



Adult, Culture and Community Services

Adult Services

Strategy, Performance and Resources

Annual Report 2006-2007

STRATEGY, PERFORMANCE AND RESOURCES

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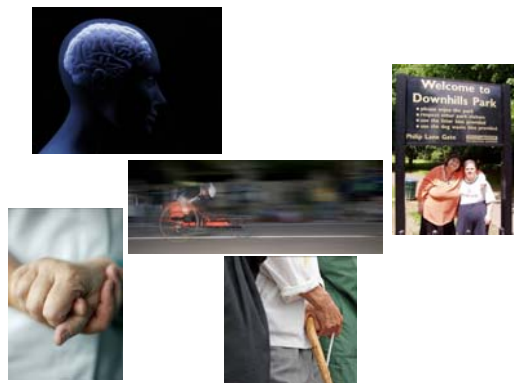
STRATEGY, PERFORMANCE AND RESOURCES

Introduction

Adult Services in Haringey have progressed substantially in 2006-07. We have a clear strategic vision in place to deliver improved and innovative services, promote choice and independence, and support growing numbers of people to live in their own homes.

We have seen significant improvements in performance. The Council has been assessed as a three-star authority under the Comprehensive Performance Assessment (CPA) framework and achieved three out of four for use of resources. The Council has an embedded business planning framework to ensure its key priorities are reflected in service business plans and translated to specific goals for staff. We monitor both finance and performance monthly with managers.

The Council is in a strong overall financial position with a good level of reserves and a long-standing robust financial management structure. Despite significant financial pressures and radical corporate restructuring, Adult Services and the Haringey Teaching Primary Care Trust (HTPCT) have achieved financial stability and undertaken joint financial planning.



STRATEGY, PERFORMANCE AND RESOURCES

Leadership, Strategic Direction and Partnership Working

The Council with Adult Social Services Responsibilities (CASSR) has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.

Achievements in 2006-2007

General Achievements

Our strategic direction is backed by strong partnership, corporate and political commitment, evidenced by the agreement of the following key outcomes and priorities.

In the 2007-2016 Sustainable Community Strategy 2007-2016:

- **Healthier people with a better quality of life**

In the 2007-2010 Council Plan 2007-2010:

- **Encouraging lifetime well-being at home, work, play and learning**
- **Promoting independent living while supporting adults and children when needed**

This year we have strengthened partnership working in the following ways:

- the inclusion of the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) on the HSP.
- the inclusion of more service users and carers representatives on the Well-Being Partnership Board.
- We have successfully lobbied for the inclusion of **Improving health and well-being** as an overarching theme within the Local Area Agreement (LAA) as well as three stretch targets from the Healthier Communities and Older People (HCOP) Block. In practical terms, this means that the other blocks of the LAA contribute towards achieving this theme.

Experience Counts: Haringey's strategy for improving the quality of life for older people 2005-2010

Our older people's strategy was praised by the Comprehensive Performance Assessment (CPA) in October 2006:

'The council and its partners have a strategic approach to services for older people that goes beyond health and social care and cuts across a range of mainstream services including housing, libraries and leisure.'

'This is set out in the strategy 'Experience Counts' which clearly articulates an ambitious vision that addresses quality of life issues and has a good balance and emphasis on independence and wellbeing for older people at various stages of their life. The strategy was drawn up in consultation with older people and sets out the aim to tackle age discrimination. There are clear links across to other plans such as the Road Safety Plan and Supporting People Strategy.'

Haringey agreed its first LAA in March 2007 [see Appendix 1], which was developed in partnership with the Council, HTPCT and the Haringey Association of Voluntary and Community Organisations (HAVCO).

The four user-focused goals from Our Health, Our Care, Our Say (OHOCOS) were used to help us develop the optional targets within the HCOP Block. This resulted in the inclusion of three stretch targets in the LAA:

1. Increasing the number of smoking quitters focusing on those living in the most deprived part of the borough.
2. Increasing physical activity amongst all ages, including older people.
3. Improving homes for vulnerable people.

The WBPB has also overseen the development of our:

- Life Expectancy Plan, which was agreed by the HSP in March 2007.
- Well-being Strategic Framework (WBSF), which is organised around the seven user-focused outcomes of OHOCOS. The Framework is being developed by the Council, HTPCT and representatives from HAVCO.

