



haringey strategic partnership

# **Haringey's Strategic Framework for Improving Adults' Well-being 2007-2010**

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## Executive Summary

This Well-being Strategic Framework incorporates priorities from existing plans and strategies to bring together the diverse programmes taking place to improve well-being in the borough.

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 the social aspects of well-being. The WBPB's remit is to work to promote social well-being.

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.**

The aim of this Framework is **'To promote a healthier Haringey by improving well-being and tackling inequalities.'** The vision for Haringey by 2010 is that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life.'**

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 and will inform future plans.

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.

<b>Improved Health and Emotional Well-being</b>	<b>Improved Quality of Life</b>	<b>Making a Positive Contribution</b>	<b>Increased Choice and Control</b>	<b>Freedom from Discrimination or Harassment</b>	<b>Economic Well-being</b>	<b>Maintaining Personal Dignity and Respect</b>
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 developing their care plans	Provide services in a fair, transparent and consistent way	Increase the number of young people leaving school and entering employment or training	Improve access to small items of equipment to enable people to live independently in their own homes
Reduce physical inactivity	Enhance future facilities for improving well-being	Promote user involvement and engagement in service commissioning and delivery	Provide appropriate care in the community	Address stigma associated with long-term conditions such as mental health problems and sexual ill health	Increase the numbers moving from worklessness into employment	Increase the choice and availability of community meals
Improve diet and nutrition	Enable people to undertake life-long learning opportunities	Increase opportunities for volunteering	Promote the use of direct payments as widely as possible	Support victims and witnesses of crime	Improve the ease of access to employment and mainstream provision for disabled people, including those with mental health problems	Protect vulnerable adults from abuse
Reduce the number of people who smoke, and the number of people exposed to second-hand smoke	Develop a greater range of social activities within the community		Further access to employment through individual budgets	Prevent and reduce domestic violence	Prevent homelessness wherever possible	
Prevent premature deaths from suicide, accidents and injuries	Reduce fear of crime		Support individuals with long-term conditions in self-management	Prevent and reduce hate crime and harassment	Maximise the supply of good quality affordable housing available to homeless people	
Reduce the harm caused by drugs and alcohol	Work to increase access to information technology (IT) for everyone		Develop housing related support services for vulnerable people	Address anti-social behaviour	Reduce fuel poverty	
Improve sexual health	Improve transport in the borough so that people are able to get out and about				Ensure that vulnerable people have decent, energy efficient homes	

<b>Improved Health and Emotional Well-being</b>	<b>Improved Quality of Life</b>	<b>Making a Positive Contribution</b>	<b>Increased Choice and Control</b>	<b>Freedom from Discrimination or Harassment</b>	<b>Economic Well-being</b>	<b>Maintaining Personal Dignity and Respect</b>
Improve mental health	Improve sports and leisure provision				Reduce financial hardship by maximising disposable incomes, especially for the most disadvantaged residents of the borough	
Protect people from environmental and communicable threats to health	Improve the quality of home care					
	Provide support for unpaid carers, including preparing for when they are no longer able to care					
	Increase opportunities for people to live independently in their own homes					

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# 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 one's 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.

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'<sup>1</sup>. 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.'<sup>2</sup>

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.**

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<sup>1</sup> 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>.

<sup>2</sup> Local Government Act. 2000. Section 2.1a-c, Crown Copyright.

## 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'<sup>3</sup> identified a key role for both national government and Local Strategic Partnerships in addressing the wider determinants of health inequalities.

The 2004 White Paper *Choosing Health: making healthier choices easier*<sup>4</sup> 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*<sup>5</sup>, 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: 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; and, Maintaining Personal Dignity and Respect.

