



Overview and Scrutiny Committee

WEDNESDAY, 14TH DECEMBER, 2011 at 17:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Winskill (Vice-Chair), Alexander, Browne, Christophides, Diakides, Ejiofor and Engert

Co-Optees: Ms Y. Denny (Church of England representative),¹ Catholic Diocese vacancy, Young (Parent Governor), Mr. D. Adams (Parent Governor) Mrs M. Ezeji (Parent Governor), Ms H Kania (LINK non-voting Representative)

AGENDA

1. WEBCASTING

Please note: This meeting may be filmed for live or subsequent broadcast via the Council's internet site - at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council.

Generally the public seating areas are not filmed. However, by entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

If you have any queries regarding this, please contact the Committee Clerk at the meeting.

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

Please note that, this being a special meeting, under the Council's Constitution – Part 4 Section B paragraph 17 – no other business shall be considered.

4. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND ADULT SERVICES

An opportunity for the Committee to question the Cabinet Member, Councillor Dilek Dogus, on the Health and Adult Services portfolio.

7. PROCUREMENT OF NON STROKE SERVICES

Report back and recommendations from the Non-Stroke Prevention Workshop held on 9th December 2011 **(TO FOLLOW)**.

8. COMMUNITY HUBS PROJECT (PAGES 1 - 10)

To consider a request from the Mental Health Carers Support Association (MHCSA) to scrutinise proposals by Barnet, Enfield and Haringey Mental Health Trust to facilitate mobile working through the development of community hubs within the borough.

9. CHILD PROTECTION CORE ASSESSMENTS (PAGES 11 - 20)

To consider the report on initial and core assessments for child protection cases.

10. HEALTH & WELLBEING STRATEGY CONSULTATION (PAGES 21 - 44)

To consider the draft Haringey Health and Wellbeing Strategy as part of wider consultation.

11. VOLUNTARY SECTOR STRATEGY (PAGES 45 - 110)

To consider the Haringey Voluntary Sector Strategy and the Voluntary Sector Funding Framework.

12. FUTURE MEETINGS

To note the following dates:

Monday 6th February 2012

Monday 30th April 2012

David McNulty
Head of Local Democracy and
Member Services
River Park House
225 High Road
Wood Green
London N22 8HQ

Natalie Cole
Principal Committee Co-Ordinator
Tel: 020-8489 2919
Fax: 020-8489 5218
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Tuesday 6th December 2011

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Haringey Council

Report for:	Overview and Scrutiny Committee 14 December 2011	Item number	
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Title:	Barnet, Enfield and Haringey Mental Health Trust – Development of Mobile Working
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Report authorised by :	Eve Pelekanos – Head of Policy, Intelligence and Partnerships
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Lead Officer:	Robert Mack, Senior Policy Officer 020 8489 2921 Rob.mack@haringey.gov.uk
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Ward(s) affected: ALL	Report for Key/Non Key Decision: N/A
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1. Describe the issue under consideration

The report provides background information to a request from the Mental Health Carers Support Association (attached) that the Overview and Scrutiny Committee uses its health scrutiny powers to scrutinise proposals by Barnet, Enfield and Haringey Mental Health Trust to facilitate mobile working through the development of community hubs within the borough.

2. Cabinet Member Introduction

N/A

3. Recommendations

- (i). That the Committees' specific powers to consider proposals for change made by NHS bodies be noted.
- (ii). That the Committee comment as appropriate on the proposals by the Mental Health Trust to establish Community Hubs within the borough.



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4. Other options considered

N/A

5. Background information

5.1 Proposals have been made by Barnet, Enfield and Haringey Mental Health Trust to establish Community Hubs, which will be central points within the boroughs of Haringey and Enfield to provide clinic space, treatment rooms, hotdesking facilities and meeting rooms for staff to use in the course of their work.

5.2 The Mental Health Carers Support Association (MHCSA) wrote to the Chair (copy attached) on 20 October 2011 expressing concerns at the proposals on the basis that they would have a negative affect on patients in the east of the borough. They have asked the Committee to use its specific health scrutiny powers to examine both the proposals and the arrangements for consultation.

5.3 The Mental Health Trust have been invited to the meeting to present their proposals. In addition, the Mental Health Carers Support Association have also been invited to outline their concerns.

5.4 There is a general requirement for NHS bodies to involve and consult with patients and the public, including overview and scrutiny committees (OSCs) under Section 242 of the NHS Act 2006. This was formerly contained within Section 11 of Health and Social Care Act 2001, as referred to in the letter from the MHCSA. The Act states that each NHS body:

‘must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways in:

a. The planning and provision of those services

b. The development and consideration of proposals for changes in the way those services are provided and

c. Decisions to be made by that body affecting the operation of those services’

5.5 In addition, there is also a specific duty to consult on what are termed as “substantial variations” to local services under Section 244 of the Act and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (the Regulations). This was formerly contained within Section 7 of Health and Social Care Act 2001, as referred to in the letter from the MHCSA. Legislation and relevant



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guidance does not define exactly what is a “substantial development” in service. Instead, NHS bodies and overview and scrutiny committees are advised to aim for a local understanding of the definition, taking into account;

- Changes in accessibility e.g. reductions or increases of services on a particular site or changes in opening times for a clinic
- The impact of the proposal on the wider community e.g. economic, transport, regeneration
- Patients affected e.g. changes affecting the whole population or specific groups of patients accessing a specialist service
- Methods of service delivery e.g. moving a particular service into a community setting rather than being hospital based.

5.6 Cabinet Office guidelines recommend that full consultations should last a minimum of twelve weeks and that they should ensure that groups that are traditionally hard to engage are involved, in addition to the wider community and OSCs. The guidelines set out the basic minimum principles for conducting effective consultation and aim to set a benchmark for best practice. However, the guidance states that it may be possible for OSCs and NHS bodies to reach agreement about a different timescale for consultation, if appropriate.

5.7 In the event of the Committee finding that the consultation has not been adequate or a proposal is not in the interest of the local health service, it has the power to refer the issue to the Secretary of State for Health. Such powers should however only be used as a last resort and if it has not been possible to reach a local resolution.

5.8 The Committee can, if it feels fit, decide that the proposals require formal consultation under Section 244 and the Regulations but it would need to be satisfied that the proposals had considerable implications for patients and the public.

6. Comments of the Chief Financial Officer and Financial Implications

6.1 As set out clearly in this report, the Committee is being asked to review proposals being put forward by the Mental Health Trust to establish Community Hubs within the borough. As this function is provided and funded by the NHS there should not be any direct financial implications for the Council arising from it. Should the Committee wish to investigate further, some small costs might be required however, these should be small.



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7. Head of Legal Services and Legal Implications

There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

In responding to the proposals, Members may wish to satisfy themselves that equalities and community cohesion issues have been addressed in the proposals.



Councillor Gideon Bull
Chair – Overview & Scrutiny Committee
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20 October 2011

Dear Councillor Bull

Community Hub Project - BEH NHS Mental Health Trust

We are attaching a copy of a consultation paper concerning a Community Hub Project which has recently been issued by the BEH NHS Mental Health Trust. We have looked at the proposals and believe that they will constitute changes to local health services that require consultation in line with duties to consult that are set out in Sections 11 and 7 of the Health and Social Care Act 2001 and associated Department of Health Guidelines. We are therefore asking the Overview Scrutiny Committee to examine in detail the Community Hub Project proposals and review the arrangements for consultation. We list below a number of points and questions that have been highlighted by ourselves and colleagues.

Community Health Teams/Support and Recovery Teams (SRTs)

Under the proposals no SRTs will be based in the East of Borough. All SRTs will be based in the West of the borough at the Canning Crescent mental health centre near Wood Green. How many patients will this affect? For the period 2010 -2011, according to BEH NHS Mental Health Trust, there were 41,554 community health services appointments with community mental health services based in the east of the borough located in St Ann's. (Ref: BEHMHT 'The New St Ann's Stakeholder Workshops 1 report. October 2011)

This will result in inequality of MH services in borough. East is the most deprived side of borough. It has the greatest proportion of BME clients, highest rates of mental health morbidity and other causes of morbidity, low income clients, etc. [In addition the 684 mental health day centre is being closed by LBH, again in the East]

It will be difficult for CMHT/ SRTs staff to receive clients in their offices as staff will be required to 'hot-desk' and not own a dedicated space for clients or their case administration

There will be difficulties of confidentiality as staff will not have their own dedicated space

There will be difficulties (time and travel) for staff to visit clients in their homes

There will be risk factors in staff making home visits, which could mean the need for extra back up staff. Has this been considered and costed?

The accessibility of staff for both clients and carers will be affected as the staff will not have their dedicated extension numbers

What impact assessment has been made for clients in both the west and east of the borough? It will not be impact neutral.

Home Treatment Team (HTT)

The Community Hub Project proposes that the Crisis and Emergency HTT will be based outside the borough of Haringey and located in the Borough of Enfield. Our concerns include:

Problems of access for staff; HHT Staff will need to visit and treat clients in their homes in Haringey, assess clients place in wards in St Ann's hospital and assess, treat and discharge clients placed in recovery houses based in the west of the Borough and on its boundary with Barnet. In its proposal, BEHMHT does not account for the logistics or the capacity of the HTT operating based out of borough with such varied in borough commitments.

Problems of access for clients; At present clients visit HTT in Bruce Castle for depots and talking therapies.

Has any impact assessment been made on the extra time and cost needed for travel for both staff and clients?

How will the HTT be able to meet its targets such as the four hour response rule or the 72 hour assessment by the Consultant? These are already very difficult to achieve. With the HTT in Edmonton targets would be even more difficult to achieve.

Clearly these proposals will

1. change the accessibility of services
2. impact on the wider community, including carers and staff
3. affect a substantial number of patients, many of whom will be needing to access the MH services for many years

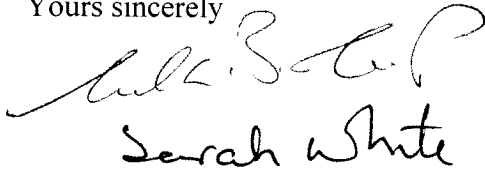
There are also a number of general points we would like to raise about these proposals.

1. Is mobile working used widely in MH Trusts? If it is then where is it practiced and what are the benefits?
2. What are the costs and what are the savings?
3. Why is it not possible to find another larger space than Canning Crescent able to house all the teams as was originally envisaged? What about St Ann's which is ideally situated

for both sides of the borough? A modern facility could be part of the development of the site which is currently being discussed.

We look forward to hearing from you

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sarah White', written over a printed name.

Nick Bishop
Manager MHCSA
Dr Sarah White MHCSA committee representative

cc.

Councillor Winskill: Vice Chair LBH Overview & Scrutiny Committee
Maria Kane, Chief executive of BEH NHS Mental Health Trust
Michael Fox, chair of BEH NHS MHT
David Lammy MP
Lynne Featherstone MP
Robert Mack, LBH

TO: Lee Bojtor, Chief Operating Office

FROM: Tasha Scott, Business Manager

DATE: 12th September 2011

RE: **Community Hub Project**

Context

The current economic climate is providing challenging times for the Trust. Following many years of real terms growth the NHS is facing the "Nicholson Challenge" of finding efficiency savings of approximately £20 billion. This has meant, in local terms, that the Trust has to meet a demanding internal savings plan. The Trust currently spends a significant percentage of its income on maintaining a large Estates footprint. In the interests of maintaining frontline services the Trust is reviewing this footprint to help make the required savings. The Trust is committed to the principles of mobile working, by the use of innovative technological solutions, it will support community staff to deliver care in the most efficient way possible. Mobile working will mean that staff no longer have to travel to specific locations to use a single desk but can access a variety of community based locations as well as remote working.

Community Hubs

In order to fully support the mobile working principles outlined above the Trust is developing "Community Hubs". These will act as central points within the boroughs of Haringey and Enfield to provide clinic space, treatment rooms, "hotdesking" facilities and meeting rooms for staff to utilise in the course of their work. To ensure that the project meets the needs of the services a community hub working group was formed and a series of development meetings have taken place to assess the impact on staff and take into consideration any issues.

Option Appraisal

The initial option presented to the working group showed that if mobile working was to be fully utilised and only consultants had fixed office space then all of the teams involved in the project could be housed within Canning Crescent. It soon became apparent that this would not meet the needs of the teams for the following reasons: Firstly, team managers and senior practitioners require dedicated office space for supervision and management. Secondly, professionals from different disciplines would frequently be required to share the same space. Finally there were no specific rooms to act as team bases for the different teams.

Following this feedback a second option was presented. This showed that all of the bases and offices could be allocated as requested however this led to an under provision of clinic space and the loss of bookable meeting rooms.

A further option was then presented which took the Haringey Home Treatment Team out of the equation and looked for alternative accommodation for them – this looks likely to be the Lucas Building in Fore Street, Edmonton. The Lucas Building is located less than 1 mile from the Haringey borough boundary, with easy access via road and public transport. This enabled all of the team requirements to be met in terms of office space, clinic rooms and team bases as well as providing adequate hotdesking space. This option is still being explored through the working group but at present appears to be the preferred solution.

The project group are still in the process of mapping out all available booking spaces within other Trust locations – this should allow for clinics and consultations to be booked away from the main hub at Canning Crescent to meet service user requirements and also allow additional capacity for staff for hotdesking.

Risks and Mitigation

As with any new project that requires new ways of working there are risks attached. Here follows the identified key risks and mitigations:

- Significant amount of the work of clinicians is admin based and requires desk space to complete – a further process looking at the administrative burden on clinicians is being undertaken concurrently with a view to reducing the overall admin tasks
- Confidentiality issues in hotdesking areas – there will be a variety of hotdesking areas available including space within dedicated team bases. There will also be a variety of bookable meeting and interview space available
- Parking at Canning Crescent – this is being reviewed alongside the availability of local authority essential worker permits
- Ability of book desk slots – there should be sufficient available hot desks without the need for a complicated booking process, also the building will be wirelessly enabled
- Concerns over home working – as above there should be sufficient hotdesking available meaning no member of staff will be required to work from home involuntarily
- Concern that staff will become isolated and not feel part of the team – this has been addressed by having dedicated team bases for meetings and hotdesking
- Services not being easily accessible to the Haringey East service users – whilst the team bases may be at Canning Crescent there is further work being undertaken to provide clinic and interview space in other buildings including potentially St Ann's and Fore Street to ensure that patients have choice

Conclusion

The Trust is required to make difficult decisions regarding how to best use its resources in the current climate. Community Hubs should be viewed as a way of providing patient care within the community, protecting jobs for staff and allowing a reduction in unnecessary spending on estates and facilities. Whilst there are still issues around the exact specifications of mobile working to be addressed this is happening via the ongoing working group process. Overall it is preferable for the Trust to explore these options rather than reduce frontline services.

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Report for:	Overview and Scrutiny Committee	Item number	
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Title:	First Response performance –timeliness of completion of Initial and Core Assessments
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Report authorised by :	Libby Blake Director, Children and Young People's Service
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Libby Blake

Lead Officer:	Sylvia Chew – Head of Service First Response
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Ward(s) affected: all	Report for Non Key Decision:
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1. Describe the issue under consideration

First Response performance on the completion of Initial and Core Assessments. The timeliness of the completion of Initial and Core assessments is measured by National indicator 59 and 60. The current target times are 10 days and 35 days respectively.

2. Recommendations

Members to receive this report and note the attached action plan.

3. Other options considered

4. Background information

- 5.1 The First Response Service provides the first point of contact into children's social care for professionals and the public. The service receives between 550 -630 contacts per month. These relate to a variety of issues including information from the police that a child or young person has come to their notice, requests for information and concerns



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from schools, health professionals and the public that a child may be a risk of harm.

These contacts are screened by a multi agency team of social workers, police and health professionals. Where necessary the family and other involved professionals will be contacted as part of this screening process. All contacts are ranked against agreed thresholds.

1/3 of contacts reach the 'threshold' for social work assessment.(see appendix a, thresholds of need and intervention) If this is not the case then advice or information is given and follow up work will be provided by universal services such as health visitors, schools and Children Centres.

Social work assessments can be short – Initial assessments with a timescale of 10 days – or longer – Core Assessments with a timescale of 35 days.

In both cases all children in the family and the home must be seen and reported on as part of the assessment.

5.2 In exceptional circumstances, for instance if the family are living elsewhere and another authority is working with them, the assessment is not signed off as completed until both these criterion have been met, the information has been written up on the agreed format and the analysis and the assessment has been agreed by a manager. This is a quality assured as well as a timeliness measured process. The term 'completion in timescale' therefore relates to completion of the whole task and not a failure to have met with the child and their family. The Safeguarding and Looked after Ofsted inspection in January 2011 and the more recent October 2011 unannounced Ofsted inspection of Contact, Referral and Assessment arrangements has commented on the improved quality of assessments. The continual improvement in quality has also been ratified by the external auditor who reports to elected members on the Children's Safeguarding Policy and Practice Advisory Committee

5.3 Assessments comprise 40% Of the cases open in the service. In addition to assessments First Response Social workers undertake a number of tasks;

- Every four weeks they act as the duty team, dealing with referrals and responding to emergencies. This will include liaison with police, health and schools, joint investigative visits with police for children assessed as being at risk of harm, working with paediatricians and families to ensure children have medical examinations if required, working with police around assessment and investigation including video interview where required.
- Working with families where ongoing short to medium term work is required. This includes parenting support and advice, linking families with other agencies such as benefits, housing and children's centres,



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presenting matters to the CAF panel where family support or other services are required, convening initial team around the child meetings. Work with these families can last for up to 5 months.

- Completion of assessments for the courts in Private Law Proceedings where directed to do so. These are lengthy pieces of work and can last up to a year or more.
- Work with families where the children require a child protection plan. This will include direct work with families and the multi agency team, presentation of the matters to conference and working with the child protection plan until transfer to the Safeguarding and Support Service.
- Work with families where children cannot safely remain at home with their parents and making emergency applications to court. This includes work with children and families around the concerns, assessing the ability of parents to change, assessing the viability of extended family members who may be potential substitute carers, meeting with legal team colleagues to develop a plan of action, preparation of court documents and care plans, attendance at court, working with foster carers around the needs of children, including visiting the child in placement, working with the Looked After Children Health team to ensure children health needs are met including attending the LAC medical, ensuring the child has a Personal Education Plan and work with schools around this, attending the Looked After Child review, setting up and supervising contact between the child and their parents/ significant family. Our overall Performance rating is based on the ability of the service to complete the full range of work both within timescales and to the agreed quality standard.

5.4 Whilst Haringey had reported a high 'completion' rate in previous years, the 2008 Joint Area Review found that the quality of these assessments was not sufficient to ensure that children were safeguarded.

An Improvement Plan was submitted in February 2009, and a follow up Action Plan was submitted to Ofsted and the Department for Children, Schools and Families (DCSF) in March 2009. This three year plan was designed to ensure that Haringey's services for children and young people are among the best by December 2011.