Political leadership

We have a Cabinet Member for Adult Social Care and Well-being, and a long-serving councillor who is Champion at our monthly performance callovers with service managers. We also have long-serving and experienced councillor who is our Older People's Champion.

Adult Services use their business planning framework to ensure this strategic direction and key priorities are reflected in service business plans and translated to specific goals for staff.

Haringey was the first borough in London to receive the Charter for Member Development. The Member Induction Programme – launched in May 2006 - received excellent feedback from Members. The programme included 'freshers' days with contributions from all Council services – including adult social care. This cross-Council working was specifically highlighted in the Charter report.

Local Area Agreement (LAA) 2007-2010

After Haringey agreed its first LAA in March 2007, the Government Office for London recognised our hard work:

'... thank you and your teams for your efforts in developing Haringey's LAA. I'd particularly acknowledge your genuine partnership approach to developing the Healthier Communities and Older People (HCOP) Block, which has resulted in a very strong set of objectives. It's clear from the extent of your collaboration that all the agencies are now committed to achieving the outcomes together, for the life of the agreement and beyond.'

In addition, our social care link at the Care Services Improvement Partnership (CSIP) gave us the following feedback regarding the LAA:

'I think this is a really good piece of work and I wish you success with your targets. I have given feedback to the Regional Public Health Group/Strategic Health Authority that I am happy with what you are proposing in relation to social care.'

The feedback from inspectors was extremely positive:

“There is very clear cross party and managerial commitment to member development that is bedded into the organisation. Haringey has clearly demonstrated that it has everything in place to be accredited with the London Member Development Charter and has set a high standard as London’s first application. Word is spreading about Haringey’s work with members and that they are willing to share their experiences with the local government family.”

Adult, Culture and Community Services

In January 2007 the Council underwent a reshaping which brought together adult social care services with culture, libraries, adult learning and recreation with the aim of delivering a well-being service to meet the OHOCOS White Paper.

Currently we focus most resources for vulnerable people with the most severe needs. This focus on acute care and the frailest older people has been emphasised even more by the drive to reduce delayed discharges from hospital.

Future services need to reverse this trend by promoting well-being for vulnerable people so that the extension of universal services for all is seen as crucial to every agency where most resources are concentrated on those with the highest needs and to move resources to support preventative services [see Appendix 2].

As a new directorate, we are committed to delivering modern, responsive, user-focused services. We have the strategies, strong partnership, sound finances and committed staff to ensure that we deliver improvements to our services. We aim to make universal services accessible to all whilst supporting those most in need.

Service Achievements

Haringey Learning Disabilities Partnership (HLDP)

- The Section 31 agreement of the HLDP was reviewed to include changes as a result of the Department of Health’s Agenda for Change and the NHS Knowledge and Skills Framework.

Leadership

Performance improvement in the Older People’s Service was achieved against waiting times for assessments and reviews by effective use of Frameworki.

Managers agreed targets with teams for prioritising work. Performance against these targets was monitored on a weekly basis by the team managers and at least monthly by the service manager. Where areas of risk were identified, individual performance was scrutinised, caseload capacity was reviewed and, if necessary, management realigned resources to prioritise those areas at risk.

If under-performance was identified, staff were offered additional support, which included weekly supervision, to address the issues. This has been a very successful performance improvement tool.

Barnet, Enfield and Haringey Mental Health Trust

- Social workers were seconded into the BEHMHT to enhance the integrated service.
- Joint operational policies supported single line management in the Community Mental Health Teams (CMHTs) and the Assertive Outreach Team.
- We invested in a service manager for mental health to co-ordinate and manage standards and competence of Approved Social Workers (ASWs).
- ASW meetings took place on a regular basis chaired by senior managers and attended regularly by CMHT managers to discuss operational matters.
- The Mental Health Act Commission noted service improvements and commented on the high levels of activity for ASWs, with high standards of practice in a complex and challenging environment.
- We streamlined care planning and supervision processes to ensure best practice on a multi-agency level.
- We maintained strong working functional links at senior management level with joint meetings, and shared responsibility for clinical governance.

Physical Disabilities, Sensory Impairment, HIV/AIDS and Substance Misuse

- We recruited fully to vacant management positions, helping us maintain a consistent approach to raising performance.
- A new staffing structure was implemented to create a single Adaptations Service.
- The HIV and Physical Disability Social Work Teams were successfully merged, adopting revised working patterns with minimal disruption to residents.

