haringey strategic partnership

Haringey's Strategic Framework

for Improving Adults' Well-being

2007-2010

Updated 2008

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Foreword

Welcome to Haringey's first Strategic Framework for Improving Adults' Well-being

Our vision for well-being in Haringey is that everyone in every part of the borough has the best possible chance of an enjoyable, long and healthy life. Although overall people in Haringey are living longer than they did 20 years ago, too many Haringey people are still dying prematurely. There are also big variations between different parts of the borough in how long people live.

This Framework will help us to work together more effectively to reduce these health inequalities, tackle preventable ill health and improve quality of life for all. It will help us to target specific resources where there is most risk of ill health developing, and so ensure that we provide greater opportunities for everyone to lead healthier, rewarding lives as independently as possible.

The Implementation Plan sets out how we will translate our aspirations into positive and tangible outcomes. The Well-being Partnership Board will be responsible for making sure that we achieve these outcomes over the next three years. We will closely monitor progress towards our shared goals.

We can be more effective by sharing information and working together. We know that we still have a lot to learn from each other and also from listening to and involving local people and the voluntary and community groups which represent them. We recognise that getting it right requires new ways of working and thinking, and we are committed to exploring these. We were finalists in the HSJ 2007 Awards for Cost-Effective Partnership Working, and commended in the 2008 MJ Achievement Awards for Partnering with Health Services for developing the Well-being Strategic Framework.

It's going to be a challenge. Together we ***can*** do it. Please join us and play your part in making our well-being vision a reality.

Councillor Bob Harris
Cabinet Member for Adult Social Care and Well-being

Richard Sumray
Chair of Haringey Teaching Primary Care Trust

Robert Edmonds
Chair of Haringey Association of Voluntary and Community Organisations (HAVCO) Voluntary and Community Sector Well-being Theme Group

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Bobbie Kennedy on well-being

In 1968, United States Senator Bobbie Kennedy gave a speech at the University of Kansas, in which he set out a vision for society. Although the speech was made over 40 years ago in the USA the aspirations expressed in it about well-being are as relevant today.

He said:

"*But even if we act to erase material poverty, there is another greater task, it is to confront the poverty of satisfaction, purpose and dignity that afflicts us all. Too much and for too long, we seemed to have surrendered personal excellence and community values in the mere accumulation of material things. Our Gross National Product…..counts air pollution and cigarette advertising, and ambulances to clear our highways of carnage. Yet the gross national product does not allow for the health of our children, the quality of their education or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage, neither our wisdom nor our learning, neither our compassion nor our devotion to our country. It measures everything in short, except that which makes life worthwhile."*

Bobbie Kennedy, Speech at University of Kansas, March 18, 1968
(the year he was assassinated)

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Executive Summary

This Well-being Strategic Framework identifies the strategic priorities for improving well-being in Haringey. It incorporates priorities from existing plans and strategies to bring together the diverse initiatives taking place to improve well-being in the borough.

This Framework has adopted the following broad definition of well-being:

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

The **aim** of this Framework is **'To promote a healthier Haringey by improving well-being and tackling inequalities.'** The **vision** for Haringey is that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life.'**

The Framework is based on the following seven outcomes for improving well-being:

- **Improved health and emotional well-being**
- **Improved quality of life**
- **Making a positive contribution**
- **Increased choice and control**
- **Freedom from discrimination or harassment**
- **Economic well-being**
- **Maintaining personal dignity and respect**

The Framework is intended to support **all people aged 18 years and over in Haringey**. It covers all aspects of their lives represented by the seven outcomes. It identifies priorities for the three-year period from 2007-2010 and lays the foundation for rethinking our approach to promoting well-being in Haringey. The key priorities identified within each outcome will be reviewed on an annual basis by the Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP).

Priorities (shown overleaf), objectives, supporting programmes and initiatives, and related targets have been identified for each outcome; these are detailed in the accompanying Implementation Plan.

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Summary of user focussed outcomes and Haringey Priorities 2007-2010

Improved Health and Emotional Well-being	Improved Quality of Life	Making a Positive Contribution	Increased Choice and Control	Freedom from Discrimination or Harassment	Economic Well-being	Maintaining Personal Dignity and Respect
• Improve access to effective primary, community and other health care services • Increase physical activity • Improve diet and nutrition • Reduce the number of people who smoke, and the number of people exposed to second-hand smoke • Prevent premature deaths from suicide, accidents and injuries • Reduce the harm caused by drugs and alcohol • Improve sexual health • Improve mental health • Protect people from environmental and communicable threats to health	• Promote cultural life and libraries as centres of learning, social, economic and cultural activity • Enhance future facilities for improving well-being • Enable people to undertake life-long learning opportunities • Develop a greater range of social activities within the community • Reduce fear of crime • Work to increase access to information technology (IT) for everyone • Improve transport in the borough so that people are able to get out and about • Improve sports and leisure provision • Enhance home care • Provide culturally appropriate support for carers, including preparing for when they are no longer able to care • Increase opportunities for people who live independently in their own homes	• Create opportunities for having a say in decision making • Promote user involvement and engagement in service commissioning and delivery • Increase opportunities for volunteering	• Ensure service users and carers have a say, and are involved in developing their care plans • Provide culturally appropriate care in the community • Promote the use of direct payments as widely as possible • Further access to employment through individual budgets • Support individuals with long-term conditions in self-management • Develop housing related support services for vulnerable people	• Provide services in a fair, transparent and consistent way • Address stigma associated with long-term conditions such as mental health problems and sexual ill health • Support victims and witnesses of crimes • Prevent and reduce domestic violence • Prevent and reduce hate crime and harassment • Address anti-social behaviour	• Increase the number of young people leaving school and entering employment of training • Increase the numbers moving from worklessness into employment • Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems • Prevent homelessness wherever possible • Maximise the supply of good quality affordable housing available to homeless people • Reduce fuel poverty • Ensure that vulnerable people have decent, energy efficient homes	• Improve access to small items o equipment to enable people to live independently ir their own homes • Increase the choice and availability of community meals including culturally appropriate meals • Protect vulnerable adults from abuse

1 Introduction

1.1 Understanding Well-being

Many factors combine to affect the well-being of individuals and communities. Although commonly considered factors such as access to and use of health care services have an impact on well-being, they are also determined by individual circumstances and the local environment. Factors such as where people live, inherited characteristics, income, education, life experiences, behaviours and choices and relationships with friends and family all have considerable impact on well-being. The diagram below illustrates the multiple facets of well-being[1]:

[1] Based on the Whitehead and Dahlgren (1991) diagram as amended by Barton and Grant (2006) and the UKPHA Strategic Interest Group (2006)

As a result, there is no universally agreed definition of well-being. Pollard and Lee describe well-being as 'a complex, multi-faceted construct that has continued to elude researchers' attempts to define and measure it'[2]. The Local Government Act 2000 does not provide a definition of well-being *per se*, but does frame the concept as follows:

> 'Every local authority are to have power to do anything they consider is likely to achieve any one or more of the following [well-being] objects – (a) the promotion or improvement of the economic well-being of their area, (b) the promotion or improvement of the social well-being of their area, and (c) the promotion or improvement of the environmental well-being of their area.'[3]

This power to promote the economic, social and environmental well-being of their local communities is known as the 'well-being power'. In addition, local authorities work with Primary Care Trusts (PCTs), which also have a responsibility for promoting the health and well-being of their residents.

For the purposes of this Framework, the following broad definition of well-being has been adopted:

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

1.2 The National Context for Improving Well-being

Improving well-being is a complex agenda that requires close partnership working across sectors and policy areas. This has been recognised by the Government in a number of policy initiatives over the past few years.

The 2003 report 'Tackling Health Inequalities: A Programme for Action'[4] identified a key role for both national government and Local Strategic Partnerships in addressing the wider determinants of health inequalities.

[2] Pollard, Elizabeth L and Lee, Patrice D. 2003. 'Child Well-Being: a systematic review of the literature', *Social Indicators Research*, Vol. 61, No. 1, p. 60, quoted in Galloway, Susan. 2006. 'Quality of Life and Well-being: Measuring the benefits of culture and sport', Scottish Executive Publications http://www.scotland.gov.uk/Publications/2006/01/13110743/0
[3] Local Government Act. 2000. Section 2.1a-c, Crown Copyright.
[4] Department of Health. Tackling Health Inequalities: a programme for action. 2003. http://www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf

The 2004 White Paper *Choosing Health: making healthier choices easier*[5] emphasised the role of partnerships across communities, including local government, the NHS, business, the voluntary sector and faith communities in securing better access to healthier choices, especially for those in the most disadvantaged groups.

In 2005 the Government put forward *Independence, Well-being and Choice*[6], a Green Paper which laid out a new vision for social care for the next 10–15 years. This vision includes greater choice and control for service users to enable them to maintain independence, as well as a new focus on preventative, low-level services. It contains seven outcomes for improving the health and well-being of everyone.

The Department of Health's 2006 White Paper *Our Health, Our Care, Our Say* (OHOCOS) shifts from the narrow focus of treating illness to promotion of the broader concept of well-being. It requires local areas to promote outcomes that address health inequalities, inclusion and well-being across the range of public services that affect people's lives (i.e. beyond health and social care to housing, education, careers, transport and leisure). With this comes the need to move from hospital-based to community-based healthcare. Integral to this is greater partnership working between local authorities, PCTs and the community and voluntary sector.

In 2006 the Department for Communities and Local Government published the local government White Paper, *Strong and Prosperous Communities*, which was closely followed by the *Local Government and Public Involvement in Health Act 2007*. The Act supports the aim of the White Paper to create a sustainable framework for local action on health and well-being, so that partnership working is strengthened and there is greater clarity over who is responsible for agreeing and delivering local health and well-being targets.

In addition, the Act includes formal arrangements for Directors of Public Health to be jointly appointed and held jointly accountable by the chief executives of both local authorities and PCTs. The Act also legislates that a new statutory partnership for health and well-being under the Local Strategic Partnership be set up (Haringey has had a Well-being Partnership Board reporting to Haringey Strategic Partnership since 2005) and a new duty for PCTs and local authorities to cooperate so that a truly integrated approach to delivery of local government and NHS priorities is achieved[7].

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[5] Department of Health.*Choosing Health: making healthier choices easier*.2004 http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENTID=4094559&chk=H29Li6

[6] Department of Health. *Independence, Well-being and Choice*. 2005 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106477

[7] Haringey set up the Well-being Partnership Board in July 2005 to do this.

There is also a much more prominent position for Local Area Agreements (LAAs)[8] three-year agreements between local authorities, their partners and central government to promote partnership working to provide better services for local people. The themes covered by the LAA for 2007-2010 were: healthier communities and older people; children and young people; stronger and safer communities; and, economic development. The new LAA 2008-2011 continues these themes by taking forward the key outcomes set out in the Sustainable Community Strategy, in particular the 'Healthier communities with a better quality of life' outcome. All of these issues will have an impact on improving well-being.

In October 2007, as part of the Comprehensive Spending Review, the Government announced a new single set of 198 national indicators (NIs) for local authorities and strategic partnerships. The new NIs relevant to health and well-being have been incorporated into the Well-being Strategic Framework implementation plan .[9]

The Green paper *Independence, well-being and Choice (2005)* and the White Paper *Our Health, Our Care Our Say (2006) proposed a* vision of social care services that included 'personalisation'. This signalled a strategic shift towards early intervention and prevention. The 'Putting People First' (PPF) concordat and 'Transforming Social Care' circular published in early 2008 set out the Government's intention to make personalisation the cornerstone of public services.

Personalisation is taken to mean

> *the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive.*[10]

This means that everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered**.**

The introduction of personalisation is being hailed as the biggest change to the delivery of social care since the introduction of the NHS and Community Care Act 1990.

[8] ODPM Local Area Agreements Guidance: Round three and refresh of rounds one and two. March 2006

[9] The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators CLG 2007 http://www.communities.gov.uk/publications/localgovernment/nationalindicator

[10] *Our health, our care, our say: a new direction for community services*, Department of Health, 2006

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To successfully achieve the transformation of social care we must work across boundaries, to include services such as housing, benefits, leisure, transport and health. Effective partnership working is already well established throughout the WBSF and this will provide a strong foundation for the implementation of the personalisation agenda.

In 2007 the Department of Health issued a consultation document entitled *Commissioning Framework for Health and Well-being*, which aims to promote well-being 'including social care, work, housing and all other elements that build a sustainable community'. It uses the following definition of well-being:

> '[the] subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional (happiness), and development and activity dimensions'[11] .

In addition, in summer 2007 the Department of Health issued an e-consultation on its *Outcomes and Accountability Framework for Health and Social Care*. This framework is intended to further align health and social care performance indicators and place more of an emphasis on local need in target-setting. Local authorities and primary care trusts will be able to select local outcomes and supporting indicators from a menu of 40 set by the Department of Health. The seven outcomes in *Our Health, Our Care, Our Say* are at the core of the outcomes framework.

The report of the Commission on Integration and Cohesion, *Our Shared Future*, was published in 2007. The commission was announced in the Local Government White Paper of December 2006 and it was chaired by Darra Singh chief executive of Ealing Council. The report provided key recommendations for Councils offering encouragement to do different things according to the needs and circumstances of the local area. Haringey's Community Cohesion Pledge was launched at the Haringey Community Cohesion forum in October 2008. It commits signatories to work to create a sense of belonging, equality and justice across the borough.

London's preparation and hosting of the 2012 Olympic and Paralympic Games will provide a further stimulus and vehicle for promoting and improving well-being, particularly in relation to health, quality of life, volunteering and young people.

1.3 The Local Context for Improving Well-being

Haringey is one of the most ethnically and culturally diverse boroughs in the country, with over half its population coming from a Black or Minority Ethnic background. This diversity of people and cultures is one of the borough's strengths and gives the area its unique vibrancy. Over 190 languages are spoken

[11] Felce and Perry 1995; Danna and Griffin 1999; Diener 2000 (insert)

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in Haringey. There is considerable cohesion amongst the borough's different communities. In the 2007 Residents' Survey eight out of ten residents agreed that Haringey is a place where people of different backgrounds get on well together.[12]

However the borough also faces considerable challenges as an outer London borough with an inner London profile. Haringey is the eighteenth most deprived borough in England, and the fifth most deprived in London in 2007. Haringey's widespread level of deprivation is reflected by the finding that of the 144 Super Output Areas (SOAs) 26% are among the top 10% most deprived in the country, which is down from 30% in 2004; all except one of these is in the east of the borough.

Haringey is both economically and socially polarised. The inequalities are reflected in health. The starkest example of a link between economic deprivation and health is in male mortality rates with a difference of eight years in life expectancy between men living in one of the most deprived wards in Haringey (Tottenham Green– 70.6 years) compared to men living in one of the most affluent wards (Alexandra– 78.9 years) based on 2002-2006 data. The relationship between male life expectancy and ward level deprivation is strong and statistically significant. Reducing these premature deaths is a major challenge for all the partners signed up to the framework. In the context of stark inequalities how do we target deprived communities in order to meet the challenge?

The diagram on the following page graphically illustrates the difference in male life expectancy between the East and the West of the borough.