The subsequent inspection of progress was carried out by Ofsted in June 2009, demonstrating that whilst some improvements had been made, there was limited progress overall in addressing the weaknesses identified in the November 2008 joint area review. The July 2009 report from Ofsted identified 11 recommendations for improvement, all of which were built into the Safeguarding Plan for addressing before the end of December 2009.



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Our Safeguarding Action Plan set out the priorities, framework and timescales for bringing the quality of social work and safeguarding work up to standard over a 3 year period:

Improving child protection referral and assessment processes

- *Referral pathways integrated with CAF*
- *Capacity identified to ensure that timescales taken for assessment improve*
- *Quality of information and analysis in initial and core assessments is improved to ensure minimum standards are consistently met*
- *Dedicated specialist mental health input for R&A established whilst proposal is developed for multi-agency assessment team*

Performance on timeliness understandably deteriorated during the early period whilst a huge and complex programme of work was undertaken to rebuild the service, the systems, the staff group, the management team and the confidence of key partners and stakeholders. The agreed priority and focus during this period was to ensure the quality of the work improved..

Since then there has been a steady upward trajectory in timeliness with targets of 70% assessments completed in timescale at the end of 2011/12 now projected as achievable and a target for 80% in timescale for 2012/13.

The monthly performance demonstrates a fluctuation in completion rates. A number of issues impact on this, These include: increases in referrals immediately before school holidays(July, December, March) and a seasonal 10% increase in October, attendance at police raids to homes where it is believed trafficked children may be present in conjunction with the Bulgarian and Metropolitan Police (May 2011) as part of Operation Golf and subsequent work with children and /YP taken into our care and assistance as part of the emergency response to Summer Riots (August)

- 5.5 In January 2011 there was a full announced inspection of Safeguarding and Looked After Children's Services which acknowledged the progress that had been made and the report concluded that:

"The arrangements for contact, referral and assessment of children in need or who are at risk of harm are good and the improvements reported after the last unannounced inspection of the service in August 2010 have been sustained"

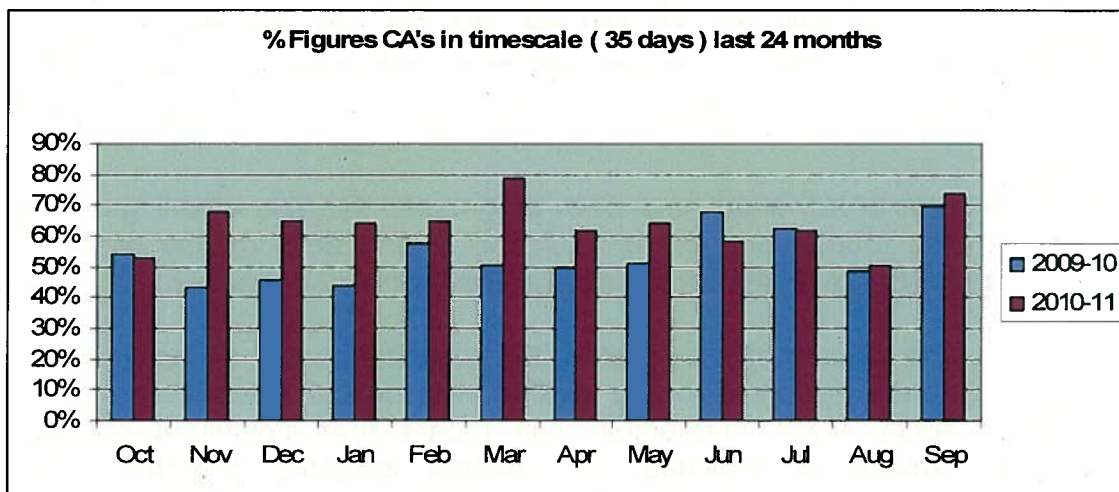
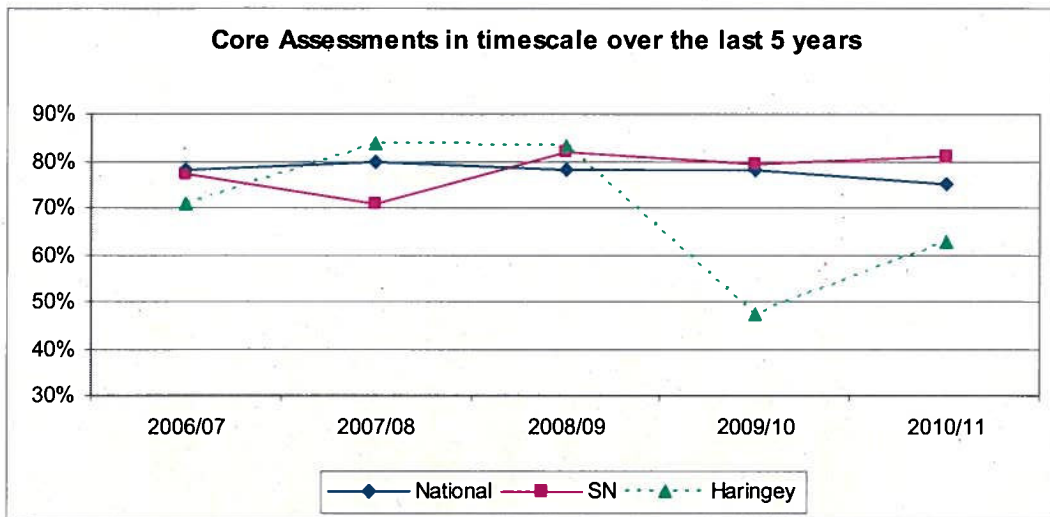


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Subsequently the recent unannounced inspection of referral and assessment services in October 2011 commented that:

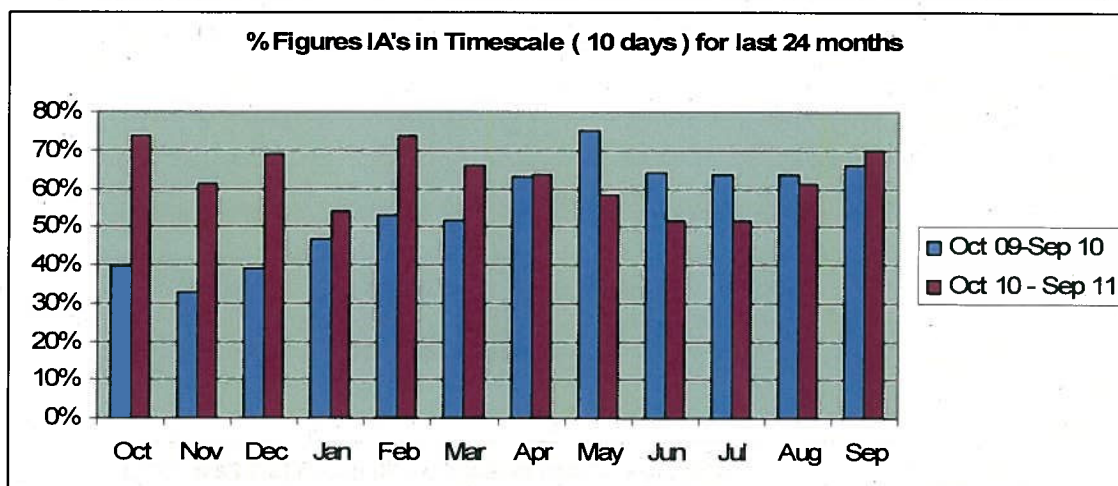
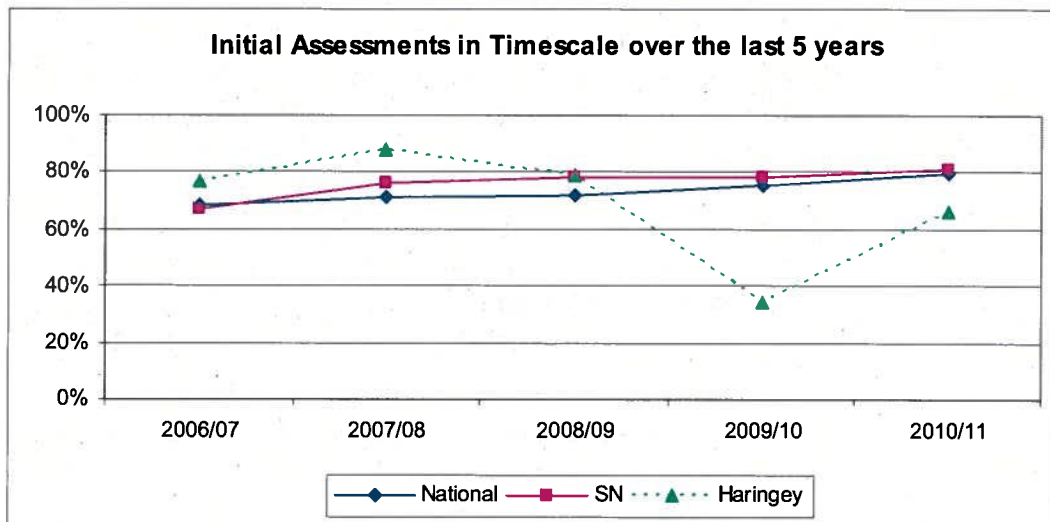
“Contacts and referrals receive a timely response through a designated multi agency screening team. Decisions are made in line with agreed thresholds and, where these are not met, referrers are appropriately signposted to other agencies or advised to use the common assessment framework.

In cases where significant harm is suspected, child protection enquiries are undertaken promptly following strategy discussions with the police. These result in a clear analysis of risk and, where necessary, appropriate action is undertaken to protect the child or young person.”





5.6



5.7 A range of key areas have been progressed this year enabling us to build on the foundations of the earlier work and drive up the timeliness of performance whilst continuing the improvement on quality.

1. The volume of the referrals this year; the impact of the multi agency screening in supporting families who do not reach the threshold for social work intervention has meant that significant support for families is provided by universal services and the Common Assessment Framework. High quality screening ensures that social workers have good quality information at the start of the assessment process. This will be further enhanced in 2012 when Haringey joins



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with the metropolitan police and probation to provide a Multi Agency Safeguarding Hub (MASH)

2. The impact of a domestic violence specialist working between Hearthstone and First Response. In 60% of referrals Domestic Violence is a factor. The specialist has enhanced the quality of practice and given social workers additional authority. It has also allowed better linking with voluntary partners such as Haringey Women's Forum who have supported families through the difficult process of separation from violent partners.
3. The impact of specialist Roma advice and support in CYPS. This worker is available for consultation and joint visits. She has quickly developed an understanding Haringey's Roma population. This in turn has speeded up potentially complex assessments. One social worker is quoted as saying that the support of the Roma worker meant that she was able to ascertain as much information in one visit as she would have done in three.
4. Close working with the UK Border Agency for families who have No recourse to Public Funds which has enhanced our ability to share information with the Home Office and progress applications.
5. Changes in the criteria for progression to Core Assessment to more closely reflect the work the thresholds in neighbouring boroughs, in short this means that work is progressed to Core Assessment at an earlier stage, allowing social workers sufficient time to complete complex pieces of work.
6. Recruitment of a stable workforce of social workers, managers and administrative support. As reflected in the recent Munro report high quality and permanent administrative support has meant that key tasks such as sending out appointment letters have been delegated leaving social workers to carry out their core business.
7. Improved 'step down' pathways for children and families who need longer term lower level support has allowed First Response Social Workers to concentrate on the assessment process as opposed to longer term work. 41% of allocated work in First Response relates to children under the age of 4 years and the development of our work with children centres and nurseries as well as health provision is fundamental to ensuring that we meet the needs of these children and provide robust intervention to address parenting issues at an early stage.

Closer work with Youth Service and start up of the 'Miss U ' Barnardo's project around children and young people who are absent from home without permission and to offer early intervention and support where families are struggling. This will be further enhanced by access to Multi Systemic Therapy service from April 2012.



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5.8 The Munro review of Child Protection recognised the importance of balancing professional judgements with national timescales and made the following recommendation which has been accepted by government:

5.9 **Recommendation 1 (Chapter 3):** The Government should revise both the statutory guidance, Working Together to Safeguard Children and The Framework for the Assessment of Children in Need and their Families and their associated policies to:

- distinguish the rules that are essential for effective working together, from guidance that informs professional judgment;
- set out the key principles underpinning the guidance;
- remove the distinction between initial and core assessments and the associated timescales in respect of these assessments, replacing them with the decisions that are required to be made by qualified social workers when developing an understanding of children's needs and making and implementing a plan to safeguard and promote their welfare;
- require local attention is given to: timeliness in the identification of children's needs and provision of help; the quality of the assessment to inform next steps to safeguard and promote children's welfare; and - the effectiveness of the help provided;
- give local areas the responsibility to draw on research and theoretical models to inform local practice; and
- remove constraints to local innovation and professional judgment that are created by prescribing or endorsing particular approaches, for example, nationally designed assessment forms, national performance indicators associated with assessment or nationally prescribed approaches to IT systems.

As a consequence we will be establishing local indicators and monitoring arrangements when the national guidance changes.

5.9 In conclusion there is an upward trajectory in the timescales which are currently established in line with the safeguarding action plan . This progress has been achieved alongside an improvement in the quality of work undertaken in the service.

5. **Financial Implications**
none

6. **Legal Implications**



Haringey Council
N/A

7. Equalities and Community Cohesion Comments
N/A

8. Head of Procurement Comments

9. Policy Implications

10. Use of Appendices – appendix A
Appendix A - Insert Threshold of Need and Intervention document
Appendix B – The Jar Action Plan (February 2009)
Appendix C – Safeguarding Action Plan (December 2009)

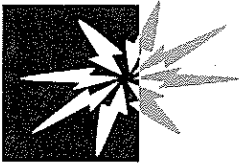
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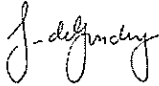
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11. Local Government (Access to Information) Act 1985

N/A



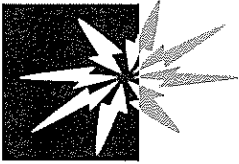
Haringey Council

Report for:	Overview and Scrutiny Committee	Item number	To be added by the Committee Section
Title:	Consultation on the Health and Wellbeing Strategy 2012 -2015		
Report authorised by :	Jeanelle De Gruchy, Director of Public Health 		
Lead Officer:	Jeanelle De Gruchy Ph: 020 8489 2828 Email: Jeanelle.Degruchy@haringey.gov.uk		
Ward(s) affected:	All	Report for Key/Non Key Decision:	N/A

1. Describe the issue under consideration

In Haringey we have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents. We are currently developing our new Health and Wellbeing Strategy for the borough. This strategy will replace Haringey's Wellbeing Strategic Framework which expired in 2010 and Incorporates the health and wellbeing priorities of the Children and Young People's Plan 2011 review.

We are consulting with our local stakeholders, partners and the wider community on the priorities for improving health and wellbeing in Haringey. The consultation runs from 20 September 2011 to 20 January 2012. The consultation document can be found at Appendix 1 or downloaded from the [strategy webpage](#). Further details on who we consulted and the consultation timescales can be found at Appendix 2 in the Consultation Matrix document.



Haringey Council

Haringey's Health and Wellbeing Strategy sets out our commitment and approach to tackling health inequalities and promoting health and wellbeing locally. Our priorities have been set in response to the issues we face, which are most starkly demonstrated by the gap in life expectancy between the east and west of the borough.

Through the implementation of this strategy, we will seek to achieve real and measurable improvements in the health and wellbeing of residents by investing in prevention and early intervention activities, and providing a coordinated approach to ensure that all of our activities contribute towards improving health and reducing inequalities. This strategy will shape the work plan for the Shadow Health and Wellbeing Board.

The vision of the strategy is:

A Healthier Haringey

We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

Informed by our Joint Strategic Needs Assessment, we have prioritised the delivering of three outcomes to achieve our vision:

1. Every child has the best start in life
2. A reduced gap in life expectancy
3. Improved mental health and wellbeing

An Equalities Impact Assessment (EqIA) is currently being developed that will consider the equalities implications of implementing the new strategy. The papers from the Cross-party working group on health inequalities outlined in the background information section, have been used to inform the EqIA, as will the consultation responses.

The consultation responses will also be used to produce the final version of the Health and Wellbeing Strategy. The completed strategy will be launched in March 2012.

2. Cabinet Member Introduction

We believe that everyone has the right to enjoy good health. However, many of our residents do not have this opportunity and there are large health inequalities across the borough. Residents in the poorest parts of Haringey are not only more likely to die prematurely but they will also spend a greater proportion of those shorter lives unwell. We understand that to reduce these health inequalities we need to focus not only on health, but also on the wider determining factors of poverty and deprivation.



Haringey Council

We know we face real challenges in overcoming these deep-seated issues, but we must all be ambitious in our thinking and in our desire for change. Through the Health and Wellbeing Board we aim to enhance joint working and fresh approaches. We know it will be increasingly difficult but the benefits are substantial.

We continue to make significant investment in improving health and wellbeing locally and, as a result, we have a lot to be proud of. There has been a reduction in teenage pregnancy; a steady decline in deaths of babies under one year old; women's life expectancy is above the England average; and educational attainment has continued to rise throughout the borough.

This strategy sets out how we want to build on these successes over the next three years, working in partnership across Haringey and moving further towards the goal of good health and wellbeing, something that every resident can aspire to and enjoy.

Good health and wellbeing is in everyone's interest, is everyone's responsibility, and requires everyone to play their part.

3. Recommendations

That Overview and Scrutiny Committee note and respond to the consultation document found in Appendix 1.

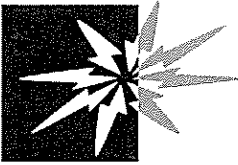
4. Background information

The Health and Social Care Bill was introduced into Parliament on 19 January 2011. It includes provision to strengthen public health services and reform the Department's arm's length bodies and sets out a requirement for local authorities and partner commissioning consortia to prepare a joint strategy for meeting the needs of the area.

Our Joint Strategic Needs Assessment (JSNA) was used to prioritise how we will deliver the three outcomes. More details about the JSNA and needs assessments can be found on the website at [Our Place](#).

A Cross-party Working Group was set up to recommend priority actions to reduce health inequalities in Haringey. The working group has had four meetings looking at the three strategy outcomes, determining:

- Current baselines and trends.
- The evidence-base for the interventions required to reduce health inequalities
- What we are currently doing



Haringey Council

- Whether the interventions are being delivered effectively
- Any gaps and any service changes that may impact
- The opportunities work across the council to shape existing work and/or funding.

This work has been used to inform the development of the Health and Wellbeing Strategy. A final report of this task and finish working group will be produced after its final meeting on November 24th; this will also inform the development of the strategy and delivery plan.

The Overview and Scrutiny review – men’s health: getting to the heart of the matter – is specifically focused on tackling early death of men in the east of the borough. The recommendations from this review will inform delivery of Outcome 2 of this Health and Wellbeing strategy.