Older People's Services

- We developed a quality assurance tool enabling staff to self-monitor their performance against key performance indicators and quality of work. This was used in supervision as a quality check and instrument for learning.
- Managers invited customer feedback during two quality assurance checks on Haringey Home Care Services, and undertook spot checks on three of our home care providers
- The role of sheltered housing cleaners was developed to a more proactive brief, adding flexibility to the service and providing extra support to service users and scheme managers.

Leadership

We successfully restructured and reconfigured the supported housing service.

This followed the establishment of Homes for Haringey (HfH) – our arms-length housing management organisation – in April 2006 when Older People's Services retained responsibility for aspects of the housing function, including assessments and lettings.

Following a period of planning and consultation, the assessments function moved to care management and the lettings function to housing. After the housing management function had transferred to HfH, the support function was reconfigured to make service provision more effective, with a more equitable spread of staff support time for tenants.

Plans for 2007-2008

General Plans

- We have begun building stronger links between different services through the development of the Adult, Culture and Community Services (ACCS) Directorate. We are embarking on an Achieving Excellence project to improve the access pathway to adult social care. The new directorate, along with the whole Council, will play a vital role in highlighting the role that universal services can play in tackling social exclusion and preventing the need for more costly interventions at a later stage.
- We will recruit a Joint Public Health Director with HTPCT.
- We will continue to:
 - develop preventive strategies and effective risk assessment.
 - target low level support for people most at risk of losing their independence.
 - encourage an approach which helps people do things for themselves for as long as possible, in their own home, and helps people of working age take up, remain in or return to work.
 - strengthen the terms of reference of the WBPB to take account of user-focused outcomes.
 - restructure the WBPB sub-groups around the seven outcomes with each group led by a senior manager from either statutory or voluntary sector responsible for performance reporting to the Council Director responsible for Adult Services and the Chief Executive of the HTPCT.
- We support the principles of self-assessment (in terms of empowering users and providing choice) and are aiming to develop a customer-led service which will test out the feasibility of self-assessment, service user empowerment at the point of initial contact and the capacity for people to plan and self-direct their own care packages. In order to do this, we will continue to work closely with all our partners and recognise that, for this to be effective, we need to build the capacity of our voluntary and community sector.

To make these plans a reality we have identified the following priorities:

Well-being Strategic Framework 2007-2010

A discussion draft of our WBSF and accompanying implementation plan is being circulated during July and August for comment to all the thematic partnerships which sit under our local strategic partnership. The framework builds on the user-focused outcomes in OHOCOS and includes seven recently agreed objectives for 2007-2010.

Seven outcomes and objectives of the Well-being Strategic Framework 2007-2010

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 socialising, 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, preventing abuse of service users occurring wherever possible, dealing with it appropriately and effectively if it does occur.

Adult, Culture and Community Services priorities 2007-2008

The newly-formed directorate has agreed the following ten key priorities describing what we intend to do over the next twelve months to improve and deliver quality services to the people of Haringey:

Adult, Culture and Community Services priorities 2007-2008

1. Enhance facilities for improving well-being
2. Increase physical activity / reduce physical inactivity
3. Strengthen community-based services to promote independent living
4. Develop the commissioning function
5. Ensure effective use of resources
6. Promote libraries as centres of learning, social, economic and cultural life
7. Enable people to achieve their learning and employment goals by making learning demand led
8. Work to increase access to information technology for everyone
9. Develop community engagement and improve joint working
10. Ensure equal access and diversity.

We also identified the following six key challenges of particular relevance to adult social care:

1. To deliver modern, personalised, innovative services to our changing and diverse communities
2. To enhance joint working
3. To drive up the quality of the service user experience
4. To strengthen community-based services to promote independent living
5. To strengthen commissioning to enable choice within a value-for-money framework
6. To continue to develop our excellent workforce.

Service Plans

Haringey Learning Disabilities Partnership

- Support the rollout of professional development of qualified staff, for example, post-basic qualifications for social workers.
- Ensure all the mid-year reviews of performance appraisals are completed to enable a proper understanding of how we are performing across the whole of the partnership and to develop appropriate action through people and business planning.

Barnet, Enfield and Haringey Mental Health Trust

- Explore ways of expanding the Approved Social Worker (ASW) role into other parts of the service, such as learning disabilities, children and families.