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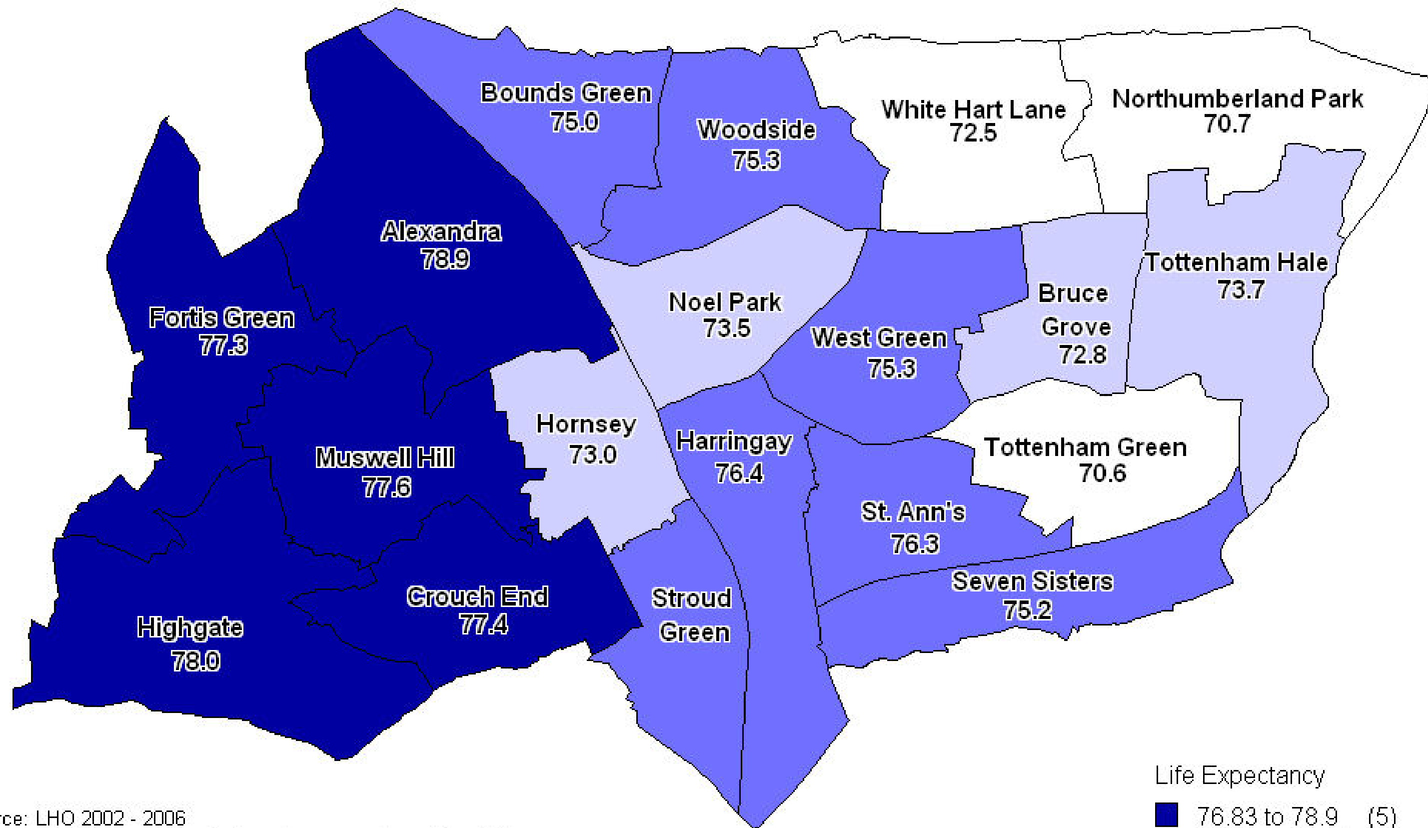
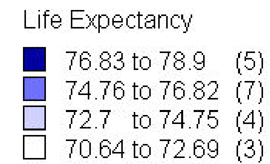
[12] Residents' Survey 2006-2007, Haringey Council http://www.haringey.gov.uk/index/council/haveyoursay/haveyoursaysurveys/residentssurvey/surveyresults2006-07.htm

Male Life Expectancy
Haringey Wards
2002 - 2006





Source: LHO 2002 - 2006
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London Borough of Haringey 100019199 2008

Below is a summary of demographic data about the borough. More detail can be found in Appendix E of this document.

Haringey's demographic profile

- Haringey's population is now 225,700, a 0.7 per cent increase on the revised mid-2005 population of 224,100.[13] Haringey's population is projected to expand by 6.6% or 14,900 residents by 2029.

- The Haringey population continued to be evenly balanced in terms of gender with there being 113,000 males compared to 112,600 females in 2006.

- The male population of Haringey is expected to grow faster than the female population; by 2029 there will be 6,400 more males than females in the borough.

- Haringey has a similar age profile to London as a whole, with 31.6% of Haringey residents under 25 (for London the figure is 30.4%). Those aged 25-29 and 30- 34 form the two largest groups in the borough, 11.1% and 11.0% respectively. Over half our population is under 35.

- The population aged 65 and over has declined slightly as a proportion of the total population, from 9.8% in 2001 to 9.4% in 2006 compared to London (12.4% in 2001 to 13.4% in 2006).

- There will be a general shift upwards in the average age of Haringey's population over the next 25 years; the number of those aged between 40 to 69 will grow by 26.7%: that is 17,500 residents. We will also see a significant rise in the number of older people, aged over 65 (20.6% or 4,300 residents).

- 34.4% of Haringey's population belong to a Black and Ethnic Minority group. Haringey ranks as the fifth most diverse borough in London. In 2005, the largest ethnic groups in Haringey were White British (47.6%), White Other (14.1%), Caribbean (8.3%) and African (9.1%).

- The top five countries of birth for new national insurance registrations are Poland, Turkey, Italy, France and Australia with Hungary and Lithuania

[13] 2006 *Mid-year population estimates*, Office for National Statistics (published August 2007)

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- Over the last five years the number of asylum seekers arriving in the borough has dropped from 5,823 in March 2001 to 649 in March 2006.

- The IMD 2007shows that Haringey has moved from being in 2004 the 13th most deprived borough to, in 2007, the 18th most deprived borough in England. It remains the 5th most deprived in London, behind Tower Hamlets, Hackney, Islington, and Newham.

- Haringey's widespread level of deprivation is reflected by the finding that of the 144 Super Output Areas (SOAs) 26% are among the top 10% most deprived in the country, which is down from 30% in 2004; all except one of these is in the east of the borough.

- While the borough's rate of progress (since 2001) at GCSE has been at more than twice the national rate, GCSE achievement is below England as a whole.

- Male life expectancy is 76.5 years (1.8 years below the average for England and Wales) and female life expectancy is 80.8 years (0.6 years below the average for England and Wales). For males the gap with the national average is widening; the difference was 1.3 years in 1996-8, but is now 1.8 years.

- The main causes of death in Haringey are circulatory disease and cancer.

- A higher estimated proportion of adults eats healthily than in England overall. However, 1 in 6 adults is still obese.

- Haringey has a lower estimated level of binge drinking and fewer alcohol-related hospital admissions than England overall.

- Alcohol-related crime in Haringey is significantly worse than the English average[7].

- Haringey's teenage conceptions rate has begun to fall significantly in recent years, down from 80.4 young females in every 1000 in 2002 (when 313 young females conceived) to 63.7 girls in 2006 (when 236 young females conceived). 15 of Haringey's 19 wards have teenage conception rates over 54.3, placing them among the highest 20% in England.

- A greater proportion of people rate their health as 'not good' compared to England as a whole.

- Road injuries and deaths are high, as they are in most of London

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Haringey's Sustainable Community Strategy (discussed in section 6) addresses all aspects of this wider concept of well-being. The Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP), is primarily responsible for the social aspects of well-being.

We recognise that improving well-being in Haringey will not just be delivered by the WBPB but will also be covered by the work of the other theme boards under the HSP. Linking with the other partnership boards will add value and avoid duplication. The areas highlighted below are examples of work carried out by other partnership boards that are essential ingredients to creating a healthier borough.

- **Better Places Partnership Board** is responsible for better and safer local transport and traffic management and environmental quality.

- **Children's and Young People's Strategic Partnership** is responsible for the welfare of children and young people. It will link with the WBPB around the transition to adulthood for all aspects of life through universal and targeted services to achieve key targets, such as reducing teenage pregnancy.

- **Enterprise Partnership Board** is responsible for achieving economic well-being through the strategic planning and provision of training and jobs.

- **Safer Communities Partnership Board** is responsible for issues surrounding drugs and alcohol misuse related crime, as well as having a role in ensuring the protection of vulnerable adults.

- **Integrated Housing Partnership Board** is responsible for meeting current and future housing needs.

1.4 Purpose of this Framework

This overarching framework identifies the strategic priorities for improving well-being in Haringey and will help us to:

- Identify the strategic direction for improving well-being locally by clarifying our immediate priorities
- Clarify who is responsible for agreeing and delivering local well-being targets
- Deliver the key floor target and threshold Performance Indicators
- Deliver other locally agreed targets (such as for the Local Area Agreement)
- Identify inspection requirements and any gaps (such as for the Comprehensive Performance Assessment)
- Provide a framework for agreeing proposals for new initiatives (e.g. from the Neighbourhood Renewal Fund or other funding streams)

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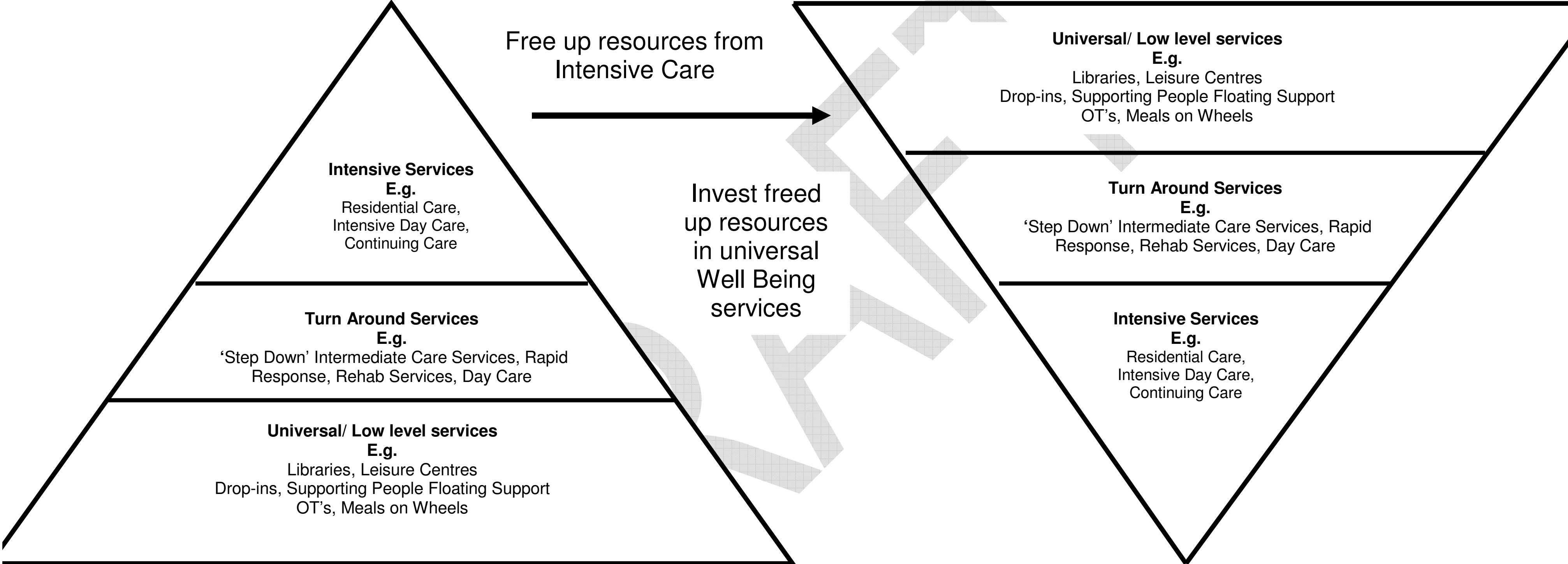
- Strengthen working relationships between organisations which support people in Haringey
- Strengthen links between the thematic partnerships which sit underneath the HSP

The Framework is underpinned by detailed service specific plans and strategies to improve well-being, some being partnership documents, others organisation-specific. Logically, plans and strategies addressing well-being should stem from it. However, as this is the first strategic vision for well-being in the borough, the existing strategies and plans, which are meant to flow from it, have been used to formulate the Framework itself. Once it is in place, future well-being plans and strategies will be written using it as a starting point.

1.5 Reason for the change

The WBSF is designed to shift the emphasis from a narrow focus on ill-health and vulnerable people to a wider focus encompassing holistic well-being for everyone. The following diagram shows how we aim to improve well-being by shifting resources from intensive services to invest in universal well-being services.

Delivering Independence, Well-being and Choice



The cornerstone of our approach depends on joint agency ability to free up resources from intensive services and move them to universal/low level services. We seek to deliver independence, well-being and choice within all services.

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The ethos of *Our Health, Our Care, Our Say* involves a shift away from the treatment of illness and providing care towards preventative and early intervention services. This includes meeting the needs of carers who have a key role in others' well-being. It is important that universal services are open and accessible to everyone in the community, including people with disabilities, vulnerable adults and communities whose first language is not English. The ability to use universal services is a way of de-stigmatising interventions for some groups of vulnerable people.

2 Policy Statement

2.1 Aim

The **aim** of this Framework is:

To promote a healthier Haringey by improving well-being and tackling inequalities.

2.2 Vision

Our **vision** for Haringey is that:

All people in Haringey have the best possible chance of an enjoyable, long and healthy life.

This vision will be applied to any service that people in Haringey come into contact with.

To make this happen, we will ensure that:

- The diversity of all Haringey's communities and the different aspirations of individuals are valued and responded to appropriately
- Organisations communicate better with each other and with residents themselves
- Plans for delivering services for adults aged 18 years and over take their needs, views and preferences into account

2.3 Outcomes and objectives 2007-2010

The Framework is based on the seven outcomes for promoting a healthier Haringey agreed by the WBPB, which is comprised of representatives from the Council, Haringey Teaching Primary Care Trust (HTPCT), Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) North Middlesex University Hospital Trust, Whittington Hospital Trust, Haringey Association of Voluntary and Community Organisations (HAVCO), Haringey Forum of Residents' Associations (HFRA), College of North East London (CoNEL), Haringey Probation Service and the Metropolitan Police.

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Our Health, Our Care, Our Say provides a description of each outcome; we have used these to develop local objectives relating to each outcome which are shown below:

No.	User Outcomes	Haringey Objectives
1	Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey
2	Improved quality of life	To promote opportunities for leisure, socialising and life-long learning, and to ensure that people are able to get out and about and feel safe and confident inside and outside their homes
3	Making a positive contribution	To encourage opportunities for active living including getting involved, influencing decisions and volunteering
4	Increased choice and control	To enable people to live independently, exercising choice and control over their lives
5	Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment
6	Economic well-being	To create opportunities for employment, to enable people to maximise their income and secure accommodation which meets their needs
7	Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care, prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur

People will have different priorities at different times of their lives and so will not necessarily identify with all of the outcomes all of the time. However, most will identify with at least one of the outcomes and others may identify with them all.

2.4 Scope of Framework

The Framework is aimed at **all people aged 18 years and over living in Haringey**. It covers all aspects of their lives represented by the seven outcomes. It identifies priorities for the three-year period from 2007-2010 and lays the foundation for rethinking our approach to promoting a healthier Haringey. The key priorities identified within each outcome will be reviewed on an annual basis and will inform future plans.

Lead officers have been identified for each outcome (see Appendix A for details). Further information on the development and consultation carried out for this Framework is in Appendix B and Appendix C.

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3 Equalities

An Equalities Impact Assessment (EIA) has been carried out on the WBSF. It found that the WBSF will have a positive impact on the borough as a whole by improving health outcomes for all and by addressing the health inequalities identified in WBSF through actions and targets aimed at those groups with the most needs in specific health areas. It is not expected to have an adverse impact on any groups nor lead to direct or indirect discrimination.

The EIA concluded that:

- Many of the existing strategies and plans which it brings together, for example the LAA, have already successfully gone through an EIA. Future strategies and plans about well-being, which come under the aegis of the Framework, will be developed with the aim and vision of the Framework in mind and will themselves be equality impact assessed.

- Value can be added to the effective development, delivery and monitoring of the national and local well-being agenda, including equalities, by bringing all the well-being work of all the major partners in the borough together.

- Equalities issues are cross-cutting and complex, particularly where multiple inequalities are involved and require a partnership approach to future planning. Where well-being is concerned the WBSF should enhance this and ensure that equalities issues are mainstreamed across the work of the partners for the benefit of the borough's residents.

