

Well-being Partnership Board

Date: 12 June 2007

Report Title: Haringey's first Well-being Strategic Framework

Report of: Catherine Galvin, Assistant Director, Strategic Services; Adult, Culture and Community Services; Haringey Council

Summary

To support the Sustainable Community Strategy (SCS), the Well-being Partnership Board (WBPB) agreed to develop the Well-being Strategic Framework (WBSF) to provide the Haringey Strategic Partnership (HSP) policy direction for improving **well-being for adults** in Haringey. The initial draft of the WBSF was shaped around the seven outcomes of the WBPB (see 1.3).

At a special meeting of the Well-being Chairs Executive (WBCE), concerns were raised that the WBSF might inappropriately overlap with the SCS as well as duplicate the outcomes of *Our Health, Our Care, Our Say* (OHOCOS). Therefore, it is proposed that the WBSF be reshaped around the OHOCOS outcomes (see 1.6) and that they become the outcomes of the WBPB.

While the WBPB is responsible for the **implementation** of the WBSF, it is proposed that there is **joint ownership for the delivery** of the WBSF, with the WBPB members having responsibility for championing the priorities to the other thematic partnerships, and liaising with them on the follow up/ negotiation of delivery of actions through their membership of other partnership boards. Every action in the WBSF will be assigned to a lead agency and thematic partnership, which are responsible for its delivery. Responsibility for the monitoring of the elements of WBSF that do not fall under the WBPB could lie with the HSP's Performance Management Group.

If the decision to structure the Framework around the OHOCOS outcomes is agreed, then a review of the current sub groups sitting under the WBPB is needed to ensure they address these outcomes.

Recommendations

- i. That the WBPB agrees to the ownership of the WBSF as proposed in section 2.
- ii. That the WBPB refers the monitoring of priorities which fall outside the WBPB's direct responsibility to the HSP's Performance Management Group.
- iii. That the WBPB agrees to structure the WBSF around the OHOCOS outcomes and that they become the outcomes of the WBPB.
- iv. That the review of the groups which sit under the WBPB takes place once the ownership and structure has been agreed.

For more information contact:

Helena Pugh
Interim Head of Policy
Strategic Services
Adult, Culture and Community Services
Haringey Council
Tel: 020 8489 2943

Helena.pugh@haringey.gov.uk

1. Introduction

1.1 The Local Government Act 2000 states:

*'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.'*¹

1.2 Every Local Strategic Partnership is required to develop a SCS to improve the above **three aspects of the quality of life** for people in the local authority area. To develop these areas, the Haringey Strategic Partnership (HSP) set up thematic partnerships to cover all aspects of improving the quality of life for people in Haringey.

1.3 In September 2005 the then newly formed Well-being Partnership Board agreed seven outcomes to cover its remit. These are:

- Be healthy
- Stay safe
- Make a positive contribution
- Achieve economic well-being
- Enjoy and achieve
- Be independent
- Have a decent home

1.4 Since these were agreed, Haringey's SCS has been refreshed. The agreed outcomes of the SCS 2007 – 2016 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

1.5 In addition, the seven well-being outcomes initially included in the Government's 2005 Green Paper *Independence, Well-being and Choice* have gained prominence. They are featured in the Government's OHOCOS White Paper, are used in inspections by the Commission for Social Care Inspection (CSCI), and are likely to be included in the final version of the Department of Health's (DH) *Commissioning Framework for Health and Well-being*.

¹ Local Government Act. 2000. Section 2.1 a-c, Crown Copyright.

1.6 The seven outcomes of OHOCOS and a description of what they cover is shown below:

OHOCOS Outcome	Description
Improved health	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.
Improved quality of life	Access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home .
Making a positive contribution	Active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision-making.
Exercising choice and control	Through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
Freedom from discrimination or harassment	Equality of access to services. Not being subject to abuse.
Economic well-being	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.
Personal dignity	Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

2. Development and Ownership of the Well-being Strategic Framework

2.1 To support the SCS the WBPB agreed to develop the WBSF to provide the HSP policy direction for improving **well-being for adults** in Haringey.

2.2 The Framework identifies seven key outcomes and whilst the WBPB has **an input into all of them** 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: fear of crime - Safer Communities; building new homes – Housing; keeping our green spaces attractive – Better Places; and tackling worklessness and other aspects of economic well being - Enterprise.

- 2.3 Whilst the well-being of children falls under the remit of the Children's and Young People's Strategic Partnership (CYPSP), there is an element of crossover between the CYPSP 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.
- 2.4 Consequently, while the WBPB is responsible for the **implementation** of the WBSF, it is not **solely** responsible for its delivery. Hence, it is proposed that there is joint ownership for the **delivery** of the WBSF, with the WBPB members having responsibility for championing the priorities to the other thematic partnerships, and liaising with them on the follow up/ negotiation of delivery of actions through their membership of other partnership boards.
- 2.5 As the WBPB is **not** solely responsible for the delivery of the WBSF, every action in the framework will be assigned to a lead agency and thematic partnership, which are responsible for its **delivery**.
- 2.6 Responsibility for the monitoring of the priorities and actions of the WBSF that do not fall under the WBPB could lie with the HSP's Performance Management Group.

