refresh, please contact either Becky Cribb on 020 8489 2981 or Liz Marnham on 020 8489 2514.

Appendix: Template for setting and resourcing Haringey's priorities for 2011/12



**Haringey Learning Disabilities Partnership
Minutes of Autistic Spectrum Conditions (ASC) Steering Group
12th July 2010**

15:00 to 16:30hrs, Committee Room 1, Civic Centre

Present:	Lisa Redfern Dr Ken Courtenay Julia Wilkins Meg Bott Barbara Nicholls Farzad Fazilat Peter Lewington Alex McGuinness Nicki Quarterman	Assistant Director, Adult Services and Commissioning (Chair) (LBH) Consultant Psychiatrist Haringey Autism Branch Officer and Parent/Carer Haringey Autism Member - Parent/Carer Head of Adults Commissioning (LBH) Commissioning Manager (LBH) Project Officer, Personalisation (LBH) Kith & Kids (guest) Area 51 (guest)
Minutes:	Fiona Hare	PA to Lisa Redfern (LBH)
Apologies /Absent	Beverley Tarka Liza Dresner Mary Langan Renee Harrison Denise Gandy Helen Ugwu Anna Nicholson Sue Hessel	Head Learning Disabilities Partnership (LBH) Resources for Autism Haringey Autism Member - Parent/Carer Commissioning Manager, Carers Lead (LBH) Head of Housing Support & Options (LBH) Training Manager, Adult Social Care (LBH) NAS Haringey federation of Residents Association – Vulnerable Groups

No.	Item	Discussion and Actions	Action by
1.	Welcome, introductions and apologies	Brief introductions by those present were made.	
2.	Minutes from Previous Meeting held on 24 th May March 2010 and matters arising	<p><u>Item 4 - Day Services at Bounds Green</u> Julia provided general feedback following the six different organisations were invited, and visited the Bounds Green site (HALL, Markfield, Area 51, Hoffmann, Tree House and Resources for Autism). The general view is that the site is not appropriate, however, not all was negative and Markfield are potentially interested in setting up a service there. Julia will be holding further talks later this week. Julia will also be following up further enquiries and costings with Farzad and Nicki Quarterman. This is still very much work in progress and Lisa will discuss further with Beverley and John Morris. Brief discussion around venues for social groups took place. Farzad is the next full-time joint Learning Disabilities Commissioner who will cover ASD specialist commissioning and will cover Chloe's work.</p> <p><u>Item 4 - National Government's In-Year Cuts</u> Lisa updated the meeting on the current position and noted that some of our Area Based Grants (ABGs) have been cut by Central Government and not the Council. We are currently working on implementing these cuts, without affecting front line services as much as possible. Lisa briefly discussed ABGs, will provide a further update, which she hopes will be available for discussion at the next meeting on 23rd August 2010. Lisa noted pressures to find in-year savings are similarly being felt by the NHS.</p>	Julia/ Farzad/ Nicki Lisa
3.	Work Plan Updates	Document circulated in advance of today's meeting was reviewed and the key points to note are: <u>Health</u> <ul style="list-style-type: none"> • Meg noted there will be a further meeting on Wednesday 14th July 2010, so nothing further to report on 	Lisa



No.	Item	Discussion and Actions	Action by
		<p>until after then;</p> <ul style="list-style-type: none"> Farzad noted nurse liaison with Chase Farm, North Middlesex and Barnet hospitals underway, and Meg noted difficulties with the Whittington hospital) and stressed she felt that far more publicity is required in waiting rooms; and Anna Nicholson to re-circulate information emailed through a few weeks ago regarding nurse liaison. <p><u>Social Care</u></p> <ul style="list-style-type: none"> General discussion around transition took place and Lisa noted this is the only area with any growth in budget this year. <p><u>Specialist ASD Training</u></p> <ul style="list-style-type: none"> Lisa noted ideas have been received from Helen Ugwu, and will ask Helen to circulate information more widely. <p><u>Transition Planning</u></p> <ul style="list-style-type: none"> Lisa noted the comments included in the work plan. Farzad to ascertain further details about the meeting on 29th July 2010. <p><u>Specialist Housing Needs</u></p> <ul style="list-style-type: none"> Barbara noted Denise Gandy has still not received any firm proposals, which is very disappointing, but this is probably attributed to the current public sector funding uncertainty. Homes and Communities Agency (HCA) has some information, and initial indications are that cuts will not be as severe as initially thought. Denise has visited some possible sites within the borough, but it is not known if these are genuine possibilities at this stage. Barbara to contact Denise to obtain details regarding any further progress. <p><u>Develop In-Borough Diagnostic and Treatment Service</u></p>	<p>Anna</p> <p>Lisa/ Helen</p> <p>Farzad</p> <p>Barbara</p>



No.	Item	Discussion and Actions	Action by
		<ul style="list-style-type: none"> Ken noted that progress continues. <p><u>Developing Commissioning Plan and Strategic Needs Assessment</u></p> <ul style="list-style-type: none"> Barbara noted that if the source of information cannot be identified, it will be removed. Barbara to progress further with Farzad and Beverley. 	Barbara/ Farzad/ Beverley
4	Alex McGuinness, Kith & Kids Organisation (guest attendee)	<p>Alex tabled some brief details about the service and discussed the various activities and projects that Kith & Kids undertake and develop, in particular the ELSEP work-readiness programme for 18-20 year olds.</p> <ul style="list-style-type: none"> Next sign-up is September 2010; 12 places still available at their centre in Tottenham, all supported by approved volunteers; Although Kith & Kids accept service users from other boroughs, most users are from Haringey; and Alex to email full details to Lisa who will disseminate to managers. 	Page 74 Alex/Lisa
5.	Nicki Quarternam, Area 51 (guest attendee)	<p>Nicki outlined details about the organisation that has been operating since February 2009, and noted that they now wish to form a consortium, working with a range of partners and offering a dedicated resource facility.</p> <p>As regards "social enterprise", Area 51 currently employs two young people, which they hope to expand to a further two or three people over the next year. Nicki asked what we, as a group, are looking for. Lisa noted that our draft ASD needs assessment is not yet complete and Julia added that due to the current climate and expected changes, it would not be possible to specifically answer that question at the current time. General discussions followed.</p> <p>Ken raised concerns about training, and Nicki responded how this could work based on a consortium-style arrangement. Meg suggested the clients at Seven Sisters who had lost their Conel classes could be accommodated at Area 51, and Nicki clarified that Area 51 is an education centre, not a day centre.</p>	



No.	Item	Discussion and Actions	Action by
		<p>Lisa briefly discussed personal budgets (PBs) and individual profiling thereof, and noted that PBs need to be used as creatively and as cost effectively as possible (and that money should follow the individual as opposed to the individual following a service). It was suggested that we start by building profiles for the two individuals and consider this to be a pilot. Meg raised concerns about completion of a personalised questionnaire and funding not being progressed adequately, and Lisa noted that it is not appropriate for this group to share and/or discuss individual cases, particularly to protect client confidentiality. Lisa is of course happy to discuss specifics outside of this meeting. Lisa provided a brief update on the basis of how PBs are assessed for service users (PBs will, in future, be managed by service users themselves and/or their carers).</p> <p>General discussion relating to costs and market development of autism services followed. Julia suggested more rigorous promotion of the services available is required in order to keep people better informed when making their choices of services, and one vehicle could be the Haringey Autism website. Barbara noted there is an information directory currently being progressed and populated, and when completed it will be initially web-based as a starting point, but the be made available in other formats, including for those without web access. Fiona to invite Wayne Haywood to the next meeting to present the current E-Directory. Nicki to send Lisa a note of the transition cases that there has been difficulty with.</p>	<p>Fiona Nicki</p>
6.	Any Other Business	<ul style="list-style-type: none"> Commissioning and Needs Assessment Process to be added to next agenda; Altair Close - Meg raised her concerns about services and reduced support at Altair Close (that also affects her son), that no individual choice was given to anybody and that a person from HAIL was administering SSAQs in 15-minute sessions. Meg noted that although people have now been told they can stay, there is so much uncertainty and non-understanding of the whole situation that this has resulted in unacceptable circumstances for a group of very vulnerable and frightened people. Lisa confirmed she has already liaised with Margaret Allen, who is the lead for dealing with this matter. The Director and Lead Cabinet Member have also been kept informed. Lisa asked that Meg should continue 	Fiona