The Department of Health's 2006 White Paper *Our Health, Our Care, Our Say* 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 Bill 2007*. The Bill supports the aim of the White Paper to create a sustainable

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<sup>3</sup> Department of Health. Tackling Health Inequalities: a programme for action. 2003.  
<http://www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf>

<sup>4</sup> 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>

<sup>5</sup> Department of Health. *Independence, Well-being and Choice*. 2005  
[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT\\_ID=4106483&chk=QpboYy](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=QpboYy)



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 Bill includes calls for 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 Bill also proposed that a new statutory partnership for health and well-being under the Local Strategic Partnership be set up 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<sup>6</sup>.

There is also a much more prominent position for Local Area Agreements (LAAs)<sup>7</sup> - 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 are: healthier communities and older people; children and young people; stronger and safer communities; and, economic development. All of these issues will have an impact on improving well-being.

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 defines well-being as:

'[t]he 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'<sup>8</sup> .

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.

### **1.3 The Local Context for Improving Well-being**

Haringey's Sustainable Community Strategy (discussed in section 6) addresses all aspects of this wider concept of well-being. The Well-being Partnership Board

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<sup>6</sup> Haringey set up the Well-being Partnership Board in July 2005 to do this.

<sup>7</sup> ODPM Local Area Agreements Guidance: Round three and refresh of rounds one and two. March 2006

<sup>8</sup> Felce and Perry 1995; Danna and Griffin 1999; Diener 2000

(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 sports and leisure opportunities.
- **Children's and Young People's Strategic Partnership Board** is responsible for the welfare of children and young people and 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)
  - 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.

## 2 Aim

The **aim** of this Framework is:

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

## 3 Vision

Our **vision** for Haringey is that by 2010:

**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:

- 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 individuals are valued and responded to appropriately

## 4 Outcomes 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 and representatives from the voluntary and

community sector. *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.	Outcome	Objective
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 and 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 and 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.

## 5 Scope of Framework

The Framework is aimed at supporting **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 for this Framework is in Appendix B and Appendix C.

## 6 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**

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.

<b>Sustainable Community Strategy Priorities</b>	<b>Well-being Partnership Board Outcomes</b>
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

## 7 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.

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.

### 7.1 What are the Mandatory Targets We Must Meet?

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 the local authority area (Haringey) and the England population by narrowing the gap in all-age, all-cause mortality.
- 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 HTPCT'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.

## 7.2 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:

- Smoking cessation
- Increase the number of physically active adults
- Energy efficient and safe homes for vulnerable people
- Healthy schools status

In addition to the mandatory targets relating to improving health and well-being shown above, the LAA includes many other initiatives to improve the health and well-being of people in the borough. Please see Appendix D for a list of the targets included in the LAA.

### 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 are particularly important to 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.
- **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.

### **7.3 Outcomes and Related Key Targets**

Each of the seven well-being outcomes has been linked with a key target which will encapsulate success in each area. These are included overleaf; other targets related to the well-being outcomes are included in the Implementation Plan which accompanies the Framework.

### **7.4 Implementation Plan**

Accompanying this document is a separate Implementation Plan. Priorities, supporting programmes and initiatives, and related targets have been identified for each outcome; these are detailed in the Implementation Plan. 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.