Older People's Services

- Build upon the last year's success with more rigorous monitoring of caseloads and support to staff and stretching targets for key performance indicators.
- Ensure that the manager and senior staff at our new 32-bed nursing home – due to open in October – have a nursing qualification.
- Concentrate on person-centred care in all residential homes, to be implemented through training, performance appraisals and supervision processes.
- End potential double entry of information into Frameworki and FiFi when the Frameworki phase 2 finance module is implemented as it will interface directly with SAP (the Council's financial system). Put in place effective management arrangements to ensure an effective transition.
- Implement a Joint Rehabilitation and Intermediate Care Strategy with the HTPCT to include joint appointments and shared accountability.
- Increase the number of staff on Staff Bank in Haringey Home Care Services (HHCS) with a rolling programme of recruitment and training to ensure that high quality home care is provided at a low cost.

Physical Disabilities, Sensory Impairment, HIV/AIDS and Substance Misuse

- Develop the manager/staff relationship by developing team plans that focus on performance management and a shared vision and values.

STRATEGY, PERFORMANCE AND RESOURCES

Performance

The Council with Adult Social Services Responsibilities (CASSR) aims to improve social care and stamp out bad practice.

Achievements in 2006-2007

The Chief Executive, Leader of the Council and Executive Member for Social Services and Health held regular performance meetings with the Director and Assistant Directors to monitor our improvements. We introduced monthly performance callovers with service managers to ensure their understanding and awareness and provided support, training and roadshows for staff which led to the following improvements:

Improved health and emotional well-being

- The number of people funded by the Council receiving non-residential intermediate care to prevent hospital admission exceeded our planned target of 350 with an end of year out-turn of 425.
- The number of adults aged 18-64 admitted to residential/nursing care during the year improved from 3.8 admissions per 10,000 population to Band 2 1.5 admissions per 10,000 population.
- The number of delayed transfers of care reduced from 71 to 59 but remains in band 3. The opening of Osborne Grove should help to reduce the number of delays for nursing care placements.
- Performance on reviewing care packages improved significantly over the last year. The number of clients receiving a review increased from Band 2 (lowest banding) to Band 3 (top banding) with 41.62% of clients receiving a review in 2005-2006 to 62.5% of clients being reviewed in 2006-07. Use of Frameworki to identify timely reviews enabled managers to schedule reviews much more effectively within teams. Robust management of cases and local targets for the numbers of reviews to be achieved have been established within team plans. Performance against these targets was monitored monthly by managers. The performance to date indicates that we will exceed local targets.
- For those people in receipt of intermediate care, we reviewed cases very closely to ensure that we maximise independence. Thus, following a crisis intervention or post-hospital discharge, care packages were reviewed after two weeks, five weeks and, if ongoing care was needed (though in around 75 % of cases it is not), we reviewed again once the long-term plan is agreed.

Improved quality of life

- There was a substantial increase in the number of people with mental health problems whom we helped to live at home from Band 2 (0.41) in 2005-06 to Band 5 (2.8) in 2006-07.
- We continued to promote independent living for frail and vulnerable people in the community, at reduced risk, by the introduction of a robust Telecare support network to deliver an improved support and monitoring service for clients which also reduced anxiety for family and carers.
- The Community Alarm Service upgraded its call handling system to facilitate the use of Telecare sensors. A new server to support the Piper Network Control (PNC)4 software was installed and there was a successful pilot testing of some of the new sensors on the market.
- A review of services for carers recommended the development of a corporate vision for carers as citizens and that all universal services meet carers' needs. The Carers Partnership Board, linked to the HSP, has extended its membership beyond social care. Access to information and recognition grew with the launch of an independent Carers Centre in January 2007.
- The percentage of items of equipment and adaptations delivered within seven working days rose from 86% in 2006-2007 to 88.4% in 2006-07 and remained in Band 5. This was achieved through effective partnership working, such as:
 - regular meetings with the HTPCT to monitor the S31 budget and agreement.
 - regular meetings of the prescribers' group which ensured requisitions for equipment were provided in an appropriate format.
 - co-operation from both HTPCT and adult social services staff in dealing with urgent cases such as hospital discharge.
 - clear communication links between HTPCT and social services especially around purchase and ordering of equipment.
- We provided over 90% of contact assessments within 48 hours from the initial contact; this performance placed us in the top performance banding.
- We undertook over 80% of assessments of clients needs within 28 days – the second highest performance banding. Performance steadily improved during 2006-07 and our target is over 90% within the coming months.
- We provided over 90% of care packages recommending services required within 28 days of the completion of the assessment. This placed us in the top performance banding.
- We delivered 94% of community equipment within seven days of initial contact, again, in the top banding.