5. Comments of the Chief Financial Officer and Financial Implications

The report in itself does not raise any financial implications or pressures however, once the consultation has been completed and options assessed, it will be important for a full assessment to be undertaken to ascertain if there are any new financial implications associated with the delivery of the strategy.

6. Head of Legal Services and Legal Implications

The report in itself does not raise any legal implications however the Cabinet in exercising these powers needs to take into account the views and opinions of users, providers and other stakeholders and to have carried out an extensive consultation and equality impact assessment on these proposals.

7. Equalities and Community Cohesion Comments

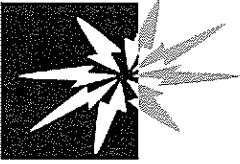
An Equalities Impact Assessment (EqIA) is currently being undertaken as well as a full review of compliance to the Haringey Compact – Working Better Together. Findings from both of these will be analysed and inform the final strategy.

8. Head of Procurement Comments

N/A

9. Policy Implications

The emerging Health and Wellbeing Strategy is one a range of key documents that contribute to improving the quality of life for everyone in Haringey. Other strategies including the Greenest borough Strategy, the Housing Strategy, and the Regeneration strategy are focussed on the determinants of health.



Haringey Council

Opportunities to exploit the synergies across the different themes will be explored through the shadow Health and Wellbeing Board.

The Children and Young People's Plan (expiring in 2012) is reflected through outcome one of the strategy, '*Every Child has the best start in life*'. This is in response to statutory guidance for Health and Wellbeing Strategies to reflect a joined up approach for adults and children.

The consultation itself does not have any significant policy implications, however once the delivery plan is being developed, a full policy assessment will need to be undertaken to ensure consistency across all of our key strategies.

10. Appendices

Appendix 1: Health and Wellbeing Strategy consultation document

Appendix 2: Health and Wellbeing Strategy consultation matrix

11. Local Government (Access to Information) Act 1985

N/A



Have your say
Haringey

Haringey's Draft Health and Wellbeing Strategy

2012-2015

CONSULTATION

20th September – 20th December 2011



Haringey Council



North Central London

Foreword

We believe that everyone has the right to enjoy good health. However, many of our residents don't have this opportunity and there are large health inequalities across the borough. Residents in the poorest parts of Haringey are not only more likely to die prematurely, but they will also spend a greater proportion of those shorter lives unwell. We understand that to reduce these health inequalities we need to focus not only on health, but also on the wider determining factors by decreasing poverty and deprivation.

We know we face real challenges in overcoming these deep-seated issues, but we must all be ambitious in our thinking and in our desire for change. Through the Health and Wellbeing Board we aim to enhance joint working and fresh approaches. We know it's going to be increasingly difficult, but the benefits are substantial.

We continue to make significant investment in improving health and wellbeing locally, and as a result we have a lot to be proud of. Teenage pregnancy has reduced; there has been a steady decline in deaths of babies under one year old; women's life expectancy is on a par with England; and educational attainment has continued to rise throughout the borough. This strategy sets out how we want to build on these successes over the next three years, working in partnership across Haringey and moving further towards the goal of good health and wellbeing, something that every resident can aspire to and enjoy.

Good health and wellbeing is in everyone's interest, is everyone's responsibility, and requires everyone to play their part.

This consultation is an opportunity for you to tell us how you think we can reduce health inequalities in Haringey and where we should target our resources. I encourage you all to have your say.

Councillor Dilek Dogus

Cabinet Member for Health
and Adult Services

Dr Helen Pelendrides

Chair, Haringey Clinical Commissioning Group

Haringey's Health and Wellbeing Strategy

Haringey's Health and Wellbeing Strategy sets out our commitment and approach to tackling health inequalities and promoting health and wellbeing locally. Our priorities have been set in response to the issues we face, which are most starkly demonstrated by the gap in life expectancy between different parts of the borough.

Through the implementation of this strategy, we will seek to achieve real and measurable improvements in the health and wellbeing of residents by investing in prevention and early intervention activities, and providing a coordinated approach to ensure that all of our activities contribute towards health improvements and reduce inequalities.

The vision of the strategy is:

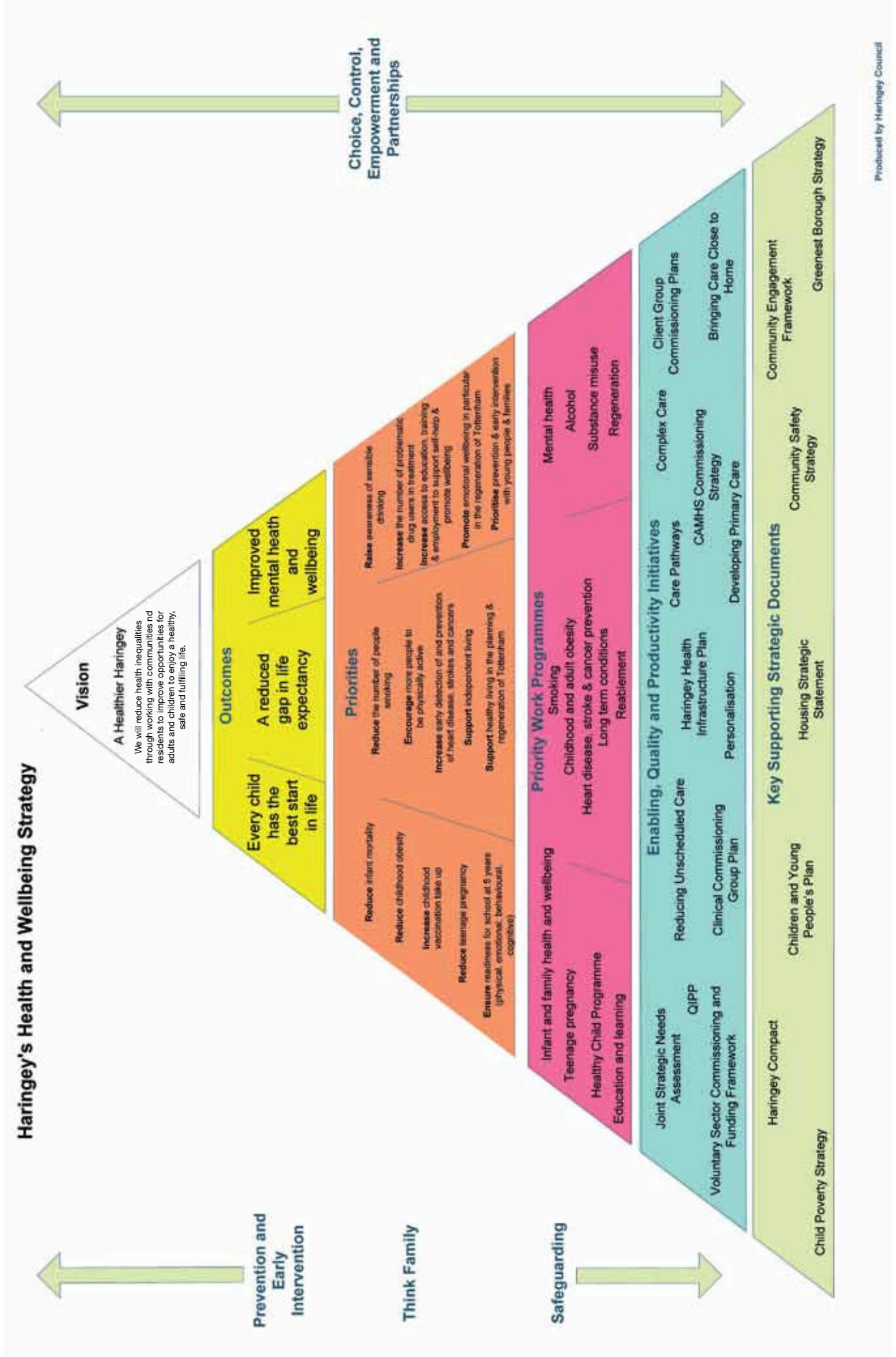
A Healthier Haringey

We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

Our three outcomes are:

- 1. Every child has the best start in life**
- 2. A reduced gap in life expectancy**
- 3. Improved mental health and wellbeing**

A Healthier Haringey



Outcome one

Every child has the best start in life

Outcome two

A reduced gap in life expectancy

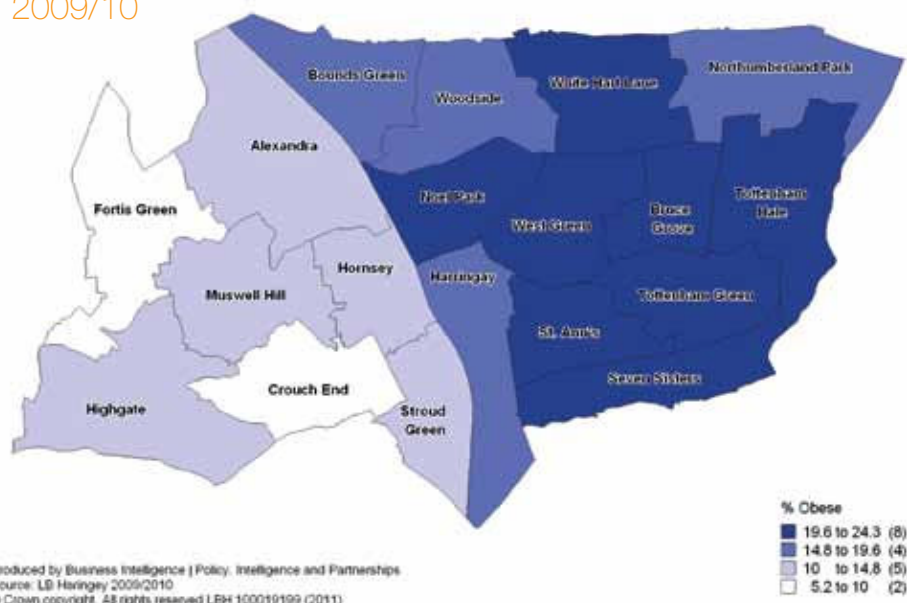
Outcome three

Improved mental health and wellbeing

What we know about Haringey

- Approximately five in every 1,000 babies die before their first birthday, higher than both the London and England average.
- Although the number of teenage pregnancies is falling locally, levels remain higher amongst mixed White and Black Caribbean communities.
- Black African women and those aged under 20 tend to book late for maternity care.
- Breastfeeding rates are considerably lower in the east of the borough.
- Vaccination rates have increased, but remain below the level required to protect the local population.
- One in four children is either overweight or obese when they start school. By year six this increases to nearly 40%, with obesity levels at 10.9% for White British children and 28.2% for Black African children.

Percentage of reception and year 6 children who are obese 2009/10



Research shows

- By the age of ten a child from a poorer background will have lost any advantage of intelligence indicated at 22 months; whereas a child from an affluent family will have improved his or her cognitive scores purely because of his/her advantaged background.
- Smoking or exposure to smoke in pregnancy increases the risk of premature birth and low birth weight. Almost half of all teenage mothers smoke during pregnancy.
- Higher teenage pregnancy rates are linked to poverty and low educational attainment.
- Breastfeeding improves the health of babies.
- Vaccination and immunisation programmes are essential to the wellbeing of our communities.
- Overweight or obese children and young people often have easy availability to low cost, high fat and sugary food and drink.

What we plan to do

- Provide targeted support for the welfare, learning and all round development of children ensuring they make good progress from conception to 3 years so that they are ready for school at 5 years.
- Encourage pregnant women to give up smoking.
- Increase early access to ante-natal and post-natal support especially for Black African women.
- Promote breastfeeding.
- Raise awareness and take up of vaccinations
- Promote a healthy and balanced diet for families.
- Reduce the barriers to and increase opportunities for taking up physical activity amongst children.
- Provide targeted, relevant and accessible sex and relationship education to children and young people.

Outcome two

A reduced gap in life expectancy

Outcome one

Every child has the best start in life

Outcome three

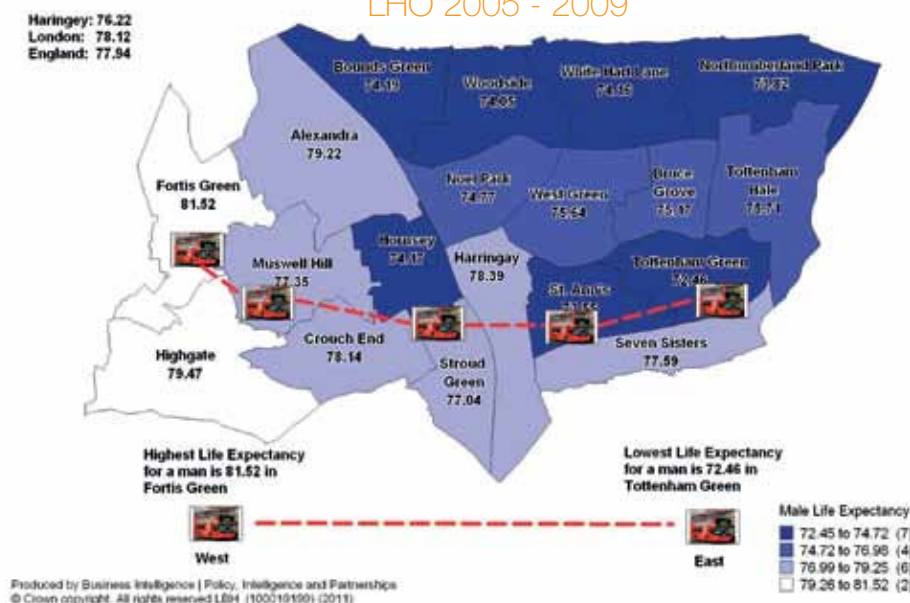
Improved mental health and wellbeing

What we know about Haringey

- Life expectancy is rising generally, in line with national trends, but there remains a nine year difference between men living in the east (72.5 years in Tottenham Green and those living in the west (81.5 years in Fortis Green) of the borough.
- The gap in life expectancy is mainly due to heart disease, stroke, cancer and lung disease.
- Around 28.6% of men and 24.2% of women smoke compared with 25.3% and 18.8% respectively for London.
- Alcohol related hospital admissions rates have almost doubled in the period 2004/05 -2008/9 for men and women.
- Over 50% of men and about 40% of women in Haringey were overweight or obese.

- Heart and respiratory disease are the top two causes of death for people with learning disabilities
- Around 5,743 adults aged 18+ are using social care services; by far the largest group is women aged 65+ reflecting that women live longer than men.

Male Life Expectancy Source:
LHO 2005 - 2009



Research shows

- Smoking, poor diet, lack of exercise, alcohol misuse and obesity are risk factors for heart disease, stroke and cancers. These risk factors are more common in deprived areas.
- Obesity has more than doubled in the UK in the last 25 years and nearly a quarter of adults are obese. People who are obese die on average 9 years earlier than those who are not.
- Children who grow up in homes where there is alcohol, nicotine or drug abuse may be more likely to develop addictions.
- Heart disease is more common in lower socio economic groups, in certain black and minority ethnic groups and in people with learning disabilities.
- Giving people more choice and control over the support they need helps them to live longer, healthier lives.
- The more hours of care an unpaid carer provides, the more likely it is that they will be in poor health. This is particularly so for those providing more than 50 hours a week (21% of carers).

What we plan to do

- Protect families and communities from tobacco.
- Motivate and assist every smoker to quit.
- Extend identification and brief interventions programmes to minimise the harm caused by alcohol misuse.
- Reduce the barriers to and increase opportunities for taking up physical activity amongst adults.
- Raise awareness of heart disease, stroke and cancer, and increase take up of screening programmes, with a particular focus on men aged 40+ in the east of the borough.
- Increase the number of health checks and health action plans for people with learning disabilities.
- Promote independent living for vulnerable adults and support those who care for them.
- Promote healthy living in the planning and regeneration of Tottenham.

Outcome three

Improved mental health and wellbeing

Outcome one

Every child has the best start in life

Outcome two

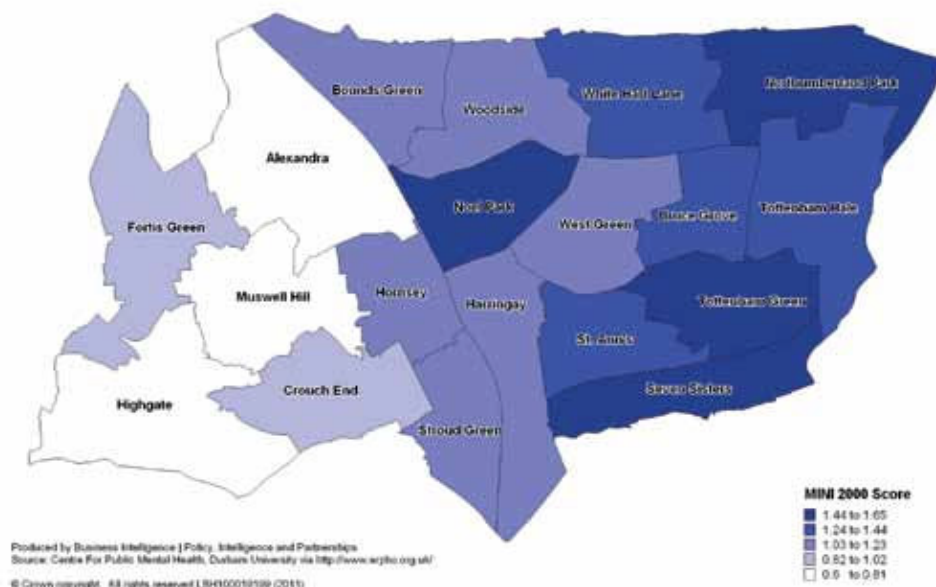
A reduced gap in life expectancy

What we know about Haringey

- Haringey is one of the most diverse boroughs in London and black and minority ethnic groups are more likely to experience mental health issues.
- Many people with severe and enduring mental health problems live in the east of the borough (Bounds Green, Woodside, St Ann's and Tottenham Green). Late diagnosis is common in the east of the borough.
- Haringey has a young population with high rates of drug and alcohol misuse and unemployment which are linked to mental ill health.
- There are an estimated 2,452 children aged 5-16 with mental health problems which is estimated to increase by 8% by 2013.

- 6.29% of residents over the age of 65 were estimated to suffer from dementia in 2008.
- The recent Tottenham disturbances will have an impact on the wellbeing of communities in the east of the borough.

MINI2000 (Mental Illness Needs Index)



Research shows

- 1 in 6 people in England suffer from a common mental health problem like depression or anxiety.
- 1 in 200 people have a serious mental illness like psychosis (where people may experience hallucinations or delusions).
- There is a strong link between physical and mental health. People with poor physical health often have poor mental health and vice versa.
- Common mental health problems for people with learning disabilities include: anxiety disorders, depression and schizophrenia.
- Poor mental health and wellbeing can impact on every aspect of life including physical health, education, employment and social functioning.
- Early diagnosis leads to improved mental health and wellbeing.