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Well-being Outcomes	Key Targets
Improved Health and Emotional Well-being	<ul style="list-style-type: none"> <li>• Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in all-age, all-cause mortality (LAA Target)</li> <li>• Increase physical activity in the borough (LAA Target)</li> <li>• Increase the number of smoking quitters in N17 (LAA Target)</li> <li>• Clients receiving a review (PAF D40)</li> <li>• Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy 2005-08 (LAA)</li> </ul>
Improved Quality of Life	<ul style="list-style-type: none"> <li>• Increasing the number of older people attending day opportunities programmes (LAA Target)</li> <li>• The number of physical visits per 1000 population to public libraries (CPA C2c PLSS 6)</li> <li>• Increase adult education take-up</li> <li>• The percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56)</li> <li>• The number of those aged 18 and over helped to live at home (PAF C29; C30; C31; C32)</li> <li>• Increase the number of breaks received by carers (LAA Target)</li> <li>• Reduce the proportion of adults saying they are in fear of being a victim of crime (LAA Target)</li> <li>• Households receiving intensive home care per 1,000 population (PAF C28 BVPI 53)</li> </ul>
Making a Positive Contribution	<ul style="list-style-type: none"> <li>• Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year (LAA Target)</li> <li>• Increase the number of volunteers recruited as part of day opportunities for older people (LAA Target)</li> </ul>
Increased choice and control	<ul style="list-style-type: none"> <li>• The number of adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (PAF C51)</li> <li>• Acceptable waiting times for assessments (PAF D55 BVPI 56)</li> <li>• Acceptable waiting times for care packages (PAF D56 BVPI 196)</li> <li>• Increasing the proportion of vulnerable single people supported to live independently, who as a result do not need to be accepted as homeless and enter temporary accommodation (LAA Target)</li> </ul>
Freedom from discrimination or harassment	<ul style="list-style-type: none"> <li>• Percentage of adults assessed in the year whose ethnicity was 'not stated' in RAP return A6 (key threshold)</li> <li>• Percentage of adults with one or more services in the year whose ethnicity was 'not stated' in RAP return P4 (key threshold)</li> </ul>
Economic Well-being	<ul style="list-style-type: none"> <li>• Increase the number of residents on Incapacity Benefit for 6 months or more helped into work of 16 hours per week or more for at least 13 weeks (LAA Target)</li> <li>• Increase the number of people from priority neighbourhoods helped into sustained work (LAA Target)</li> <li>• Improve living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe (LAA Target)</li> </ul>
Maintaining personal dignity and respect	<ul style="list-style-type: none"> <li>• Availability of single rooms (PAF D37)</li> <li>• Numbers of relevant staff in post who have had training in addressing work with vulnerable adults.</li> <li>• Written guidance on personal and/or sexual relationships between people who use in-house or purchased care services</li> </ul>

## 8 Priorities 2007-2010

### 8.1 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 Haringey, and partners are determined to work together to improve mental health in the borough.<sup>9</sup>

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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<sup>9</sup> Joint Mental Health Strategy 2005-08

<b>Related Plans and Strategies</b>
Adult Drug Treatment Plan 2007-08
Alcohol Related Harm Reduction Strategy 2005-08
Changing Lives – The Children and Young People’s Plan 2006-09
Contaminated Land Strategy 2005
Drug and Alcohol Action Team User Involvement Strategy 2006-08
Drug Related Death Strategy 2005-08
Experience Counts 2005-2010
Food and Nutrition Strategy (in development)
Greenest Borough Strategy (in development)
Haringey Local Development Scheme 2007
Haringey Policing and Performance Plan 2007-08
Haringey Sexual Health Strategy 2005-07
Haringey Teaching Primary Care Trust Local Delivery Plan 2005/6-2007/8
Haringey Teaching Primary Care Trust Primary Care Strategy (consultation due summer 2007)
Haringey Teenage Pregnancy Strategy
Harm Reduction Strategy 2006-08
Infant Mortality Action Plan 2007-10
Joint Mental Health Strategy 2005-08
LAA Action Plan 2007-10
Life Expectancy Action Plan 2007-10
London Fire Service Haringey Plan 2007-08
Mental Health Carers Strategy (TBC)
Obesity Strategy 2007-10 (in development)
Older People’s Mental Health Strategy (in development)
Open Spaces Strategy 2006-10
Private Sector Housing Strategy 2007-08
Private Sector Housing Strategy 2008-12
Safer Communities Strategy 2005-08
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

## 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 and breast 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
- Reduce the waiting time from referral to a GP to treatment
- Develop a strategy to reduce the number of women booking late in their pregnancy for ante-natal care

### 2) Reduce physical inactivity

#### *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

### 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
- 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*

- Implement the ban on smoking in public places from July 1<sup>st</sup> 2007, including:
  - Preparing local businesses and employers for the ban
  - Developing workplace based support for employees to quit
  - Working through Children Centres to protect the children from the harmful effects of smoke in the home
- Increase uptake of HTPCT smoking cessation services, particularly amongst deprived communities
- Reduce the number of women who smoke during pregnancy

#### **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 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 imbed a new crack-cocaine/poly-drug use service
- 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 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

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## 8.2 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, education 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

difficulties people experience.