No.	Item	Discussion and Actions	Action by
		<p>to contact Margaret in the first instance, however, should Meg wish to escalate any issues, could she please raise these directly with Mun Thong Phung, Director of Adult, Culture and Community Services. It was agreed that Fiona should invite Margaret Allen and Nick Crago to the next meeting to discuss Supporting People issues and Altair Close; and</p> <ul style="list-style-type: none"> • Lisa briefly discussed potential cuts and changes that may affect the Supporting People Programme. 	Fiona
7.	<p>Future Meetings:</p>	<p>23rd August 2010 venue: CR1, Civic Centre 04th October 2010 venue: CR2, Civic Centre 15th November 2010 venue: CR1, Civic Centre</p> <p>Times for all meetings - 3-4.30pm</p>	All



**The Haringey Carers Partnership Board
Friday 23 July 2010, 9.30-11am
Civic Centre, Old Canteen
High Road, Wood Green, London N22 8LE**

Minutes

Present:

Ifeoma Akubue	Carer
Nick Bishop	Mental Health Carers Support Association
Maggie Dain	Carer
Una De Vere	Deputy Service Manager - Adult, Culture and Community Services (ACCS)
Regina Fleming	Carer
Luciana Frederick	Service Manager Commissioning & Contracts Team - Children and Young People's Service (CYPS)
Reneé Harrison	Commissioning Manager, ACCS
Gabriel Lock	Carer
Nisha Mansoor	Carer
Chand Matabdin	Carer
Barbara Nicholls	Head of Adult Commissioning, ACCS
Theresa Pierre	Carer
Lisa Redfern	Co-Chair and Assistant Director, Adult Services and Commissioning (ACCS)
Faiza Rizvi	Black & Minority Ethnic Carers Support Service
Jayshree Shah	Asian Carers Support Group

Item		Action
1	Introductions and Welcome Lisa welcomed everyone to the meeting and apologised for the early start.	
2	Apologies Apologies for absence received from: (i) Carer members: Patricia Charlesworth, Marylyn Duncan, Ray Churchill, Freda Wilson (ii) Officer / organisational members: Souad Akbur, Janet Alldred, Kate Coupe, Anne Daley, Colleen Fiffee, Jeandre Hunter, Leon Joseph, Susan Otit, Mina Patel	
3	Carer Board Member agenda items Dealt with under Any Other Business: No items were raised	

Item		Action
4	<p>Minutes of the last meeting (May 2010) and matters arising.</p> <p>Item 1 page 1 – Introductions and welcome Reneé sent thank you cards to Cllr Mallett and Catherine Harris.</p> <p>Item 6 page 4 – Carers Week The Chair asked how people thought their Carers Week activities went. Carers present said that they enjoyed the activities and by all reports it was a successful week.</p> <p>Item 7 page 5 – Strategy Delivery Plan: update from Information subgroup Reneé gave a verbal update on behalf of Anne Daley in regards to Regina’s experience at Hornsey Medical Centre. Anne has advised that she raised with the Commissioner responsible for developments at Hornsey Medical Centre the two issues raised – that is lack of information available for carers and the way in which Regina was spoken to. Anne advised that there is a piece of work underway which is looking at what information needs to be available to ‘pick up’ and how that needs to be presented in the downstairs reception area – this should be dealt with in the next month or two. Anne also advised that there is a plan to change the way the ‘front of house’ is managed including some changes to staffing and their remit. Anne advised that the staff changes are subject to appropriate HR arrangements and therefore will take some time to put into action.</p> <p>A question was asked about polysystems in Haringey. The Chair explained that they are also known as ‘collaboratives’. There are currently three in Haringey.</p> <p>Item 8 page 6 – Safeguarding Adults A question was asked about noise control and its relationship to adult safeguarding. Reneé to send out with minutes the contact number for the noise control team in Haringey.</p>	<p>CPB members to mystery-shop the Hornsey Medical Centre in the next month or two to see if there have been improvements</p> <p>Reneé to send out contact numbers re noise control team</p>
5	<p>Co-Chair arrangements Barbara suggested that the Co-Chair arrangements be picked up at the Board’s ½ away day at the end of August. Any interested carers to talk to Barbara, Reneé or Lisa for more information. It was noted that the Co-Chair arrangements have worked well with the Older People’s Partnership Board.</p>	<p>Co-Chair arrangements to be added to ½ away day agenda</p>

Item		Action
6	<p>Strategy Delivery Plan and Carers Overview and Scrutiny Recommendations</p> <p>Update from Information and Communications subgroup:</p> <p>Reneé gave an update on the work of the group. The group has finalised its work plan and has identified three priority areas for 2010-11. These include: GPs, Hospitals and Libraries. Tasks under these priorities include:</p> <ul style="list-style-type: none"> • Contributing to monthly GP e-bulletin distributed by NHS Haringey • Investigating carer aware messages on TV screens in GP waiting rooms • Ensure up-to-date and relevant information is available in all GP practices in Haringey – ensuring a consistent approach • Ensure up-to-date and relevant information is available in hospital A&E waiting rooms and on relevant wards – ensuring a consistent approach • Exploring carer segments or advertisements on hospital radio • Develop business case for production of DVD about being a carer – available in libraries • Ensure up-to-date and relevant information is available in libraries in the borough <p>Update from Working and Caring subgroup</p> <p>Reneé informed the Board that currently there are no carers on the group but that the group will be looking to engage carers who have accessed services that support carers who are in employment or carers who are looking to get into employment. Reneé explained the membership of the group which included representatives from Learning Disabilities Partnership, Adult Services, Haringey Adult Learning Service, Economic Regeneration, and Jobcentre Plus. The group has discussed different services that are available to help carers get back into or stay in employment and is looking to put this information on the working and caring page on the Council's website. The group have also discussed the development of their work plan. Nick asked if the minutes of the working and caring subgroup could be sent to him.</p> <p>Carers and Personalisation subgroup</p>	<p>Reneé to send copy of working and caring subgroup minutes to Nick</p>