What we plan to do

- Raise awareness of sensible drinking to minimise the harm caused by alcohol misuse.
- Increase the number of problematic drug users in effective treatment.
- Improve access to education, training, employment and housing particularly increasing opportunities for young people and those with mental health problems including people with learning disabilities.
- Increase access to information and resources about mental health services to support self-help to promote wellbeing.
- Promote the inclusion of emotional wellbeing in community development initiatives, in particular the work to regenerate Tottenham.
- Prioritise prevention and early intervention by working with schools, young people and families to provide accessible non-stigmatising services in local community based settings.

We are keen to hear what you think of our plans to improve the health and wellbeing of people locally.

Tell us to what extent you; **agree** with our vision; **support** our aspirations; have other ideas of how we can improve people's health and wellbeing; and how you or your organisation can help turn our aspirations into reality.

Complete the questionnaire online at www.haringey.gov.uk/hwbstrategy

Alternatively, you can return this version by post:

Policy, Equalities and Partnerships
 7th Floor, River Park House
 London Borough of Haringey
 Freepost RRJG-YJBH-UCRZ
 London N22 8HQ

Please return your completed questionnaire by 20th December 2011.

Vision	Strongly agree	Agree	No opinion	Disagree	Strongly disagree	If you disagree, please say why
A Healthier Haringey: We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.						

Aspirations	Strongly agree	Agree	No opinion	Disagree	Strongly disagree	If you disagree, please say why
Outcome 1						
1. Give every child the best start in life						
1.1 Provide targeted support for the welfare, learning and all round development of children ensuring they make good progress from conception to 3 years so that they are ready for school at 5 years						
1.2 Encourage pregnant women to give up smoking						
1.3 Increase early access to ante-natal and post-natal support especially for Black African women						
1.4 Promote breastfeeding						
1.5 Raise awareness and take up of vaccinations						
1.6 Promote a healthy and balanced diet for families						
1.7 Reduce the barriers to and increase the opportunities for taking up physical activity amongst children						
1.8 Provide targeted, relevant and accessible sex and relationship education to children and young people						
1.9 Is there anything else you would like to see included in the strategy to help us achieve this outcome?						Add your comment here

Aspirations	Strongly agree	Agree	No opinion	Disagree	Strongly disagree	If you disagree, please say why
Outcome 2						
2. Reduce the gap in life expectancy						
2.1 Protect families and communities from tobacco						
2.2 Motivate and assist every smoker to quit						
2.3 Extend identification and brief interventions programmes to minimise the harm caused by alcohol misuse						
2.4 Reduce the barriers to and increase opportunities for taking up physical activity amongst adults						
2.5 Raise awareness of heart disease, stroke and cancer, and increase take up of screening programmes, with a particular focus on men aged 40+ in the east of the borough						
2.6 Increase the number of health checks and health action plans for people with learning disabilities						
2.7 Promote independent living for vulnerable adults and support those who care for them						
2.8 Promote healthy living in the planning and regeneration of Tottenham						
2.9 Is there anything else you would like to see included in the strategy to help us achieve this outcome?	Add your comment here					

Aspirations	Strongly agree	Agree	No opinion	Disagree	Strongly disagree	If you disagree please say why
Outcome 3						
3. Improve mental health and wellbeing						
3.1 Raise awareness of sensible drinking to minimise the harm caused by alcohol misuse						
3.2 Increase the number of problematic drug users in effective treatment						
3.3 Improve access to education, training, employment and housing particularly increasing opportunities for young people and those with mental health problems including people with learning disabilities						
3.4 Increase access to information and resources about mental health services to support self-help to promote wellbeing						
3.5 Promote the inclusion of emotional wellbeing in community development initiatives, in particular the work to regenerate Tottenham						
3.6 Prioritise prevention and early intervention by working with schools, young people and families to deliver services in local community based settings						
3.7 Is there anything else you would like to see included in the strategy to help us achieve this outcome?	Add your comment here					

4. How might you and/or your organisation contribute towards improving health and wellbeing in Haringey?

You:

Organisation:

Equalities monitoring

Asking personal questions can help us to improve the services we deliver to the community. If by monitoring we discover that certain groups of people aren't using particular services, we can address this to ensure equal access is given to all our residents.

5. Some questions about you or your organisation

5.1 Please tell us who you are

I represent a statutory organisation. Which one? _____

I represent a voluntary and community organisation. Which one? _____

I am local resident. Post code area (e.g. N8) _____

5.2 About you

1. AGE

What is your age group?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| 0-4 <input type="checkbox"/> | 12-15 <input type="checkbox"/> | 25-29 <input type="checkbox"/> | 65-75 <input type="checkbox"/> |
| 5-7 <input type="checkbox"/> | 16-17 <input type="checkbox"/> | 30-44 <input type="checkbox"/> | 75-84 <input type="checkbox"/> |
| 8-9 <input type="checkbox"/> | 18-19 <input type="checkbox"/> | 45-59 <input type="checkbox"/> | 85-89 <input type="checkbox"/> |
| 10-11 <input type="checkbox"/> | 20-24 <input type="checkbox"/> | 60-64 <input type="checkbox"/> | 90 and over <input type="checkbox"/> |

2. ETHNICITY

What is your ethnic group? (Please tick one box from the appropriate section)

White

British <input type="checkbox"/>	Irish <input type="checkbox"/>
----------------------------------	--------------------------------

White other

Greek/Cypriot <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
Turkish <input type="checkbox"/>	Turkish/Cypriot <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>	Kurdish <input type="checkbox"/>
Other <input type="checkbox"/>	

Please write in: _____

Mixed

White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>
White and Asian <input type="checkbox"/>	
Other <input type="checkbox"/>	

Please write in: _____

Asian or Asian British

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	East Asian African <input type="checkbox"/>
Other <input type="checkbox"/>	

Please write in: _____

Black or Black British

Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
Other <input type="checkbox"/>	

Please write in: _____

Chinese or other ethnic group

Chinese <input type="checkbox"/>
Other <input type="checkbox"/>

Please write in: _____

3. DISABILITY

Under the Disability Discrimination Act (DDA), a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. This includes people with HIV, cancer and multiple sclerosis (MS).

Do you have any of the following conditions which have lasted or expected to last for at least 12 months?

- Deafness or partial loss of hearing
- Blindness or partial loss of sight
- Learning disability
- Developmental disorder
- Mental health
- Long term illness, disease or condition
- Physical disability
- No disability
- Other disabilities

Please write in: _____

4. SEX

Please tick the box that best describes you:

- Male Female

5. GENDER REASSIGNMENT

a) Does your gender differ from your birth sex? Yes No

b) Are you undergoing a sex change? Yes No

6. RELIGION

Do you have a religion or belief that you would like to mention?

If so, please tick the appropriate box.

- No Religion Jewish
- Christian Muslim
- Buddhist Sikh
- Hindu Rastafarian
- Other

Please write in: _____

7. SEXUAL ORIENTATION

How would you describe your sexual orientation?

Heterosexual

Bisexual

Gay

Lesbian

8. PREGNANCY AND MATERNITY

Are you pregnant?

Yes

No

Do you have a baby under 12 months old?

Yes

No

9. MARRIAGE AND CIVIL PARTNERSHIP

Are you:

a) Married?

Yes

No

b) In a same sex civil partnership?

Yes

No

c) Co-habiting?

Yes

No

d) Single?

Yes

No

10. REFUGEES AND ASYLUM SEEKERS

Are you a refugee or asylum-seeker?

Refugee

Yes

No

Asylum-seeker

Yes

No

What country or region are you a refugee/asylum seeker from? _____

11. LANGUAGE

Please tick the box which best describes your language.

Albanian

Arabic

English

French

Lingala

Somali

Turkish

Other

Please write in: _____

Thank you very much for completing this questionnaire; your views will help us shape the future of the health and well being of Haringey.

What we will do next

Your views will be used to produce the final version of the Health and Wellbeing Strategy. The completed strategy will be launched in March 2012. You will be able to download copies from www.haringey.gov.uk

If you want this in your own language please tick the box, fill in your name and address and send to the freepost address below

Shqip

Nëse dëshironi ta keni këtë në gjuhën tuaj, ju lutemi vendosni shenjën ✓ në kuti, shënoni emrin dhe adresën tuaj dhe niseni me postë falas në adresën e mëposhtme.

Kurdî

Ku hun wena la zîmanixa daxwâzin. Lewira îflaret bîkin Navixa û navnîflanaxa tije bikin â biflenin ê navniflana jêr la vepêre.

عربي

إذا كنت تود هذا الكتيب بلغتك، فالرجاء وضع علامة على المربع، واكتب إسمك وعنوانك وارسلهما بالبريد المجاني إلى العنوان المبين بأسفل

Português

Se desejar receber o folheto na sua própria língua, por favor assinale a quadrícula, preencha com o seu nome e morada e envie para o endereço 'freepost' (com porte pago) abaixo indicado.

বাংলা

আপনি যদি এটা আপনার নিজের ভাষায় পেতে চান তবে অনুগ্রহ করে সঠিক বাক্সে টিক দিন, এবং আপনার নাম ঠিকানা লিখে নিচের ঠিকানায় পাঠিয়ে দিন, এর জন্য কোন ডাকটিকিট লাগবে না।

Limba română

Dacă doriți un exemplar al broșurii în limba dvs. maternă, vă rugăm să bifați caseta corespunzătoare, să ne dați numele și adresa dvs., și să trimiteți formularul la adresa de mai jos, fără timbru poștal.

Français

Pour recevoir ces informations dans votre langue, veuillez cocher la case, inscrire vos nom et adresse et nous renvoyer ce formulaire, sans affranchir, à l'adresse ci-dessous.

Soomaali

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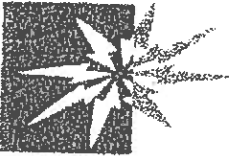
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Report for:	Overview and Scrutiny 14 th December 2011	Item number	
Title:	Haringey's Voluntary Sector Strategy 2011-2016 and Voluntary Sector Commissioning & Funding Framework		
Report authorised by :	Mun Thong Phung, Director, Adult and Housing Services <i>PP LISA REDFERN</i>		
Lead Officer:	Lisa Redfern, Deputy Director, Adult and Community Services lisa.redfern@haringey.gov.uk 020 84892324		
Ward(s) affected: All	Report for Key/Non Key Decision: N/A		

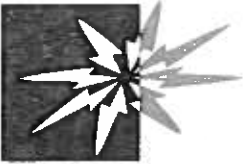
1. Issue under consideration

Steered and overseen by the Voluntary Sector Review Board, the Council has produced a Voluntary Sector Strategy 2011-2016 (Appendix 1), and draft Voluntary Sector Funding Framework (Appendix 2). The Funding Framework will set out how the Council will deliver on the Strategy in order to achieve the best possible outcomes for the residents of Haringey, in line with the Council's key priorities, within a challenging financial climate. Both the Strategy and the Framework have been consulted on.

2. Cabinet Member Introduction

I am very excited about Haringey's new Voluntary Sector Strategy as it gives the Council and its voluntary and community sector colleagues an opportunity to work together on the matters that really count and that really concern us. I see the voluntary sector as having a pivotal role in helping to regenerate Tottenham and work with us to tackle our core priorities: unemployment; and

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delivering health and well-being; empowering communities; and working with young people to lead effective valued lives.

It is important to acknowledge that Haringey Council highly values the work of its Voluntary Sector and I, with Cabinet responsibility for this portfolio, am very passionate about the Voluntary Sector and its role in delivering better services and outcomes for Haringey's residents. It is vital that the Council encourages and supports the sector to become a strong strategic delivery partner; one that is able to deliver high quality, effective services against our key priorities.

The Voluntary Sector Strategy 2011-16 sets out the Council's key priorities in working with the voluntary sector in Haringey so that they are able to be effective partners in identifying solutions to the shared challenges in maintaining services within a reduced public resourced envelope. The Funding Framework provides the mechanism for the Council to deliver our key priorities and outcomes, with added value for money and high quality, effective services for residents.

3. Recommendations

Overview and Scrutiny Committee are asked to note the development of the Council's Voluntary Sector Strategy 2011-2016.

4. Other options considered

The Council has not previously had a strategy for the voluntary sector. The Voluntary Sector Strategy is intended to transform the way the Council works with the voluntary sector, to maximise delivery in accordance with the Council's key priorities and outcomes, achieving added value for money and high quality, effective services for residents. The existence of a Voluntary Sector Strategy will strengthen the ways voluntary sector services are funded and provide a proportionate and consistent approach across the Council.

5. Background information

The Voluntary and Community Sector is defined as non-governmental organisations that are value driven and which principally reinvest their surpluses to further social, environmental or cultural objectives. It includes Voluntary and Community Organisations, charities, social enterprises, co-operatives and mutuals.



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In 2010/11 the Council funded Voluntary Sector organisations to a value of approximately £15 million. Historically, funding of the voluntary sector has not always been consistent across the Council leading to, for example, duplication in funding for similar services. The Voluntary Sector Strategy will strengthen the ways voluntary sector services are funded and provide a proportionate and consistent approach. The Council is committed to ensuring that performance management is proportionate to the size of the organisation.

The Council has developed a five year Voluntary Sector Strategy for the period 2011-2016 following a period of consultation on the outcomes of the Strategy from November 2010 to February 2011. The development of the Strategy has been steered and overseen by the Voluntary Sector Review Board, chaired by the Cabinet Member for Adult and Community Services and involving voluntary sector members and other key stakeholders. A further six week consultation exercise took place during July & August 2011 on the draft Voluntary Sector Funding Framework. The Framework will set out how the Council proposes to deliver on the Strategy, in order to achieve the best possible outcomes for residents of Haringey within a challenging financial climate.

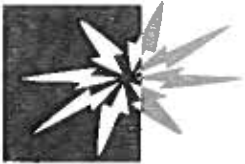
5.1 Voluntary Sector Strategy

The Voluntary Sector Strategy 2011 - 16 (attached at appendix 1) will support the Council to meet the challenges and opportunities that are emerging rapidly from fundamental changes to the public sector. By establishing the right funding mechanisms, the Council will be able to empower and strengthen the voluntary sector so they are better able to deliver effective services in areas of highest need and to address local inequalities to achieve improved outcomes for the residents of Haringey. The Voluntary Sector Strategy highlights the contribution that Voluntary Sector organisations can make to deliver the priorities for our borough, against the five key outputs of the Strategy. These outputs were consulted on from November 2010 to February 2011, and have been agreed as:

Outcome 1: A commissioning and funding framework that is needs-led and offers value for money: by establishing a robust financial relationship alongside innovative ways of funding services, supported by quality assurance and monitoring

Outcome 2: A strong Voluntary Sector infrastructure: by developing a strategic structure that supports the work of the Voluntary Sector

Outcome 3: An effective Voluntary Sector voice: by ensuring that the needs and views of the Voluntary Sector are effectively championed



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Outcome 4: People and communities empowered to take control of their lives: To support the development of valuable social networks, recognising the key role the Voluntary Sector has to play, to deliver high quality support and services

Outcome 5: Fairer access to assets and community spaces: by providing support to enable Voluntary Sector organisations to access and to share high quality premises

5.2 Voluntary Sector Funding Framework

Outcome 1 of the Voluntary Sector Strategy requires the Council to put in place a Funding Framework (a draft of which is attached at Appendix 2) which sets out the core principles for how the Council will support and work with the Voluntary Sector, including how the Council propose to fund its voluntary sector services in the future. Such a framework is critical to successful delivery of the Strategy.

The Funding Framework is informed by the following guiding principles:

- **Contribution to priorities:** Funding should contribute towards achievement of Council priorities, fulfil a legislative requirement or build capacity in the Voluntary Sector
- **Service/Outcome basis:** Funding should relate to an activity or service to be provided. Monitoring and evaluation should be based on delivery of quantifiable outcomes, established at the start of funding. Funded activities will be expected to deliver those specified outcomes
- **Fair, open and transparent process:** The funding process should be open, fair and transparent
- **Proportionate funding arrangements:** The funding process should involve an element of proportionality with less onerous processes and requirements for low values of funding, to reflect the lower risk involved

Building on the principles already contained in the Haringey Compact and following consideration of the practice adopted in other authorities, funding will be split between strategic commissioning and small grants. It is proposed that each Council Directorate uses this framework for all future commissioning from the voluntary sector, clearly demonstrating links to Council priorities.



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- **Commissioning** will be Directorate-led following the development of Directorate Commissioning Briefs. Where necessary, joint commissioning could take place. When setting out commissioning intentions, there will be an emphasis on working with local organisations in Haringey.
- **Small grants scheme (up to £5,000):** In order to continue to support small organisations, a small grants scheme will accompany the commissioning process. The grants will be allocated to new innovative projects, one-off purchases or development investment. Bids will be invited for small funding allocations with proportionate application requirements and monitoring arrangements
- **Longer term funding:** In order to promote stability and certainty, funding should be agreed for longer time periods where it represents good value for money to do so. There is an expectation that commissioning will result in funding being agreed for three years. However, the length of funding will ultimately be determined by the needs of the service or outcome, as set out in the Directorate Commissioning Brief
- **Full cost recovery:** When appropriate Voluntary Sector organisations should aim to recover the full cost of their funded activities by including a proportion of their overheads. This should eventually eliminate the need for 'core cost' funding and encourage sustainability
- **Reserves:** Voluntary Sector organisations are expected to comply with Charity Commission guidelines, and should have written policies on their minimum level of reserves.
- **Partnership working:** A dynamic and innovative response is needed to the challenges faced in providing both public and voluntary services. Opportunities for collaborative projects, sharing of resources or partnership working should be developed where possible in order to make best use of limited resources
- **Value for money:** Funded organisations should demonstrate that good value for money is offered. This could be demonstrated through developing a clear strategy for maximising income from other sources and reducing the reliance on Council funding. Equally, value for money could effectively be built into contracts funding agreements as it should be assumed that no inflationary increments will be available during the life of the contract

6. Comments of the Chief Financial Officer and Financial Implications

The recommendations within the report are to be contained within existing resource allocations. Delivering value for money services will need to be a key consideration in the future funding of services from voluntary sector



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organisations, including ensuring robust and relevant activity information that demonstrates good outcomes to Haringey residents are being delivered.

7. Head of Legal Services and Legal Implications

The Head of Legal Services notes the contents of this report. Legal Services is working with the Director of Adult and Housing Services in the preparation of the Voluntary Sector Strategy and the Commissioning and Funding Framework. Both the Strategy and the Framework will be assessed for their equalities impact, in accordance with the Council's Public Sector Equality duty pursuant to the Equality Act 2010, to enable members to make an informed decision on the same at their meeting on 20 December 2011.

8. Equalities and Community Cohesion Comments

The strategy and commissioning and funding framework is due to be considered at Cabinet on 20th December 2011. It will be supported by a completed Equalities Impact Assessment (which will be available on the Council website one week before Cabinet – i.e. by 13th December 2011). The Equalities Impact Assessment is looking examining how the strategy and framework will ensure equality of access to Council support and funding, across protected groups who use services provided by voluntary sector organisations. The Equalities Impact Assessment will have an accompanying action plan.