Empowering people to live independently for as long as possible and feel safe and secure in their local communities is important to 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 to.

<b>Related Plans and Strategies</b>
Carers Strategy 2005-08
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
Haringey Adult Learning Services Plan (in development)
Haringey Culture, Libraries and Adult Learning Business Plan 2007
Haringey Policing and Performance Plan 2007-08
Hate Crime and Harassment Strategy 2007-08
Home Care Strategy 2006
Local Development Scheme 2007
Mental Health Day Opportunities Strategy
Open Spaces Strategy 2006-10
Safer Communities Strategy 2005-08
Safer Haringey Communications Plan (in development)
Sport and Physical Activity Strategy 2006-10
Supporting People Strategy 2005-10

## 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

### 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 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 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

- 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
- User and carer involvement in Mobility Forum 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

## **9) Improve the quality of 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
- Develop re-ablement services

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

*Supporting Programmes/Initiatives*

- Develop information for carers and 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
- Develop a commissioning strategy for carers

**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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### 8.3 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. For some people volunteering is an opportunity to put something back into society; for others it provides a chance to learn new skills and have new experiences. 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 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.

<b>Related Plans and Strategies</b>
Community Link Proposal 2007
Day Opportunities Strategy – Older People (in development)
Experience Counts 2005-10
Haringey Compact 2006
Haringey Infrastructure Development Plan 2005
HAVCO Business Plan 2005-08
Participation and Consultation Policy (forthcoming)
Sport and Physical Activity Strategy 2006-10

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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<sup>10</sup> /community groups on the HSP
- Fully involved second tier organisations
- Involve users and carers in influencing policies

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

#### *Supporting Programmes/Initiatives*

- Develop Local Involvement Network (LINKS)
- 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
- Develop a Volunteer Centre in Haringey that coordinates local volunteering
- Promote volunteering opportunities led by older people

- Use V-base ([www.doit.org.uk](http://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

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<sup>10</sup> BME – Black and minority ethnic



## 8.4 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.

<b>Related Plans and Strategies</b>
Experience Counts 2005-10
Expert Patient Programme Evaluation May 2007
Intermediate Care Strategy (in development)
Joint Mental Health Strategy 2005-08
Supporting People Strategy 2005-10

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## 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*

- TBC

### 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*

- TBC

### 4) Further access to employment through 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*

- 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

## 8.5 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, 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<sup>11</sup>:

“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.”

<sup>11</sup> Greater London Authority: *The Second London Domestic Violence Strategy*. 2005  
[http://www.london.gov.uk/mayor/strategies/dom\\_violence/strategy2.jsp](http://www.london.gov.uk/mayor/strategies/dom_violence/strategy2.jsp)

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.

<b>Related Plans and Strategies</b>
Anti-social Behaviour Strategy
Domestic Violence Strategy 2004-08
Enforcement Strategy – Safer and Cleaner (in development) March 2008
Haringey Council Equalities Public Duties Scheme 2007-10
Haringey Policing and Performance Plan 2007-08
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 – Safer and Stronger and Respect Agenda 2007-08
Safer Communities Communication Plan (in development)
Safer Communities Strategy 2005-08
Victim Support National Office Strategic Plan 2005-08

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## Freedom from Discrimination or Harassment Priorities 2007-2010