Item		Action
	<p>Reneé gave an update on the carers and personalisation event and explained that the subgroup is developing a Supported Self Assessment Questionnaire (SSAQ) for carers. The draft SSAQ will be taken to carers for comment via support groups and existing carers' forums / organisations for comment. The chair suggested that it would be good practice to ensure that the carers SSAQ isn't too long and onerous for the carer to complete. Reneé advised that one option being considered is having a carers section with specific questions for the carer within the body of the current cared for person's SSAQ.</p> <p>Carer Organisations Provider Forum</p> <p>Reneé gave an update on the Forum which so far has met twice this year. It is scheduled to meet quarterly. Reneé informed the Board of the main piece of work being undertaken by the Forum and this is a mapping exercise of services available to carers in Haringey. A template has been developed and will be circulated to voluntary and community organisations via HAVCO's email distribution list. Information gathered through this exercise will be brought back to the Forum for the members to look at the information and make decisions on how to distribute it wider and use the information sensibly. The other piece of work that the Forum is looking at is information sharing and what this means for the different organisations who are part of the Forum. Discussion has also taken place regarding the development of an information protocol and good practice guidance.</p> <p>The Chair reminded the Board that copies of the notes from the subgroup meetings are available for interested members. Contact Reneé on 020 8489 3420 or via email renee.harrison@haringey.gov.uk for copies.</p> <p>Update Carers Strategy Delivery Plan</p> <p>The updated delivery plan was distributed at the meeting. The shaded areas in the plan reflect the recommendations of the Scrutiny Review of Support to Carers.</p> <p>The Chair suggested that a 'friendlier' version of the delivery plan be developed for the Board. This is to include a progress column using the traffic light system to report progress with commentary. The Chair noted that it was absolutely critical that carers felt that they owned the</p>	<p>Reneé to update delivery plan by adding progress column and</p>

Item		Action
	<p>document and that it was a working document that all could access and understand and one that clearly set out the priorities, actions required to meet the priorities, who is responsible to do the actions and what is the progress on the priorities. Even more critical that we as a board identify our work plan priorities for the forthcoming two years given the currently budgetary situation to ensure that the carers budget is focused on the areas that we want it to be.</p> <p>All agreed that the delivery plan should be amended as discussed above and the amended version brought to the away day to identify priorities. It was acknowledged that a second version of the delivery plan would need to be kept for auditing purposes within the Council.</p>	<p>bring to ½ away day for identification of priorities</p>
7	<p>Safeguarding Adults</p> <p>Update from Safeguarding Adults Board</p> <p>Reneé gave the Board an update from the last Safeguarding Adults Board meeting held on 22 July 2010. Reneé informed the group that Haringey was part of a group of 4 councils working on risk assessment processes for safeguarding. The three other councils include Sutton, Camden and Hackney. A risk assessment has been developed and Camden and Haringey will be trialling it with Sutton and Hackney playing the role of the critical friend in analysing the process and outcomes. After the trial period the group will report back to Association of Directors of Adult Social Services (ADASS) and the risk assessment will be implemented London-wide. The Chair advised that copies of the risk assessment can be circulated with the minutes for comment back to Lisa.</p> <p>Reneé also informed the group that Haringey and the three Councils listed above are looking at Case File Audits and the processes and systems involved –are they robust and are they providing us with quality information. Again the group of councils will be reporting back to ADASS and the audit process will be implemented London-wide.</p> <p>A question was asked about the Safeguarding Adults Board (SAB) working with other organisations and statutory services. The Chair said that the SAB is a multi-agency board and that it does include representatives from hospitals, the Mental Health Trust and NHS Haringey. There are difficulties in that the different statutory organisations use different computer systems. The Council</p>	<p>Reneé to circulate copy of safeguarding risk assessment with minutes</p>

Item		Action
	<p>is looking at getting an N3 connection so that they can access the “NHS Spine”.</p> <p>A conversation also took place regarding the relationship between the Children’s Safeguarding Board and the SAB. The Chair informed the Board that Margaret Allen, the Assistant Director for Safeguarding sits on the Children’s Safeguarding Board and a representative from the Children’s Board sits on the SAB. There are quarterly meetings between senior management team and the relevant Cabinet lead from Children and Young People’s Service (CYPS) and Adult Services. At this meeting information is shared along with good practice. Protocols between Adult Services and CYPS are being revamped. Since the last inspection things have improved in CYPS. Luciana assured the Board that improvements had been made and the First Response team is a multi-agency team (with council staff, NHS staff and police) that responds to child protections matters.</p> <p>Supported Self-Assessment Questionnaires – risks and safeguarding This item was deferred to the next meeting.</p>	<p>Reneé to add this item to agenda for next meeting</p>
8	<p>AOB Maggie thanked Faiza and her organisation for their wonderful Carers Conference during Carers Week</p> <p>ABG funding</p> <p>The Chair gave the Board an update on the state of play regarding Area Based Grant (ABG) funding. The Chair explained that a number of grants had been cut and that there may be future cuts in October as part of the Comprehensive Spending Review conducted by Central Government. The Chair was unable to give a clear picture on what the cuts mean for Haringey as the size of the problem is still being looked at as our solutions on what we can do. Once it is clearer the information will be shared. . There is a £59 million net budget for Adult Services that will be subject to budgetary savings over the next three years following the new government’s programme of cuts to public sector spending plus the cut on grants. The focus is on protecting frontline services – work will be done on stripping out any unnecessary administrative and IT functions etc. within the Council and working more closely with voluntary and corporate sector and reduce any duplication of services</p>	

Item		Action
	<p>across all public sector agencies. The key message will be what to we have to provide, what are our priorities and making sure that we do those well. It is about working together as effectively as we can. The difficult thing is that the details and the picture are changing rapidly. The Chair made it clear that the cuts are being imposed upon the Council by Central Government and not by the local authority. The Chair gave a breakdown to the cuts made to the 4 carer organisations that are members of the Board.</p> <p>Asian Carers Support Group received £26 900 but this has been cut by 10% to £24 000</p> <p>Haringey Carers Centre received £60 000 but this has been cut by 25% to £45 000</p> <p>Mental Health Carers Support Association received £29 500 but this has been cut by 10% to £26 500</p> <p>Black and Minority Ethnic Carers Support Service:</p> <ul style="list-style-type: none"> • sitting service received £102 400 but this has been cut by 10% to £90 000 • carers support group received £19 500 but this has been cut by 10% to £17 500 • carers community income project received £31 500 but this has been cut by 15% to £27 000 <p>The Chair reiterated that we (the Board) have to ensure that care services are protected and priorities are maintained and delivered. There is some duplication across the ABG projects – we all need to work together across the Council, NHS Haringey, and the voluntary and community sector to make the lives of carers better and even though dealing with such budget cuts is never easy this is an opportunity to review our priorities and work more closely together to get the best services for Haringey’s carers.</p> <p>Faiza informed the group of the National Black Carers and Care Workers group and their roundtable discussion with Minister Paul Burstow. He said that Personalisation is here to stay and the there will be a refresh of the Carers Strategy.</p>	



Item		Action
Future meetings	Board Away Day: 24 th August, 10am – 1pm @ Civic Centre (Council Chambers) 21 st September, 11am – 1pm @ Civic Centre (Committee Room 1) 1 st November, 11.30am – 1.30pm @ Civic Centre (Old Canteen) 14 th December, 10am – 12 noon @ Civic Centre (Old Canteen)	

**Carers Partnership Board Away Day
24 August 2010**

What we said	What we are going to do
<p>The proposed Terms of Reference were circulated and discussed.</p>	<p>The Board's Terms of Reference will be updated to reflect links to other Partnership Boards, engagement with Young Carers, support available to carer representatives to enable them to participate in the Board meetings and strengthen the purpose of the Board statement. Thereafter the proposal is to review the Terms of Reference annually.</p>
<p>A Carer Co-Chair was elected by the Carer representatives present at the meeting. Three carers were nominated for the position – Ifeoma Akubue, Marylyn Duncan and Patricia Charlesworth.</p>	<p>Marylyn Duncan was elected by the carer representatives as the Carer Co-Chair.</p>
<p>Group discussions took place to determine our priorities for the Board.</p> <p>Identified priorities include:</p> <ul style="list-style-type: none"> • Carers Assessments <ul style="list-style-type: none"> ○ With tangible outcomes that result in actions ○ A clear pathway and process which identifies key stages and timeframes so carers know what to expect ○ Information received in writing – clear and transparent communication ○ Timely review of assessment • Respite Care (planned and emergency) <ul style="list-style-type: none"> ○ Focus on learning disabilities and the beds available ○ Clarity about what people can expect 	<p>All the detailed information captured during the group discussion will be used to develop an action plan for each of the priorities.</p>