Making a positive contribution

- All our client group partnership boards include service users and carers; and the Learning Disabilities Partnership is chaired by an adult with learning disabilities.
- Equilibrium magazine – commissioned, written, edited and designed by service users with mental health problems – published articles of local and national interest. It had a mailing list of 1,500 including professionals and services users, and its 25th issue was published by Spring 2007.
- Nineteen new service user representatives were elected to the Supported Housing Tenant Forum in early 2007, bringing the total to 43. The majority of schemes now have an elected representative. These representatives met quarterly to discuss operational and strategic issues in relation to the Supported Housing Service (support and housing management arms) and had their own constituted group, the Association of Tenant Representatives, funded through the Housing Service, with a pre-agenda planning function.
- The Home Care Service User Forum grew in success, with the highest levels of attendance yet. The forum provided an opportunity for users of domiciliary to directly speak with service providers to ensure their voice was heard. The Council agreed to pilot outcome-based home care across internal and block-contracted provision to put the service user in control. Last year's domiciliary care survey showed 84% satisfaction.

HIV consultation

A major consultation event took place in October 2006 for HIV service users resulting in service improvements in commissioning intentions, fitness, and efforts to combat stigma and promote social inclusion.

Increased choice and control

- The Council improved and exceeded the planned level on the following two PAF indicators:
 - Time from referral to completed assessment and
 - Acceptable waiting time for care packages.
- The waiting times for assessments improved dramatically. There was an 11% improvement in assessments on the previous year. Performance since December, month on month, is in excess of 80%, more than a 20% increase on the previous year. Waiting times for assessments progressed from Band 1 (59.32%) to Band 3 (80.9%). D55/56 is in the 90% region and will be maintained within that area. This has been achieved through a revised duty system, increased number of duty visits from ten to 30 each week, increased use of drop-in centres, weekly performance management meetings and a new supervision process. Staff are fully advised of the improved performance through supervision and team meetings which has created a good team spirit.
- There was an improvement in direct payments from 89 (band 3) to 138 (band 4).

- The percentage of people receiving a statement of their needs exceeded our plan and rose by 19% to 89%.
- We provided advocacy services to our service users on a regular basis, for example:
 - Learning disabilities service users were given the opportunity to access advocacy services through regular groups of ten to twelve people in group sessions took place every six to eight weeks. Turnout was particularly high when there were major service developments such as service-based transport in day opportunities.
 - Our floating support service provided advocacy, as did Haringey Phoenix Group, a voluntary group for deaf and partially sighted people.
 - Our HIV work provided advocacy support via projects working with African and Caribbean women and men and a Citizens Advice Bureau worker for people with HIV and a drop-in advocacy service two evenings a week, one of which is a women-only session.
 - Haringey Group on Alcohol also provided advocacy services.

Freedom from discrimination or harassment

- We saw a 15.45% improvement on last year's figures for compliance with Fair Access to Care Services (FACS) criteria.
- The proportion of people assessed is reflective of our community.
- We continued to monitor access and take-up of services to reflect the diverse mix of culture and ethnicity that is characteristic of Haringey's residents. For example around 40% (225) of people aged 18 to 64 receiving services from the HLDP represent ethnic minority communities within the borough.
- We incorporated our Race Equality Scheme (RES) into a scheme covering all six equalities strands.

We had an equalities group for implementation and monitoring progress against the RES and Disability Discrimination Act (DDA) compliance. This ensured that annual Equalities Impact Assessments (EIAs) were done on key service areas and key policy and planning documents as part of the pre-business planning process, by collating and analysing data demonstrating delivery of key outcomes/service take-up, and tracking population/trend data to ensure appropriate targeting and service development, for example, direct payments, services for carers and all adult service user groups.

The annual EIA informs the business plan for adults.

- We reviewed 1400 support plans in supported housing to ensure cultural and religious needs were specifically assessed separately following discussions at a meeting of the Faith Forum.
- Residential homes used interpreting services as required. Picture cards were provided for service users who spoke very limited English at the Red House and Cranwood with significant numbers of Turkish, French and Congolese speakers.