### 1) Provide services in a fair, transparent and consistent way<sup>12</sup>

#### *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*

- TBC

### 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
- Encourage reporting and recording
- Improve responses to hate crime and harassment, and referrals between agencies

### 6) Address anti-social behaviour (ASB)

#### *Supporting Programmes/Initiatives*

<sup>12</sup> This links with the priorities on increasing access to health care and leisure services under Outcome 1: Improved Health and Emotional Well-being

- 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 cleanliness and reduce environmental crimes
- Improve delivery of enforcement services to meet public priorities

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## 8.6 Outcome 6: Economic Well-being

### Objective 6: To create opportunities for employment and 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 Enterprise Partnership Board 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. Allied to this approach is the development of an Income Maximisation Strategy which will prioritise increasing household incomes through better advice services, increased benefit take-up amongst those who fit eligibility criteria, reducing the burden of bills and promoting financial inclusion.

In addition to issues with employment and access to benefits, 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:

- 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 .

<b>Related Plans and Strategies</b>
Economic Regeneration Strategy (forthcoming)
Energy Efficiency Strategy (in development)
Home Care Strategy 2006
Homelessness Strategy 2007-08
Homelessness Strategy 2008-12 (in development)
Housing Strategy 2007-08
Housing Strategy 2008-12 (in development)
Income Maximisation Strategy (in development)
Joint Mental Health Strategy 2005-08
Move On Strategy 2006-07
Temporary Accommodation Reduction Strategy 07/08-09/10
The Haringey Guarantee 2007
Welfare to Work for the Disabled Strategy 2005-15
Worklessness Statement

## 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 employment advice and brokerage at College of North East London

### 2) Increase the numbers moving from worklessness into employment

#### *Supporting Programmes/Initiatives*

- Develop and deliver two flagship employment and skills programmes:
  - The London Councils Neighbourhood Renewal Fund/European Social Fund Co-financing Programme 2006-08
  - Tackling Worklessness - "A Haringey Guarantee"
- Further develop partnerships with public/private sector employers and community/voluntary organisation to identify needs and offer a range of solutions, including customised courses, web-based learning and Learn Direct

### 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
- Develop a 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*

- 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) Reduce financial hardship by maximising disposable incomes, especially for the most disadvantaged residents of the borough

### *Supporting Programmes/Initiatives*

- TBC

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## 8.7 Outcome 7: Maintaining Personal Dignity and Respect

**Objective 7: To ensure good quality, culturally appropriate personal care, preventing abuse of service users occurring wherever possible, dealing 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 individual 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 they are able to access as full and enjoyable personal and sexual relationships they as possible.

<b>Related Plans and Strategies</b>
Adult Protection Strategy (under review)
Experience Counts 2005-10
Food and Nutrition Strategy (in development)
Sexual Rights, Relationships and Health: Haringey Policy Guidelines for Supporting People with Learning Difficulties 1995 (under review)

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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
- Develop a safeguarding adults board
- Revise the Sexual Rights, Relationships and Health Policy Guidelines to include all client groups

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## 9 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:

- 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. Every supporting programme/initiative in the Well-being Strategic Framework is assigned to a lead agency and thematic partnership, which are responsible for its **delivery**.

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

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 will be responsible for ensuring that the supporting programmes and initiatives are implemented. 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.

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

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).

We have also developed a Well-being Scorecard, which incorporates all targets included in the Well-being Strategic Framework Implementation Plan; the Scorecard is updated on a quarterly basis. In addition we will be:

- Monitoring the improvement in life expectancy
- Monitoring the priorities in the Framework
- Consulting residents
- Working with groups and organisations representing local people

## **Bibliography**

## **Glossary**

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## Appendix A Lead Contacts for Each Outcome