**Carers Partnership Board Away Day
24 August 2010**

What we said	What we are going to do
<ul style="list-style-type: none"> ○ Planned respite / breaks – linking to outcome of carers assessment. Personalised and relevant to the individual whilst still acknowledging that emergencies happen and respite may be required then. ○ Risk assessment at carers assessment – picking up that respite may be required ○ Some of this work could be picked up in the Carers and Personalisation pilot ● Community Health Services <ul style="list-style-type: none"> ○ Identify what other services / resources are available to carers given the ‘uncertainty’ of GPs and their new roles ○ Invite GP leads to a CPB meeting – maybe hold a health focussed Board meeting ○ Dialogue with health services ensuring carers are recognised and supported in primary care ● Publicity and engagement <ul style="list-style-type: none"> ○ Develop some branding for the Board – a logo and a catchy phrase ○ Engaging other groups and services that work with carers to ensure that the right information is available to carers ○ Right information available in the right place ○ Helping providers to have the right information to share with carers ● Carer Awareness and Community Services <ul style="list-style-type: none"> ○ Delivering training sessions to professionals in 	

**Carers Partnership Board Away Day
24 August 2010**

What we said	What we are going to do
<p>community services around carer awareness – ensuring that carers help to deliver the presentation to share their personal experiences which are often very powerful.</p> <ul style="list-style-type: none"> • Safeguarding Adults was also discussed and agreed that it underpinned all the work that we do. 	
<p>The Board then agreed that its top 4 priorities for the next year were:</p> <ul style="list-style-type: none"> • Publicity and engagement • Carers Assessment • Respite Care • Carer Awareness and Community Services 	<p>Actions for each priority will be developed and will be brought to the next Carers Partnership Board meeting for agreement.</p>
<p>Carers were invited to indicate where they might like to be involved in helping to achieve the priorities.</p> <ul style="list-style-type: none"> • Publicity and Engagement – Mr Lock, Faiza, Nick, Mina and Jayshree • Carers Assessment – Marylyn, Una, Nick and Faiza • Respite Care – Freda, Faiza, Nisha and Marylyn • Carer Awareness and Community Services – Nick, Faiza, Maggie and Patricia 	<p>Once the Board has agreed the actions under each priority, work will begin with the people identified.</p>

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Haringey Learning Disabilities Partnership Board Meeting Minutes 14th July 2010 Room 15 Winkfield Resource Centre



Michael Brookstein	Chair Person
Mark Heath	Chair Support
Farzad Fazilat	Commissioning Manager
Gwen Moulster	Nurse Consultant
Elif Alpar	Sports and Leisure Champion
Sook Kwan Ma	Haringey Mencap
Khushboo Puri	Champion Support
Julio Teles	Planning My Service Champion
Anthony Paul	Planning My Service Champion
Sebastian Dacre	Champion Support
Robin Betts	Community Nurse
Lynn Dawson	Carer
Pam Duprez	Carer
Wayne Haywood	E-Directory
Joan Francis	Minutes Project Support
Apologies	
Beverley Tarka	Jill Darnborough
Mary Langan Colleen Fiffie	Sue Hessel



1. Welcome, Introductions & Apologies

Were made and a warm welcome was extended to Lyn, Pam, Wayne & Robin.

Beverley & Jill were unable to attend today, due to annual leave. However both sent in their feedbacks.

2. Green Cards / Red Cards

Speech & Language Communication Meeting



Michael, Mark & Cristiana met last week to discuss ways of improving communication & training for the PB meetings. Work on this is still in progress full notes of the meeting were sent out with this meeting's papers.

3. Note/Actions from last meeting

Carers Grant

Mark did received a response to the 1st letter. He will be discussing at the next PB Working group.

Mark will be sending another letter to, Lisa Redfern. This will include all the points that need answers.



PCT non attendance

Michael told the group, that apart from a brief visit from Ann Daley in April, that there has been no PCT representation, so he'd emailed Duncan Stroud about Kuda Chiweda's failure to attend recent PB meetings.

Lisa said that she'll take back to Stephen Deitch, the PCT's recent non attendance.

Commissioned Services

Mark has received an emailed list from Barbara Nichols, however he still requires more information, such as how the figure of £72,900.00 is broken up.

LD Housing

In regards to the question of 'how much money is there for LD housing, Barbara Nichols told Mark about the community investment plan paper, and Farzad has sent details to Mark, who will circulate this to all PB group.

Attendance payment

Mark told us that Service Users

will now be paid at St Ann's hospital, through vouchers, this will start during the next 2 months. However the money will not be back dated.



Partnership Board Working Group Report

PB Working Group Newsletter

Sebastian will be speaking about this in his presentation later on in the meeting.



5. Service & Budget Update

Budget

In Beverley's absence, Lisa informed us that the budget is

Balanced, there are no cuts in LD services. However due to the annual pre-business plan efficiency savings, cut back will have to be made in areas such as Admin, Planning.



Performance is on amber and work is ongoing to make sure that NHS Haringey and Mental Health Trust Performance indicators are included.

Quality

We have completed 6 audits in the partnership which will help us to look at how well we are doing things and how we can improve.

6. Good News



Our, Jill Darnborough was one of the nominees for this year's Carer of the year award.

The Group gave a round of applause.

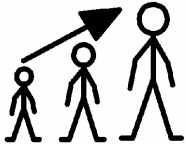
Delivery Group



Keeping Healthy

Gwen's details of the meeting can be read in the PB Newsletter.

My Service at 18



- Work has been ongoing in all groups to progress the recommendations of the scrutiny review.
- Next meeting 29th July 2010 to review the work of all the groups.
- Transition worker appointed end of June following successful bid to the National Transition Support Team. June Steadman will work 3 days a week to support the implementation of transition recommendations.

What I do during the day

Nicole reported back on the positive



ongoing work of:-

- MATP - Motor Activity Training Programme
- Zumba Fitness
- Arts Delivery Group
- Haringey Day Opportunities 'World Cup Penalty Shoot Out

Employment

Down hills Cafe will be finished by the end of summer, Service user can apply for jobs at the cafe. Contact Pauline.



Where I live

Farzad reported back on:-

An event for people with LD, family & carers to find out about the LD housing options. At the meeting you'll be asked:-

- what type of housing you want
- Learn about choices
- Tell us what is important is you.



plan for buying services



This information will help the Council can plan for the future.

Farzad then handed out leaflets to the group, which had all the details and contacts for this event.

My Rights

Haringey Peoples First work on Disability Hate Crime, the police will be working with the group to provide 'True Vision' information packs



Funding

The group has no money to support the campaign, however will still continue to talk with others about this important work.

Transforming Social Care

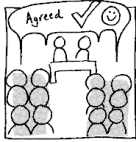


At their last meeting it was discussed how the website on LD services should look. These details will be spoken about by Wayne Haywood at today's PB meeting.

Transforming Social Care Haringey LD Website

Wayne Haywood came today to speak about how the front page of the website should look. He showed 3 examples, pictures, symbol & illustration. Then took votes on preferences on each of the examples. The group voted for the pictures example. However they felt LD Communications professionals should





be consulted regarding colours & content.