Economic well-being

- In the learning disabilities services, we supported 45 people into paid employment and 61 people into voluntary work resulting from service users asking for increased employment opportunities.
- Our Financial Assessment Team offered full welfare benefits advice as part of charging for community care services, and provided advice and information to other residents in a range of settings around the borough. The team continued to maintain welfare benefits and entitlement information on the Council's website. It provided telephone advice for staff. Informal joint working with The Pension Service has long been in place and we are discussing a formal 'Joint Working Partnership'. This includes use of Department for Work and Pensions (DWP) information to target take-up activities.

Maintaining personal dignity and respect

- Training on adult protection issues was undertaken by 335 people (including social work managers) and training extended to staff in CMHTs, the HTPCT, learning disabilities, physical disabilities, out of hours service and hospitals, plus outreach workers with voluntary providers. Some multi-agency partners are proactively raising awareness, for example, there were a number of enquiries to the adult protection manager from private residential managers as a direct result of information shared by the Commission for Social Care Inspection (CSCI).

Following investment in staff awareness training, it was positive to see significant improvements in reporting concerns about vulnerable adults with an increase in referrals and cases completed. We also targeted areas of suspected under-reporting. Staff training improved the detection of Protection of Vulnerable Adults (POVA) cases with clear processes for reporting or discussing concerns. We developed a network of POVA Champions across all areas and organisations; fora used case studies to raise awareness, improve learning and aid service improvement.

- Some multi-agency partners proactively raised awareness, for example, there were a number of enquiries about safeguarding adults from private residential managers as a direct result of info shared by CSCI.
- We strengthened the shared ownership and responsibilities by partner agencies (including police and GPs) at the strategic level, in particular for complex cases that require more input for a longer period, and given that

the level of proof required for a criminal investigation is higher than that specified in our policy.

- All service users were made aware of their rights and given written information which complies with our Learning Disabilities Communications Strategy. No information was shared without consent from service users other than where there were significant identified risks of harm (Mental Health Act assessment).

Information Sharing Protocols have been or are being developed to enable authorised individuals to access that information in a timely manner. The Council, as the data controllers of Frameworki, ensured that all staff with access were aware of the provisions of the Data Protection Act (DPA), Caldicott and any other relevant legislation, through the induction process and information on the Council website and intranet. Any user who breached the DPA would be subject to Council disciplinary procedures. The complaints team had strict procedures on dealing with data protection. All complaints or service requests made by somebody other than the service user needed to have a signed consent form.

Plans for 2007-2008

We are committed to improving our performance so that the service we provide will be deemed at the very least a 'Good' two-star service. This will demonstrate the high quality services we provide for vulnerable people based on the principles of early intervention and high quality support for those with long-term needs. Our plans for 2007-10 focus on action to improve performance in the following ways:

Improved health and emotional well-being

- Improve our performance on annual reviews of clients.
- Implement rehabilitative strategies in place in order to prevent hospital admissions.
- Develop and implement a specialist Early Intervention in Psychosis Treatment (EIPT) team.
- Implement the action plan from the review into the Care Programme Approach (CPA).
- Develop Health Action Plans (HAPs).
- Develop and implement a service for crack cocaine users in partnership with the Drug and Alcohol Action Team (DAAT).
- Increase uptake of smoking cessation services, particularly amongst deprived communities.

- Reduce physical inactivity by encouraging participation in sport and physical activity amongst those community groups who traditionally use sports and leisure facilities across the borough less than others and help older people to retain mobility and independence.

Improved quality of life

- Continue to promote independent living for frail and vulnerable people through the Community Alarm Service working in partnership with Telecare to:
 - reduce the number of episodes of unscheduled care in hospital.
 - work with HTPCT colleagues to help residents manage their health needs more effectively.
 - achieve a measurable reduction in the average size of care packages commissioned.
 - contribute to a sustainable shift in commissioned social care from acute care to preventative support.
 - meet the required terms of a national service development agenda.

As part of the marketing strategy, the Community Alarm Team will be visiting staff and public events, including team meetings, fetes and user groups with a demonstration kit illustrating the benefits of Telecare services.