Subgroup	Well-being Partnership Board Outcomes	Joint Leads	Contact Details
1	<ul style="list-style-type: none"> <li>Improved health and emotional well-being</li> </ul>	<ul style="list-style-type: none"> <li>Joint Director of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> </ul>
2	<ul style="list-style-type: none"> <li>Improved quality of life</li> <li>Economic well-being</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Director, Adult, Culture and Community Services, Haringey Council</li> <li>Assistant Director, Housing, Urban Environment, Haringey Council</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> <li>TBC</li> </ul>
3	<ul style="list-style-type: none"> <li>Making a positive contribution</li> </ul>	<ul style="list-style-type: none"> <li>Director of HAVCO</li> <li>Chair of the HAVCO Well-being Theme Group</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> <li>TBC</li> </ul>
4	<ul style="list-style-type: none"> <li>Increased choice and control</li> <li>Freedom from discrimination or harassment</li> <li>Maintaining personal dignity and respect</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Director, Adult Services, Haringey Council</li> <li>Director of Nursing and Operations, Adult and Older People, HTPCT</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> <li>TBC</li> </ul>
5	<ul style="list-style-type: none"> <li>Joint Commissioning Group</li> </ul>	<ul style="list-style-type: none"> <li>Director of Finance, HTPCT</li> <li>Assistant Director, Strategic Services, Adult, Culture and Community Services, Haringey Council</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> <li>TBC</li> </ul>

## 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 has been 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.

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## 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
- 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)

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, the voluntary and community sector well-being theme board, 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.

A workshop to further discuss the Implementation Plan is planned for September 2007.

## Appendix D Local Area Agreement Targets 2007-2010

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

- Increasing the number of schools achieving “healthy school” status
- Increasing the percentage of 19-year-olds with level 2 qualifications
- Reducing the proportion of young people aged 16 to 18 not in education, employment or training (NEET)
- Reducing personal robbery
- Reducing the number of violent crimes across Haringey’s communities with specific reference to domestic violence
- Reducing litter & detritus in Super Output Areas
- Increasing the number of Green Flag award parks and green space and public satisfaction
- Increasing recycling participation within Super Output Areas
- Increasing the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the last year
- Increasing the number of smoking quitters living in N17
- Increasing the proportion of adults undertaking at least 30 minutes of moderate intensity physical activity on 3 or more days per week
- Improving living conditions for vulnerable people
- Increasing the number of people from the 12 ‘worst wards’ helped into sustained work
- Increasing the number of people on Incapacity Benefits more than 6 months helped into sustainable employment
- Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy
- Increasing the proportion of vulnerable single people supported to live independently, who as a result do not need to be accepted as homeless and enter temporary accommodation
- Improving access to a range of day opportunities for older people by:
  - (a) Increasing the number of volunteers provided as part of day opportunities
  - (b) Increasing the number of older people attending day opportunities programmes
- Increasing the number of breaks received by carers

## Appendix E Setting the Scene for the Framework

Well-being is a broad concept, encompassing everything from access to health and social care, access to and use of leisure and cultural facilities, employment and housing. The diagram below illustrates the multiple facets of well-being<sup>13</sup>:



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

Below is a demographic profile of Haringey's adult residents and some key facts that relate to each of the well-being outcomes.

### Demographic Profile

- In 2006 Haringey's population was 224,500, a 0.1% increase on the mid-2004 population of 224,300<sup>14</sup>.
- 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.
- 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<sup>15</sup>.

<sup>13</sup> Based on the Whitehead and Dahlgren (1991) as amended by Barton and Grant (2006) and the UKPHA Strategic Interest Group (2006)

<sup>14</sup> 2005 mid-year population estimates: Full Briefing August 2006, Haringey Council