Report from Fora

Service Users

Elif told us that at the last meeting Farzad came to talk about housing.

Questions were

Put to the Users such as

- Where do you live?
- Things you like about your place
- Things you don't like
- What housing do you need



Delivery groups

It was felt that more information should be given to the user on what other delivery groups do.



Downs Park cafe

This is almost ready; people who would like to apply to work there are to contact Pauline Simpson at Ermine Road.



Carers

In Jill Darnborough's absence Lyn Dawson reported back on:-

Monday Night Life





Now held at the Mencap's Bell Brewery. The carers have raised concerns regarding the dancing that takes place there.

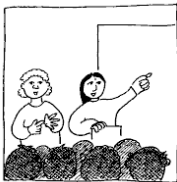
- There are no chairs to sit down
- Venue costs more but receiving less
- Younger staff show no interest

Mark said he'll take their concerns back to the Mencap Manager, for a response.

Commissioning Support

With Chloe now left the service who'll now take the role?

Farzad informed that he will now be leading on this.



Personalisation

Further information was requested on this.

Lisa informed that HAVCO can facilitate this, and have a 'Personalisation Steering Group' that all can attend.

Voluntary Sector

Alex, informed that she'll be stepping down as the Adult LD Lead, and moving over to children services. Sarah Miller will now be taking over the Adults LD

role.

Report back on Respite Plans

Mark, updated that Eija has informed him, that the consultation paper is still in progress at the moment and will be made available to the group when it has been completed.



Presentation from PB Working Group

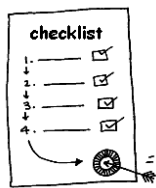
Sebastian spoke on what discussion took place:-

Proposed membership of new PB Delivery Groups & Forums

Proposed time table

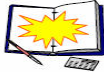


- Membership Board fully implemented & functioning by January 2011
- The Membership board prototype in situ by September/ October 2010.
- The recruitment drive – campaign will start in July – September
- There will be ‘Getting Ready’ meetings – for this in September.
- Membership will be confirmed by November 2010



- Away Day in November 2010
- There will be a main day to review how the PB is working & what's different from old PB.

ACTION



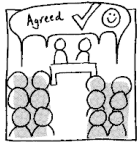
Group Work on Presentation

The individual group discussed what the working group proposed and future plans.

Feedback:-



- The timeline should be aimed for.
- By Sept/Oct obtain family carers & service users
- Advertising posters needs to be constructed everywhere in Haringey.
- Make sure delivery group chair's inform their groups and feeder groups.



Any other business

PB Away

The next away day will be on the 17th November 2010.



Getting Older Group

Robin Betts agreed to lead the group.



Date of next meeting
18th August 2010

Haringey Learning Disabilities Partnership Board Meeting Minutes 18th August 2010 Room 15, Winkfield Resource Centre



Mark Heath	Chair Support
Beverley Tarka	Head of Service LD Partnership
Farzad Fazilat	Commissioning Manager
Gwen Moulster	Nurse Consultant
Elif Alpar	Sports and Leisure Champion
Sook Kwan Ma	Haringey Mencap
Diane Smith	Haringey Mencap
Khushboo Puri	Champion Support
Sebastian Dacre	Champion Support
Robin Betts	Community Nurse
Lynn Dawson	Carer
Pam Duprez	Carer
Wayne Haywood	E-Directory
Mary Langan	Carer
Sue Hessell	Haringey Federation of Residents Assoc.
Jill Darnborough	Carer
Rene Harrison	Commissioning Manager
Victoria Demanga	Carer
Patricia Charlsworth	Carer
Apologies	
Michael Brookstein	Eija Sinitalo
Julio Teles	Kuda Chiweda
Anthony Paul	



1. Welcome, Introductions, Apologies & Good News

Welcome, introductions and apologies were made and a warm welcome was extended to Patricia and Ann.



Michael was unable to attend today due to work experience. Eija and Kuda are on annual leave. Lisa Redfern sent her apologies.



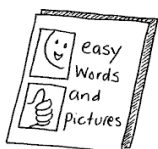
Good News - The number of annual health checks carried out in Haringey for people with learning disabilities has risen to approximately 56% from 25% in just over one year. appreciation was given to the Community learning disability nursing team for their work in supporting this improvement.

2. Green Cards / Red Cards

Communication



Everyone is now using the green/red cards for voting, ask a question or raising their card if they do not understand.



Gwen put to the group a communication game. Team A (professionals) and Team B (clients and carers). The Score was 7 – 1 to Team B. Congratulations! The game showed the group that pictures are a good form of communication even if the language is not understood.

The agenda has changed so that service users can work in smaller groups and are able to contribute and speak about issues being raised.



3. Note/Actions from last meeting

Carers Grant

Mark to forward the letter sent to the PCT to Farzad (Farzad to follow up with the NHS commissioner manager, Kuda Chiweda). Sue said that £500,000 was given to the PCT for carers to have respite breaks, none of this money has been received by learning disability services. She has written to Lynne Featherstone MP but neither of them had received a satisfactory reply .



Commissioned Services

Mark has requested from Barbara Nicholls how the figure £72,900 for carers was broken down.

LD Housing

The housing strategy policy is being looked at to ensure the needs of people with learning disabilities are taken on board. New build proposals to take into consideration people with learning disabilities. Sue has sent an email to Lisa regarding this. Mark to forward the community investment plan to Mary.



Attendance payment

Mark told us that Service Users

will now be paid at St Ann's hospital, through vouchers. Mark is still waiting to hear whether the promised funds from the PCT and Council will be forthcoming.

Council's Website

Farzad has scheduled a meeting on 9th September at 11.00 a.m. in River Park House to talk about how to make the Council's website more easier to understand and will be looking at the communication policy. Farzad to send a reminder to board members.



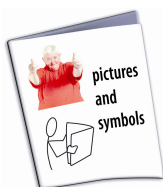
Disability Hate Crime

Ralph Coates, Community Police Officer, was unable to attend this PB meeting but is hopeful of attending the next one and finding someone from the police to attend later in the year instead of him as he is moving on.



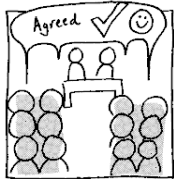
Presentation – Wayne Haywood

Wayne came to the group to ask what pictures we would like to use for the website. He also said that the launch would be in the 3rd or 4th week of September. Diane asked if there will be a button on the computer to make a page more accessible. Wayne said that the font size can be changed. Where Haringey owns the information this can be made accessible, but if the information is from another site, this cannot be changed.





Local libraries have computers to use. Haringey Adult Services used to run a computer course. Beverley to check with Haringey Adult Learning Services.



The group looked at various pictures and voted on their favourite ones. If anyone has more appropriate pictures, please email the picture to Wayne Haywood.

Reports from Forum

Service User Form

- Diane reported that there were 2 service user forum's this month. 12 service users attended over two days from Mencap, Choice Support and Keston.
- Gwen talked to the group about Keeping Healthy Delivery Group. 2 service users would like to attend. If anyone else is interested, please speak to Gwen.
- More delivery group presentations at service users forum so that the clients can be involved.
- Downhills Community Café is ready, but some work needs to be carried out in the kitchen and staffing need to be arranged.
- Haringey Council has given £500 to buy 4-5 oak trees.
- There is a festival at Lordship



recreation ground on 11th September from 1pm to 5pm.



- Issues of using public transport to get to delivery groups was discussed.