The EIA is being updated in 2008.

4 Links with the Sustainable Community Strategy

The Framework builds on our responsibilities contained within the Local Government Act 2000. This gives the HSP the power to promote the economic, social, and environmental well-being of the local community through the Sustainable Community Strategy, which provides the overarching direction for the borough.

Extensive consultation was undertaken during 2006 to develop the new Sustainable Community Strategy for 2007-2016. Its vision is:

A place for diverse communities that people are proud to belong to

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The outcomes of the Sustainable Community Strategy are:

- **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**

The table below shows the links between the priorities of the Sustainable Community Strategy and the outcomes of Well-being Strategic Framework.

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

5 Links With Partners' Key Priorities

5.1 Haringey Council

The Council Plan sets out how the Council will further improve its services to meet the needs of Haringey's residents. It outlines how the Council will contribute to Haringey's Sustainable Community Strategy. The Plan has been developed within the Community Strategy policy framework and all the priorities address what residents told us is important to them. The table overleaf illustrates how the Council priorities map onto the outcomes of the Well-being Partnership Board.

Well-being Partnership Board Outcomes	Council Priorities
Improved health and emotional well-being	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Improved quality of life	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Making a positive contribution	• Encouraging lifetime well-being, at home, work, play and learning • Delivering excellent, customer focussed, cost effective services
Increased choice and control	• Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Freedom from discrimination or harassment	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning
Economic well-being	• Making Haringey one of London's greenest boroughs • Encouraging lifetime well-being, at home, work, play and learning • Promoting independent living while supporting adults and children when needed
Maintaining personal dignity and respect	• Creating a Better Haringey: cleaner, greener and safer • Encouraging lifetime well-being, at home, work, play and learning

5.2 Haringey Teaching Primary Care Trust (HTPCT)

The work of HTPCT is integral to the achievement of the aims of the WBSF. The WBSF is informing HTPCT's *Commissioning Strategy Plan* and *Operating Framework*. The Framework also informs HTPCT's emerging Primary Care Strategy, *Developing World Class Primary Care in Haringey*, which focuses on *improving the health of our population, including reducing inequalities and maximising independence*.

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5.3 Barnet, Enfield and Haringey Mental Health Trust (BEHMHT)

The BEHMHT provides specialist mental health services for Haringey residents. It has a vision of promoting mental well-being and three relevant strategic themes:

- to lead and influence the development of person-centred networks to deliver effective, high quality services
- to be the first choice for staff, patients and commissioners by building a reputation for excellence
- to develop innovative partnerships

5.4 The Bridge New Deal For Communities (NDC)

The Bridge NDC is a regeneration programme based in the Seven Sisters area of Tottenham. Its vision for the area is *to build a sustainable community of communities* and to *make the area thrive economically, flourish socially and regenerate it for current and future residents.* The Health, Social Care, Sport and Leisure Theme is responsible for delivering healthy living initiatives in the Bridge NDC area. The main achievement has been the creation of the Laurels Healthy Living Centre. The Laurels has improved and expanded facilities for GP practices in the area. It also acts as a hub for healthy living and community projects.

5.5 Haringey Association of Community and Voluntary Organisations

HAVCO is the borough's Council for Voluntary Service. According to its mission statement:

> ***HAVCO exists to enable the voluntary and community sector in Haringey to be strong and sustainable and to perform to its full potential serving the diverse communities of the borough and influencing local policies.***

In 2006 HAVCO was in contact with more than 650 voluntary groups. HAVCO is a key partner in delivering and implementing the WBSF.[14] The Haringey Voluntary and Community Sector (HVCS) Well-being Theme Group aims ***to promote healthy living and reduce health inequalities in Haringey and to encourage opportunities for active living*** by engaging and representing the voluntary and community sector in Haringey, as well as by promoting partnership working both within the sector and across sectors to achieve the Well-Being Strategic Objectives.

The Theme Group's priorities are to:

- Improve partnership between public, patients, community groups, other NHS bodies, Council & other partners;

[14] HAVCO *Annual report 2005/06*

- Improve innovation and best practice, primary and community care development;
- Improve standards of service of the HVCS;
- Assist with HVCS participation in procurement process;
- Review and update the database of the HVCS in Haringey and making it accessible to the HPCT for use in contracting and contacting HVCS organisations; and
- Help reduction in inequalities in health and well being.

6 Measuring Well-being

The HSP recognises that well-being is closely linked to health and that substantial differences in health between different neighbourhoods are determined by broader inequalities. These inequalities are evident locally as the life expectancy experienced by our population remains lower than for England as a whole. Whilst overall people in Haringey are living longer, healthier lives than they did 20 years ago, this is not enough to close the gap on national figures. Tackling these will have a beneficial impact on the overall health and well-being of our residents.

6.1 Local Area Agreement Targets for Improving Well-being

The Local Area Agreement (LAA) provides an opportunity to focus plans and resources to improve health and well-being, particularly in deprived areas, and to develop opportunities to enable people to adopt more healthy choices and ways of living. A new LAA was put in place in 2008 reflecting the new national indicator set.

The new LAA indicators that are the responsibility of the Well-being Partnership Board (WBPB) can be found in the table below. In addition to the WBPB indicators, a number of cross-cutting also contribute to improving the well-being of Haringey residents. A full list of WBPB indicators including cross-cutting indicators can be found at Appendix D.

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WBPB LAA Indicators 2008-2011
NI 8 Adult participation in sport (2007-2010 stretch target)
NI 123 16+ current smoking prevalence
NI 39 Alcohol-harm related hospital admission rates
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 149 Adults in secondary mental health services in settled accommodation
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
NI 141 Number of vulnerable people achieving independent living
NI 125 Achieving independence for older people through rehabilitation/intermediate care
Local Indicators
NI 127 Self reported experience of social care users
NI 128 User reported measure of respect and dignity in their treatment
NI 119 Self reported measure of peoples overall health and well-being
Number of older people permanently admitted into residential and nursing care (2007-2010 stretch target)
Number of adults permanently admitted into residential and nursing care (2007-2010 stretch target)
% of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis
Number of accidental dwelling fires (2007-2010 stretch target)
Number of smoking quitters in the N17 area (2007-2010 stretch target)

6.2 Other Targets for Improving Well-being

Healthcare Commission Core Standards
The Healthcare Commission, the health watchdog in England, is responsible for ensuring that healthcare services are meeting standards in a range of areas, including safety, cleanliness and waiting times. Each year in October the Healthcare Commission publishes the annual performance rating for each organisation. This rating has two parts: quality of services and use of resources.

Achievement of the following core standards is particularly important in ensuring the aim and vision of the Well-being Strategic Framework are achieved:

- **Core Standard C22** - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships. In addition, healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local director of public health's annual report informs their policies and practices.

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- **Core Standard C23** - Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

6.3 Outcomes, Related Key Targets and Priorities

Each of the seven well-being outcomes has been linked with a key target which will encapsulate success in each area. These are included in the table on Page 29; other targets related to the well-being outcomes are included in the Implementation Plan which accompanies the Framework. Each outcome has a list of priorities linked to existing documents and is shown in Section 7. We have also included Scrutiny Reviews where relevant.

6.4 Implementation Plan

Accompanying this document is a separate Implementation Plan. This details priorities, supporting programmes and initiatives, and related targets which have been identified for each outcome. They have been drawn from existing plans and strategies and are based on what we know about the demographic profile of Haringey's adult residents and key facts that relate to their current well-being. These key facts are shown in Appendix E.

6.5 Resources

As the Framework pulls together existing plans and strategies relating to well-being in the borough, resources have already been identified to deliver the programmes and initiatives included in it. Funding from the Area Based Grant (ABG) provide the resources for these existing plans and strategies, and therefore provide the funding needed to ensure the delivery of the outcomes of the Framework.

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Table to show User Outcomes linked to Key Performance Indicators

User Outcome	Key Performance Indicators/LAA targets 2008-2011
Improved health and emotional well-being	• NI 8 Adult participation in sport (2007 – 2010 stretch target) • NI 39 Alcohol-harm related hospital admission rates • NI 121 Mortality rate from all circulatory diseases at ages under 75 • NI 123 Stopping Smoking • Local % of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis • Local Number of smoking quitters in the N17 area (2007 - 2010 stretch target) • NI 126 Early access for women to maternity services • NI 51 Effectiveness of CAMHS services • NI 56 Obesity among primary school age children in Year 6 • NI 112 Under 18 conception rate • NI 113 Prevalence of Chlamydia in under 20 years olds • Local NI 53 Prevalence of breastfeeding at 6-8 weeks from birth • Local Increase the % of children immunised by the 2nd birthday
Improved quality of life	• NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information • NI 141 Number of vulnerable people achieving independent living • NI 149 Adults in secondary mental health services in settled accommodation • NI 35 Building resilience to violent extremism • NI 40 Drug Users in effective treatment • NI 156 Number of households living in temporary accommodation • Local 175 Access to services and facilities by public transport (and other specified models) • Local Number of accidental dwelling fires (2007 -2010 stretch target) • Local Carbon emissions from vulnerable private households (2007 -2010 stretch target) • Local Number of Green Flag parks (2007-2010 stretch target) • Local Number of parks achieving Green pennant status (2007-2010 stretch target) • Local The % of people who report they are satisfied or fairly satisfied with local parks & green spaces (2007-2010 stretch target)
Making a positive contribution	• NI 127 Self reported experience of social care users?? • NI 4 % of people who feel that they can influence decisions

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User Outcome	Key Performance Indicators/LAA targets 2008-2011
	in their locality • NI 6 Participation in regular volunteering • Local NI 7: Environment for a thriving third sector
Increased choice and control	• NI 125 Achieving independence for older people through rehabilitation /intermediate care • Local NI 127 Self reported measure of social care users • Local Number of older people permanently admitted into residential and nursing care (2007 -2010 stretch target)
Freedom from discrimination and harassment	• NI 140 Fair treatment by local services
Economic well-being	• NI 116 Proportion of children in poverty • NI 187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating • Local Carbon emissions from vulnerable private households (2007 -2010 stretch target)
Maintaining personal dignity and respect	(NI128 User reported measure of self respect and dignity in their treatment)

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7.0 Priorities 2007-2010

7.1 Outcome 1: Improved Health and Emotional Well-being

Objective 1: To promote healthy living and reduce health inequalities in Haringey

***Our Health Our Care Our Say* Description**
• Enjoying good physical and mental health (including protection from abuse and exploitation) • Access to appropriate treatment and support in managing long-term conditions independently • Opportunities for physical activity

Although overall people in Haringey are living longer, healthier lives than they did 20 years ago, on average they still die younger than people in England as a whole. In addition, there are substantial differences in health between neighbourhoods within the borough.

The causes of inequalities in health are multiple and complex. A small proportion of differences in health result from genetic and biological differences. However, the majority of influences on health are avoidable, and are the result of differences in:

- Life circumstances (the opportunities we have in life, including our general socio-economic, cultural and environmental conditions)
- Lifestyle (the choices we are able to make about how we live and how these impact on our health)
- Access to services (our ability to have the same access to services whatever our background, age, or where we live)

There are many factors which contribute to being healthy, such as regular exercise, healthy eating and stopping smoking. Being active and taking regular exercise helps people to have more energy, as well as making them feel and look better. It also boosts people's confidence. Healthy eating is also important to living a fitter and healthier life. It reduces the risks associated with heart disease, certain types of cancers, diabetes and high blood pressure, and can help people achieve or maintain a healthy weight. Stopping smoking is one of the best things people can do to improve their health. The body repairs the damage done almost immediately. Within 10 years, the risk of a heart attack falls to the same as someone who has never smoked. Drinking sensibly is important at any age but the effects of alcohol abuse increase with age.

Mental well-being is an equally significant part of people's health. Our mental health enables us to form and sustain relationships and to manage our lives. It also affects our capacity to cope with change and transitions, such as having a baby or losing a loved one. Mental health is central to our health and well-being because how we think and feel also has a strong impact on our physical health. Mental illness is a significant problem for the health and well-being of people in

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Haringey, and partners are determined to work together to improve mental health in the borough.[15]

In addition, anyone in a sexual relationship, regardless of his or her age, should be aware of the risks of sexually transmitted illnesses and know how to minimise exposure to them.

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[15] Joint Mental Health Strategy 2005-08

Related Documents
Adult Drug Treatment Plan 2007-08
Alcohol Related Harm Reduction Strategy 2008-11 (in development)
Changing Lives – The Children and Young People's Plan 2006-09
Contaminated Land Strategy 2005
Domestic Violence Strategy 2008-2012
Drug and Alcohol Action Team User Involvement Strategy 2006-08
Drug Related Death Strategy 2005-08
Experience Counts 2005-2010 (under review)
Environmental Services Enforcement Policy 2005 (under review)
Food and Nutrition Strategy (in development)
Greenest Borough Strategy 2008-2018
Haringey Local Development Scheme 2007
Haringey Policing Plan 2007-08
Haringey Sexual Health Strategy 2005-07
Haringey Teaching Primary Care Trust Commissioning strategy plan 2007-2012
Developing World Class Primary Care in Haringey May 2008
Haringey Teenage Pregnancy Strategy 2001-2010
Healthy and Equal: Improving the Health of People with Profound and Multiple Learning Disabilities Scrutiny Review 2007
Haringey's Homelessness Strategy 2008-2011
Infant Mortality Action Plan 2007-10 (being updated)
Joint Mental Health Strategy 2005-08
LAA Action Plan 2008-2011
Life Expectancy Action Plan 2007-10
London Fire Service Haringey Plan 2007-08
London Borough of Haringey Air Quality Management Area Action Plan 2004
Mental Health Carers Strategy (TBC)
Obesity Strategy 2007-10
Older People's Mental Health Strategy (in development)
One in Four of Us: Report of the Scrutiny Review of Access to General Mental Health and Early Intervention Services 2006
Open Spaces Strategy 2006-10
Private Sector Housing Strategy 2008-12
'Safer for All' Haringey's Community Safety Partnership Plan (2008 – 2011)
Sport and Physical Activity Strategy 2006-10
Strategy Report for the North Central London TB Steering Group 2005
Supporting People Strategy 2005-10
Young Persons Substance Misuse Grant Commissioning Plan 2007-08
Youth Justice Plan 2006-07

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Improved Health and Emotional Well-being Priorities 2007-2010

1) Improve access to effective primary, community and other health care services

Supporting Programmes/Initiatives

- Improve equity in the management of disease leading to premature mortality by:
  - Ensuring that practice-based disease registers are complete and accurately maintained
  - Ensuring that clinical management of patients with high blood pressure, high blood cholesterol, heart failure and diabetes is based on national guidelines and the needs of patients, including those with mental health problems
- Increase the uptake rates of cervical, breast and bowl cancer screening, including amongst non-English speaking communities
- Improve equity of access to health services by:
  - Developing needs-based approaches to commission primary care services, building on an equity audit of resource allocation to GP practices
  - Reducing the number of residents who are not registered with a GP
  - Improving access to better quality primary care and uniformity of quality across the borough
- Reduce the waiting time from referral to a GP to treatment
- Increase the number of women who book for ante natal care before the 12th week of pregnancy.

2) Increase physical activity

Supporting Programmes/Initiatives

- Increase participation in sport and recreational physical activity and encourage an active lifestyle
- Encourage participation in sport and physical activity amongst those groups who traditionally use sports and leisure facilities across the borough less than others
- Provide a range of opportunities in Haringey Parks and Open Spaces for active and passive recreation which can contribute to improved mental and physical health and well-being
- Use the 2012 Olympic preparations to raise awareness and stimulate increased participation

3) Improve diet and nutrition

Supporting Programmes/Initiatives

- Update the Haringey Food and Nutrition Strategy including:
  - The promotion of 5 portions of fruit and vegetables per day
  - Focus on groups with high levels of need (e.g. people living on low incomes, those with cardiovascular disease, diabetes and cancer)
- Manage existing cases of overweight and obesity by developing a range of interventions, including weight management programmes and care pathways and guidelines

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- Prevent overweight and obesity developing in the community by promoting healthy eating and physical activity

4) Reduce the number of people who smoke and the number of people exposed to second-hand smoke

Supporting Programmes/Initiatives

- Adopt the draft Tobacco Control Strategy, and establish a Tobacco Control Alliance to oversee its implementation
- Continue to implement the ban on smoking in public places by advising local businesses and employers, developing workplace based support for employees to quit and working through Children Centres to protect the children from the harmful effects of smoke in the home.