<sup>15</sup> 2005 mid-year population estimates, Office for National Statistics

- The fastest growth rate (in terms of age) was amongst the 85 to 89 age group at 7.7%.
- There was a 2.9% 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 working-age population increased slightly to 155,400 over the year – a growth rate of 0.06%.
- Nearly half of Haringey's 224,500 people come from ethnic minority backgrounds. Many of the ethnic groups in Haringey are white. When we include 'other white' born in Eastern Europe and the Middle East, White Irish and 'other white' born in the UK and Ireland in our definition of black and ethnic minorities then almost 49% (48.94%) of Haringey's population is from black and ethnic minority communities. This is the 6th highest proportion in London.
- Haringey is both economically and socially polarised. 50% of Super Output Areas (SOAs)<sup>16</sup> in the Tottenham parliamentary constituency are amongst the 10% most deprived in the country. However, fewer than 10% of SOAs in Hornsey and Wood Green parliamentary constituency are amongst the 10% most deprived in the country.

### **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 (Bruce Grove – 70.5 years) compared to men living in one of the most affluent wards (Muswell Hill – 78.2 years) based on 1999-2003 data.
- There is only a weak relationship between female life expectancy and deprivation, and this is not statistically significant.
- In 2003 the rate for strokes (9.74 per 100,000 population) remained higher than both the London and England & Wales averages of 9.74 and 8.92 per 100,000 population respectively<sup>17</sup>.
- In 2002 the death rate for cancer in Haringey was 181 per 100,000 compared to 186 for London as a whole.
- Infant mortality in Haringey (2002) was 6.9 per 1000 live births compared to 5.7 in London.
- 6.49% of Haringey babies weighed less than 2,500 grams at birth compared to the national figure of 6.20%. The percentage of low birth weight babies in Haringey is decreasing, but not as quickly as it is nationally.
- The rate of teenage conceptions is above the national average and has steadily increased during the 1990s. The latest data (2001-2003) show a

<sup>16</sup> 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.

<sup>17</sup> Data from the Office for National Statistics

- Haringey conception rate to women aged 15-17 of 74.4 per 1000 compared to 42.8 for England and Wales.
- 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.
  - 22.9% of Haringey residents surveyed as part of the Active People Survey participated in moderate physical activity for at least 30 minutes at least three times per week in 2006

### Improved Quality of Life

- 1.3 million items of library stock were checked out in 2006-2007.
- There were over 28,000 active library borrowers from April 2006-April 2007.
- There were 36,500 visits to Bruce Castle in 2006-2007.
- Over 4000 children came to Bruce Castle in 2006-2007 as part of organised class visits.
- The Haringey Adult Learning Service (HALS) had over 2700 enrolments in 2006-2007.
- Crime was the top personal concern in the Council's 2006 annual Residents' Survey. It was mentioned by just over half of all respondents.
- Haringey continues to perform well in relation to burglary with consistent reductions over the last three financial years<sup>18</sup>; 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.
- In July to December 2006 there were 1969 violent offences<sup>19</sup>. This represents a 9.3% decrease on the previous six-month period.
- Adult social care services in Haringey support 550 people using day care services and deliver over 10,000 hours of home care per week
- There are approximately 16,000 carers in the borough, of which 1000 are on the Haringey Council register.

<sup>18</sup> Unless otherwise stated, crime data included below is from the Partnership Data Report, which is produced by the Safer Communities Partnership

<sup>19</sup> '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.



## Making a Positive Contribution

- 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.
- There are about 700 voluntary and community organisations in Haringey, a majority of which are small with fewer than 2 employees.
- Haringey Area Assemblies attract an average of over 50 attendees<sup>20</sup>.

## 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*

- In August 2004, the claim rate for Attendance Allowance<sup>21</sup> 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*

- At May 2006, the Incapacity Benefit and Severe Disablement Allowance claim rate was 8.1% (or 12,530 people); this is down slightly from a rate of 8.2% (or 12,700 people) at May 2005.
- This claim rate is higher than both the London and England averages of 6.4% and 7.1% respectively.
- 42.9% of claimants are female while 57.1% are male. 5.9% of claimants are aged 16 to 24; 43.1% are aged 25 to 44; 43.3% are aged 45 to 59; and 7.6% are 60 and over.
- Across Haringey, the highest claim rates are in Super Output Areas in

<sup>20</sup> Area Assemblies provide residents with an opportunity to question leading 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.