9. Head of Procurement Comments

Not applicable

10. Policy Implications

As stated in the strategy, this is ostensibly a shift from grant giving to a commissioning approach.

11. Use of Appendices

Appendix 1 – Voluntary Sector Strategy – 2011-2016

Appendix 2 – Commissioning and Funding Framework

12. Local Government (Access to Information) Act 1985

12.1 No reason for confidentiality or exemption



Haringey Council Voluntary Sector Strategy

2011-2016

Document control

Document details	
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Document version number	3.0
Document status	Final
Author	<ul style="list-style-type: none"> • Jennifer Layne - Development and Support Officer, Voluntary Sector Team, Adults and Housing • Policy, Equalities and Partnerships Team
Lead Officer	<ul style="list-style-type: none"> • Susan Humphries – Manager, Voluntary Sector Team, Adults and Housing • Barbara Nicholls – Head of Commissioning and Strategy Planning, Adults and Housing
Approved by	Voluntary Sector Review Board 1 st July 2011
Scheduled review date	Reviewed annually until 2016

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V0.2	Second draft consultation	12/11/10
V1.0	Final draft version incorporating consultation feedback	31/03/11
V2.0	Final version	01/07/11

Approval history		
Version	Approving body	Date
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V1.0	CEMB	10/5/2011
V1.0	CAB	26/5/2011
V2.0	Voluntary Sector Review Board	01/07/2011
V2.0	Final version published	15/07/2011

This strategy has been developed by Haringey Council. It was subject to a period of consultation to obtain the views of partners across the strategic partnership.

A Voluntary Sector Review Board was set up to oversee the development of the strategy, and had its final meeting on 1st July 2011.

Members of the Voluntary Sector Review Board were:

- Cabinet Member for Adults and Community Services (chair)
- Cabinet Member for Children’s Services
- Cabinet Member for Finance and Sustainability
- Representatives from:
 - Adults and Housing, Haringey Council
 - Children and Young People’s Services, Haringey Council
 - Chief Executive’s Service, Haringey Council
 - NHS Haringey
 - Haringey Association of Voluntary and Community Organisations (HAVCO)
 - Voluntary Sector partners

Alternative formats

This strategy is available on request in community languages, Braille, on tape, in large print and in a format accessible to people with learning disabilities.

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1. Introduction

Haringey Council is committed to supporting the Voluntary Sector in the borough. We have developed this strategy to set out how we want to move forward with the Voluntary Sector to deliver essential and innovative services to improve the quality of life of the borough's communities. We have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents, especially those who the most vulnerable.

Haringey is, in demographic terms, an exceptionally diverse and fast changing borough. Some fifty per cent of our population overall and three-quarters of our young people are from ethnic minority backgrounds, and around 200 languages are spoken in the borough.

The borough has a large Voluntary Sector which provides a wealth of services. The Haringey Association of Voluntary and Community Organisations (HAVCO) report, [Building a Thriving Third Sector in Haringey](#) (May 2010) highlighted the wide diversity of the 1,600 Voluntary Sector organisations in the borough from small grassroots organisations to well established larger ones.

Haringey Council highly values the contribution the Voluntary Sector makes in providing a wide variety of services. In 2010/11 the council invested over £15 million in the Voluntary Sector through a combination of grants and commissioned projects to improve the health and wellbeing of residents.

Voluntary Sector organisations help to bring money into the borough to tackle poverty and disadvantage, promote education, address inequality and develop the borough's art, culture and heritage, as well as improving and protecting the environment. This is achieved through grants, fundraising, sale of goods and services, corporate sponsorship and donations. We recognise the role the council has in supporting and developing the Voluntary Sector, and there are already good examples of the sector working together independently of the council that could be built on.

As well as utilising many volunteers, the Voluntary Sector is a major local employer. One of the key characteristics of its employment profile is its flexible and part-time job opportunities, attracting large numbers of women and people often marginalised in the mainstream employment market.

Fundamental change is happening across the public sector, change that will give local councils and neighbourhoods more power to take decisions and shape their area; enable charities, social enterprises, private and public sector companies and employee-owned co-operatives to compete to offer high quality services; and enablement of people from all walks of life to play a more active part in society. Additionally, the current economic downturn provides many challenges for commissioning and grant aid and it is a certainty that there will be less funding available.

Against this background of rapidly emerging change and the challenges that this presents, the council has a unique opportunity to review how it delivers effective services to help meet areas of highest need and address local inequalities to achieve improved outcomes for residents.

We now need to find new, innovative and efficient ways to make best use of the resources we have available across the partnership. The future funding of the Voluntary Sector will be delivered through a commissioning and funding framework using a commissioning approach with clearly specified outcomes, and with the council seeking best and added value for money and high quality services for residents.

The council remains committed to supporting and developing Voluntary Sector providers, and to delivering preventative and wellbeing services to achieve partnership priorities.

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2. What is the Voluntary Sector in Haringey?

“Voluntary Sector” can be defined in a number of ways. For the purposes of this strategy we are defining it as:

Not for profit independent, voluntary and community groups or organisations formed by local people, or those with a local interest, to improve the quality of lives for themselves and/or others in Haringey.

These include a range of registered charities; voluntary organisations; community groups; faith groups involved in social action; community interest companies, mutuels and co-operatives, social enterprises, and citizen-led organisations.

The Voluntary Sector in Haringey is diverse in terms of size, activity, demography and its differing roles. Haringey recognises that the Voluntary Sector is:

- A **strategic partner**: contributing to shaping local priorities and the development of plans to meet those priorities
- A **service deliverer**: improving services’ outcomes through responding to local and diverse needs
- An enabler of **voice and community representation**: by encouraging and supporting local service users and citizens – especially those that are vulnerable and marginalised – to get involved in decision making
- A key contributor to **cohesion and equalities**: by building social capital and strong community networks.
- A **facilitator, co-ordinator and enabler** of social action

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3. Purpose of this strategy

The council believes that if the conditions in which our residents are born, grow, live, work and age were improved and more equitably distributed, then everyone would have a better quality of life. We recognise the pivotal role the Voluntary Sector already plays in supporting communities.

This purpose of this strategy is therefore to help us meet the challenges and opportunities that are emerging rapidly from fundamental changes to the public sector, by establishing mechanisms that enable us to deliver effective services in areas of highest need and to address local inequalities to achieve improved outcomes for residents.

The council recognises that a thriving Voluntary Sector is essential for the delivery of Haringey's [Sustainable Community Strategy](#). It also recognises that the work of Voluntary Sector organisations increases community leadership, cohesion, social capital (described in more detail in [Outcome 4](#)) and promoting co-produced services hosted by, for example, local voluntary sector organisations.

The strategy will also provide **a revised commissioning and funding framework which sets out the core principles for how the council will support and work with the Voluntary Sector, including how we will fund and commission services in the future.**

The strategy highlights the contribution that Voluntary Sector organisations can make to delivering the outcomes and priorities for our borough, and is informed by the following guiding principles:

- **Transparency:** There will be fair processes with clear decision making criteria
- **Efficiency:** We will work with Voluntary Sector organisations in a consistent way which aims to be fair and equitable, and ensures we achieve maximum value for money
- **Personalised:** We will involve the community in decision making and make sure funding reflects local aspirations
- **Partnership:** We will adhere to the principles of the [Community Engagement Framework](#) to make sure that people can have their say, are listened to, and are involved in making decisions, and to the Haringey [Compact](#) way of working which promotes good practice in partnership.

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4. Scope of strategy

The strategy's vision is to support a strong Voluntary Sector in Haringey in an environment where all organisations can thrive, be engaged and play a role in supporting Haringey's communities.

Haringey Council recognises its community leadership role in implementing this vision whilst acknowledging and respecting the independence of the sector, and the fact that many groups operate autonomously from the council and its partners.

In recognition of our role, this strategy focuses on the full range of community and voluntary sector services that currently receive grant aid or provide commissioned services. However, it also aims to ensure that those organisations that do not have a funding relationship with the council are also supported to achieve their full potential, regardless of the age group and client group that organisations work with.

The council is building on existing strategies and strategic commissioning plans to ensure we have a Voluntary Sector Strategy which addresses engagement, social action, co-production and new roles in public service delivery as well as a restructured grant aid framework incorporating a commissioning-based approach.

Haringey Council is committed to reducing inequalities. By commissioning and funding high quality and cost effective needs-led services, informed by our [joint strategic needs assessment](#) and benchmarking against local, sub-regional and national information, and with our focus on agreed key priorities, we will begin to achieve this.

This strategy does **not** cover the relationship to or contractual relationships with the private sector and business.

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5. The national context

There has been a drive from central government to create a local environment which will enable the Voluntary Sector to contribute and to thrive. Haringey is about to experience a fundamental change in the way services are delivered, alongside a reduction in funding. There is a clear intention to give residents more powers in making decisions about their communities and encouraging people to take an active role. This includes supporting the creation and expansion of co-operatives, mutuals, charities and the growth of social enterprise capacity, enabling them to play a greater role in the delivery of public services.

The [Spending Review 2010](#) confirmed the government's intention to work with the financial sector, the voluntary sector and community groups to develop innovative equity investment opportunities in public services. This included:

- Additional support for the Civil Society organisations sector, including a short-term fund to help charities, voluntary groups and social enterprises make the transition to a tougher funding environment
- A National Citizen Service which will support young people from a mix of different backgrounds to develop skills and engage with their communities
- A Community First Fund to support new and existing small organisations in the most deprived areas
- A Big Society Bank to bring in private sector funding in addition to receiving all funding available to England from dormant accounts
- London Councils' repatriation of grants to local councils
- Personalisation of social care in adults and children with special educational needs.

It is recognised that some eighty per cent of Voluntary Sector organisations work in the health and social care field. We recognise that the council needs to support Voluntary Sector organisations in moving into a personalised care market place, through market development and stimulation, to enable them to respond to priorities that emerge from national and local commissioning arrangements across health and social care.

Further detail on the national context can be found in [Appendix 1](#).

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6. The local context

6.1 Haringey's population

In 2010, Haringey was the 13th most deprived borough in the country (18th in 2007) and the fourth most deprived borough in London (fifth in 2007).

- The population is one of the most ethnically diverse in the country.
- Fifty per cent of children are classified as in poverty, and there is a wide variation in educational attainment by ethnic group.
- Life expectancy has continued to rise in line with the national trend.
- Average life expectancy for men is 75.88 years, ranging from 71.68 years in Tottenham Green ward to 80.9 years in Fortis Green ward, but overall remains around two years below the national average. In addition, 2001 Census figures show that, by the age of 66, Haringey men will have developed a disability or long-term health condition.
- Average life expectancy for women is 82.43 years, ranging from 77.42 years in White Hart Lane ward to 89.51 in Stroud Green ward, and is slightly above the national average. However, 2001 ONS figures show that, by the age of 69.7, women will have developed a disability or long-term health condition.
- Cancer and heart disease account for most deaths.
- Infant mortality rates are high; and the level of low birth weight is high in the east of the borough.
- The rate of teenage pregnancies shows a continuing downward trend, although levels remain higher in mixed White and Black Caribbean ethnicities.
- There are high rates of emergency admissions to hospital and variation in quality outcomes in primary care. Alcohol misuse has risen in the last five years.
- In the year to September 2009:
 - the employment rate was 63.5%, down 0.9 percentage points over the year. This makes it the fourth lowest in London
 - the unemployment rate rose 1.4% to 9.1%, making it the 11th highest unemployment rate in London
 - economic inactivity rate (people of working age not actively seeking work) decreased by 0.2% to 30.1%, making it the third highest inactivity rate in London, significantly higher than the six-borough comparator average¹ (23.3%).
- It is recognised that older people living in Haringey after retiring from employment, for example, continue to be economically active.
- At May 2010, there were 9,721 claimant count unemployed people (6,605 men; 3,116 women), down 189 over the month but up 590 over

¹ The six borough comparator is comprised of: Brent, Hackney, Lambeth, Lewisham, Southwark and Waltham Forest. These are boroughs with similar characteristics to Haringey, as defined by the Neighbourhood Renewal Unit.

the year, at 6.2%. This continues to be higher than the six-borough comparator (5.6%), London (4.3%) and England (3.9%) averages. The 25-34 age group was the highest in this category, and the highest ethnicity of claimant count unemployed was White.

- There will be an impact following recent government announcements of changes in benefits, including housing benefit, and the loss of education maintenance allowance.

6.2 The Voluntary Sector in Haringey

- Haringey has a large Voluntary Sector, believed to be around 1,600 organisations.
- Voluntary Sector organisations play a key role by providing services that are bespoke and flexible, meeting the needs of our diverse communities. These range from Registered Social Landlords and social enterprises to voluntary organisations, and may be branches of a national body as well as small, grassroots community groups.

In autumn 2009, HAVCO conducted a [survey of Voluntary Sector organisations](#) which found that:

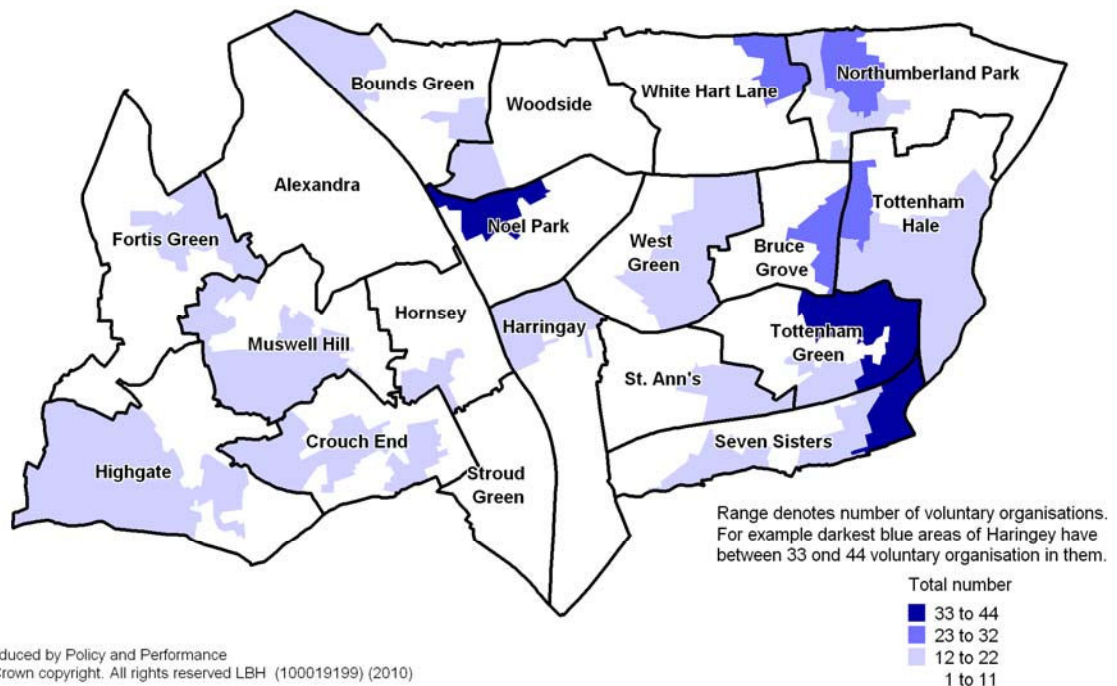
- The overwhelming majority of organisations in the Voluntary Sector are either voluntary organisations or community groups.
- Seventy per cent of Voluntary Sector organisations are described as micro or small organisations with incomes of less than £10,000 per year.
- Sixty-three per cent of these organisations have been established for over a decade and twelve per cent are faith groups.
- The sector employs some 5,100 full time equivalents.
- On average, individual volunteers in the borough give their time for seven hours per month, amounting to 217,000 volunteer hours per month and a total of 2.6 million volunteer hours per year.
- The approximate value of volunteering work is £25 million per annum.

A full version of the above information can be found in the [Haringey: Our Place](#) pages on the council's website.

Map 1 shows where Haringey's 1,600 Voluntary Sector organisations are based across the borough. The highest concentration of organisations is in the east of the borough in Super Output Areas (SOAs) in Tottenham Green and Seven Sisters wards, along with a particular concentration in an SOA in Noel Park in the centre of the borough.

Map 1: Haringey's 1,600 voluntary sector organisations, by ward, 2009

Total number of voluntary organisations based and working in Haringey
Haringey SOAs
2009



6.3 Equalities Impact Assessment and Compact Proofing

Throughout our work, we are committed to reflecting the full diversity of the community we serve and to promoting [equality of opportunity](#) for everyone.

Equalities screening has identified that full Equalities Impact Assessments (EqIAs) will be developed, that cover the five outcomes of the Strategy:

- Work has already begun on the EqIA for **Outcomes 1 to 4**, in particular for around the new funding arrangements.
- Work will begin on an EqIA for **Outcome 5: Fairer access to assets and community spaces** alongside the planned review of the use of community buildings

A full review of compliance to the Haringey Compact – Working Better Together has also been undertaken.

6.4 Links with the Sustainable Community Strategy

This strategy contributes to the work of all outcomes of the [Sustainable Community Strategy](#):

- People at the heart of change
- An environmentally sustainable future
- Economic vitality and prosperity shared by all
- Safer for all
- Healthier people with a better quality of life
- People and customer focused

6.5 Links with other relevant strategies

This strategy also contributes to all Haringey's existing key strategic documents:

- [Children and Young People's Plan](#)
- [Greenest Borough Strategy](#)
- [Housing Strategy](#)
- [Older People's Housing Strategy](#)
- [Regeneration Strategy](#)
- [Safer for all: Community Safety Partnership Plan](#)
- [Wellbeing Strategic Framework](#)
- [Procurement Strategy](#)
- [Asset Management Plan](#)
- [Child Poverty Strategy](#)

HAVCO has produced the following documents which are integral to the development of this strategy:

- [Survey of Third Sector organisations, 2010](#)
- [Towards 2012 and Beyond, A Volunteering Development Plan for Haringey](#), October 2009

The strategy has adopted the principles set out in Haringey's [Community Cohesion Framework](#), that Haringey is a place where:

- There is equal opportunity to life's chances and a borough-wide commitment to work together to achieve equality and justice.
- Young people have hope and ambitions and the opportunity to realise them.
- There are positive relationships and common values across the diverse communities and people of Haringey.
- Everyone, regardless of background, belief or circumstances, feels part of the wider Haringey community, is respected and valued, and has the opportunity to contribute to the life of the community.
- There is trust and a sense of belonging across all communities.
- People are safe from harassment and crime and are free from fear of crime.
- The people of Haringey want to live here and are proud of the borough's diversity.

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7. Vision

Voluntary Sector Strategy Vision

A sustainable and independent Voluntary Sector:

Working in partnership with public and private sectors to reduce inequalities and poverty, strengthen cohesion and building community leadership to improve the lives of residents of Haringey.

This strategy:

- supports the development of a robust and able Voluntary Sector that works in partnership with the council (and other strategic partners) to sustain the delivery of high quality local services
- encourages transparent and fair decision-making arrangements.