- Increase uptake of HTPCT quit smoking cessation services, particularly amongst people with mental health problems, teenage and young parents, Irish and Turkish men and other BME groups with high smoking prevalence, deprived neighbourhoods, and people in routine/manual employment.
- Develop new pathways into quit smoking services, building on referrals from other services.

5) Prevent premature deaths from suicide, accidents and injuries

Supporting Programmes/Initiatives

- Develop a suicide prevention strategy incorporating mental health promotion, risk reduction amongst key population groups, and reducing the availability of suicide methods
- Develop safer routes to school, and traffic safety measures
- Ensure that housing interventions include accident prevention measures such as fire safety, and removing the causes of trips and falls
- Focus fire safety and security measures in the private rented sector

6) Reduce the harm caused by drugs and alcohol

Supporting Programmes/Initiatives

- Continued Test Purchase Operations, and closure of crack houses in partnership with Police, Drug Alcohol Action Team (DAAT), treatment agencies and the Anti-Social Behaviour Action Team (ASBAT)
- Roll out of local questionnaire in addition to Key Individual Network engagement (KIN) questionnaire via Safer Neighbourhood teams and Mori Poll
- Focus on improving the drug treatment journey with provider agencies – engagement, retention (care planning), successful discharge and re-integration
- Commission and embed a new crack-cocaine/poly-drug use service

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- Increase effective outreach as part of crack-cocaine/poly-drug use service
- Increase psychosocial interventions (counselling, motivational interviewing, cognitive behavioural therapy, etc)
- Expand GP Shared Care Scheme
- Develop a North London Inpatient facility for drug and alcohol misusers
- Continue to implement the Drug Use Screening Tool, which enables early identification of substance misuse amongst young people across the local agencies working with vulnerable young people
- Commission cross-borough hospital-based alcohol interventions pilot (Haringey & Barnet)

7) Improve sexual health

Supporting Programmes/Initiatives

- Improve access to sexual health services for education, prevention, diagnosis and treatment
- Increase the number of young people who access the offer of a test for Chlamydia, and go on to complete treatment if required
- Prevent unwanted pregnancy and sexually transmitted infections by promoting safer sexual behaviour through:
    - Personal, social and health education in schools and colleges
    - ‘For young people’ (4YP) services for young people
    - Appropriate advice and referrals from sexual health and primary care services
    - Targeted HIV prevention programmes for Black African communities and gay men/men that have sex with men
- Reduce teenage conceptions and unwanted pregnancy

8) Improve mental health

Supporting Programmes/Initiatives

- Develop and implement strategies to promote good mental health, as indicated in the Haringey Mental Health Strategy 2005-08
- Review current service provision and identify future needs to improve older people’s mental well-being
- Reduce the stigma associated with poor mental health for people with mental health problems and their carers, including work with local media and voluntary and community organisations
- Improve the level and quality of mental health services provided by primary care services, including the establishment of complete registers of patients with serious mental illness in GP practices
- Increase support to people with mental health problems to reduce the risks of offending
- Identify and treat mental health problems early, as they arise, by:
    - Providing early intervention services for individuals with a first episode of psychosis
    - Increasing the effective follow-up of individuals

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    discharged from hospital using enhanced care programme approach and shared care packages

- Further develop care pathways and guidelines to ensure that treatment and care services for individuals with mental health problems are effective in enabling them to live as independently as possible
- Develop a new model of mental health services to ensure that people are less likely to be admitted to hospital

9) Protect people from environmental and communicable threats to health

Supporting Programmes/Initiatives

- Systematically investigate and mitigate against the possible risk to human health from land contamination in Haringey
- Increase the uptake of immunisation against Flu amongst individuals aged over 65 years, and other vulnerable groups
- Identify and treat/manage cases of TB, HIV infection and other infectious diseases in order to improve health outcomes and prevent onward transmission
- Ensure enforcement of health and safety and food standards legislation in local workplaces, retail and leisure facilities in Haringey
- Reduce air pollution by encouraging less reliance on motor vehicles for transportation

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7.2 Outcome 2: Improved Quality of Life

Objective 2: To promote opportunities for leisure, socialising and life-long learning, and to ensure that people are able to get out and about and feel safe and confident inside and outside their homes

***Our Health Our Care Our Say* Description**
• Access to leisure, social activities and life-long learning and to universal, public and commercial services • Security at home • Access to transport • Confidence in safety outside the home

Many factors combine to improve a person's quality of life.

Access to leisure and social activities, and life-long learning enable people to enjoy their lives to the full and to achieve their personal and career aims. We think culture has an intrinsic value, providing opportunities for self-expression, self-fulfilment and encouraging excellence. Culture also has instrumental value, contributing to economic vitality, educational attainment, health, faith and a cohesive community. This translates into a variety of activities and facilities, including sports and leisure, museums and galleries, archives, libraries, the visual and performing arts such as media, film, theatre, public spaces, and spaces of heritage.

Although for many people learning is associated with schools or colleges and academic achievement at a young age, in reality learning is a life-long process. People want opportunities to take up and continue learning all through their lives for many different reasons, including to:

- Get the job they want and progress with it
- Develop their skills and knowledge
- Raise their achievement generally
- Reach their potential
- Improve confidence
- Make friends
- Have fun!

Having a wide range of opportunities on offer is not enough as some people report that getting around Haringey on foot or by public transport can be difficult. It can be hard to get on buses and trains, cross busy roads, negotiate common obstacles that block pavements, walk far without needing a rest, or find a public toilet. As well as providing a mobile library service for those who need to use it, we plan to make it easier for people to get out and about by working to reduce the

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difficulties people experience.

Empowering people to live independently for as long as possible and feel safe and secure in their local communities is important for improving their quality of life. We are committed to providing help at home where needed and helping carers who look after a relative or friend who, because of their disability, illness or age, cannot manage at home without help. Though the Residents' Survey indicates that between 2005 and 2006 fear of crime amongst those surveyed has reduced, we want to continue to reassure people. We will further increase people's confidence by working with vulnerable people, the police, housing providers, the voluntary and community sector and others.

Related Documents
Carers Strategy 2005-08 (under review)
CCTV Strategy and Development Plan (in development)
Changing Lives – The Children and Young People's Plan 2006-09
College of North East London Development Plan 2005-08
Cultural Strategy (in development)
Day Opportunities Strategy – Older People (in development)
Experience Counts 2005-10 (under review)
Haringey Adult Learning Services Plan (in development)
Haringey Policing Plan 2008-09
Hate Crime and Harassment Strategy 2007-08
Home Care Strategy 2006
Local Development Scheme 2007
Mental Health Day Opportunities Strategy 2006
Open Spaces Strategy 2006-10
Report of the Scrutiny Review of the Community Safety Role of CCTV 2007
'Safer for All' Haringey's Community Safety Partnership Plan (2008-2011)
Safer Haringey Communications Plan (in development)
Sport and Physical Activity Strategy 2006-10
Supporting People Strategy 2005-10
Haringey's local Development Framework Core Strategy 2010-2020

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Improved Quality of Life Priorities 2007-2010

1) Promote libraries as centres of learning, social, economic and cultural life

Supporting Programmes/Initiatives

- Make libraries accessible to all by:
    - Refurbishing libraries so they comply with the Disability Discrimination Act
    - Providing mobile and housebound library services
    - Providing large print materials, and books on cassette or CD
- Promote job clubs in libraries

2) Enhance future facilities for improving well-being

Supporting Programmes/Initiatives

- Establish standards for open space, sports and play provision
- Sustain Parks and Open Spaces investment programme by greater than £1m per annum
- Ensure the Local Development Framework and other planning guidance enhance well-being

3) Enable people to undertake life-long learning opportunities

Supporting Programmes/Initiatives

- Develop taster courses to encourage initial involvement in learning and promote a range of appropriate progression routes in accredited courses
- Use learner/staff/partnership feedback to develop a new range of appropriate courses that meet the needs of older people
- Provide information, advice and guidance and job search support from our learner resource bases, while offering outreach services to other community services
- Strengthen the choice of accredited learning routes to encourage progression to level 2 provision

4) Develop a greater range of social and cultural activities within the community

Supporting Programmes/Initiatives

- Increase day opportunities for older people
- Continue the Art Brought to Book programme in the borough
- Promote literacy and encourage creativity by hosting author visits and providing premises for writing groups at libraries
- Provide reminiscence groups in the libraries and museums to contribute to the quality of life of older people

5) Reduce fear of crime

Supporting Programmes/Initiatives

- Develop engagement through Neighbourhood Panels and Key Informer Networks to agree priorities
- Develop the RESPECT agenda locally
- Implement the CCTV Strategy and communicate successes

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- Deploy high visibility patrols in priority areas at busiest times
- Develop a Safer Communities Communications Plan
- Make capital improvements (e.g. lighting) in partnership with other budget holders
- Provide crime prevention advice and equipment to vulnerable groups

6) Work to increase access to information technology (IT) for everyone

Supporting Programmes/Initiatives

- Provide facilities for people of all ages to have training in and access to the Internet
- Expand People's Network Programme facilities for all ages, offering free access to the Internet and also providing office software and printing facilities

7) Improve transport in the borough so that people are able to get out and about

Supporting Programmes/Initiatives

- Develop the service-based transport scheme for those using day opportunities in Older People and Learning Disabilities Services
- Implement the Community Transport in Haringey Scheme, a door-to-door transport service for people who find it difficult to access mainstream public transport
- Continue user and carer involvement in Mobility Forum which informs quarterly meetings with Transport for London
- Promote walking and cycling by providing appropriate facilities, improving safety, and developing attractive routes

8) Improve sports and leisure provision

Supporting Programmes/Initiatives

- To assist each member of the community, particularly young people, to maximise their educational attainment and opportunity for life-long learning through participation in sport and physical activity
- To develop a range of quality and accessible recreational opportunities and sporting facilities available to all
- To improve access to local provision so that participants can enjoy activities that are of high quality and in a safe and secure environment
- Access opportunities created by 2012 to develop new and/or refurbished facilities and activity programmes

9) Enhance home care

Supporting Programmes/Initiatives

- Introduce a new monitoring system for home carers
- Provide specialist training to home care staff to ensure they can support people with high care needs such as dementia
- Develop user-focussed outcome based home care provision

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- Further develop re-ablement services
- Develop a commissioning strategy for carers

10) Provide support for carers, including preparing for when they are no longer able to care

Supporting Programmes/Initiatives

- Develop information for carers and improve the way we communicate with them
- Offer culturally appropriate assistance and support for the cared-for person to enable their carers to meet their own health, leisure, employment and education needs

11) Increase opportunities for people to live independently in their own homes

Supporting Programmes/Initiatives

- Increase the number of day opportunities
- Support people in the move from temporary to permanent accommodation

Help older people to retain mobility and independence by providing professional advice and training through libraries, giving practical guidance on remaining mobile

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7. 3 Outcome 3: Making a Positive Contribution

Objective 3: To encourage opportunities for active living including getting involved, influencing decisions and volunteering

***Our Health, Our Care, Our Say* Description**

- Active participation in the community through employment or voluntary opportunities
- Maintaining involvement in local activities and being involved in policy development and decision-making

Many Haringey residents want to be able to take part in community activities they enjoy and to make a valued contribution to life in Haringey. Creating opportunities for getting people involved and volunteering can play an important role in improving physical and mental health. All people with disabilities, including people with learning disabilities, have the right to participate in the community on equal terms. The Disability Discrimination Act 2005[16] requires public authorities to encourage participation by disabled persons in public life.

For some people volunteering is an opportunity to put something back into society; for others it provides a chance to have new experiences, learn new skills and may be a stepping stone to a better life. Government recognises the importance of involving local people and the local voluntary and community sector in shaping services and priorities, and invests in the infrastructure to support the development of a vibrant voluntary and community sector. In addition, the importance of developing the role and capacity of the voluntary sector was highlighted by front-line social care staff in a consultation on implementing *Our Health, Our Care, Our Say* in Haringey held in September 2006.

According to a 2005 survey informing the Haringey Infrastructure Development Plan, voluntary and community groups need support in governance development, funding and finance, IT and community websites, information and policy resources as well as workforce development. Voluntary and community sector representatives need training to engage more effectively in shaping and influencing policy. According to Department of Health Practice Guidance August 2006, there is an expectation that statutory organisations will develop and maintain volunteering within their organisations, the NHS in particular.

In order to encourage opportunities for people to make a positive contribution locally, we have developed the *Haringey Compact 2006*: *Working Better Together*, which provides a framework agreement for Haringey's voluntary, community and public sector organisations to promote positive engagement and

[16] Disability Discrimination Act 2005 http://www.opsi.gov.uk/acts/acts2005/20050013.htm

good working relations between and across the sectors. The Community Involvement Statement in Haringey's LAA has also outlined how the community is engaged in setting and delivering local outcomes.

Related Documents
Day Opportunities Strategy – Older People (in development)
Experience Counts 2005-10 (under review)
Haringey Compact 2006 and 'Working Better Together' - Haringey's Three Year Work Plan 2006 - 2009
Haringey Infrastructure Development Plan 2005
HAVCO Business Plan 2005-08
Community Engagement Framework (forthcoming)
Sport and Physical Activity Strategy 2006-10
Haringey Community Cohesion Pledge 2008

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Making a Positive Contribution Priorities 2007-2010

1) Create opportunities for having a say in decision making

Supporting Programmes/Initiatives

- Establish local Voluntary and Community Sector Forum to meet quarterly from November 2007
- Improve representation of BME[17] /community groups on the HSP
- Fully involved second-tier organisations
- Involve users and carers in influencing policies
- Develop a User Payment and Involvement Policy

2) Promote user involvement and engagement in service commissioning and delivery

Supporting Programmes/Initiatives

- Enhance partnership approach to enable user involvement
- Consultation Group meets regularly

3) Increase opportunities for volunteering

Supporting Programmes/Initiatives

- Build the capacity of Voluntary and Community Sector to be effective in involving volunteers, including providing training
- Develop a Volunteer Centre in Haringey that coordinates local volunteering
- Promote volunteering opportunities led by older people
- Engage opportunities and programmes being developed for the 2012 Olympics to increase volunteering in the sports and leisure sector
- Use V-base (www.doit.org.uk) to promote volunteering opportunities
- Expand and improve the Community Volunteer Wardens service
- Increase the number of special constables
- Improve voluntary and community sector infrastructure
- Promote community ownership, participation and involvement in the development and delivery of facilities and programmes for sport and physical activity
- Develop and implement a joint volunteering strategy across all sectors

[17] BME – Black and Minority Ethnic

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6.4 Outcome 4: Increased Choice and Control

Objective 4: To enable people to live independently, exercising choice and control over their lives

***Our Health, Our Care, Our Say* Description**

- Maximum independence
- Access to information
- Being able to choose and control services
- Managing risk in personal life

There are times in everyone's lives when they need help and support. Some people need support because they have ill health or a disability; often friends or family provide it. However, sometimes support is needed from agencies such as the Council or the voluntary or independent sector.

We are developing a wide range of community-based services which will provide earlier and better targeted support to prevent or delay ill health, and improve well-being and social inclusion for everyone.

We work to ensure that people have choice and control over the services they receive at all times. It is important that we coordinate and provide truly self-directed care, allowing people the greatest choice possible in the care they choose to receive.

This does not mean that people are expected to do everything for themselves, but they are expected to have the biggest say in what they do and take responsibility for how they live their lives. We will help them achieve this while supporting those people who need practical help and advice so that they remain as independent as possible.