- In the new single Adaptations Service, procedures have been streamlined so that all major adaptations relating to Homes for Haringey (HfH) clients are immediately passed via Frameworki to HfH surveyors following the assessment process. The needs of the client are prioritised 1, 2 or 3, with 1 being those clients in most need. Surveyors process the clients in the priority order. Surveyors are required to process the works and send to contractors within 15 days and for contractors to complete the works within 40 days. The whole end-to-end process is now captured on Frameworki.
- Carry out a review of Haringey Integrated Community Equipment Service (HICES).
- Provide support for unpaid carers, including preparing for when they are no longer able to care.
- Develop better housing options for vulnerable people.
- Offer free access in libraries and at the Winkfield Resource Centre to the internet and provide office software and printing facilities, providing aids such as keyboards with larger keys and desks which can accommodate wheelchairs which are easily adjustable.
- Implement a service-based transport policy that will provide a more flexible and efficient service that is better able to meet the needs of service users.

Making a positive contribution

- Investigate the feasibility of self-assessment to empower service users at the point of initial contact with the capacity for people to plan and self-direct their own care packages.
- Promote user involvement and engagement in service commissioning and delivery.
- Increase opportunities for volunteering.
- Develop self referral to direct access services.

Increased choice and control

- Improve our performance on written statements of need, waiting times for assessments and care packages.
- Further develop person-centred planning.
- Support vulnerable people to remain independent in their homes.
- Promote the use of direct payments and pilot individual budgets.
- Improve access to a range of day opportunities for older people.
- Develop more effective transition services with a range of partners.
- Develop flexible services for carers.

Freedom from discrimination or harassment

- Ensure that vulnerable people from black and minority ethnic communities have equality of access to and receive our services.
- Provide services in a fair, transparent and consistent way.

Economic well-being

- Improve the ease of access to employment and mainstream provision for disabled people resident in Haringey.
- Ensure that vulnerable people have decent, energy efficient homes.
- Reduce financial hardship for the most disadvantaged residents of the borough by developing an Income Maximisation Strategy which will prioritise increasing household incomes through better advice and benefit services, increased benefit take-up and better local financial services.

Maintaining personal dignity and respect

- Ensure that all relevant staff are trained to protect vulnerable adults from abuse.

- Implement a new telephone monitoring system for home care.
- Expand the availability of aids to enable people to live independently in their own homes.
- Increase the choice and availability of community meals (for example, providing culturally appropriate meals).
- Review the Sexual Health, Rights and Relationships policy.

STRATEGY, PERFORMANCE AND RESOURCES

Commissioning and Use of Resources

The Council with Adult Social Services Responsibilities (CASSR) commissions and delivers services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

Achievements in 2006-2007

Taking into account recent national developments relating to commissioning, we decided to produce a one-year plan as we intend to develop a joint strategic needs analysis with the HTPCT and review our existing client group commissioning strategies over the coming year.

General Achievements

Our one-year plan sets out the commissioning intentions of Haringey Council's new Adult, Culture and Community Services directorate for delivering social care services for adults for the period from April 2007 to March 2008. The plan draws together our current commissioning intentions from a range of existing plans and strategies, which have been developed in partnership with other relevant agencies, service users and carers.

Meeting the needs of vulnerable people

Following an inspection of Haringey's Supporting People Programme in February 2007, the Audit Commission made the following observation about the quality of their work with partners:

"The commissioning of new services is evident across the partnership. Examples include the successful work undertaken between health and probation. The outcome of this joint work has been the development of a rent deposit scheme specifically for people recovering from drug misuse and for Drug Intervention Team (DIT) clients.

Plans are also in place to provide a DIT assessment worker within the Housing Service's Vulnerable Adults Team, who will assist with specialist housing assessments and housing allocations. The support and rehabilitative care is jointly funded by the Drug and Alcohol Action Team (DAAT) and the Haringey Teaching Primary Care Trust (HTPCT)."

Despite significant financial pressures and radical corporate restructuring, Adult Services and the HTPCT have achieved financial stability and undertaken joint financial planning. Additionally, relatively low unit costs have been achieved in most service areas.

We are keen that our services meet service users' and carers' needs appropriately, are of good quality and value for money.

Our approach included:

- Working with partners to begin to develop a joint strategic needs analysis for the next 10 years, as required by OHOCOS, building on previous work – for example, commissioning of Supporting People services following a detailed needs analysis of existing data as well as asking service

users and local community groups to help us understand what they need and want from services.

- Developing legal partnership agreements in Learning Disabilities
- Monitoring all services through robust quality assurance systems
- Working with the HTPCT and HAVCO to commission services using external funding such as the Neighbourhood Renewal Fund (NRF) to meet all aspects of need, including providing preventative services in libraries and leisure centres and smoking cessation services.
- Being evidence-based from the ground up, through use of surveys, user engagement, fora and so on.