<sup>21</sup> 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

the following wards: Bruce Grove, Hornsey, Noel Park and Woodside.

### Freedom From Discrimination or Harassment

- The police dealt with 1792 domestic violence offences in Haringey in 2006-2007<sup>22</sup>.
- Based on national averages the costs of domestic violence for Haringey are<sup>23</sup>:

	£ 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
<b>Total</b>	<b>97.19</b>

- During the period 2003-2004, hate crime and harassment reported to the Police in Haringey dropped by 46%. This was a significant drop and seemed unrelated to any initiatives. In the period 2003-2004, homophobic and race hate incidents reported to the Police in Haringey dropped by 19.6%, whereas incidents in all but one of the neighbouring boroughs actually increased<sup>24</sup>.
- These decreases prompted the Safer Haringey Partnership to commission the Centre for Criminology at Middlesex University to investigate the extent and nature of hate crime and harassment in the borough and the possible causes of under-reporting.

### Economic Well-being

#### *Employment/unemployment*

- Haringey ranks as one of the most deprived boroughs in the country with 7.7% of the economically active population (i.e. those working or actively seeking work) unemployed in March 2006. This is more than twice the UK average of 3.6%.
- In March 2006, there were 8,245 Haringey residents claiming Job Seekers Allowance, which at a rate of 7.7%, is considerably higher

<sup>22</sup> Data supplied by Haringey Council's Domestic Violence Co-ordinator

<sup>23</sup> Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8<sup>th</sup> June 2005

<sup>24</sup> A. Goodman et al, 'Hate Crime in Haringey' Middlesex University, 2005, quoted in Haringey's Hate Crime and Harassment Strategy 2007-08

than the rate for London (4.6%) and is over twice as high as the rate for Great Britain (3.6%)<sup>25</sup>.

- Northumberland Park has the highest unemployment rate out of all wards in London at 19.3% - this is 5.0 percentage points higher than the 2nd highest ranking London ward (Harlesden ward in Brent - 14.3%)<sup>26</sup>.
- Results from the 2001 Census suggest that long-term unemployment is a serious issue facing Haringey. Over 50% of unemployed Haringey residents have not worked for over 2 years or have never worked.

### *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.
- 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)*

- In October 2006, 7.7% (or 8200 people) of Haringey's economically active population<sup>27</sup> was on JSA; this is down from a claim rate of 7.8%

<sup>25</sup> Data from Greater London Authority and Office for National Statistics

<sup>26</sup> *ibid*

<sup>27</sup> 'Economically active population' - people in work or actively seeking work, excluding economically active full-time students

at October 2005.

- Haringey's JSA claim rate of 7.7% is slightly higher than the London average of 4.5% and more than twice the England average of 3.3%.

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.
- A higher percentage of Haringey residents live in rented accommodation (50.6%) than the average for England and Wales (31%)<sup>28</sup>.
- It is estimated that 31% of households in Haringey are living in unsuitable housing.
- The most common reasons for unsuitability are major disrepair and unfitness (17,144 households) and overcrowding (6,310 households)<sup>29</sup>.
- At the end of 2005-06 there were just over 5,600 households living in temporary accommodation; this is one of the highest levels in the country<sup>30</sup>.

*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.

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<sup>28</sup> 2001 Census Data

<sup>29</sup> Housing Needs Survey 2005 update

<sup>30</sup> Housing Investment Programme and Housing Data

- In 2005 over 1000 households received insulation and home security measures via the 'Here to HELP' scheme run by British Gas; the Council has a contract to continue the scheme until March 2008.

### **Maintaining Personal Dignity and Respect**

#### *Adult Social Care Services in Haringey:*

- Supports 4,500 people using our safe and sound community alarm service.
- 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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