Carers Forum Feedback

- Steve Chawner from Whitehall Street came to the group to give an update. The carers had concerns about respite and were unsure on where to find respite service.
- It was acknowledged that there is a waiting list for respite at Whitehall Street.
- Learners Log books are being filled in at the day centres.
- Monday Night Life will reopen on 13th September as it is closed for the Summer.
- Carers asked if it was statutory for clients to have a week's holiday per year. Client's have also been asked to pay for their carers/support staff to go on holiday with them. It was felt that this should be written in as part of a care package.



Feedback from the groups

- Someone senior from London Transport to be invited to come to the Partnership Board.
- It was explained that holidays are not a statutory responsibility. However it was

acknowledged that an annual holiday follows good practice guidelines.



- People that have an individual budget could “buy in” their own services such as respite. This is ongoing work within LD at the moment.
- Current packages of care are being scrutinised by the Care Funding Calculator. Contracts are also being looked at.
- The theme of the delivery group should be regulated at service user forum. Now 6 weeks notice is being scheduled for each group. ‘What I do during the day’ will be delivered at the next partnership board.
- Other forums for people with learning disabilities such as Markfield, HAIL could feedback into the delivery groups.



Delivery Group

My Rights

- Local police think that the work of the group is a good idea, but they have no money to support it.
- Mark to ask the Equality Commission if they would be able to fund buying a red reporting box on where people can report their hate crimes. These boxes could be put up in libraries around the borough, Markfield and perhaps at Winkfield Centre.

- One member of the group helped to interview 3 people who had applied for a post as a psychologist within the Learning Disabilities team. They asked 4 different questions which the board felt were very useful.
- St Ann's have agreed to be the place where service users can be paid for their partnership board work. Mark is waiting to hear back from PCT/Council.
- The group are going to start making notes and paperwork that will explain about money payments in an easier and more accessible format.



The Group split into groups to give their feedback and look at the newsletter.



Group Work Feedback

- The red box was applauded. Positive feedback formally from the Board to People First.
- Mark to contact Deborah from Valuing People Support Team to see if they can also help.
- The newsletter could have a section which captures "What's hot off the press".
- The newsletter could also be used for people to find contact numbers for other organisations or where they could go for each section.

Partnership Board Working Group Report Partnership Board Away Day



- This has been moved from November to February 2011.
- It was felt that a graphic facilitator would be needed and sponsorships and fundraising ideas to be looked into to raise money for the away day.
- Each delivery group could look at one activity for the away day “fun things to do on the away day”.

Report back on Respite Plans

Mark, updated that Eija has informed him, that the consultation paper is still in progress at the moment and will be made available to the group when it has been completed.



Date of next meeting

29th September 2010 (9.45 a.m.)

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**MENTAL HEALTH PARTNERSHIP BOARD****MINUTES**

2-4pm, Thursday 8 July 2010, Committee Room 3, Haringey Civic Centre, Wood Green, London N22

Attendance

1.	Etta Khwaja	Haringey Race Equality Council
2.	Paulette Case Robinson	ACTIVE EIGHT
3.	Anna Jozetowicz	NHS Health Trainers
4.	Stephen Wish	Polar Bear Community
5.	Nick Bishop	Mental Health Carers Support Association
6.	Sarah White	Mental Health Carers Support Association
7.	Hana Paul	Supporting People, LBH
8.	Dorian Cole	IAPT, NHS Haringey
9.	Peter Sartori	ACTIVE EIGHT
10.	Janet Alldred	BEH MHT
11.	Kuda Chiweda	NHS Haringey
12.	Lisa Redfern	LB Haringey
13.	Dorothy Mukasa	NHS Haringey

1. Apologies – Paul Knight (Personalisation)

2. Minutes of 13 May 2010 – Agreed as a correct record

3. Matters Arising

- 2.1 *Supporting People* – Need clarity from Hana Paul as to exactly how many service users are on the books, 300 or 400. Central Government had cut the Supporting People budget by £800k. Lisa will provide the meeting with more information regarding in-year savings.
- 2.2 *Schizophrenia Guidelines* – Service users should be involved in monitoring the effectiveness of how the NICE guidelines are being implemented. i) Fiona Wright to be informed the MHPB would like representation to the Group. ii) Users and Carers sub group needs to put this on their agenda.
10. *Joint Chair of MHPB* – Sarah White from the Mental Health Carers Association, had kindly agreed to attend the MHPB and consider whether she might co-chair the MHPB with Lisa Redfern. The chair welcomed her to the meeting.

4. MOVING FORWARD – JOINT MENTAL HEALTH AND WELLBEING STRATEGY FOR ADULTS 2010-2013 The MHPB has a role in monitoring delivery on the plan.

4.1 Increasing Access to Psychological Therapies (IAPT) (Kuda & Dorian)

- There are funding delays, however 2008/9 funding has been agreed.
- IAPT deals with 7 anxiety disorders, and depression
- Enfield IAPT to be launched in South Enfield, to be managed by Dorian
- Waiting times are low, Post Traumatic Stress Disorder is slow
- Counselling is not for people with anxiety disorders. Step2 and Step 3 services have a 5 month wait for cognitive behaviour therapy.
- GPs can be reluctant to refer to IAPT. Patients can be on medication for 2 years before GPs refer to IAPT. They have limited knowledge of availability of mental health services. There are 4 GP Mental Health Leads
- There are 1 ½ counsellors for the whole borough
- 30 cognitive behaviour therapists in the borough
- 2/3 of clients since October 2008 are from BME communities, 15% from Kurdish/Turkish communities and the service is culturally competent for that group.
- The national evidence on IAPT services show people need a self referral route if we are to increase access by BME groups.
- There is a need for bigger focus on primary/secondary care interface.

Community Services – we are working to increase Personalisation, remodelling existing services.

Rehabilitation and Recovery – supported care and housing. What are the barriers against independent living.

Reducing Over Reliance on Inpatient Beds – The number of beds in Haringey outnumbers the national average, even when deprivation is accounted for. Patients **do not want** to be in hospital. Community workers take too long to see relapsing patients, who end up in hospital. *What is the benchmark of beds per population?* . People should not be stepped up or stepped down too quickly, otherwise they deal with their problems by going into crisis. Crisis-Recovery Houses have very positive report back. Closing beds creates other problems in the community.

Training – Staff and service users need training on recovery, how to self care, life long learning skills. This is important if people are not to continually end up in crisis and eventually become institutionalised. *Recovery vs Health focus* = requires other interventions beyond health including education, employment, training

Access to Primary Care – capacity issues remain

Supported Housing – Housing is very important to recovery.

5. BEH MENTAL HEALTH TRUST SERVICE LINE IMPLEMENTATION

There have been 6 service lines since January 2010

- i. Forensic
- ii. Common Mental Health
- iii. Severe and Complex
- iv. Crisis and Emergency
- v. Dementia and Cognitive Impairment

- vi. Psychosis – Community Mental Health Teams, CAMHS, START, primary Care.

Services are provided across BEH MHT and are not borough based. The Service Lines help to deliver the NICE Guidelines. Relationships with PCTs and Local Authorities are still being worked through, there are financial restrictions.

Prevention and Early Intervention in Psychosis service development in Barnet is different. Anxiety and Depression are dealt with either by the GP in Primary Care, or IAPT or Severe and Complex service line. The Hubs are:
 IAPT Bipolar Personality Disorders Schizophrenia
 Etta would like to see the Minimum Data Set statistics on age, gender, ethnicity, of service users. **Kuda** to send link to members.