We are committed to the principles set out in the Haringey Compact [Working Better Together](#). The compact promotes mutual respect and understanding between the public, private, voluntary and community sectors to enable them to work better together to develop local services to meet the social, economic, health and environmental needs of its local communities, and to tackle inequalities.

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8. Key outcomes of this strategy

The emerging direction from central government is designed to open up public services to ensure that charities, social enterprises and co-operatives have a much greater role in the running of services. In this strategy we have five key outcomes for effective working with the Voluntary Sector which will enable the sector to play a bigger role in delivering more innovative, diverse and responsive public services.

Outcome 1: A commissioning and funding framework that is needs-led and offers value for money: by establishing a robust financial relationship alongside innovative ways of funding services, supported by quality assurance and monitoring

Outcome 2: A strong Voluntary Sector infrastructure: by developing a strategic structure that supports the work of the Voluntary Sector

Outcome 3: An effective Voluntary Sector voice: by ensuring that the needs and views of the Voluntary Sector are effectively championed

Outcome 4: People and communities empowered to take control of their lives: To support the development of valuable social networks, recognising the key role the Voluntary Sector has to play, to deliver high quality support and services

Outcome 5: Fairer access to assets and community spaces: by providing support to enable Voluntary Sector organisations to access and to share high quality premises

These are set out in more detail over the next pages.

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Outcome 1: A commissioning and funding framework that is needs-led and offers value for money

To establish a robust financial relationship by developing innovative ways of funding services, supported by quality assurance and monitoring

We are committed to meeting the needs of people in a place which is remarkable for its diversity.

Our commissioning and funding framework will be designed to help the council take a more considered and consistent approach to funding and contracting with the voluntary and community and private sector. It will help us to ensure that we are providing high calibre services equitably and fairly, with a particular focus on the most vulnerable residents.

The commissioning and funding framework will set out the terms of an agreement which clearly explain what we expect from funded organisations and, in return, what they can expect from us. This will include consistency between council departments, transparent processes, efficient business relationships and personalised commissioning. This will also help to ensure that there is increased opportunity for the Voluntary Sector to maximise its opportunities for securing contracts for delivery of public services. Haringey already procures a range of goods and services for residents from external providers and suppliers. We want to ensure the Voluntary Sector can maximise its opportunity in securing contracts.

We will also use consistent quality assurance processes and joined up reporting requirements across all funding streams to enable us to most efficiently measure the effectiveness of commissioned services. We want high quality and equitable services (including preventative services) to focus on our most vulnerable residents.

At the time of completion of this strategy, the Coalition Government has just completed a consultation on Best Value: new draft statutory guidance, further details of which can be found at [Appendix 7](#). The draft statutory guidance will be considered as part of developing the commissioning and funding framework.

To help us build on our ability to respond to needs and trends, we will review all current funding programmes incorporating the findings of an equalities impact assessment and compact proofing.

This outcome includes the following priority for 2011-2016:

- 1.1 To introduce a commissioning and funding framework in summer 2011.

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Outcome 2: A strong Voluntary Sector infrastructure
To support the development of a strategic infrastructure that enhances good, high quality services and improved service delivery

In order for Voluntary Sector organisations to contribute successfully to the delivery of the [Sustainable Community Strategy](#), the council recognises the need to invest in good quality, capacity building support.

This includes supporting the Voluntary Sector to develop new skills, partnerships and organisational models, enabling them to modernise and become more entrepreneurial, and innovative to take advantage of future opportunities.

This outcome includes the following priorities for 2011-2016:

- 2.1 To support the Voluntary Sector to develop and enhance consistently high quality services and improved service delivery.
- 2.2 To increase opportunities for communication and collaboration within the Voluntary Sector, and also between the Voluntary Sector and statutory agencies.

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Outcome 3: An effective Voluntary Sector voice

To make sure that the needs and views of the Voluntary Sector are effectively championed

The Voluntary Sector has a wealth of experience and talent that can be of great benefit to those making policy in the statutory sector. The council acknowledges that listening to the voice of the Voluntary Sector invariably leads to improvements in the way policy and services are developed locally.

The Voluntary Sector has a key role in enabling the voice of the community, especially excluded groups, to be heard. This role includes encouraging and supporting local service users and citizens to get involved in decision making.

Representation on key decision making groups, including in the commissioning process, is acknowledged as good. The council wants to further support this area so that there is a continual cohort of trained Voluntary Sector representatives who have the legitimacy and support to fulfil this role effectively.

This outcome includes the following priorities for 2011-2016:

- 3.1 To support a cohort of Voluntary Sector representatives to fulfil their role effectively.
- 3.2 To continue to ensure that the Voluntary Sector is represented on key decision making groups.

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Outcome 4: People and communities empowered to take control of their lives

To support the development of valuable social networks, recognising the key role the Voluntary Sector has to play in delivering high quality support and services

The aim of this outcome is to put in place measures to increase the skills and capacity of people and communities to:

- promote social action/capital with empowered people and communities who control their lives with developed and supported valuable local social networks
- build social capital and co-production to stimulate “social capital” in the borough (more detail on social capital can be found in [Appendix 3](#))
- have the necessary skills to make their own decisions
- take responsibility for their own self-help and their own communities’ civic life
- increase organised levels of volunteering in the borough
- promote opportunities such as Gift Aid to generate more income for borough’s charities (whilst noting that some Voluntary Sector organisations in the borough are not registered charities).

In Haringey we have begun looking at how we support the development of ‘social capital’. We believe there is an important role for the Voluntary Sector in supporting this. For example, we are piloting [Haringey Neighbourhoods Connect](#) which aims to support and increase neighbourhood level connections through a blend of social media, online tools and real work interactions. We also have a [Time Bank](#) operating in the east of the borough.

Volunteering is a powerful force for change, both for those who volunteer and for the wider community. While it is not solely undertaken within the Voluntary Sector, it is one of the largest providers of volunteering opportunities. The council recognises that volunteers form the lifeblood of many Voluntary Sector organisations, whether as trustees or as contributors to service provision and support.

HAVCO’s Volunteering Development Plan – [Towards 2012 and Beyond](#) – states that:

“It is no exaggeration to describe volunteering as the glue that keeps our community together. You can describe it as 'social capital', but in essence it simply means 'helping out'. Without thousands of people giving up their time to lend a hand all our lives would be poorer.”

In order to meet the challenge of encouraging more people to volunteer, new ideas and incentives are required. One local authority, for example, is

planning to join forces with commercial rewards schemes to launch a “volunteer reward scheme vouchers” redeemable in supermarkets, high street shops and restaurants in return for time given to volunteering.

This outcome includes the following priorities for 2011-2016

- 4.1 To further develop neighbourhood networks, promoting citizen-led organisations.
- 4.2 To promote volunteering across the borough.
- 4.3 To make sure volunteer management is supported and promoted.
- 4.4 To make sure volunteering meets the needs of community.
(4.2-4.4 sourced from HAVCO's Volunteering Development Plan)

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Outcome 5: Fairer access to assets and community spaces
To provide support to enable Voluntary Sector organisations to access and to share high quality premises

The council currently manages a portfolio of community buildings. These are local community facilities leased to organisations to meet the needs and provide services to the local community. This portfolio was recently the subject of a strategic review which concluded that it should be retained as the sector provides a valuable contribution to the priority areas identified in our Sustainable Community Strategy.

There has been significant political and community demand to offer a flexible and cost effective premises framework for the Voluntary Sector. However, the challenge lies in aligning the needs of the Voluntary Sector with council requirements and resources. We will be working with our partners and the Voluntary Sector to look at innovative ways of achieving this.

This outcome includes the following priorities for 2011-2016:

- 5.1 To review current use of council owned community buildings by Voluntary Sector groups, in the context of a wider review of council owned facilities.
- 5.2 To ensure, where possible, the realignment of use of community buildings and other council buildings, to maximise their use, and increase access to voluntary groups.

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9. Delivery and monitoring

The strategy will be delivered through a set of SMART actions. This means that we have included in the delivery plan only those actions which meet the following criteria:

- **Specific** – well defined, with no misunderstanding
- **Measurable** – quantity, quality, time, cost
- **Achievable** – challenging but realistic
- **Resourced** – what is needed to complete the action, e.g. money, time staff
- **Time bound** – with a completion date

The Voluntary Sector Strategy 2011-2016 will have an accompanying Commissioning and Funding Framework, with a strategy delivery plan which describes the priorities for each outcome. Each outcome has a set of actions and a named lead responsible for ensuring that the action is implemented and for reporting on progress, and for bringing to the attention of the shadow Health and Wellbeing Board any difficulties in progressing the strategy along with proposed solutions. We anticipate progress on delivery will be reported to the shadow Health and Wellbeing Board on an annual basis.

The [NHS White Paper, Equity and Excellence: Liberating the NHS](#), requires us to establish new statutory arrangements within local authorities – to be known as "Health and Wellbeing Boards" – to take on the function of joining up the commissioning of local NHS services, social care and health improvement. The Health and Wellbeing Board will therefore oversee and monitor the implementation of this strategy and of the commissioning and funding framework.

We will measure progress on the priorities through:

- monitoring the priorities and initiatives in this strategy
- reporting regularly to the Health and Wellbeing Board
- reporting to local groups and organisations representing the Voluntary Sector

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Appendices

Appendix 1: The national context

Over the last ten years there has been a drive from central government to create a local environment which will enable the Voluntary Sector to contribute and to thrive. With the change in national government in May 2010 the public sector is about to experience fundamental change in the way services are delivered, alongside a reduction in funding. There is a clear intention to give residents more powers in making decisions about their communities and encouraging people to take an active role. This includes supporting the creation and expansion of co-operatives, mutuals, charities and social enterprises, enabling them to play a greater role in the delivery of public services.

The [Spending Review 2010](#), published on 20 October, confirmed the government's intention to work with the financial sector, the Voluntary Sector and community groups to develop innovative equity investment opportunities in public services. It announced:

- Around £470 million support for the Civil Society organisations sector, including a £100 million short-term fund to help charities, voluntary groups and social enterprises make the transition to a tougher funding environment, to work with us to build a big society, and make the most of the opportunities it will bring. This will support those organisations most affected in the short term by public spending reductions.
- A National Citizen Service which will support young people from a mix of different backgrounds to develop skills and engage with their communities – sufficient to fund 10,000 places in 2011/12 and 30,000 in 2012/13.
- The Community First Fund which will support new and existing small organisations in the most deprived areas.
- The Big Society Bank will bring in private sector funding in addition to receiving all funding available to England from dormant accounts.

In September 2010, the Audit Commission published a report entitled [Strategic financial management in councils](#). It suggests that councils can adapt the government's 2010 spending review framework for its commissioning framework by asking questions such as:

- How is this activity essential to achieving council priorities?
- How does this activity improve the wellbeing of local communities?
- Why does the council need to fund this activity?
- How can we focus this activity on people most in need?
- How can we provide this activity at lower cost?
- What can make this activity more effective?
- Which other local bodies could provide this activity?

- How can the private sector, third sector or citizens provide this activity, whole or in part?
- How can we make sure that payment to service providers links to achievement?

In October 2010, the Cabinet Office published:

- [Public Bodies Reform – Proposals for Change](#). This list included the Commission for the Compact and the announcement that this will no longer be a Non-Department Public Body. Its duties were transferred from 1 April 2011 to Compact Voice and the Cabinet Office.
- [Building a Stronger Civil Society](#), its strategy for voluntary and community groups, charities and social enterprises. The Civil Society described it as the first step towards helping civil society organisations grasp new opportunities arising from the massive devolution of power to local communities and reform of public services that underpins the Big Society. The aim of the strategy is to develop practical measures to support and strengthen the sector, so it can realise the opportunities being made available to it and the wider programme of reforms.
- [Supporting a Stronger Civil Society](#), a consultation seeking views on improving support for frontline civil society organisations. It aims to end top down initiatives that filter spending through multiple layers, and help to make the support received more relevant and simpler to obtain. The consultation has now closed and publication of the response is awaited.

Published in November 2010, [Think Local, Act Personal](#) is an sector-wide statement of intent that makes the link between the Coalition government's vision for social care and the previous government's Putting People First agenda, setting out the way forward for personalisation and community-based support. April 2010 saw the publication of [Design for life: laying the foundations for Think Local, Act Personal](#), a manifesto from a group of five organisations representing a wide range of those involved in social care and support. It puts forward seven specific ideas that the group believes would result in the sector feeling more supported and better able to move towards providing personalised care, despite the difficulties involved. The manifesto states that, "*Creating real power to put in the hands of individuals will require a 'no decision about me without me' approach to commissioning. But it will also mean supporting individuals and families to mutualise ... A sign of this empowerment will be the health, security and visibility of 'user-led organisations' and 'carer-led organisations' at national, regional and local level.*"

The [Equalities Act 2010](#) introduced new requirements:

- Creation of a new "general Equality Duty" for public authorities across all protected characteristics and expanding on the current three:
 - disability
 - gender reassignment
 - pregnancy and maternity

- race – this includes ethnic or national origins, colour and nationality
- religion or belief
- sex, and
- sexual orientation.
- Consideration of how all council policies and practices affect all of the “protected characteristics”
- A requirement to begin reporting on gender pay by April 2011
- Reporting on the disability employment rate
- Tackling private sector discrimination through public procurement policies
- Developing and publishing equality objectives.

The [Giving Green Paper](#) consultation, launched in December 2010, focuses on social action – how levels of giving and mutual support in society can be increased and catalyse a culture shift that makes social action a social norm. Its primary purpose was to kick-start a debate which will feed into a White Paper on giving that the Cabinet Office aims to publish in spring 2011. However, research published in an Ipsos Mori/Hansard Society report in March 2011 suggested that only one in ten people say they will ‘definitely’ spend some time doing some form of voluntary work at some point in the next couple of years.

[The Localism Bill](#), introduced to Parliament in December 2010, makes the legal changes needed for the government’s proposals to shift power from central government to local government. The Bill has four main aims:

- Empowering communities
- Diversifying the supply of public services
- Strengthening accountability to local people
- Opening up government to public scrutiny.

The Bill will also give communities extra rights, including:

- The right to buy community assets (such as shops, pubs and libraries)
- To challenge how services are being run and to bid to take over these services
- Powers to start a local referendum on any issue.

In February 2011, the Department for Communities and Local Government announced a change in the [use of community assets](#), with an end to 'clawback rights' that stopped community and voluntary groups selling or changing the use of community land or buildings that were funded by specific historic government grant programmes. Local communities will get the freedom to sell, rent or share community owned assets bought with central government money, such as council buildings, shops and business parks.

This followed a speech to the National Council for Voluntary Organisations in March when Mr Pickles challenged town halls to resist any temptation to 'pull up the drawbridge' and pass on disproportionate reductions in funding to the voluntary and community sector.

In order to reduce bureaucracy for councils, the Communities Secretary announced the scrapping of [Creating Strong, Safe and Prosperous Communities](#), published in 2008, which spells out how councils should engage with the people in their area, how they should feed back information, and even a definition of what a 'local person' is. The change will remove barriers and burdens which Ministers believe currently forces councils to focus more on working to top down priorities than on serving their local communities.

A government consultation on [Best value: new draft statutory guidance](#) ran to 14 June 2011. Taken together with measures such as Community Right to Challenge in the Localism Bill, the guidance aims to reduce the barriers that often prevent voluntary organisations competing for local authority contracts. Both measures aim to promote local authority leadership in providing a level playing field for all, including local voluntary and community groups and social enterprises.

One of the deregulatory measures proposed in the Best Value consultation is the repeal of the duty to prepare a sustainable community strategy. These strategies were designed to provide the overall strategic direction and long-term vision for the economic, social and environmental wellbeing of a local area.

Details of the **Big Society** programme, announced on 18 May 2010, are set out in [Appendix 2](#).

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Appendix 2: The Big Society: an overview

1. What is the Big Society?

“The Big Society is about helping people to come together to improve their own lives. It’s about putting more power in people’s hands – a massive transfer of power from Whitehall to local communities.” Cabinet Office

The 'Big Society' is a flagship policy from the 2010 Conservative manifesto and forms part of the programme of the Coalition Government. The policy was launched by the Prime Minister shortly after the 2010 general election. A [statement on the scope and ambition of the Big Society policy](#) can be found on the Cabinet Office website.

The Office for Civil Society in the Cabinet Office has lead responsibility for the Big Society policy. The government’s own overview of the policy has developed since the original May 2010 statements, and the [Cabinet Office website](#) is the best source of up to date ‘official’ views of what the Big Society programme aims to achieve.

Four flagship community projects were launched in July 2010, although Liverpool City Council subsequently withdrew from the programme in February 2011, stating that government cuts had threatened the future of many local volunteer groups.

2. Big Society agenda

The Cabinet Office describes the three key parts to the Big Society agenda as follows:

“Community empowerment: giving local councils and neighbourhoods more power to take decisions and shape their area. [Planning reforms](#) lead by the Department for Communities and Local Government will replace the old top-down planning system with real power for neighbourhoods to decide the future of their area.

“Opening up public services: our public service reforms will enable charities, social enterprises, private companies and employee-owned co-operatives to compete to offer people high quality services. The [welfare to work programme](#), lead by the Department for Work and Pensions, will enable a wide range of organisations to help get Britain off welfare and into work.

“Social action: encouraging and enabling people to play a more active part in society. National Citizen Service, Community Organisers and Community First will encourage people to get involved in their communities.”

2.1 Community empowerment

These elements of the Big Society agenda are included in the [Localism Bill](#) currently in Parliament and due to be enacted in late 2011. They include:

- radical reform of the planning system to give neighbourhoods more ability to determine the shape of the places in which their inhabitants live
- new powers to allow communities to make the case for taking over buildings and 'community assets', and to bid to take over local authority services
- a new 'community right to challenge' and to request a local referendum be held on any issue, triggered by five per cent of the electorate of the area in question.

2.2 Opening up public services

This theme is now taking more centre stage compared with initial Government statements on the Big Society. The Government's wider plans for public service reform are set out in:

- [Modernising Commissioning](#): increasing the role of charities, social enterprises, mutuals and co-operatives in public service delivery. Green Paper, published December 2010.
- The [White Paper on Public Service Reform](#), published in July 2011, sets out how the Government believes it can improve public services by putting choice and control in the hands of individuals and neighbourhoods to make public services more responsive to people's needs. It includes five key principles:
 - Choice – wherever possible we will increase choice
 - Decentralisation – Power should be decentralised to the lowest appropriate level
 - Diversity – Public services should be open to a range of providers
 - Fairness – We will ensure fair access to public services
 - Accountability – Public services should be accountable to users and taxpayers.

The Government claims that the aim of the reform is to find new ways of delivering national public services, such as benefit payments, tax collection, services within the NHS, civil service administration, justice services like prisons and probation, and the provision of items such as driving licences.