Services will emphasise the needs of the person as a whole through being:

- Person-centred – tailored to the person's circumstances and enabling them to fulfill their potential
- Proactive – intervening to prevent problems and help people maintain their independence
- Seamless – working with all professionals to improve coordination

We are committed to providing up-to-date information and advice for people, including information on housing, social care services, health, leisure, life-long learning, and transport. Information should be available in a range of accessible formats, such as large print, audio tape, disc or Braille.

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Related Documents
Better Care Higher Standards Charter 2007-2009
Communication Strategy: Adults with Learning Disabilities 2005
Experience Counts 2005-10 (under review)
Expert Patient Programme Evaluation May 2007
Rehabilitation and Intermediate Care Strategy (in development)
Report of the Scrutiny Review of Intermediate Care Services 2006
Joint Mental Health Strategy 2005-08
Supporting People Strategy 2005-10

Increased Choice and Control Priorities 2007-2010

1) Ensure service users and carers have a say, and are involved in developing their care plans

Supporting Programmes/Initiatives

- Continue outcome-based home-care
- Continue quality assurance monitoring with service users to ensure assessments are person-centered and agreed as far as possible with service users and carers

2) Provide appropriate care in the community

Supporting Programmes/Initiatives

- Develop intermediate care options
- Reduce the number of people using residential care

3) Promote the use of direct payments as widely as possible

Supporting Programmes/Initiatives

- Implement ACCS Commissioning Strategy for Adults which has Direct Payments at its centre
- Increase support for people using direct payments
- Increase service user choice of provider by agreement of an agency rate for direct payments

4) Further access to employment including the use of individual budgets

Supporting Programmes/Initiatives

- Further the project using individual budgets to support people with learning disabilities into employment

5) Support individuals with long-term conditions in self-management

Supporting Programmes/Initiatives

- Enable individuals with long-term conditions to develop self-management skills through the expert patient programme

6) Develop housing-related support services for vulnerable people

Supporting Programmes/Initiatives

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- Develop extra care housing support options including using assistive technology
- Sustain people in tenancies
- Ensure that vulnerable people have access to a flexible range of housing and support options

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6.5 Outcome 5: Freedom from Discrimination or Harassment

Objective 5: To ensure equitable access to services and freedom from discrimination or harassment

***Our Health, Our Care, Our Say* Description**
• Equality of access to services • Not being subject to abuse

We are committed to reflecting the full diversity of the community we serve and to promoting equality of opportunity for everyone. We aim to ensure equal access to our services by all citizens on the basis of need and to provide services in a manner that is sensitive to the individual whatever their background. Partners are working together to ensure that equal opportunities is a key guiding principle in all of our work. All policies go through an Equalities Impact Assessment, in which the effects it might have on people depending on their racial group, disability, gender, age, belief or sexuality are evaluated and plans to minimise any negative effects are made.

Hate crime and harassment are of concern to many members of our local community. Not only do hate crime and harassment impact on individual victims and their families, often heightening the victims' distress by undermining their sense of identity and community, but hate crime and harassment can also undermine communities by raising fear amongst people with similar identities. Hate crime and harassment can also lead to, or exacerbate, increased racial and other inter-community tension.

Services already exist in Haringey that address hate crime and harassment. The Anti-Social Behaviour Action Team (ASBAT) manages all cases of hate crime and harassment. ASBAT is able to work with the victims to gather evidence and it has the ability to protect victims with civil injunctions and other remedies.

According to the Second Domestic Violence Strategy 2005[18]:

> "In Greater London, the Metropolitan Police Service attend around 300 domestic violence incidents every 24 hours. Domestic violence accounts for 16% of all homelessness acceptances, is a feature in the lives of three-quarters of children on the child protection register, is a significant factor in disputed child contact cases and is the underlying reason behind many other social policy issues. The cost of domestic violence to the London Region of the NHS is £195.31 million."

[18] Greater London Authority: *The Second London Domestic Violence Strategy*. 2005 http://www.london.gov.uk/mayor/strategies/dom_violence/strategy2.jsp

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Locally, wards in the east of the borough are by far the worst affected by domestic violence. Contributing factors are higher levels of deprivation and high density housing, as well as the fact that many of the services aimed at domestic violence victims are situated in the east, leading to higher reporting from that side of the borough.

Related Documents
Anti-Social Behaviour Strategy 2004 (under review)
Domestic Violence Strategy 2008-1012
Enforcement Strategy – Safer and Cleaner (in development) March 2008
Haringey Council Equalities Public Duties Scheme 2007-10
Haringey Policing Plan 2008-09
Haringey Sexual Health Strategy 2005-07
Haringey Teaching Primary Care Trust Local Delivery Plan 2005/6-2007/8
Hate Crime and Harassment Strategy 2007-08
Joint Mental Health Strategy 2005-08
Life Expectancy Action Plan 2007-10
Local Area Agreement 2008-2011
Safer Communities Communication Plan (in development)
‘Safer for All’ Haringey’s Community Safety Partnership Plan (2008-2011)
Victim Support National Office Strategic Plan 2005-08
Haringey Community Cohesion Pledge 2008

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Freedom from Discrimination or Harassment Priorities 2007-2010

1) Provide services in a fair, transparent and consistent way[19]

Supporting Programmes/Initiatives

- Continue to ensure that all new policies and strategies are subject to Equalities Impact Assessments
- Effectively monitor service provision to ensure that services are provided to all client groups in an equitable manner
- Develop the capacity of partner organisations to undertake Health Equity Audits as a tool to ensure health inequalities are addressed through service planning

2) Address stigma associated with long-term conditions such as mental health problems and sexual ill health

Supporting Programmes/Initiatives

- Work with employers to reduce stigma for people with mental health problems and promote access to employment
- Widen non-stigmatising access to services
- Widen participation at HIV confidential help and advice Drop in service

3) Support victims and witnesses of crime

Supporting Programmes/Initiatives

- Provide individual support for witnesses through Victim and Witness Support
- Increase the use of 'expert witnesses'
- Improve publicity for victim and witness services
- Increase the use of the Victim Support service by young people through the employment of a young people's outreach worker
- Increase the use of the Victim Support service by Haringey's diverse communities through recruitment of volunteers from these communities

4) Prevent and reduce domestic violence

Supporting Programmes/Initiatives

- Strengthen the provision of our one-stop domestic violence services at Hearthstone

5) Prevent and reduce hate crime and harassment

Supporting Programmes/Initiatives

- Coordinate and improve responses to hate crime and harassment
- Develop long-term prevention programme for hate crime and harassment
- Encourage reporting and recording

[19] This links with the priorities on increasing access to health care and leisure services under Outcome 1: Improved Health and Emotional Well-being

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- Improve responses to hate crime and harassment, and referrals between agencies

6) Address anti-social behaviour (ASB)

Supporting Programmes/Initiatives

- Maintain high standards of response to ASB across the borough
- Develop support for vulnerable families and neighbourhoods
- Maintain the balance between early intervention/use of Acceptable Behaviour Contracts and full legal powers
- Develop early intervention and prevention programmes
- Improve delivery of enforcement services to meet public priorities

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6.6 Outcome 6: Economic Well-being

Objective 6: To create opportunities for employment, to enable people to maximise their income and secure accommodation which meets their needs

***Our Health, Our Care, Our Say* Description**
• Access to income and resources sufficient for a good diet, accommodation and participation in family and community life • Ability to meet costs arising from specific individual needs

Haringey has particularly high levels of worklessness, which, despite a number of significant interventions, have persisted. High levels of worklessness bring a high cost to the borough resulting in a weaker local economy, high levels of ill-health, crime, substance abuse, low levels of attainment at school, and family breakdown leading to higher demands for social housing and social services support.

In 2006 the Haringey Strategic Partnership adopted a new strategic approach to tackling worklessness in the borough. This approach has two main tenets to achieve long-term change: we need to **stem the flow of new workless** and **increase the numbers moving from worklessness into employment.** We need to deliver larger interventions which have a narrower focus on core populations and employment and skills interventions focussed on:

- Those in contact with Haringey Council and other public services
- Young people
- Incapacity Benefit claimants
- Workers in low-paid/low-skilled employment

Complementing this work is the Welfare to Work Strategy, which aims to improve the ease of access to employment and mainstream provision for disabled people resident in Haringey.

In addition to issues with employment, Haringey faces severe housing challenges. There is a shortage of social housing and of affordable homes. The level of over-crowding in the borough is very high as are the numbers of households in temporary accommodation.

The east of the borough is very deprived with areas of poor quality housing and concentrations of low income households. The level of homeless applications is very high and around 90% of applications are from Black and Minority Ethnic (BME) communities. Many households contain people who are vulnerable due to age or disability, mental health or because they have young children.

Haringey has developed a range of responses to improve housing, including:

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- Introducing the Prevention and Options service aimed at preventing homelessness.
- Developing new housing options including long-term private sector tenancies as well as ensuring an appropriate number of Homes for Haringey and housing association lettings go to households prevented from becoming homeless.
- Reducing the numbers of households in temporary accommodation by offering alternative settled accommodation and converting temporary accommodation to permanent housing.
- Entering into a preferred partnership arrangement with six housing associations.

We also recognise the detrimental effects of fuel poverty in the borough. To combat this problem a number of steps have been taken, including employing a Fuel Poverty Officer, signing up to the Nottingham Declaration, which formally states our intentions with regard to climate change and carbon emissions, and working in partnership to refer eligible individuals to schemes which provide home insulation.

Related Documents
Energy Efficiency Strategy (in development)
Home Care Strategy 2006
Homelessness Strategy 2008-12
Housing Strategy 2008-12 (in development)
Joint Mental Health Strategy 2005-08
Move On Strategy 2006-07
People, Places and Prosperity 2007 Regeneration Strategy (Draft 2007)
Temporary Accommodation Reduction Strategy 07/08-09/10
The Haringey Guarantee 2006
Welfare to Work for the Disabled Strategy 2005-15
Worklessness Statement 2007

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Economic Well-being Priorities 2007-2010

1) Increase the number of young people leaving school and entering employment or training

Supporting Programmes/Initiatives

- Develop enhanced vocational programmes in secondary schools for Year 10 & 11 students
- Run an employment support service with the College of North East London

2) Increase the numbers moving from worklessness into employment

Supporting Programmes/Initiatives

- Develop and deliver three flagship employment and skills programmes:
  - The Haringey Guarantee -
  - The North London Pledge
  - Families Into Work based in Northumberland Park
- Further develop partnerships with public/private sector employers and community/voluntary organisation to identify needs and offer a range of solutions, including customised training courses.

3) Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems resident in Haringey

Supporting Programmes/Initiatives

- Work with Jobcentre Plus to create supported employment
- Ensure disabled people have access to employment and skills programmes
- Continue to support the programme of disability awareness training for providers and employers to be delivered by disabled people
- Develop social firms made up of disabled people

4) Prevent homelessness wherever possible

Supporting Programmes/Initiatives

- Consolidate performance and the implementation of the Prevention and Options Service, further developing the role of the Prevention and Options Visiting Officer

5) Maximise the supply of good quality affordable housing available to homeless people

Supporting Programmes/Initiatives

- Increase the supply of private rented homes through the Assured Shorthold Tenancy (AST) scheme
- Bring private rented properties back into use
- Ensure the move on of vulnerable people to appropriate accommodation

6) Reduce fuel poverty

Supporting Programmes/Initiatives

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- Ensure residents have better measures to insulate their homes by referring eligible individuals to relevant local schemes

7) Ensure that vulnerable people have decent, energy efficient homes

Supporting Programmes/Initiatives

- Carry out security checks as part of the Here to HELP scheme
- Carry out fire safety checks in people's homes
- Provide home modifications, such as mending stairway railing, to help older people avoid slips, trips and falls

8) Address the psycho-social, as well as the physical, barriers to work faced by incapacity benefit recipients, helping customers better manage their own health condition and refocus on their potential for work

Supporting Programmes/Initiatives

- Work with Reed in Partnership to support the *Pathways to Work* (DWP) programme
- Increase the number of front-line staff with access to the *Better Off Calculation* software (IBIS-Jobcentre Plus) to perform in work/benefit comparison calculations for current claimants considering return to work
- Increase the capacity of condition management programmes to help support job-seeking and return to work aspirations
- Work with the Teaching Primary Care Trust, Reed in Partnership and other partners on Increasing access to Psychological Therapies programme.

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6.7 Outcome 7: Maintaining Personal Dignity and Respect

Objective 7: To ensure good quality, culturally appropriate personal care, prevent abuse of service users occurring wherever possible, and to deal with it appropriately and effectively if it does occur

***Our Health, Our Care, Our Say* Outcome**
• Keeping clean and comfortable • Enjoying a clean and orderly environment • Availability of appropriate personal care

Some vulnerable people are abused and exploited by relatives, neighbours, unpaid carers or professionals and are often reluctant to take action so they can be protected. We work to combat this abuse and ensure that all service users are treated with the utmost respect at all times.

To make sure that this happens we have adopted the following aims:

- To promote and enhance people's independence, safety and quality of life
- To provide services that meet each individual's specific needs
- To provide services in a fair, transparent and consistent way
- To provide services which are effective and meet clear standards
- To ensure service users and carers have a say, and are involved in planning

We want to ensure that all people in residential care are treated with dignity and respect. One way of working toward this goal is to make sure that those in residential care are assured the privacy afforded by a single room. Our standard practice is to ensure that all people living in our residential and nursing homes have single rooms, except in the following circumstances:

- Where we place a couple together
- If a service user or their family specifically opt for a shared room in order to secure their home of choice. In these instances we make the placement on the basis that as soon as a single room is available, the person is placed in it.

Another way in which people have dignity and respect is through their social relationships, and for most people that includes personal and sexual relationships. We want to ensure that service users have every opportunity to have fulfilling personal relationships should they so wish. We want to help people who know, live with, or work with service users to be clear about what support they can or should be offering. We work to ensure that service users are free from unsafe or abusive sexual contact. This means that we must provide access to the knowledge, support and skills people need to protect themselves so that

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they are able to access as full and enjoyable personal and sexual relationships as possible.

Related Documents
Safeguarding Vulnerable Adults Policy and Procedures March 2008
Experience Counts 2005-10 (under review)
Food and Nutrition Strategy (in development)
Personal Sexual Relationships Strategy (in development)

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Maintaining Personal Dignity and Respect 2007-2010

1) Improve access to small items of equipment to enable people to live independently in their own homes

Supporting Programmes/Initiatives

- Extend the availability of small items of equipment through extended use of drop-in services and partnership with local retail units

2) Increase the choice and availability of community meals

Supporting Programmes/Initiatives

- Increase choice by developing an ambient tea-time service for those who want it
- Develop the frozen meal delivery service for those who want it and are able to heat their own meals

3) Protect vulnerable adults from abuse

Supporting Programmes/Initiatives

- Prevent abuse occurring wherever possible and deal with it appropriately and effectively if it does occur
- Ensure all relevant staff receive training for working with vulnerable adults
- Implement the Bogus Caller Initiative targeting vulnerable adults prone to bogus callers
- Revise the Sexual Rights, Relationships and Health Policy Guidelines to include all client groups
- Further develop safeguarding for self-funders

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7 Monitoring the Framework

The WBPB, one of the thematic boards of the HSP, has a key role to play in delivering the Framework. While the WBPB has an input into all seven of the outcomes and some priorities and actions identified are its responsibility, other priorities and actions are the remit of the other thematic partnerships which sit under the HSP. For example:

Priorities and actions	Partnership Board
Fear of crime	Safer Communities Partnership
Building new homes	Integrated Housing Partnership
Keeping our green spaces attractive	Better Places Partnership
Tackling worklessness and other aspects of economic well-being	Enterprise Partnership

Whilst the well-being of children falls under the remit of the Children and Young People's Strategic Partnership, there is an element of crossover between the Children and Young People's Partnership and the WBPB as children and young people cannot be seen as separate from the adults they live with, and in time their needs will fall under the remit of the WBPB. Transition to adulthood presents all young people and their families with many challenges and it is important to ensure that we work together to ensure that this is a smooth process.