3. Drafting the Well-being Strategic Framework

- 3.1 The initial draft of the WBSF was shaped around the outcomes of the WBPB (see 1.3, above).
- 3.2 At the special meeting of the WBCE in April, concerns were raised that the WBSF might inappropriately overlap with the SCS as well as duplicate the outcomes of OHOCOS.
- 3.3 In addition, shaping the Framework around the outcomes of the WBPB might cause confusion as partners would be working to at least three different sets of outcomes: those included in the SCS, the OHOCOS outcomes (listed in 1.6, above), and those of the WBSF.
- 3.4 Therefore, it is proposed that the WBSF be reshaped around the OHOCOS outcomes, which have gained such prominence, and that they become the outcomes of the WBPB.
- 3.5 By moving to the OHOCOS outcomes the WBPB will be:
- Addressing the factors affecting well-being which fall under the remit of the WBPB. The main concern with moving to the OHOCOS outcomes from the original WBPB outcomes was the potential loss of focus on housing but as the HSP has agreed to set up a separate Housing Partnership reporting directly to it, this is no longer an issue.
 - Working to two rather than three sets of outcomes - namely those in the SCS and the WBPB/OHOCOS outcomes. The WBSF Action Plan will make explicit the links between the SCS outcomes and the WBPB

outcomes and priorities which fall beneath them. It will highlight lead responsibility in terms of service and thematic partnership for the delivery of each priority and action.

- Using the outcomes focused on in the Local Area Agreement, by CSCI and in all likelihood the forthcoming DH *Commissioning Framework for Health and Well-being*. This will avoid unnecessary complications with having two sets of similar but different outcomes when reporting to outside bodies.

3.6 We have used the following four **goals** of OHOCOS to help us make sure that we have included the key relevant priorities:

- Better prevention and early intervention for improved health, independence and well-being
- More choice and a stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long-term needs

3.7 We have identified draft priorities relating to each outcome as shown in Appendix A.

3.8 It is proposed that a discussion draft could be circulated to thematic partnerships and HAVCO in early July and brought to the WBPB in October.

3.9 The Framework will also have to be revised to include issues arising from the forthcoming DH *Commissioning Framework for Health and Well-being* and the development of the Joint Strategic Needs Assessment.

4. Rethinking the Well-being Partnership Board sub groups

4.1 There has been a general acknowledgement that the remit of the sub groups underneath the WBPB needs to be reviewed.

4.2 If the decision to structure the Framework around the OHOCOS outcomes is agreed, then a review of the current sub groups sitting under the WBPB is needed to ensure they address these outcomes. The review can take place over the summer and the structure be in place by September 2007.

5. Recommendations

5.1 That the WBPB agrees to the ownership of the WBSF as proposed in section 2.

5.2 That the WBPB refers the monitoring of priorities which fall outside the WBPB's direct responsibility to the HSP's Performance Management Group.

5.3 That the WBPB agrees to structure the WBSF around the OHOCOS outcomes and that they become the outcomes of the WBPB.

5.4 That the review of the groups which sit under the WBPB takes place once the ownership and structure has been agreed.

Draft Well-being Strategic Framework Priorities and OHOCOS Outcomes

Improved health	Improved quality of life	Make a Positive Contribution	Exercise choice and control	Freedom from discrimination and harassment	Economic Well-being	Personal dignity and respect
Improve access to effective primary, community and other health care services	Promote libraries as centres of learning, social, economic and cultural life	Create opportunities for having a say in decision making	Ensure service users and carers have a say, and are involved in planning	Provide services in a fair, transparent and consistent way	Increase the number of young people leaving school and entering employment or training	Expand the availability of aids to enable people to live independently in their own homes
Reduce physical inactivity	Enhance facilities for improving well-being	Promote user involvement and engagement in service commissioning and delivery	Increase opportunities for people to live independently in their own homes	Protect vulnerable adults from abuse	Increase the numbers moving from worklessness into employment	Increase the choice and availability of community meals e.g. providing culturally appropriate meals
Improve diet and nutrition	Develop Active and Healthy Lifestyle Programme and opportunities	Increase opportunities for volunteering	Provide support for unpaid carers, including preparing for when they are no longer able to care	Address stigma associated with long term conditions such as mental health problems and sexual ill health	Improve the ease of access to employment and mainstream provision for disabled residents	Develop re-ablement services to expand access to homecare for all residents aged 18+
Reduce the number of people who smoke, and the number of people exposed to second-hand smoke	Enable people to achieve their learning and employment goals by making learning demand-led		Promote the use of direct payments as widely as possible	Support victims and witnesses of crime	Prevent homelessness wherever possible	
Prevent premature deaths from suicide, accidents and injuries	Develop a greater range of social activities within community settings		Further the access to employment through individualised budgets	Prevent and reduce domestic violence	Maximise the supply of good affordable housing	
Reduce the harm caused by drugs and alcohol	Reduce fear of crime		Develop better housing options for vulnerable people	Prevent and reduce hate crime and harassment	Reduce fuel poverty	

Improved health	Improved quality of life	Make a Positive Contribution	Exercise choice and control	Freedom from discrimination and harassment	Economic Well-being	Personal dignity and respect
Improve sexual health	Make people feel safer in their homes			Address persistent anti-social behaviour	Ensure that vulnerable people have decent, energy efficient homes	
Improve mental health	Work to increase access to information technology for everyone				To include priorities from the forthcoming Income maximisation Strategy	
Protect people from environmental & communicable threats to health	Improve transport so that people are able to get out and about					
	Improved sports and leisure provision					