2.3 Social action

The [Office for Civil Society](#), part of the Cabinet Office, works across government departments to translate the Big Society agenda into practical policies, provides support to voluntary and community organisations and is responsible for delivering a number of key Big Society programmes.

The Big Society Bank

The Government is setting up a [Big Society Bank](#) to give social enterprises, charities and voluntary organisations access to greater resources. It will be set up using money from dormant bank accounts (estimated by the Financial Times at £50 million to £100 million) and will encourage investment in social change. The Prime Minister announced in February 2011 that UK banks would also be providing loans of £200 million. These sums remains small compared to the cuts in third sector funding.

National Citizen Service Pilots

The National Citizen Service (NCS) scheme will bring 16 year olds from different backgrounds together to take part in residential and home-based activities such as outdoor challenges and local community projects. The Cabinet Office will run [pilots for National Citizen Service](#) in the summer of 2011 and 2012, involving 10,000 young people.

Community Organisers

Over the lifetime of the current parliament, the [Community Organisers programme](#) will identify, train and support 5,000 people to act as community organisers to 'catalyse social action' in local areas.

Community First

This is described on the Cabinet Office website as 'a new fund that will encourage social action through new and existing neighbourhood groups'. The fund is intended to empower people in areas with high levels of deprivation and enable them to take more responsibility for their communities.

3. How are local strategic partnerships involved in the Big Society?²

According to Local Government Development and Improvement, local strategic partnerships (LSPs) and other local partnership bodies have long provided a forum for dialogue and joint action between public bodies, third sector organisations, and local community groups and the wider community. While LSPs are seldom referred to in current Big Society rhetoric, they provide an existing focus for Big Society activity.

Discussions at partnership meetings may be the source of new ideas for use of community assets, or for alternative forms of service provision, and an effective forum for airing issues of local public concern.

LSPs themselves may want to consider taking on a form of legal status as a mutual, community interest company, or not-for-profit body.

They also have a role in encouraging transparency of data amongst LSP partners, along with effective communication to the public.

² Extract from the [Local Government Development and Improvement](#) website

As Big Society initiatives are rolled out (including the new 'community rights' in the Localism Bill), LSPs and other local partnerships may find that they have a growing role in mediating between different community interests, or where different parts of the Big Society do not agree on the way forward. There may be times when a LSP is well placed to try and build consensus between conflicting local views.

Appendix 3: Social capital

Social capital is about the ability of people to work together for common purposes in groups and organisations in a culture of trust and tolerance. It is a concept that can be used flexibly to respond to local issues. In Haringey, we propose the concept as: “people and communities being actively in control of their own lives and having the skills to make their own decisions and take responsibility for their own self-help and their own communities’ civic life”.

To achieve greater social enablement and increased social capital, we need to work with people in a different way so that they have the skills and capacity for everyday, enriching lives. This means putting into place new measures to increase the capacity in communities.

Individuals have needs, but also have abilities. Increased social capital can create a new cadre of active and entrepreneurial citizens, owning, co-producing, directing and running services. It can also act as a catalyst for mobilising a range of volunteers and helpers who can directly contribute to the life of their community. The potential benefits of such a model are clear: improved individual and community wellbeing and greater self-determination.

We aim to explore innovative models of support to meet the aspirations of our communities.

There are a number of initiatives emerging nationally focused on increasing social capital. Individuals in all communities are faced with a series of increasingly complex issues: safeguarding of vulnerable adults and children, an ageing population, entrenched worklessness, economic uncertainty and the fear of crime and anti-social behaviour. Traditional forms of public administration are no longer sufficient in themselves to provide the remedies to the broad range of issues facing society. New forms of service delivery and support need to recognise that local authorities are themselves part of a complex network of systems engaged in the delivery of public services; this network includes central and local government, public, private, voluntary and community organisations, elected representatives and, increasingly, individual and citizen-focused activities. Recent examples of interventions aimed at increasing self-help and social enablement focused on behavioural change and the concept of the co-production of services.

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Appendix 4: The Haringey Compact Working Better Together

A Compact is an agreement that sets out the shared principles for partnership working between voluntary, community, public and private sector organisations.

The [Haringey Compact Working Better Together](#) was developed to strengthen this working relationship so that services can be well planned and of the highest quality.

The six key principles underpinning the Compact are designed to challenge all partners to seek meaningful ways of partnership working. These are:

1. Promoting partnerships
2. Improving volunteering
3. Valuing the role of Black and Minority Ethnic and community groups
4. Recognising the role of young people
5. Using resources effectively – funding, procurement and premises
6. Improving liaison – communication and engagement

The Compact Proofing Toolkit is a practical, condensed version of *Working Better Together*, designed to turn the Compact principles into reality. It is an aide memoire, designed to remind users of all the key points you should think about doing **before** and **during** the planning of any successful inclusive partnership working.

For further information about Haringey's Compact please contact:

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Appendix 5: Haringey Compact: resolution process

Haringey's Compact, [*Working Better Together*](#), provides a framework to support partnership working between organisations in the statutory sector and those in the Voluntary Sector. The Compact enables differences to be aired in a mutually supportive framework.

The Compact's resolution process aims to:

- Support the early acknowledgement of (potential) disagreements
- Facilitate their speedy and fair resolution
- Encourage good practice and promote positive relationships.

Principles of the Haringey Compact Resolution Process

- As far as possible, disagreements over the application of the framework should be resolved directly between the parties involved.
- Strict confidentiality applies (within organisations) while the resolution process is under way. Any agreement should include a statement covering the elements of the dispute that may be public.
- The parties remain in control of the process and any settlement agreed, and retain any rights to other forms of redress (e.g. via an organisation's established complaints procedure; Ombudsman, etc).
- This process only applies to parties that are signatories to the Haringey Compact. In the case of partnerships where not all members are signatories to the Haringey Compact, it will be assumed that the partnership itself is a Compact signatory and agrees to its principles.

The resolution process comprises three stages:

1. **Informal:** a discussion with the partners attempts to resolve the problem amicably
2. **Formal** (to take no longer than 15 working days): the Haringey Compact Implementation Group contacts both parties to try and resolve the issues
3. **Appeal** (to take no longer than 20 working days): A multi-agency resolution group examines the case and puts forward recommendations.

If a disagreement cannot be resolved within this framework, there are a range of further options including the Ombudsmen for Health and for Local Government, the Compact Mediation Service and, only after careful consideration, legal action.

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Appendix 6: Performance monitoring and assessment

The council's [Rethinking Haringey: One Borough, One Future](#) paper, published in January 2011, sets out our commitment to promoting equality, tackling disadvantage and improving the life chances of residents, especially those who are the most vulnerable. Activity to help us work towards this vision is grouped under **five outcomes**:

- **Thriving:** Regenerating the borough; creating opportunities for employment and educational attainment; tackling low income and poverty; providing a balance of different types of homes which offer quality, affordability and sustainability
- **Sustainable:** Tackling climate change and managing our environmental resources more effectively; ensuring an attractive, clean, sustainable environment
- **Healthier:** Tackling health inequalities amongst children and adults; promoting healthier lifestyles and independence
- **Safer:** Reducing the incidents and fear of crime and anti-social behaviour; safeguarding children and adults
- **Empowered:** Promoting opportunities for community involvement and volunteering; enabling self reliant communities

Linked with the five outcomes are a series of **priority areas of need** against which we will report our performance on a quarterly basis.

The council has now developed an **outcomes based performance framework** for 2011/12 onwards. A sharper focus on achieving key council priorities and outcomes is at the heart of the new approach.

This **joined-up approach to performance reporting** – established in the Haringey Outcomes Framework, rolled out through the council plan, directorate business plans, embedded in policy and strategy development, and based on evidence from business intelligence data – will help us to ensure that our approach, and the services we commission to deliver services to residents, is effectively focused on reducing inequality by offering a range of high quality, value for money services.

While the Voluntary Sector contributes to the majority of the outcomes and many of the priorities, this strategy focuses on those key service measures that are relevant to the areas of work that the council currently funds in the sector. However, these service measures will be reviewed over time and will be subject to change to ensure that they are fit for purpose.

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Appendix 7 – Best value: consultation on new draft statutory guidance

1. Best value authorities are under a general duty of best value to “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.” Under the duty of best value, therefore, authorities should consider overall value, including environmental and social value, when reviewing service provision.
2. To achieve the right balance – and before deciding how to fulfil their Best Value duty – authorities are required to consult a wide range of local persons, including local voluntary and community organisations and businesses. This should apply at all stages of the commissioning cycle, including when considering decommissioning services.
3. Authorities should be sensitive to the benefits and needs of voluntary and community sector organisations (honouring the commitments set out in local Compacts) and small businesses. Authorities should seek to avoid passing on disproportionate cuts and in particular:
 - An authority intending to reduce or end funding or other support to a voluntary and community organisation that will materially threaten the viability of the organisation or the service it provides should give at least three months' notice to both the organisation involved and the public/service users.
 - An authority should actively engage the organisation as early as possible on: the future of the service; any knock-on effect on assets used to provide this service; and the wider impact both on service users and the local community.
 - Authorities should make provision for the organisation or wider community to put forward options on how to reshape the service or project. Local authorities should assist this by making available all appropriate information, in line with the Transparency Code of Practice.

Links to the consultation

<http://www.communities.gov.uk/publications/localgovernment/bestvalueconsult>

<http://www.communities.gov.uk/publications/localgovernment/bestvalueequalities>

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Appendix 8: Glossary

Big Society

Taking the Conservative manifesto definition as seminal, a Big Society is one where "the leading force for progress is social responsibility, not state control".

Civil Society

The full range of civic and social organisations or institutions which form the basis of a functioning democracy. Civil society groups advocate and take action primarily for social development and public interest.

Citizen-led organisations

These are organisations that are run by and controlled by individuals and which support individual empowerment over how services are delivered to local communities.

Compact

Established in 1998, the [Compact](#) is an agreement between Government and the voluntary and community sector in England. It recognises shared values, principles and commitments and sets out guidelines for how both parties should work together, although it is not legally binding.

Co-production

Co-production means involving citizens in collaborative relationships with more empowered frontline staff who are able and confident to share power and accept user expertise. It refers to active input by the people who use services, as well as – or instead of – those who have traditionally provided them.

Haringey Association of Voluntary and Community Organisations (HAVCO)

Haringey's local council for voluntary service, launched in 2003, aims to serve Haringey's voluntary and community sector by promoting, representing and supporting its diverse needs.

Scrutiny Review

Scrutiny Reviews are investigations by Councillors into areas of policy or delivery of Council services on issues of concern to the Council.

Select Committee

A parliamentary committee appointed for some special purpose.

Social capital

The ability of people to work together for common purposes in groups and organisations, often through volunteering.

Spending Review

The Spending Review is a Treasury-led process to allocate resources across all government departments, according to the Government's priorities. Spending Reviews set firm and fixed spending budgets over several years for each department. It is then up to departments to decide how best to manage and distribute this spending within their areas of responsibility.

Sustainable Community Strategy

Local authorities are required by the Local Government Act 2000 to prepare these, with the aim of improving the social, environmental and economic well-being of their areas. Through the Sustainable Community Strategy, authorities are expected to co-ordinate the actions of the public, private, voluntary and community sectors. However, the requirement to produce a sustainable community strategy may be repealed as a result of the government's consultation on [Best value: new draft statutory guidance](#).

Voluntary Sector

"Voluntary Sector" can be defined in a number of ways. For the purposes of this strategy we are defining it as:

- "Not for profit independent, voluntary and community groups or organisations formed by local people, or those with a local interest, to improve the quality of lives for themselves and/or others in Haringey.
- "Also described as the Third Sector, these include a range of registered charities; voluntary organisations; community groups; faith groups involved in social action; community interest companies and social enterprises."

Well-being Partnership Board (WBPB)

Until January 2011, the WBPB had the lead in promoting and delivering a Healthier Haringey for all people aged 18 years and over in Haringey. It was one of the thematic boards sitting under the Haringey Strategic Partnership. It has now been formally disbanded, following the creation of a Haringey shadow Health and Wellbeing Board (sHWB).

Health and Wellbeing Board (HWB)

The [NHS White Paper, Equity and Excellence: Liberating the NHS](#), requires us to establish new statutory arrangements within local authorities – to be known as "Health and Wellbeing Boards" – to take on the function of joining up the commissioning of local NHS services, social care and health improvement. Since April 2011, Haringey has established a shadow Health and Wellbeing Board as a transitional arrangements pending new legislation set out in the Health and Social Care Bill currently before Parliament.

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Haringey Council Commissioning & Funding Framework Guide for the Voluntary Sector

**Sustainability – moving towards a
commissioning model**

DRAFT

Document control

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V1.0	<i>Final for Cabinet</i>	<i>20th December 2011</i>

IMPORTANT NOTE

The proposals contained within this funding framework are subject to any future changes (including budget constraints)

To take account of changing policy and legislation this Framework will be informally refreshed on an annual basis and formally reviewed every two years.

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Voluntary Sector - Statement of Strategic Intent

This commissioning and funding framework sets out Haringey Council's strategic intent for Haringey's Voluntary Sector which will determine our approach to relationships, commissioning and funding. Our aspiration is for a fairer Haringey with partners working together to address the inequality and improve the life chances of residents, especially in the more deprived parts of the Borough.

Haringey's Vision for the Voluntary Sector

A sustainable and independent Voluntary Sector:

Working in partnership with public and private sectors to reduce inequalities and poverty, strengthen cohesion and building community leadership to improve the lives of residents of Haringey.

Defining the Voluntary Sector

The "Voluntary Sector" can be defined in a number of ways. For the purposes of the Council's Strategy we have defined it as:

Not for profit independent, voluntary and community groups or organisations formed by local people, or those with a local interest, to improve the quality of lives for themselves and/or others in Haringey.

These include a range of registered charities; voluntary organisations; community groups; faith groups involved in social action; community interest companies, mutuals and co-operatives and social enterprises.

In Haringey we value:

- A Voluntary Sector that is independent, varied, organic and reflective of Haringey's diverse community;
- A Voluntary Sector which advocates for residents and both supports and challenges the Council in addressing identified needs through positive and constructive relationships; and
- Strategic partners helping to achieve community outcomes, in particular
 - Fairness and equality;
 - Access and voice for vulnerable and seldom heard residents; and
 - Cohesive, active and empowered citizens.

We now face a public sector funding challenge which will impact on the Voluntary Sector and therefore we need:

- Clarity about the basis upon which the Council engages with Voluntary Sector Organisations;

- Value for money from relationships with the Voluntary Sector, including positive partnerships, effective and efficient delivery of contracts, or no relationship where there is nothing to be gained from having one;
- Fair, transparent and consistent approaches to Voluntary Sector commissioning and funding arrangements across the Council;
- **Transparency:** There will be fair processes with clear decision making criteria;
- **Efficiency:** We will work with Voluntary Sector organisations in a consistent way which aims to be fair and equitable, and ensures we achieve maximum value for money;
- **Personalised:** We will involve the community in decision making and make sure funding reflects local aspirations; and,
- **Partnership:** We will adhere to the principles of the [Community Engagement Framework](#) to make sure that people can have their say, are listened to, and are involved in making decisions, and to the Haringey [Compact](#) way of working which promotes good practice in partnership.

We will enable this to happen by:

1. Communicating and committing to deliver our strategic intent:

- Complying with the Haringey Compact while acknowledging that in some instances the scale and pace of public sector shrinkage might make this difficult for consultation arrangements, funding and (de)commissioning processes, and premises commitments;
- Ensuring we communicate the nature of the challenges and, where possible, work out solutions with the Voluntary Sector;
- Being honest and not making false promises: and,
- Providing information which is readily available to the Council and which would be helpful to Voluntary Sector organisations e.g. Borough statistics and upcoming procurements and funding opportunities.

2. Having constructive relationships with organisations whether we fund them or not:

- Starting from the position that the Voluntary Sector is independent of the Council and has its own reasons for being which are valid;
- Valuing and respecting the Voluntary Sector for what it has to offer;
- Engaging in dialogue and partnerships where it is mutually beneficial to do so;
- Being clear about the nature of relationships - consultative, partnership, regulator etc;
- Being honest about the financial context within which we are operating;
- Recognising that the Council has a role to play in encouraging a market where local organisations (or consortia of local organisations) have the opportunity and incentive to deliver services;
- Encouraging Voluntary Sector organisations to work together where it would be beneficial to do so; and
- Strengthening links with elected Members.

1. Introduction

The Council's Voluntary Sector Strategy 2011-2016 was developed in 2010/11, and sets out the Council's priorities for working with the community and voluntary sector in a time of fundamental change in the public sector nationally. Reductions in the amount of money available to Councils for investing in the voluntary sector means that we must rethink the way in which we fund and work with voluntary sector partners. The Council needs to achieve best value for money and concentrate its resources to those functions and organisations that can deliver the best possible outcomes for the residents of Haringey.

This Commissioning and Funding Framework sets out the Council's intentions to move to a commissioning model for funding of the Voluntary Sector, with a central principle of enabling the sector to play a significant role in delivering more innovative, diverse and responsive public services.

This will result in some changes and opportunities for increased funding for organisations delivering specific services linked to acknowledged Council priorities. The need for services from some currently funded groups will reduce and therefore some organisations may not be successful in applying for future funding. Advice and support for alternative external funding sources will be available to all organisations.

Our commitment in delivering this commissioning and funding framework

We will endeavour to:

- Facilitate the engagement of local community groups in the Commissioning Process;
- Develop a future investment approach, looking at external sources of investment and funding, and give priority to commissioning services from organisations that can also source external funding for their activities;
- Support the sustainable development of voluntary organisations by signposting and facilitating access, where possible, to external and non-public sector sources of funding;
- Give priority to local Haringey organisations where appropriate, but also look at sub-regional commissioning with other local authorities where it makes sense to do so;
- Support the sustainable development of Voluntary organisations by maintaining, where possible, longer term funding;
- Recognise the importance of infrastructure and volunteering to the Voluntary Sector and where appropriate provide support to continue its development;
- Capacity build within the sector, to help organisations gear up to deliver Council services and projects;
- Allocate funding, contracts and other resources against clear, relevant and consistent criteria.;
- Commission services with targeted investment and outcomes-based contracting;

- Ensure that procurement and contracting processes are transparent and fair, facilitating the involvement of the broadest range of providers, including considering sub-contracting and consortia building where appropriate;
- Work with GP Clinical Commissioning Groups and other commissioning organisations around joint commissioning opportunities with the voluntary sector;
- Accept the principle of full cost recovery, in funding voluntary and community organisations, to help them to meet the true cost of providing services;
- Give honest and timely feedback to funded organisations about successes or deficiencies in performance;
- Work towards the alignment of policies and systems across and within funding agencies;
- Ensure prompt payment of small grants and contracts;
- Give timely information to voluntary and community groups about funding opportunities and decisions (before the end of the current grant/contract period); and,
- Design application and performance management systems that are proportionate and meet the needs of smaller voluntary and community groups.