Consequently, while the WBPB is responsible for the **implementation plan** of the Well-being Strategic Framework, it is not **solely** responsible for its delivery. Hence, there is joint ownership for the **delivery** of the Framework. Each supporting programme and initiative in the Well-being Strategic Framework is assigned to a lead agency which is responsible for its **delivery**, and a lead thematic partnership, which is responsible for **monitoring performance**.

Responsibility for the monitoring of the priorities and supporting programmes and initiatives of the Framework that **do not** fall directly under the remit of the WBPB lie with the HSP's Performance Management Group.

We have also developed a Well-being Scorecard, which incorporates all targets included in the Implementation Plan; the Scorecard is updated on a regular basis. The HSP Boards will receive quarterly performance reports showing progress against outcomes. Performance will be illustrated using a traffic light system with trend analysis and progress against trajectories. Good performance will be highlighted alongside action to address any under-performance.

Commitments to achieve joint targets will need to be reflected in each partner agency's plans to ensure a joined up approach to delivery.

The Well-being Strategic Framework is accompanied by an Implementation Plan, which describes the supporting programmes and initiatives to be undertaken to

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achieve each outcome and shows how we will measure that we have achieved them. We have set clear success indicators, which are Specific, Measurable, Achievable, Realistic and Timed (SMART).

The WBPB has five sub-groups, organised around the seven outcomes of the Well-being Strategic Framework. The chairs of each of these sub-groups have been identified as lead contacts for each of the outcomes (see Appendix A). They are responsible for ensuring that the supporting programmes and initiatives are implemented. The sub-groups monitor the progress on Local Area Agreement (LAA) targets relating to their sub-groups outcomes and account for actions and performance through regular reports to the WBPB. Each of the sub-groups supporting the WBPB as well as the other thematic boards of the HSP will be responsible for their contributions through the detailed plans and strategies linked to each outcome which underpin this overarching Framework.

In addition we are also consulting residents to get their views on how well we are improving well-being in Haringey through the Place Survey and Adult Service Outcome Survey.

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Health and Social Care Outcomes and Accountability Framework 2008-09 to 2010-11 (2007) Department of Health

Independence, Well-being and Choice (2005) Department of Health

Local Government Act 2000

Local Government and Public Involvement in Health Act (2007)

Our Health, Our Care, Our Say (2006) Department of Health

Strong and Prosperous Communities, the Local Government White Paper (2006)

Tackling Health Inequalities: a programme for action (2003) Department of Health

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Glossary for Framework and Implementation Plan

ABG: Area Based Grant
ACCS: Adult, Culture and Community Services Directorate, Haringey Council.
ASB: Anti-Social behaviour
ASBAT: Anti-Social Behaviour Action Team
AST: Assured Shorthold Tenancy
BEHMHT: Barnet, Enfield and Haringey Mental Health Trust
BME: Black and Minority Ethnic
BMI: Body Mass Index
BV: Best Value
CAA A new approach that will provide the first independent assessment of the prospects for local areas and the quality of life for people living there.
CASSR: Councils with Adult Social Services Responsibilities
CCTV: Closed circuit television
CfH: Communities for Health – a funding stream to support the DH Choosing Health Agenda
CIPFA: Chartered Institute of Public Finance and Accountancy
CoNEL: College of North East London
CPA: Comprehensive Performance Assessment
CSCI: Commission for Social Care Inspection
CYPSP: Children and Young People's Strategic Partnership
DAAT: Drug and Alcohol Action Team
DASS: Director of Adult Social Services
DfES: Department for Education and Skills (former government Department)
DH: Department of Health
ESF: European Social Fund
GLA: Greater London Authority
HAVCO: Haringey Association of Voluntary and Community Organisations
HC: Haringey Council
HEA: Health Equity Audit
HfH: Homes for Haringey - a Board made up of residents, councillors and independent experts.
HSCP: Haringey Safer Communities Partnership
HSP: Haringey Strategic Partnership
HTPCT: Haringey Teaching Primary Care Trust
JCP: Job Centre Plus
KMC: Ken McAnespie Consultancy
KPI: Key Performance Indicators
LAA: Local Area Agreement
LDP: Local Delivery Plan

LINks: Local Involvement Networks (a new body planned to take over and extend the functions of Patient and Public Involvement Forums in April 2008)
LPSA: Local Public Service Agreement (replaced by LAA in 2006)
LSP: Local Strategic Partnership
MORI: Ipsos MORI, a research organisation
MPS: Metropolitan Police Service
NRF: Neighbourhood Renewal Fund
OHOCOS: *Our Health, Our Care, Our Say* White Paper, Department of Health, January 2006.
PAF: Performance Assessment Framework
PCP: Person centred planning
PE: Physical education
PLSS: Public Library Service Standards
PSA: Public Service Agreement
QUEST: Quality scheme for sport and leisure
RAP: Referrals, Assessments and Packages of Care in Adult Personal Social Services
SOAs: Super Output Areas - *a statistical geography published by the Office for National Statistics. They are made up of three hierarchical layers: lower, middle and upper that all fit within the Borough boundary. It is intended that SOAs will replace electoral wards as the basis for small area statistics.*
SMART: Specific, Measurable, Achievable, Realistic and Timed
SP: Supporting People
TBD: To be developed
TNS: A research organisation
V-base: Volunteering management software
VCS: Voluntary and Community Sector
WBPB: Well-being Partnership Board
WBSF: Well-being Strategic Framework

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Appendix A Lead Contacts for Each Outcome

Well-being Outcome	Lead Contact Co-Chair Outcome Focused Group (Title)	Lead Contact Co-Chair Outcome Focused Group (Current Lead)
Improved health & emotional well-being	Head of Health Inequalities, HTPCT Assistant Director Recreation, HC	Vicky Hobart (Replacement starts Jan 09) John Morris
Improved quality of life ***and*** Economic Well-being	Assistant Director Culture & Libraries, HC Assistant Director Community Housing, HC	Diana Edmonds Phil Harris
Making a positive contribution	Director HAVCO Voluntary Sector Rep	Naeem Sheikh Robert Edmonds
Increased choice & control ***and*** Freedom from discrimination & harassment ***and*** Maintaining dignity & respect	Assistant Director Adult Services, HC Head of Strategic Commissioning Adults & Older People, HTPCT	Lisa Redfern Alex McTeare (replacement TBC)
Joint Commissioning	Director Strategic Commissioning, HTPCT Assistant Director Commissioning & Strategy, HC	Helen Brown Margaret Allen

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Appendix B Development of the Framework

In June 2005 the WBPB was established. It agreed the definition of well-being as follows:

> **Well-being is the term used to describe the activities of the statutory and voluntary agencies to promote the quality of life for adults in Haringey. This includes access to appropriate accommodation, health and care services, leisure and educational activities and options for maintaining a healthy lifestyle.**

In September 2005 the WBPB agreed an aim, vision, outcomes and objectives, all of which provide strategic direction regarding well-being.

In February 2006 we held 'A Healthier Haringey' event which helped us identify relevant priorities, many of which have been included in the Life Expectancy Plan. It was developed to help us address health inequalities and meet the key floor target locally.

During 2006 we contributed to the development of the new Sustainable Community Strategy which has led to it including the following outcome for 2007-2016: 'Healthier people with a better quality of life'.

In December 2006 the Well-being Chairs Executive agreed to develop this Well-being Strategic Framework to bring together the diverse programmes taking place to improve health and well-being in the borough.

In January 2007 a project group with representatives from the Council, Haringey Teaching Primary Care Trust and the voluntary sector was set up to develop the Framework. The Council's Head of Policy and Performance attended meetings of the project group and provided guidance and assistance on performance management.

Haringey's LAA, which was signed off in March 2007, included "Improving health and well-being" as a cross-cutting theme. This means that all blocks of the LAA must work to support this aim.

In May 2007 the Well-being Chairs Executive, made up of the chairs of the sub-groups reporting to the WBPB, agreed a new definition of well-being to be used for the Framework. It is:

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

Following this, in June 2007 the WBPB agreed that the seven outcomes included in *Our Health, Our Care, Our Say* would supersede those it agreed in September 2005 and that the Framework would be shaped around these outcomes and locally agreed objectives.

As well-being is cross-cutting in nature, many of the outcomes, objectives and priorities covered by the Framework are not necessarily the remit of the WBPB and are instead the responsibility of other boards. Therefore, other boards were asked to take responsibility for various aspects of the Well-being Strategic Framework.

The project group also ensured that an Equalities Impact Assessment was completed and consulted stakeholders as described below.

The work of the partners in putting together the Framework and improving well-being has formed a part of the application which was a finalist for the Health Service Journal 2007 Award for Cost-Effective Partnerships Working.[20]

The Framework and Implementation Plan was updated in 2008 to reflect the new national indicators, policy developments and data taking into account progress on the supporting programmes and initiatives. A full review of the priorities and actions in the implementation plan will take place in April 2009.

[20] http://www.hsjawards.co.uk/HSJAwards2007Shortlist.asp?m_pid=0&m_nid=18476

Appendix C Consultation about the Framework

The Framework flows from the Sustainable Community Strategy, for which residents and other stakeholders were extensively consulted throughout the summer of 2006.

Whilst developing our priorities for improving well-being locally we have involved users and carers in the following ways:

- Better Living for Older People Conference (2004) attended by 450 older people
- Reference group of 33 older people (2004-05) who identified priorities for action which are included in Experience Counts
- Healthier Haringey Event (2006) for staff and voluntary sector organisations to determine local priorities to meet the Choosing Health Agenda
- LAA Block Group on Healthier Communities and Older People to agree priorities 2006-2007
- Consultation event (2006) with users and carers to discuss priorities for inclusion in the LAA
- Event (2007) to discuss the Department of Health draft Commissioning Framework for Health and Well-being
- Presentation of Annual Public Health reports for discussion at the HAVCO Well-being Theme Group, and at Local Area Assemblies (the 2004 report focussed on Mental health, the 2005 report focussed on Children and Young People, the 2006 report focussed on health surveillance and primary care)
- Well-being Partnership Board event to finalise priorities and agree implementation structure

Using feedback from residents and other stakeholders from the Sustainable Community Strategy consultation, the consultations with service users and carers mentioned above, and working with the priorities already identified in existing plans and strategies, the project group agreed key priorities under each outcome of the Framework (see section 8).

Drafts of the Framework were circulated to the Well-being Partnership Board and the sub-groups that report to it. Drafts were also circulated to the other theme boards under the Haringey Strategic Partnership, (including an accessible version to the Learning Disabilities Partnership Board), the voluntary and community sector well-being theme board and senior managers within HTPCT, the Council, and Barnet, Enfield and Haringey Mental Health Trust. A questionnaire was circulated with the Framework drafts in which stakeholders were asked to comment on the proposed priorities and actions. The feedback was used to develop the final Framework.

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Appendix D Local Area Agreement Targets 2008-2011

The LAA will focus on the following well-being indicators:

WBPB LAA Indicators 2008-2011
NI 8 Adult participation in sport (2007-2010 stretch target)
NI 123 16+ current smoking prevalence
NI 39 Alcohol-harm related hospital admission rates
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 149 Adults in secondary mental health services in settled accommodation
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
NI 141 Number of vulnerable people achieving independent living
NI 125 Achieving independence for older people through rehabilitation /intermediate care
Local Indicators
NI 127 Self reported experience of social care users
NI 128 User reported measure of respect and dignity in their treatment
NI 119 Self reported measure of peoples overall health and well-being
Number of older people permanently admitted into residential and nursing care (2007-2010 stretch target)
Number of adults permanently admitted into residential and nursing care (2007-2010 stretch target)
% of HIV-infected patients with CD4 count <200 cells per mm3 at diagnosis
Number of accidental dwelling fires (2007-2010 stretch target)
Number of smoking quitters in the N17 area (2007-2010 stretch target)
Cross-cutting LAA Indicators
NI 126 Early access for women to maternity services
NI 140 Fair treatment by local services- proxy to what extent does your local council treat all types of people fairly
NI 35 Building resilience to violent extremism
NI 40 Drug users in effective treatment
NI 51 Effectiveness of CAMHS
NI 56 Obesity among primary school age children in Year 6
NI 112 Under 18 conception rate
NI 113 Prevalence of Chlamydia in under 20 year olds
NI 116 Proportion of children in poverty
NI 156 Number of households living in temporary accommodation
NI 187 Tackling fuel poverty- people receiving income based benefits living in homes with a low energy efficiency rating
Local NI 175 Access to services and facilities by public transport (and other specified models)
Local NI 53 Prevalence of breastfeeding at 6-8 weeks from birth
Local Increase the percentage of children immunised by the 2nd birthday
Local carbon emissions from vulnerable private households (2007-2010 stretch target)

Appendix E Setting the Scene for the Framework

Below are some key facts that relate to each of the well-being outcomes.

Improved Health and Emotional Well-being

- There is a difference of eight years in life expectancy for men living in one of the most deprived wards in Haringey (Tottenham Green – 70.6 years) compared to men living in one of the most affluent wards (Alexandra– 78.9 years) based on 2002-2006 data.
- Male life expectancy is 76.5 years (1.8 years below the average for England and Wales) and female life expectancy is 80.8 years (0.6 years below the average for England and Wales). For males the gap with the national average is widening; the difference was 1.3 years in 1996-8, but is now 1.8 years.
- Hospital admissions for stroke in Haringey occurred in 2004/05 to 2006/07 at a rate of 47.7 per 100,000. Higher rates of stroke admissions were observed in the wards of Tottenham Hale, Seven Sisters, Woodside and White Heart Lane. Lower rates were observed in Muswell Hill and Stroud Green.
- In 2006 the death rate for cancer in Haringey was 118.6 per 100,000 compared to 112,9 for London as a whole.
- Infant mortality in Haringey (2004-2006) was 7.2 per 1000 live births. Between 2004 to 2006 infant mortality rates in Haringey were the highest in London. .
- 8.2% of Haringey babies weighed less than 2,500 grams at birth between 2004 to 2006 compared to the national figure of 6.4%.
- 16 of Haringey's 19 wards have teenage conception rates over 54.3 per 1000 (conceptions in females less than 18 years of age). Haringey teenage conception rate, however, is beginning to fall, down from 79.3 girls in every 1000 in 2002 to 63.7 in 2005. High rates correlate closely within the wards with the highest levels of poverty and deprivation.
- Mental Health admissions for Haringey are much higher than in London and surrounding boroughs. However, admissions account for a fraction of those who actually suffer with mental illness.
- In the 2005-2006 financial year there were 1182 individuals in structured drug treatment representing a 16% increase from the previous year.
- In 2005-2006 there were 911,000 visits to Council Leisure Centres; the target for 2006-2007 is to have over a million visits.
- 56.3% of Haringey residents surveyed as part of the Active People Survey 2006 participated in moderate physical activity for at least 30 minutes at least three times per week..