6. REPORT BACK FROM SUB GROUPS

Dorothy gave an update on the AHPN Sub Groups as follows:

- i. Equalities and Social Inclusion – 3 June
- ii. Primary and Secondary Clinical Care Interface Sub – 1 July
- iii. Service Users and Carers’ Sub Group – 7 July
- iv. Mental Health Promotion and Prevention of Self Harm

7. AGENDA FORWARD PLAN

8. ANY OTHER BUSINESS

- 8.1 Hana Paul will be leaving the Council on 30 July. Kamli v Baptiste (spelling?) will take over her role.

9. DATES OF NEXT MEETINGS

MHPB 2010 – 11	Time	Venue
8th July	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
9th September	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
11th November	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
13 January 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
10 March 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre

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MENTAL HEALTH PARTNERSHIP BOARD MINUTES

2-4pm, Thursday 9 September 2010, Committee Room 3, Haringey Civic Centre,
Wood Green, London N22

Attendance

1.	Etta Khwaja	Haringey Race Equality Council
2.	Stephen Wish	Polar Bear Community
3.	Nick Bishop	Mental Health Carers Support Association
4.	Sarah White (Co-Chair)	Mental Health Carers Support Association
5.	Dorian Cole	IAPT, NHS Haringey
6.	Peter Sartori	ACTIVE EIGHT
7.	Janet Alldred	BEH MHT
8.	Kuda Chiweda	NHS Haringey
9.	Lisa Redfern (Co-Chair)	LB Haringey
10.	Dorothy Mukasa	NHS Haringey
11.	Farzad Fazilat	LB Haringey

1. APOLOGIES –No SP Representative

2. Minutes of 8 July 2010

Dorian Cole to correct item 4.1 and forward it to Dorothy for inclusion in the next minutes.

3. MATTERS ARISING

3.1 *Supporting People* – Still need to confirm the number of Adult Mental Health Users known to SP. Central Government has cut the Supporting People budget by £800k. Lisa will provide the meeting with more information regarding in-year savings.

3.2 *Joint Chair of MHPB* – Sarah White from the Mental Health Carers Association, had kindly agreed to co- chair the MHPB with Lisa Redfern. Lisa formally welcomed Sarah and thanked her for agreeing to do this.

4. WORLD MENTAL HEALTH DAY October 2010-

Dorothy outlined the work so far and there is a lot of further planning work required by all. Most members had some further great ideas for these events. All to please get involved-but quickly-thank you. The theme this year is employment.

- The planning group has been meeting since July 2010;
- This is a high profile Event – Council Chamber, Haringey’s Mayor is guest of honour, focus is on supporting people get into employment. Working with Department of Works and Pensions;
 - Lisa suggested Cllr Dogus, Adult Social Care, Health and Well-beings Cabinet Lead to be invited; Martin Tucker, Council employment lead Gavin Eastley to be invited to help plan and for example, show some of the great work going on at the Clarendon Resource Centre around MH employment, such as Equilibrium magazine is distributed;
 - Employers such as Sainsbury, Tesco, Marks and Spencer, Boots to be involved; and
 - MH voluntary sector to be invited.
- **Medium Profile Activity** – dissemination of leaflets and other resources; 9 libraries will have appropriate Screen Saver during that week, developed by Exposure.
- **Focus on Young People** – secondary schools, colleges, university campuses: showing of DVD plus leaflets and counselling support workers to hand. A Barnardos DVD was also mentioned as potential resource for children of parents with mental health conditions.
- **Resources:** MIND leaflets. Planning Group needs help to disseminate the leaflets widely.
- **Publicity** – Blurb on NHS website. Lisa to contact Mike Snowdon and get him involved.

All agreed, further coordinated and accelerated planning required.

5. PERSONALISATION – Paul Knight not present today. Lisa to follow up.

Peter Sartori to use this agenda slot to talk about his very positive experience with the Home Treatment Team (HTT). Peter was significantly affected by the demise of ACTIVEEIGHT and was referred to the Home Treatment Team by his GP. He was sceptical to begin with but found them to be brilliant, very supportive. Peter is writing up his experience with the HTT and would like an opportunity to present it.

6. BEH MENTAL HEALTH TRUST SERVICE LINE IMPLEMENTATION

Janet Alldred reported that consultation on the BEH changes would be out by the end of September. Service users and carers will be included in the consultation.

7. COMPREHENSIVE SPENDING REVIEW (CSR) 22 October 2010

Kuda outlined the Government plans for delivering Mental Health Commissioning. There are currently 4 GP collaboratives in Haringey, 3 in the East and 1 in the West – with obvious critical mass issues, since the minimum for collaboratives should be 100,000 patients. The areas seriously to be considered include Acute and Locality mental health commissioning.

Planning a Way Forward – Move Awaiting CSR 22 October

- GP workshops to raise awareness around Commissioning matters, and good and robust systems;
- At least one GP lead should be coming to the MHPB if possible;

- Explore potential joint work between Haringey, Barnet and Enfield GPs;
- There is a need to use the Joint Strategy as an engagement tool. The Haringey MH Strategy will not change because of the NHS White Paper, however some aspects of the the Delivery Plan may be changed;
- Kuda and Farzad to lead on this item at the next meeting;
- Lisa is giving a presentation to the Central Collaborative in November to raise awareness amongst GPs about social care commissioning, including mental health.

8. REPORT BACK FROM SUB GROUPS

Dorothy gave an update on the AHPN Sub Groups as follows:

- Equalities and Social Inclusion – 5th August
- Primary & Secondary Clinical Care Interface Sub – 2nd Sept, was cancelled because GPs had not done much since the previous meeting.
- Service Users and Carers’ Sub Group – 1st September
 - Patients Council – need to sort out their activity on the wards, and whether there are legal responsibilities, eg. CRB checks.
- Mental Health Promotion and Prevention of Self Harm – 27 July
 - Kuda to update on the Perinatal mental health work stream.

9. AGENDA FORWARD PLAN

White Paper, Budget Updates, IAPT, Strategy, Personalisation

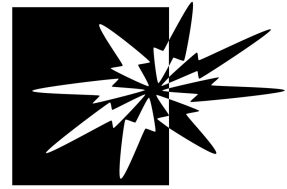
10. ANY OTHER BUSINESS

- 10.1 In-Year Savings – there were currently consultation rounds. It was going to be a difficult 3 years ahead for the voluntary sector.
- 10.2 Voluntary Sector Board – made up of Stephen Deitch, Susan Otit, Lisa and HAVCO representing the voluntary sector and Councillor Dogus. There is a need for a Haringey Voluntary Sector strategy. The mapping work is almost done. The Council budget will be signed off in February 2011.

11. DATES OF NEXT MEETINGS

MHPB 2010 – 11	Time	Venue
11 th November	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
13 January 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
10 March 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
12 May 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
14 July 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre

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Minutes of Older People Partnership Board Meeting 2010-(04)
Held on Monday 9 August 2010
Committee Room 5, Civic Centre, High Road, Wood Green, N22

<p>Present: Patrick Morreau – co-Chair (PM) Lisa Redfern – co-Chair (LR) Joan Kellman – Minutes (JK) Bernard Lanigan – (BL) Len Weir – (LW) Robert Edmonds (RE) Manuela Toporowaska (MT) Abdool Alli (AA) Celia Bower (CB) Lauritz Hansen-Bay (LH-B) Maureen Carey (MC) Pamela Moffatt (PAM) Patrick Nugent (PN) Frances Rourke (FR) Carol Gillen (CG) Karen Harrison-Denning</p>	<p>Apologies: Catherine Herman Anne Daley Steve Fallon</p>
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The meeting was chaired by Lisa Redfern.

Item 1: Welcome/Introductions/Apologies:

- 1.1 Amendment to June 2010 minutes: Michelle Akpan attended on behalf of Carole Gillen.
- 1.2 Apologies were received from those members listed above.