2 Scope of the Commissioning Framework

This Framework sets out the approach the Council will use to allocate resources to the voluntary sector.

The commissioning process can be defined as:

The process of assessing needs, procurement, allocating resources, defining priorities and choices, determining how they are best delivered, overseeing implementation and delivery, evaluating impact and learning from the process.

This Framework has been designed to apply to the commissioning of the Council's services that have been identified as being potentially suitable for delivery by the Voluntary Sector. The framework will be applied by all Directorates in the Council who currently grant fund the Voluntary Sector. It also replaces the procedures applying to the Core Grants Programme.

Links to Haringey COMPACT

This Commissioning Framework has been written taking into account the Haringey COMPACT Guidance.

The Council is committed to the development of relationships with the Voluntary and Sector, particularly **local** Voluntary Sector organisations, and will adhere to Compact guidance in our partnerships with the Voluntary Sector.

Links to Equalities and social inclusion

As a public authority, Haringey Council is required by law to carry out equal opportunities monitoring of everything we do to make sure that all sections of the community have access to the Council whether in terms of jobs or services.

The council's Equal Opportunities Policy has a standard monitoring form which covers all the nine protected characteristics (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Sex (formerly Gender), Race, Religion or Belief and Sexual Orientation) identified in the Equality Act 2010.

The Council wishes to promote social inclusion in Haringey by introducing a coordinated approach to its work and is working with partners to develop a set of principles to guide our work.

A full Equality Impact Assessment on the Commissioning and Funding Framework and its effect has been undertaken and can be found at **[insert weblink once finalised]**.

3 Key elements of our approach

Key to this commissioning and funding framework is that Council funding should be allocated according to strategic objectives and resident priorities. It is clear that changes are needed to modernise the funding relationship the Council has with the voluntary sector in order to meet current challenges.

In February 2011 the Council agreed a set of criteria against which commissioning and funding of the voluntary sector will be allocated. These are set out in the table below:

Criteria	Rationale
Link to strategic priorities e.g. - council priorities - Sustainable Community Strategy Outcomes - agreed HSP thematic board outcomes	How this activity is essential to achieving council and partnership priorities
Link to statutory obligations	Why the council needs to fund this activity
Maximise outcomes: link into performance measures	How this activity improves the health and wellbeing of local communities
Impact / effect / improvement(s) of service delivery to local community	<ul style="list-style-type: none"> • How we can focus this activity on people most in need • What can make this activity more effective • Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part • How we make sure that payment to service providers links to achievement
Maximise value for money: including long- and short-term financial savings	How we can provide this activity at lower cost
Local connection/presence in Haringey	Support local organisations and businesses where appropriate.

Each Directorate in the Council will be responsible for developing a commissioning brief, setting out details of their commissioning proposal, and how this will be procured. Commissioning briefs will be linked to the criteria set out above.

The commissioning framework will apply to funding allocations over £5,000 per annum

4 Core principles of the Commissioning and Funding Framework

The following principles form an integral part of this Commissioning and Funding Framework.

Contribution to priorities

Funding allocations must contribute towards achievement of Council priorities, fulfil a legislative requirement or build capacity in the Voluntary Sector.

The Council values Haringey as a community with active citizens, engaged and involved in service delivery. We will encourage and support communities to take the lead themselves without intervention from the Council. We want to promote volunteering and active communities with services being provided on a more local level, better suited to local needs.

The Council will be seeking to deliver the right balance of universal, targeted and specialist services to meet the needs of the community which have a positive impact on reducing inequality – we want to make the best use of our key strategic borough-wide information to ensure that everyone has access to the services they need whether these are provided by the Council or another organisation; and that those who are most in need get the most benefit from our limited resources.

Service / Outcome basis

Funding should relate to an activity or service to be provided.

Monitoring and evaluation should be based on delivery of quantifiable outcomes agreed at the start of funding. Funded activities will be expected to deliver the agreed specified outcomes.

Fair, open and transparent process

The commissioning and funding process should be fair, open, and transparent across the Council.

Proportionate funding arrangements

The funding process will be proportionate with less onerous processes and requirements for small amounts of funding, to reflect the lower risk involved.

We want to continue to support small and emerging organisations, as well as those Voluntary Sector organisations who may not be eligible to enter into the commissioning process. A Small Grants Scheme will be available for new innovative projects, one-off purchases or development investment that are able to demonstrate clear links to Council priorities. Annual bids will be invited for small funding of up to £5,000. These arrangements will be covered by a funding agreement with reduced requirements and monitoring.

Commissioning of services and projects will be Directorate-led following the development of Directorate Commissioning Briefs. These will provide the specification of the Council's requirements. Where necessary, joint commissioning will take place

with one Directorate acting as the lead commissioner. Full details of the Commissioning Process can be found at Appendix A.

Longer term funding

In order to promote stability, and where it represents good value for money to do so, there is an expectation that commissioning will result in funding being agreed for three years. However, the length of funding will ultimately be determined by the needs of the service or outcome, as set out in the Directorate Commissioning Briefs. It is noted that, where Council funding (for example a ring-fenced grant received by the Council) are confirmed on an annual basis, longer-term agreements will not be possible.

Full cost recovery

The Council recognises Full Cost Recovery as an integral part of commissioning services. When submitting commissioning bids, organisations should identify all project costs, both direct and indirect, that the funding is intended to cover. Full Cost Recovery will not apply to the Small Grants Scheme.

Reserves

Voluntary Sector organisations are expected to comply with Charity Commission guidelines, and should have written policies on their minimum level of reserves.

Partnership working

Opportunities for innovative and collaborative projects, sharing of resources or partnership working should be developed where possible in order to make best use of limited resources.

We will also encourage, or ask for explicitly where appropriate, Voluntary Sector organisations to consider entering into consortia arrangements when submitting commissioning bids.

The Council firmly believes that partnership working can improve outcomes for local people. We want to ensure we work closely with other public sector agencies, and in doing so create more localised and joined up public services.

Value for money

Services delivered by the Council will be required to demonstrate clear value for money and to operate in the most efficient manner delivering clear outcomes. Some services that are currently delivered by the Council will be commissioned from other efficient and cost effective providers such as social enterprises, voluntary and community organisations, or the private sector.

Organisations receiving funding to deliver services will need to demonstrate that good value for money is offered, in particular demonstrating added value. Organisations are encouraged to demonstrate this by having a clear strategy for maximising income from other sources and reducing the need for Council funding.

5 Timescales for implementation

The following table sets out the implementation plan of the framework

Finalised framework agreed	20 th December 2011
Roll-out framework across the Council <ul style="list-style-type: none"> • Directorates to develop Commissioning Briefs • Templates to be finalised • Timescales for commissioning to be considered and published as soon as possible 	Start: 1 st January 2012 Note – the rollout of the framework across Directorates will be dependent on when current funding rounds are due to finish/expire
Set up Small Grants programme process and templates.	Start: 1 st April 2012

Appendix A – The Commissioning Process

1. Aims of the Commissioning Process/Small Grants Scheme

Commissioning will be undertaken on the basis that all stakeholders want the best services available for the residents of Haringey.

Voluntary sector organisations often play two distinct roles in the commissioning process, as partners and as providers:

- **Partners** –involved in the assessment of needs and design of services as well as monitoring and evaluation. They represent services users, either specific groups of users, but also acting as representatives for particular sections of the community (including those who do not use their service); and,
- **Providers** –involved in a contractual relationship with the Council (with the exception of small grants) whereby their capacity to deliver is assessed through formal processes and are monitored against outcomes.

The identification of services capable of being delivered by the Voluntary Sector is therefore extremely important. The Council will endeavour to build on and refresh existing in-depth needs assessment (Haringey's joint strategic needs assessment) to establish funding priorities for Haringey which will then be scored through a matrix which considers for example;

- Evidence of Need;
- Evidence of Community Demand;
- Alignment with Haringey Council Priorities;
- Cross cutting impact;
- Evidence of other sources of income;
- Evidence of local presence
- Evidence of existing service provision in delivering good outcomes;
- Gaps in current provision; and,
- Likelihood of achieving significant impact.

All funding allocations will contribute to the Council's Priorities **[insert a link]**

Commissioning will be Directorate –led following the development of Directorate Commissioning Briefs. These Briefs will provide a specification for each area of funding and will ask organisations to demonstrate how their proposed activities will contribute to the desired outcomes and priorities which the Council has determined.

The Small Grants Scheme is intended to target new innovative projects, one-off purchases or development investment. Annual bids will be invited for small funding of up to £5,000. These arrangements will be covered by a funding agreement with reduced requirements and monitoring.

2. Eligibility of funding

Long term funding through strategic commissioning will depend on various factors:

- Whether the service to be funded is provided by an organisation whose work is already established within the defined service area to be commissioned;
- Security of a service area with providers known and working together;
- Whether the organisation is addressing a defined priority identified by the Council;
- Funding is for outputs/outcomes to be agreed before the start of the contract;
- The Council will develop a clear definition of acceptable core costs within a context of full cost recovery;
- The outputs/outcomes are measurable;
- The organisation has satisfactorily developed quality assurance measures; and
- The service area is dynamic and innovative, with new service providers still emerging and funding the organisation will fulfil a legislative requirement.

Voluntary organisations will need to demonstrate that they:

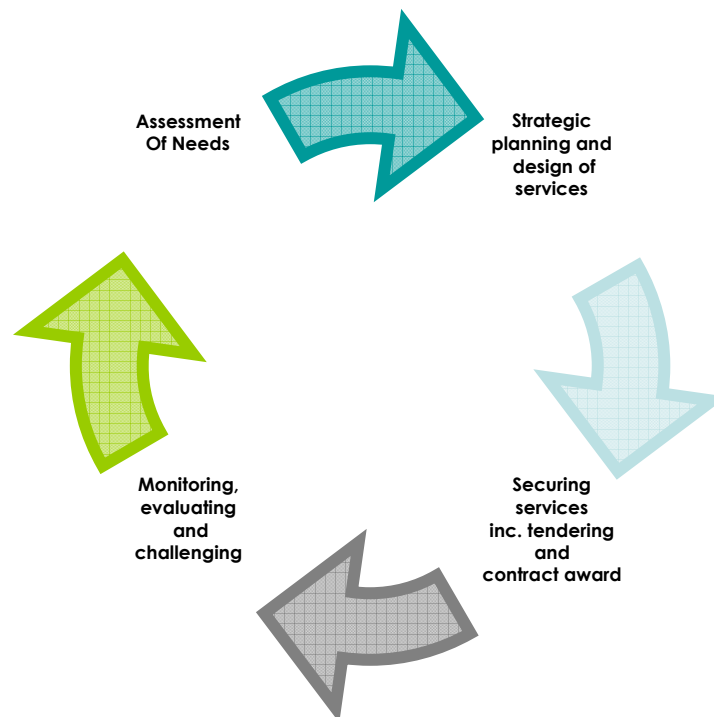
- Have the proper skills to manage the effective use of funds and can comply with agreed financial arrangements (including the submission of budgets and accounts);
- Have a clear constitution incorporating democratic and effective management arrangements;
- Have in place monitoring information to reflect the take up of their service and actions to address inequality;
- Have clear systems to seek feedback from users on the quality of service they provide and can demonstrate they have taken action to respond to feedback they have received;
- Have a clear strategy for maximising income from other sources with commitments to try to secure additional external funding;
- Can provide suitable monitoring and evaluation procedures in respect of the work undertaken by the organisation;
- Conform to equal opportunities policies in employment and service delivery;
- Have made their best effort to implement any statutory duties that the Council is required to implement, and can demonstrate how the work of the organisation contributes to these objectives;
- Have ensured that access to the services they provide meet the requirements of the Equality Act 2010 on disability;

- Are able to demonstrate that steps are taken to eliminate discrimination, harassment, victimisation and to promote equality of opportunity and good relations between persons and reflect non discrimination for all sectors of the community (race, religion; disability; sex; age; sexual orientation, gender identity) when performing the functions of the organisation. In particular, developing systems to deal with incidents of discrimination and harassment for all groups;
- Work with Council to source External funding, that meets borough priorities; and
- When working in collaboration with other organisations (consortia), ensure due diligence in governance arrangements including safeguarding of assets and appropriate risk management.

3. The Commissioning Cycle

Commissioning follows a regular and continuous cycle, with monitoring and evaluation feeding into the assessment of needs in the next cycle. It also includes the process of decommissioning, which should ensure that resource allocations align with changing needs and priorities. De-commissioning can happen at any point in the cycle as a result of changing priorities, new evidence of what works, or changes to funding circumstances that make it necessary to review current provision.

Below is a very basic version of the commissioning cycle, cut down to its essential elements. There may be additional stages depending on the type of service being commissioned, however all commissioning cycles should include these stages as a requirement.



The stages in the cycle are set out in more detail below, and include detail about the Council's proposed approach.

3.1 Assessment of Needs

Information is continually gathered to inform the commissioning process. This may include: needs analysis, service and market mapping, value for money, finance and performance benchmarking, service users' views and aspirations, stakeholders' views and policies, best practice, policy, priorities, resources.

3.2 Strategic Planning and Design of Services

Directorate Commissioning Briefs will set out the commissioning intentions and will ensure that funding contributes to delivering priorities.

Each Council Directorate will develop a Directorate Commissioning Brief drawing on the information gathered during the Assessment of Needs stage. The Brief will address Council and Directorate priorities and set out a specification asking organisations to demonstrate how they will contribute to the need or business case and outcomes and priorities required. The Commissioning Brief will indicate the duration of funding and the process and assessment criteria that will be used to assess proposals. The Commissioning Brief will indicate any associated budget.

The Commissioning Brief will indicate the method of commissioning, in line with the Council's Contract Standing Orders. This can range from negotiations with current providers (for contracts with a total value of less than £5,000) through to a full open bidding process. The method of commissioning will depend on the value of the contract, which is determined by factors such as the outcomes to be achieved, the extent of the provider market and the length of time for which funding will be available.

The value of a contract is calculated as the sum total of each year's funding, plus any extension. For example, a 3 year contract with an annual value of £5,000 has a contract value of £15,000. If this contract had an option to extend for 1 year, then it would have a contract value of £20,000.

Commissioning Briefs will be published on the Council's website, where possible, for at least six weeks to enable any interested organisation to prepare their application.

(a) Registering your interest

Organisations will be asked to register their interest in a either by 'Compete4' or other agreed method. Compete4 is the Council's electronic procurement system. Full instructions on how to register an interest will be given in the Brief. Organisations wishing to put forward a proposal should first ensure they meet the eligibility criteria for funding as set out in the Brief.

(b) Initial Assessment

Organisations may be invited to complete an initial assessment depending on the commissioning process used. This assessment will ask organisations for example to provide certain key information and evidence about their Organisation, around Health & Safety, Equality, Diversity, Finance and Environmental issues. Commissioners will assess the information and evidence provided this stage and invite successful Organisations to submit a full proposal. Where the Council is undertaking a formal tender for services, this is known as a Pre-Qualifying Questionnaire (PQQ).

(c) Full Proposal form

Organisations who have passed the initial assessment stage will be invited to submit their application. Where there is no initial assessment stage, Organisations will move straight to this stage of the process. Where possible, at least six weeks will be available for the completion of proposal forms from the date the Council's Commissioning Brief is published.

(d) Appraisal of the Proposals

Commissioners will assess the proposals received against assessment criteria as set out in the Commissioning Brief. These criteria will consider:

- Eligibility criteria and document completeness
- The proposal itself e.g. how it addresses the commissioning intention, whether the project costs are reasonable, evidence of partnership working, track record of delivery, ability to deliver, value for money/added value for money etc.

(e) Commissioning Decision

Directorates will develop suitable decision-making processes involving an appraisal with recommendations that are reported to senior managers within the Directorate before becoming the subject of an Executive Decision. Commissioning decisions should be based on achieving added value for money.

(f) Notification of results

All Organisations who have submitted proposals will be informed of the decision as soon as possible and will receive feedback on their proposal if unsuccessful. Organisations wishing to comment on the Commissioning decision should write to the Commissioner in the first instance, in line with the Council's Complaints Procedure.

(g) Contract Award

Directorate Commissioners will issue a contract to the successful organisation(s). The terms and conditions of contract will be proportionate to the level of funding. The commissioned activities will be delivered from the start date of the contract and will be monitored, reviewed and evaluated in line with the terms set out in that contract. Funding will cease at the end of the contract.

The Council maintains a database of grants and funding allocations to voluntary sector organisations which will be used to support the commissioning process and to eliminate the risk of duplicate funding.

(h) Notice Periods

The Council believes that in the interests of supporting the development of a strong, confident and independent Voluntary Sector, funded organisations should receive adequate notice if it becomes clear during the contract period that their funding will be altered significantly or not continued, especially where they employ staff.

A standard minimum notice period of three months will apply regardless of length of the funding agreement, covering notification to Organisations of the agreement to be renegotiated or terminating early. The Council expects funding agreements to last for their full time period, unless exceptional circumstances (such as a change in legislation or further reductions to Central Government funding) arise.

3.3 Monitoring and Evaluation

Directorate Commissioners will be responsible for monitoring, reviewing and evaluating services as they are delivered in accordance with the terms in the contract. Directorate Commissioners will also be responsible for keeping Commissioning Briefs under consideration. If significant alterations are required, (for example, due to changing priorities or needs) it is expected that the Commissioning Brief will be revised in consultation with relevant stakeholders and agreed and published as described above.

Reviewing Commissioning Briefs will enable Commissioners to give an evaluation of the services and an indication of the likelihood that the services will continue, alter or cease, at least one year from the end date of the contract (for a three year agreement). Where services are to continue, the commissioning process will re-commence as detailed above. All Organisations, as before, will have the opportunity to apply.

The Council encourages Organisations to develop 'exit strategies' to handle the transition between funding streams particularly for fixed term funding.

3.4 Small Grants Scheme (up to £5,000)

The Council recognises that many smaller or emerging organisations may not be able to take on commissioned services or activities through the process outlined above. The Council recognises that many of these voluntary organisations continue to fulfil a vital role in our local community and require only a small amount of support to carry out that role or develop their activities. A Small Grants Scheme will be available for new innovative projects, one-off purchases or development investment. Annual bids will be invited for small funding of up to £5,000. Bids will need to demonstrate clear links to Council priorities. These arrangements will be covered by a funding agreement with reduced requirements and monitoring.

It is important to note that religious or political activities and commercial or business activities (excluding social enterprise) will not be eligible for grant funding under the

Small Grants Scheme. The Council will not accept bids for grant funding to cover spend that has already taken place.

Small Grant Scheme applications will not need to consider Full Cost Recovery and will be administered annually by relevant Directorates, reflecting corporate and directorate priorities.

The recommended timescale for the Small Grants Schemes are as follows:

Invite applications	Month 1
Receive applications	Month 3
Evaluation of applications by Directorates	Month 3
Recommendation and approval process	Month 4
Applicants informed of outcome including reason for the decision	Month 4
Grant payment made to successful applicants	Month 5

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