Improved Quality of Life

- More than 2.1 million visitors to our libraries in 2007/08
- 4000 enrolments on learning courses targeted annually in 2007/08
- Provide a mobile library especially designed with disability access.
- 2.15 million visits were made to our public libraries in 2007/08

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- 1.3 million books, CDs, videos, DVDs and toys were issued by libraries in 2007/08
- 86% of customers over 15 rated the library service as ‘very good’ or ‘good’ in 2007/08
- Delivered a full and successful programme of events and activities for adults and children, supporting learning, recreation, well-being, literature, music and Black History Month
- 36,500 people visited Bruce Castle Museum in 2007/08
- 1274 people enrolled on learndirect courses in 2007/08
- 2263 people were given guidance on their career and learning development in 2007/08
- Crime was the top personal concern in the Council's 2007/08 Annual Residents’ Survey. It was mentioned by 46%of all respondents. This is compared to 54% in London. In 2007/08 79% of residents felt very safe or fairly safe outside during the day compared with 75% of residents in 2004/05. In contracts, only 41% of residents report feeling safe at nighttime in 2007/08.
- Total Notifiable Offences have fallen annually since 2003/04 with an overall drop of 18.7% between 2002/03 and 2006/07. A total of 29487 offences were committed in Haringey in 2007-08, 3.6% lower than in 2006/07. Haringey had the 13th highest number of offences per 1000 population of the 32 London boroughs and the 6th highest among its 13 ‘Most Similar’ Crime and Disorder Reduction Partnerships.
- Haringey continues to perform well in relation to burglary with consistent reductions over the last three financial years[21]; there were 1360 burglaries in July to December 2006, which represents a 2.6% decrease on January to June 2006.
- In July to December 2006 there were 821 personal robbery offences. This represents a 5.7% decrease on the previous six months and a decrease of 19.4% when compared with the same period in 2005; robbery offences have been showing a long-term decreasing trend.
- Crimes that have shown an increase in 2008 are Domestic Burglary and Theft From a Motor Vehicle (TFMV). [22]
- Haringey achieved a 7.3% reduction in violent offences[23] during 2008/09.[24]
- Adult social care services in Haringey support 809 people using day care services at 31/10/08 and deliver 13139 hours of home care per week for 1163 service users.[25]
- There are approximately 16,000 carers in the borough, of which 1000 are on the Haringey Council register. These figures are likely to be

[21] Unless otherwise stated, crime data included below is from the Partnership Data Report, which is produced by the Safer Communities Partnership
[22] Detailed statistics will be released in a new Strategic Assessment in 2008.
[23] ‘Violent offences’ include British Crime Survey (BCS) comparator offences of Actual Bodily Harm, Grievous Bodily Harm, and Common Assault, whether domestic, knife enabled or otherwise
[24] Ibid
[25] based on an annual survey 8th to 14th September 08.

underestimates, as many people who provide help and support to a relative, friend or neighbour do not identify themselves as carers.

Making a Positive Contribution

- Haringey has a large, vibrant community and voluntary sector, with some 600 groups on the council's database, although the true number is believed to be closer to 1000.
- 16% of respondents in the 2006 Annual Residents' Survey say that they have been a volunteer in the last year.
- Of the Haringey residents surveyed in the 2006-2007 HAVCO Volunteering Baseline Survey, 339 engaged in formal volunteering for an average of more than 2 hours per week during the year, out of which 230 are from hard-to-reach groups, including black and minority ethnic backgrounds.
- Haringey Area Assemblies attract an average of over 50 attendees[26].Haringey is consistently below the turnout figures for London (and for UK for the 2005 Parliamentary elections). Turnout tends to be lower in more deprived areas, Haringey has above average levels of deprivation, even by London standards. For the last two borough council elections (2002 and 2006), however, Haringey's turnout has improved by almost 8 percentage points closing the gap with London turnout (from 3.8 to 2.1 percentage points). At the 2008 London Mayoral/Assembly election, Haringey experienced a 15% increase in voter turnout on 2004 figures, compared with a 20% increase across London.
- The 2006 borough council elections figures, shows the gap between the ward with the lowest turnout in the borough (27% in Tottenham Green) and the highest turnout (45% in Highgate) is 18 percentage points. Turnout tends to be lower in the more deprived east of the borough.

Increased Choice and Control

- Adult social care services in Haringey look after 650 people in residential or nursing homes and help 30-40 new people every week to get the support they need.

Benefits for people who need help with personal care, getting around or who are unable to work:

i) Attendance Allowance

[26] Area Assemblies provide residents with an opportunity to question Members of the Council's Cabinet. They serve as a forum where residents can raise local matters of concern and where the Council and other service providers can communicate important matters/issues with local residents.

- In August 2004, the claim rate for Attendance Allowance[27] was 13.5% (or 2,865 people), which is unchanged from the position at August 2003.
- This claim rate is higher than the London average of 12.7% and lower than the England average of 14.6%.
- 67.9% of claimants are female while 32.1% are male.
- Across Haringey, the highest claim rates are in the following areas: Harringay, Hornsey, Northumberland Park and White Hart Lane.

ii) Incapacity Benefit and Severe Disablement Allowance

- There are currently (May 2007) 12,150 IB/SDA claimants in Haringey, representing 7.7 per cent of the working age population. This is down from the 12,440 (7.9 per cent claim rate) IB/SDA claimants in Haringey a year earlier and is also at its lowest level in six years.
- The highest concentrations of IB/SDA claimants are mainly in the east of the borough, specifically in areas in Bruce Grove, Harringay, Hornsey, Noel Park, Northumberland Park, West Green, White Hart Lane and Woodside wards. In these areas, IB/SDA claim rates range from 11.8 per cent and 15.3 per cent.

Freedom From Discrimination or Harassment

- The police dealt with 1552 domestic violence offences in Haringey in 2007-2008[28].
- Based on national averages the costs of domestic violence for Haringey are[29]:

	£ million
Criminal justice	4.32
Health care physical	5.18
Mental health	0.75
Social services	0.97
Housing & refuges	0.67
Civil legal costs	1.33
All services costs	13.22
Employment	11.36
Human	72.61
Total	**97.19**

- During the period 2006-2007, there were 185 racist offences, 46 homophobic offences 25 faith hate offences and one disability discrimination offence in Haringey. In 2007/08 there were 192 racist offences.
- Haringey had the 6th lowest rate of racist offences in London in 2007/08 for the number of racist offences and lowest amongst its 'Most Similar' and

[27] A benefit for people over the age of 65 who are so severely (physically or mentally) disabled that they need a great deal of help with personal care or supervision
[28] Data supplied by Haringey Council's Domestic Violence Co-ordinator
[29] Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8th June 2005

neighbouring boroughs. Haringey has the 10th highest number of faith hate offences in

- London and 7th highest number of homophobic offences.

Economic Well-being

Employment/unemployment

- Haringey ranks as one of the most deprived boroughs in the country. At 2006/07, 8,000 people were estimated to be ILO unemployed in Haringey – this represents 7.1 per cent of the working age population. The ILO unemployment rate in Haringey has fallen significantly since the high of 12.7 per cent at 2001/02. Haringey's ILO unemployment rate is now below that of London (7.6 per cent) but remains above the England average of 5.5 per cent.
- In October 2007 there were 6,720 Haringey residents claiming Job Seekers Allowance, which at a rate of 4.3%, is considerably higher than the rate for London (2.7%) and is over twice as high as the rate for Great Britain (2.1%)[30]Across Haringey, there remain persistent pockets of unemployment deprived areas. This is particularly true in Northumberland Park where, in certain parts, JSA claim rates reach as high as 16.7 per cent – nearly four times the borough average and nearly eight times the national average. Estimates from the GLA show Northumberland Park to have the highest JSA claim rate out of all wards in London[31].

- There are currently (May 2007) 12,150 IB/SDA claimants in Haringey, representing 7.7 per cent of the working age population. Unlike JSA claimants, the majority of IB/SDA claimants in Haringey are longer term. At May 2007, 56.5 per cent IB/SDA claimants had been in receipt of these benefits for five years or more. This figure has increased by 37.2 per cent (1,860 claimants) since May 2000. However, the same story is true for London and England.

Universal Benefits

i) Income Support

- In May 2006, the Income Support claim rate was 10.8% (or 16,760 people); this is down slightly from May 2005.
- This rate of 10.8% is higher than both the London and England averages of 7.6% and 5.7% respectively.
- 68.3% of Income Support claimants are female while 31.7% are male.
- The rates are highest in the east of the borough.

ii) Pension Credit

- In May 2006, the Pension Credit claim rate was 40.7% (or 10,080 people); this is up from a rate of 39.8% (or 9,870 people) at May 2005.

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[30] Data from Greater London Authority and Office for National Statistics

[31] GLA (2007) *Claimant count data by age, gender and duration for London boroughs and wards, October 2007*: GLA Data Management and Analysis Group.

- This rate is significantly higher than both the London and England averages of 28.1% and 24.5% respectively.
- 56.7% of claimants are female while 43.3% are male.
- The highest claim rates are in the east of the borough.

iii) State Pension

- In May 2006, the State Pension claim rate was 94.0% (or 23,280 people); this is down slightly from a rate of 94.3% (or 23,360 people) at May 2005.
- This claim rate is higher than the London average of 91.7% and lower than the England average of 97.8%.
- 61.9% of claimants are female while 38.1% are male.
- Across Haringey, the take up of State Pension is lowest in Super Output Areas in the following wards: Hornsey, St Ann's and White Hart Lane.

iv) Job Seekers Allowance (JSA)

- There were 6,720 Job Seeker Allowance (JSA) claimants in Haringey in October 2007**;** Northumberland Park had the highest JSA claim rate out of all wards in London.
- The current JSA claim rate in Haringey of 4.3% per cent still remains above the London average of 2.7 per cent and the England average of 2.1 per cent, although the gap has narrowed considerably in recent years.

v) Disability Living Allowance

- In May 2006, 4.2% (or 9,390 people) residents were claiming Disability Living Allowance; this is up slightly from a claim rate of 4.1% (or 9,150 people) at May 2005.
- This rate is higher than the London average of 3.7% but lower than the England average of 4.5%. 50.7% of claimants are female while 49.3% are male.
- 10.5% claimants are under 16; 6.0% are aged 16 to 24; 27.5% are aged 25 to 44; 27.6% are aged 45 to 59; and 28.4% are 60 and over.
- 84.6% of people been doing so for over 2 years. The comparable rates for London and England are 84.5% and 86.1% respectively.
- Across Haringey, the highest claim rates are in Super Output Areas in the following wards: Bounds Green, Bruce Grove, Fortis Green, Harringay, Hornsey, Noel Park, Tottenham Green, Tottenham Hale, White Hart Lane and Woodside.

Housing Stock in Haringey

- According to the 2001 Census, 45.8% of the dwellings in Haringey are owner occupied, compared with two-thirds of housing in all of England and Wales. This is a higher rate of ownership than similar boroughs in London.Key findings of the Housing Needs Assessment 2007[7]include:

• The assessment identified a shortfall of approximately 4,865 affordable housing units per annum;
• An estimated 21% of households were living in unsuitable housing, with disrepair and unfitness as major problems;
• 8.9% of households were overcrowded
• In 2005/06, 431 single vulnerable people were accepted as homeless
• Single parents and people from black and minority ethnic communities were more likely to be in housing need;
• All 19 wards display an overall shortage of affordable housing, but the shortage was most apparent in Harringay, Bruce Grove, Northumberland Park and Tottenham Green; and
• The requirement for affordable housing was most acute for three and four bedroom properties.

Fuel Poverty

- There are 40,000 excess winter deaths in the UK.
- 9,000 households in Haringey are without central heating.
- There has been an overall improvement in energy efficiency from 2004-05 of 2.8% across all tenures.
- A new contract with British Gas to continue the 'Here to HELP' initiative in Haringey was signed in January 2007. Approximately ***1065*** homes have received improved energy efficiency and home security measures via the 'Here to HELP' scheme run by British Gas.
- The definition of fuel poverty is of someone who spends more than 10% of their income on keeping themselves warm. The fuel poverty indicators from the Centre for Sustainable Energy rank Haringey as 230th out of 304 local authorities, with 5.7% of households deemed to be in fuel poverty.

Maintaining Personal Dignity and Respect

Adult Social Care Services in Haringey:

- Supported 4,500 people using our safe and sound community alarm service in 2006/07.
- Delivers over 400 meals on wheels every day.
- Took 5,000 emergency referrals in 2005-06.
- Nearly three-quarters (74%) of relevant adult social care had had training to identify and assess risks to vulnerable adults in 2006-07.
- In 2006-07 there were 158 referrals for the protection of vulnerable adults (POVA).
- Of these, 96 were for older people; 22 were for people with learning disabilities; 12 were for people with physical and sensory disabilities; and 28 were for people who use mental health services.

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Appendix F Equality Impact Assessment Oct 2007 (Under Review)

Introduction

This Equalities Impact Assessment consists of six sections. These are:

1. Aims - This section identifies the aims and purpose of the WBSF

2. Information and Evidence - This section sets out the relevant information considered in carrying out the assessment.

3. Assessment of likely impact - This section assesses whether the WBSF will have significant consequences for any particular equalities groups.

4. Consideration of alternatives - This section considers ways to minimise any adverse impacts found in the assessment.

5. Monitoring and Reviewing Arrangements

6. Publishing the Impact Assessment

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1. Identifying the aims

1.1 The aims of the Well-Being Strategic Framework

The purpose of the WBSF is to bring together in one coherent strategic framework the many existing diverse strategies for improving well-being in Haringey. It incorporates priorities and strategies from existing local and national plans and strengthens partnership working to further the well-being agenda. The Framework is not itself a strategy and does not contain substantive new strategy development.

WBSF is centred upon the seven outcomes in the government White Paper, *Our Health, Our Care Our Say (OHOCOS).*[32] The outcomes, which are listed below, are used in inspections by the Commission for Social Care Inspection (CSCI).

The seven outcomes are:

1. Improved health and emotional well-being
2. Improved quality of life
3. Making a positive contribution
4. Increased choice and control
5. Freedom from discrimination or harassment
6. Economic well-being
7. Maintaining personal dignity and respect

The Framework is intended to support all people aged 18 years and over in Haringey. Its aim is **'To promote a healthier Haringey by improving well-being and tackling inequalities.'** The vision is that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life.'** This vision will be applied to any service that people in Haringey come into contact with by ensuring that:

- Organisations communicate better with each other and with residents themselves
- Plans for delivering services for adults aged 18 years and over take their needs, views and preferences into account
- The diversity of all Haringey's communities and the different aspirations of individual people are valued and responded to appropriately

Well-being is a complex multi-faceted concept with many different definitions. For the purposes of the WBSF, the following broad definition of well-being has been adopted:

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

The Framework is the responsibility of the Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP), which is primarily responsible for improving well-being. Haringey Council's Adult Culture and Community Services (ACCS) Directorate has taken the lead in organising the development of the WBSF by setting up a joint project group with representation from throughout Haringey Council, Haringey Teaching Primary Care Trust (HTPCT), Haringey Association of Voluntary and Community Organisations (HAVCO) and other voluntary and community organisations. A discussion draft and accompanying

[32] *Our Health, Our Care, Our Say,* White Paper, Department of Health 2006
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

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implementation plan was presented to thematic partnerships for discussion between June and September 2007. The final draft is being presented to the WBPB on 22 October 2007.

The Implementation Plan uses the same OHOCOS outcomes to organise the delivery of the targets from the related strategies which make up/ are included in the WBSF. The resulting integrated composite of priorities and targets should contribute to more effective delivery and monitoring of the well-being agenda.

The Framework identifies priorities for the three year period from 2007-2010 and lays the foundation for rethinking the approach to promoting well-being in Haringey. The Framework will also provide a context for the future development of new strategies.The key priorities identified within each outcome will be reviewed on an annual basis and will inform future plans. The Framework is underpinned by detailed service specific plans and strategies to improve well-being, some are partnership documents, others organisation specific. Logically, plans and strategies addressing well-being should stem from it. However, as this is the first strategic vision for well-being in the borough, the existing strategies and plans, which are meant to flow from it, have been used to formulate the Framework itself. Once it is in place, future well-being plans and strategies will be written using it as a starting point.

1.2 Links with the Sustainable Community Strategy

The Framework builds on the responsibilities contained within the Local Government Act 2000. This gives the HSP the power to promote the economic, social, and environmental well-being of the local community through the Sustainable Community Strategy, which provides the overarching direction for the borough. The vision of the new Sustainable Community Strategy for 2007-2016 is:

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

The table below shows the links between the priorities of the Sustainable Community Strategy and the outcomes of Well-being Strategic Framework.

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

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The LAA is an essential part of the delivery mechanism for the Sustainable Community Strategy. The LAA is one of the key drivers to help focus, measure and improve performance. *Improving the health and well-being* of Haringey residents is a cross-cutting theme in Haringey's LAA. It provides an opportunity to direct plans and resources to improve health and well-being enabling its residents to adopt healthy choices and ways of living.