Item 2: Minutes & Matters Arising from 16 June 2010(3) meeting not covered elsewhere:

7.3.1 Older People's Champion brief:

A meeting has been arranged with Lisa Redfern, Cllr Shelia Peacock, Cllr Dogus, and Catherine Herman to discuss the roles and responsibilities for Older People's Champions. Following this meeting LR will provide an update to the Board. **(ACTION: LR)**

4.4.0 HAVCO Nominations: RE

A recruitment letter is being circulated to all voluntary organisations. RE - to report back to Board when results are known. **(ACTION: RE)**

8.3 Older People's Housing Strategy: Older People's Housing Strategy RE attended the strategy meeting and Rosie Green, (Senior Housing Officer) is now the lead officer. The report has been deferred for one month to develop a wider strategy than just a supported housing brief. A flyer was distributed with information about the strategy. Communications are being improved and should be extended to involve the OPPB, friends, and relatives. Patrick Nugent/Gwen Owens – are the carer representatives for supported housing.

9.2 Stroke Improvement Strategy Care Pathway: A drop-in providing information and support to people who have had a stroke, their carers and families was launched on Thursday. It is staffed by volunteers in the conference suite, Wood Green Library.

9.3 Parking Permits for carers: BL

9.3.1 BL reported that parking permits are not made available specifically to carers within Haringey. Weblink for parking permits is as follows:

http://haringey.gov.uk/index/environment_and_transport/parking/parking_permits_all.htm

9.4 Dignity in Care: LR

9.4.1 Haringey is part of a London-wide Dignity in Care group. As part of the work, Haringey and several other boroughs have conducted Dignity in Care audits. LR will share the results of this work at the next OPPB. **(ACTION: LR)**

Item 3: Haringey ACCS – Adult Services & Commissioning Matters:

3.1. Budget 2011- 2012: LR

LR reported that no information was available for discussion yet with the OPPB regarding the budget for the next three years, but there are considerable budgetary pressures across LBH and the NHS. Although it is likely that there may be further Government cuts in the future, the status quo continues for the moment. It is hoped that by October 2010, the situation will become clearer. LR will share information about the budget and the consultation timetable as soon as she can.

3.2. Commissioning Plan: BN

3.2.1 In preparation for the changes in national/local priorities, the commissioning plan is being reviewed to match with what is affordable. It is

proposed that a small working group from the board be convened to contribute/discuss commissioning issues from end Aug/Sept 2010.

3.3.2 The Comprehensive Spending Review - 22 October 2010 may mean further budgetary reductions for local authorities.

3.3.3 Concern was expressed that the information about the OP budget should be shared as soon as possible.

3.3.4 Within the present climate of Government cuts is enough being undertaken to meet equalities in terms of the law? An equalities impact assessment will be undertaken as part of sub-group.

3.3. Experience Still Counts – Haringey’s OPS Quality of Life Strategy

3.3.1 A sub-group meeting was held to look at the delivery plan. Robert Edmonds also met with colleagues to produce a RAG status and therefore would like to defer the update to October’s meeting.

3.3.3 LR – Now has responsibility for the corporate voluntary sector and is leading a review which will incorporate mapping of spend across the council and the NHS. Further information on this will be available at a future meeting.

3.4. Personalisation: BL – Review of Older People’s Service Project:

3.4.1 A request was made for OPPB to have access to the Personalisation Transformation Board minutes. *(AGREED for these to be made available to the Board).*

3.4.2 The Older People’s Service has an increasing number of people going through the personalisation process but it is too early to draw any conclusions but there appears to be enthusiasm for the change. The expectation is that at 6 week review stage, as long as the older person is not in crisis, to introduce them to the personalisation model.

3.4.3 Dogs: *costs for working dogs are not part of the personalisation budget as these are supplied by Charities and not the Council and are not part of their financial spending.*

3.4.4 Has the 20% VAT increase been taken into account?
This will be included as part of the financial planning.

3.4.5 Mental Health – Has a safety net been set up for this group? Yes.

3.4.6 How will service users know what is available to them?

A condensed list of services is on offer so that at the review these will be immediately available. Also there is an information/web-based directory being developed; this will not be restrictive and will be reviewed via the Service Finding and Market Development teams as to what is available.

(ACTION: Wayne Haywood to attend the reference group to give a demonstration of e-directory).

3.4.7 Pam Moffatt reported that members of the Link monitoring group were disappointed to receive a questionnaire from the Market Development team with no covering letter or Haringey logo, and no explanation as to what was required. LR & BN apologised for this and will arrange for this to be rectified by Mathew Pelling. **(ACTION: LR/BN)**

3.4.8 **Transport** – This is still a major issue and the needs of service users in the borough should also be considered under personalisation.

3.4.9 **OT** – (Occupational Therapy): In preparation for these new changes, three additional posts have been added to OT staff complement and they are trained in personalisation.

3.4.10 **Introduction of Transformation of Community Equipment Services** (TCES) project is underway in Haringey. This is in partnership with the Department of Health (DOH). This scheme has already been introduced in other Boroughs. This will help to complement the personalisation work.

3.4.11 **Monthly pilot meetings:** more service user involvement is required, including how the monitoring group would be involved over the period of the pilot. BL- to discuss involvement with the personalisation team and report back to Board.

3.4.12 **Re-ablement:** Work is ongoing with this project and a report is being prepared by Len Weir and Paul Knight. We should be able to share this at the next meeting.

4.0 NHS Haringey – Provider Services - Carole Gillen

4.1 CG gave an update on the provider services including the reduction of rehabilitation beds at Greentrees; integration of care organisations and how this is likely to impact on the services being provided. Budgets are being

transferred to GPs, but the day to day delivery of services will not change. In the present financial climate, it is the back office structures that are likely to be affected not frontline services.

CG will prepare a briefing paper and invite the clinical leads to give an update on GP commissioning and how it will work. LR - to meet with GPs to discuss the impact of the White Paper: Equity and Excellence.

4.1.1 Whittington A&E emergency: concern was expressed that decisions were being made about the closure of the Whittington A&E by clinical professionals and NCL without taking into consideration the equality impact assessment or input from statutory bodies. OP representatives had met and there was a vote of 'no confidence' in NHS Haringey.

(ACTION: LR will make NHS Haringey aware of this concern).

4.1.2 Camidoc contract is being replaced by Harmony.

CG to check and respond to Lisa Redfern for the Board on whether this would affect out of hours provision of service.

(ACTION: CG to follow up with NHS commissioners)

5.0 Older People Mental Health (OPMH) – draft delivery plan sits underneath the commissioning framework. A number of smaller consultation events, will be attended by Liz Evans at the end of September. BN will arrange for LE to attend the October board to receive a formal report of the outcomes.

5.1 OPMH steering group board – Joan to circulate minutes of last meeting.

5.2 **Dementia Forum:** Karen – annual national event will be held at Regents College; free access for anyone who wants to attend. (JK-to circulate information).

6.0 Haringey Link – Pamela Moffatt

Pamela reported on Haringey Link members' activities. (A copy of the report is attached).

6.1 Carole Gillen to refer the Link's concern that some older people could find the change in terms and conditions for provision of incontinence supplies confusing to Francis Rourke. It is important that this is communicated to them that they need to make the telephone call.

(ACTION: CG/FR).

7.0 Any Other Business – None

8.0 Date of next Meeting: 13th October 2010; Time: 10.00 – 12.00
Venue: Committee Room 1, Civic Centre, High Road, Wood Green,
N22

Meeting closed at 4.00pm.