In addition to the mandatory targets around decreasing health inequalities in the borough, a targeted approach focuses on people living in deprived areas, those with mental health problems, and older people. We have prioritised the following major determinants of health inequalities in the borough:

- Smoking
- Lack of physical activity
- Quality of housing
- Low income

2. Relevant information and evidence considered in carrying out assessment

2.1 Haringey's demographic profile

- In 2006 Haringey's population was 224,500; a 0.1 per cent increase on the mid-2004 population of 224,300[33]
- Haringey is an outer London borough with inner London challenges. It ranks as one of the most deprived boroughs in the country with 7.7 per cent of the economically active (i.e. those working or actively seeking work) population unemployed in March 2006. This is more than twice the Great Britain average of 3.6 per cent
- Between 2006 and 2011 the GLA estimates suggest that Haringey will be home to 7,500 more people of working age (20-64 years), and nearly 1,700 more people aged over 50. There will be a substantial increase in children aged under 5 (up by 960) and the number of children aged 5 to 19 years may decrease slightly
- 18.5% of those living in Haringey are age 14 and under; 77.9% are age 18 and over; 16.8% are aged 55 and over; and, 9.4% are aged 65 and over[34]
- There was a 2.9 per cent (500) reduction in the 20 to 24 age group and there was no change in the number of people between the ages of 50 to 74
- The number of 65-74 year olds is expected to decrease by 4.6% or 530 fewer residents over the next five years to 2011
- The fastest growth rate (in terms of age) was amongst the 85 to 89 age group at 7.7 per cent (100)
- The working-age population increased slightly to 155,400 over the year - a growth rate of 0.06 per cent (100)
- The Haringey population continued to be evenly balanced in terms of gender with there being 112,700 males compared to 111,800 females – a ratio of 50:50
- Haringey is one of the most ethnically and culturally diverse in the country, with over half its population coming from a black or minority ethnic background.
- 66 per cent of the population is from the White ethnic group, 7% from the Asian ethnic group and 20% from the Black ethnic group, compared to 71%, 12% and 11% respectively in London as a whole
- Approximately 193 languages are spoken in the borough
- 10% of the total population is made up of refugees and asylum seekers

[33] 2005 mid-year population estimates: Full Briefing August 2006, Haringey Council
[34] 2005 mid-year population estimates, Office for National Statistics http://neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=276756&c=Haringey&d=13&e=13&g=335694&i=1001x1003x1004&m=0&enc=1

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- Haringey is both economically and socially polarised. It is the fifteenth most deprived Borough in England, and the 5th most deprived in London
- 50 per cent of Super Output Areas (SOAs)[35] in the Tottenham Parliamentary Constituency (east of the borough) are amongst the 10% most deprived in the country. However, fewer than 10% of SOAs in Hornsey and Wood Green (west of the borough) Parliamentary Constituency are amongst the 10% most deprived in the country
- A majority of service users live in the east of the borough rather than the west (based on 2005-6 data).
- The police dealt with 1792 domestic violence offences in Haringey in 2006-2007[36].
- Based on national averages the costs of domestic violence for Haringey are £ 97.19 million in total[37]
- 952 people in Haringey were living in a same-sex relationship in 2001[38]
- There were 31 civil partnerships in Haringey in December 2005, when civil partnerships became legal[39] and 188 in 2006[40]

2.2 Comparing Haringey with England as a whole

- Haringey has a relatively young population, although the number of people aged 75 or more is set to increase. This is the age group which has most complex health needs. More people from Black and Minority Ethnic (BME) communities moving to older age groups have specific needs
- There is more violent crime, but average for London
- GCSE achievement is below England as a whole and there are more teenage pregnancies (well above the London average)
- More older people are supported at home than the national average
- It is estimated there is less binge drinking and obesity, and better diet
- Life expectancy is low for men and women. Residents are more likely to die of smoking, and heart disease and stroke compared to England as a whole, infant deaths are higher
- Road injuries and deaths are high, as they are in most of London
- People of Haringey are more likely to be feeling in poor health than in England as a whole
- There are fewer patients recorded by GPs as having diabetes and some other long term conditions than average.
- Although, overall, people in Haringey are living longer healthier lives than they did 20 years ago, on average they still die younger than people in England as a whole. In addition, there are substantial differences in health between neighbourhoods within the borough.

2.3 Local Area Agreement 2007-2010 and Equalities

LAA Mandatory Targets

From April 2007 the LAA requires Haringey to meet the following mandatory targets relating to poor health which significantly impact on well-being:

- Reduce health inequalities between Haringey and the England population by narrowing the gap in all-age, all-cause mortality.

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[35] Super Output Areas (SOAs) are a statistical geography published by the Office for National Statistics. They are made up of three hierarchical layers: lower, middle and upper that all fit within the Borough boundary. It is intended that SOAs will replace electoral wards as the basis for small area statistics.

[36] Data supplied by Haringey Council's Domestic Violence Co-ordinator

[37] Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8 June 2005

[38] http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=276756&c=Haringey&d=13&e=16&g=335694&i=1001x1003x1004&m=0&enc=1&dsFamilyId=201

[39] http://www.gro.gov.uk/Images/CP_PR_31Jan06_tcm69-31882.pdf

[40] http://www.statistics.gov.uk/downloads/theme_population/Tables_2_to_5_Area.xls

- Reduce directly standardised mortality rates from circulatory diseases in people under 75, so that the absolute gap between the national rate and the rate for the district is narrowed, at least in line with Haringey Teaching Primary Care Trust's Local Delivery Plan trajectories for 2010.
- Reduce health inequalities between the most deprived neighbourhoods and the district average, using indicators that are chosen in accordance with local health priorities and will contribute to a reduction in inequalities in premature mortality rates.

Other Targets for Improving Well-being
Haringey's Other LAA Targets
The following stretch and optional targets from the LAA will contribute to the mandatory LAA target to reduce health inequalities between the most deprived neighbourhoods and the district average:
- Increase smoking cessation
- Increase the number of physically active adults
- Improve living conditions for vulnerable people, making housing energy efficient and safe
- Increase the number of schools with healthy schools status

An Equalities Impact Assessment was done on the LAA by Haringey Council's Equalities Team.[41] The information in this section is taken from that EIA:

The EIA states that the four blocks of the LAA and the mandatory targets and indicators may impact on particular equalities groups, however they have been set by government and are based on national priorities and agendas. One way in which equalities impacts are controlled is by ensuring that any targeting is balanced by borough wide indicators so that any displacement is controlled for. The mandatory targets have undergone a review by the Equalities Team and are not considered discriminatory. The targets in the LAA linked to specific strands and/or which focus on specific demographic areas were also reviewed by the Equalities Team for their equalities impact.

The following examples of targets have been identified in the LAA EIA as having positive equalities impacts:

Geographical target-setting; ethnicity, religion, gender and disability from LAA Healthier Communities and Older People Block

Encouraging smoking cessation in N17 (stretch target)
N17 has been selected as a specific focus because:
- N17 has the areas of highest deprivation in the borough and indeed in the country. Smoking rates are higher in more deprived areas. This links to relatively high smoking rates and smoking related mortality and morbidity. The report *Tobacco in London: The preventable burden* [42] suggests that every year in Tottenham there are:
    - 130 deaths related to smoking
    - 600 hospital admissions
    - at a cost of nearly £1.4m (as at 2004)

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[41] http://harinet.haringey.gov.uk/index/council/strategiesandpolicies/local_area_agreement.htm#teia
[42] Callum C & White P, Tobacco in London: The preventable burden. Smokefree London & London Health Observatory, March 2004.

- Nationally as at 2004 32% of manual workers smoked compared to 21% of those in non-manual occupations. [43] One of the national targets to tackle the underlying determinants of ill health and health inequalities is to reduce adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less.
- Recent estimates from GP practices suggest that people registered with GP practices in N17 have a smoking prevalence of 28% whereas people registered with other Haringey practices have a prevalence of around 25%.

Gender
Safer and Stronger Communities Block
Sanctioned detection rate for domestic violence offences
Reasons why this target was selected are:

- Recorded domestic violence offences have steadily increased over 2003-2005 (calendar years) with totals of 3,032 in the year 2003, 3,388 in 2004 and 3,706 in 2005. Of all violent crime types, particular emphasis is placed upon domestic violence due to the low-levels of this offence being both reported and recorded.
- The majority of victims are women. In the period January to June 2006 there were 528 (82.9%) female victims compared to 109 male victims.
- Of the 1124 cases of domestic violence, Hearthstone Haringey's domestic violence advice and support centre last year, 95%of perpetrators were men and 97% of victims were women.
- 2.5% of domestic violence cases in 2006 were same sex relationships.
- Domestic violence is a crime that has long term impacts on all family members especially on children's well-being, mental health and education and the victim's mental and physical health.
- Domestic violence also occurs in all communities but for some victims it is harder to report and seek help due to cultural or legal factors for example Muslim women who are asylum seekers.

Domestic violence impacts across all of the equalities groups, thus highlighting the importance of addressing this issue. This stretch target goes some of the way to doing this.

Age
Targets which will positively affect older people

- Percentage of adults participating in at least 30 mins of moderate intensity sport and active recreation.
- Improve access to a range of day opportunities
- Improved living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe.

Sexuality

- 2.5% of Domestic violence cases reported in 2006 were of same sex partners. One mandatory LAA target of increasing the use of the Hearthstone Domestic Violence service by under-represented communities, including same-sex couples should have a positive impact.

3. Assessment of likely impact

Measuring Well-being
The HSP recognises that well-being is closely linked to health and that substantial differences in health between different neighbourhoods are determined by broader

[43] Chief Medical Officers Annual Report, Second Hand Smoke Kills, 2002

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inequalities. These inequalities are evident locally as the life expectancy experienced by our population remains lower than for England as a whole. Whilst overall people in Haringey are living longer, healthier lives than they did 20 years ago, this is not enough to close the gap on national figures. Tackling these will have a beneficial impact on the overall health and well-being of the borough's residents.

The key floor target for well-being in the borough, and the target to which the Well-being Partnership Board and the Framework will work, is to reduce inequalities in life expectancy by 2010 as follows:

Reduce the gap by at least 10% between the fifth of areas with the lowest life expectancy at birth and the population as a whole (DH PSA 2).

The Local Area Agreement (LAA) provides an opportunity to focus plans and resources to improve health and well-being, particularly in deprived areas, and to develop opportunities to enable people to adopt more healthy choices and ways of living. Therefore, Haringey's LAA includes an overarching theme of 'improving health and well-being' in the borough.

LAA EIA states:
Some stretch targets were weighted towards particular groups such as BME groups or those with disabilities, however the government required borough wide indicators to be included for these targets so there is no negative impact or perverse incentive across the borough as a whole. For example the smoking cessation target focussing specifically on N17 includes a borough wide indicator to ensure that this does not reduce overall quitters rates across the Borough. Also the target to increase physical activity impacts positively on all equalities groups as it aims to increase levels of physical activity across Haringey, with a specific focus on the east of the borough, targeting those from priority groups (i.e. women, BME groups, people with a limiting disability, people from lower socio-economic groups and older people) who are amongst the least active.

All targets however are addressing an identified need and in this way are having a positive equalities impact and assisting in reducing inequality for a range of areas and communities. For example, the wards selected for the assisting people from disadvantaged groups and wards into sustained work target, those from the SSCF Worklessness Programme, suffer from severe deprivation and suffer the worst labour market position relative to the rest of the Borough. These wards also contain the highest levels of claimants. By targeting specific equalities groups such as women, BME groups and disabled people with significantly lower than average employment rates, the worklessness programme will not only address the needs of the most disadvantaged but will also have the greatest impact in reducing the overall claimant count in the borough.

The three wards selected for the litter and detritus target, Northumberland Park, Noel Park and Bruce Grove generally have higher levels of litter and detritus than the rest of the borough and are therefore the focus of this stretch target. There will be a positive impact on a number of equalities groups as these super output areas have large populations of young people, particular minority ethnic groups and those on Incapacity Benefits/Severe Disablement Allowance.

By increasing the uptake of Council Tax and Housing Benefit amongst eligible individuals, this target will have a positive impact on those deprived groups including

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ethnic minority groups and older people for example that are entitled to benefits but are not yet receiving them. This target is clearly addressing groups in greatest need by directing assistance at those who are not receiving their entitlements.

Summary of likely equalities impact

Initiatives and programmes to address inequalities are integrated into all of the seven user focused outcomes and are expected to improve outcomes for disadvantaged groups as summarised in the following table.

No.	Outcome	Objective	Likely Equalities impact
1	Improved health and emotional well-being	To promote healthy living and reduce health inequalities in Haringey	This will produce improved outcomes for all, especially those groups who live in the east of the borough who presently suffer inequality in health and emotional well-being.
2	Improved quality of life	To promote opportunities for leisure, socialising and life-long learning, and to ensure that people are able to get out and about and feel safe and confident inside and outside their homes	Will impact positively on all, especially groups such as women, particularly from certain ethnic minority groups, older people and disabled people.
3	Making a positive contribution	To encourage opportunities for active living including getting involved, influencing decisions and volunteering	Older people, women and disabled people in particular will benefit.
4	Increased choice and control	To enable people to live independently, exercising choice and control over their lives	Older people and disabled people in particular will benefit.
5	Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment	Everyone will benefit, especially groups which have historically suffered discrimination and harassment on grounds of race, sex, disability, religion, age and sexuality.
6	Economic well-being	To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs	Will benefit all especially the most economically disadvantaged by impacting positively on people on low income and in poor accommodation across the borough.
7	Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care and prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur	Quality and culturally appropriate personal care will benefit all, Preventing abuse will benefit all, especially older people and disabled people

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Outcome 5 *Freedom from discrimination or harassment* and its related objective specifically addresses the need to ensure equitable access to services and freedom from discrimination or harassment.

Consultation

Whilst developing our priorities for improving well-being locally we have involved service users and carers in the following ways:

- *Better Living for older People* conference (2004) attended by 450 older people
- Reference group of 33 older people (2004-5) who identified priorities for action which are included in *Experience Counts* and will now be taken account of further in the *Intermediate Care and Rehabilitation Strategy*
- *Healthier Haringey Event* (2006) for staff and voluntary sector organisations to determine local priorities to meet the *Choosing Health* Agenda
- Consultation event (2006) with users and carers to discuss priorities for inclusion in the LAA
- Event (2007) to discuss the DH draft *Commissioning Framework for health and well-being*

Extensive consultation was also undertaken during 2006 to develop the new Sustainable Community Strategy for 2007-2016. In June 2007 the draft WBSF was circulated to all the thematic partnerships of the WBPB, and the HAVCO well-being theme group. Comments were invited and incorporated into the final version. An accessible version was produced and presented to the Learning Disabilities Partnership Board.

Conclusions of assessment

The WBSF is not expected to have an adverse impact on any groups nor lead to direct or indirect discrimination. Overall, it will have a positive impact on the borough as a whole by improving health outcomes for all and by addressing the health inequalities identified in WBSF through actions and targets aimed at those groups with the most needs in specific health areas.

- Many of the existing strategies and plans which it brings together, for example the LAA, have already successfully gone through an EIA. Future strategies and plans on well-being, which come under the aegis of the Framework, will be developed with the aim and vision of the Framework in mind and will themselves be equality impact assessed. In fact, implemented and monitored as planned, the Framework's aim **'To promote a healthier Haringey by improving well-being and tackling inequalities'** and the vision that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life'** should be met.
- Value can be added to the effective development, delivery and monitoring of the national and local well-being agenda, including equalities, by bringing all the well-being work of all the major partners in the borough together.
- Equalities issues are cross-cutting and complex, particularly where multiple inequalities are involved and require a partnership approach to future planning. Where well-being is concerned the WBSF should enhance this and ensure that equalities issues are mainstreamed across the work of the partners for the benefit of the borough's residents.

4. Ways of minimising adverse impact

Not applicable

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5. Monitoring and reviewing arrangements

The EIA will be reviewed as part of the annual review of the WBSF. The actual impact of the WBSF on equalities groups will be monitored using the Council's or an appropriate equalities monitoring framework. Where negative impacts are identified or outcomes fall significantly short of targets, corrective measures will be taken. When new strategies are developed within the framework they will each have their own EIA done.

6. Publish and communicate

This EIA is published on the Council website. A summary version and an accessible version of the WBSF will be produced and will be widely available.

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