Our five-year Corporate Asset Management Plan (AMP) 2006 ensured that the Council only held property that was required in direct or indirect support of service priorities and corporate objectives. The AMP is observed and monitored to ensure that assets are managed efficiently and effectively and demonstrate good use of resources. The AMP provides a forward planning framework for investment and disposals to continuously reshape the Council's asset portfolios in response to changing needs. Part of the capital strategy for social care was the improvement of our residential care homes for older people and the decommissioning of some direct provision to reflect our overall strategy for residential care. In 2006 we demolished and rebuilt one of the homes to provide much needed nursing provision, which will be available in 2007.

Since we implemented Frameworki, our new social care information system, in 2005 across all service groups in both adult and children's social care, we have continued to improve and develop the system and service to users in both directorates and health by:

- Implementing an end-to-end process for adaptations that will improve the efficiency of the service and provide better value for money to our customers.
- Improving the workflow process for the children's placements service.
- Integrating Frameworki with the Local Land and Property Gazetteer (LLPG).
- Implementing Staff Plan to our home care service which went live in March 2007.
- Providing new starter training and service specific training to over 200 staff.
- Maintaining user engagement through monthly user forums and newsletters.
- Setting up a business support team which won an 'Extra Mile' award in 2006.

Residential care

The redevelopment and opening of two residential homes in the borough enabled efficiencies to be made and redirected to local services.



Our project team managing the implementation of Frameworki and associated programmes, eCare, won the 2006 London Connects 'Best Service Improvement' award.

Corelogic (our service provider) described our project and change management programme in phase 1 and now phase 2 as exemplary. They have asked us to give a presentation on project management at their national user forum in October 2007. We have also been recommended as a reference site to other authorities during their procurement of Frameworki.

Our Supporting People Programme remained a key part of the prevention agenda, supporting a large number of black and minority ethnic projects.

With support from library staff, local people used library computers to book a whole range of NHS out-patient appointments at the hospital of their choice if they and their GP decide that they need to see a specialist.

Haringey's libraries were chosen as one of just ten councils across the country to pilot the six month project under the Partnership for Patients Scheme, a collaboration launched in March 2007 across between the Department of Health, the Department for Environment, Food and Rural Affairs and local councils, initiated by Health Link. Three of our libraries are taking part: St Ann's, Marcus Garvey and Wood Green Central.

The pilot will explore whether libraries can be effective 'agents of choice' in communities. If the evaluation is positive it will boost the public libraries' role in improving health outcomes for communities.

So far, we have successfully helped three patients book an appointment at a local hospital. We have also had fifteen general enquiries about the service.

Service Achievements

Haringey Learning Disabilities Partnership

- We held regular quarterly monitoring of all block contracts.
- All contracts met the requirements of the pan-London Framework.
- The Resource Panel agreed and monitored all requests for placements against facts and continuing care criteria.
- Robust financial systems were in place which enabled us to come in on target following regular monthly budget meetings.

Supported living accommodation

Person-centred planning enabled us to understand the needs of people living in supported accommodation. This resulted in the development of a number of transport and buddy schemes.



Barnet, Enfield and Haringey Mental Health Trust

- We generally outperformed other London Boroughs by increasing our total spend on social care by only 6% compared to a London average of 9%. Mental health spending increased by 1% compared to a London average of 12%. This is despite evidence that we had a higher than average weekly spend on social care in London and on unit costs for home care.
- We worked with the HTPCT and HAVCO to commission services using external funding such as the NRF to meet all aspects of need, including providing preventative services in libraries and leisure centres and smoking cessation services.

Older People's Services

- A lot of work was undertaken to build on previous understanding of need and demand for care within the borough through robust commissioning systems, maximising on use of internal services to avoid delayed discharges.
- Cooperscroft residential care home was sold as a going concern in October in line with our Community Care Strategy. We successfully found a high quality provider able to make the necessary investment and ensure a seamless transition.
- We continued to have a very good working relationship with local private and Third Sector providers.
- All commissioned care was accessed via a weekly funding panel (other than emergencies), not only a management tool but also a check in terms of equality of access.
- An efficiency review identified ways of driving down unit costs in HHCS, streamlining management and introducing Staff Plan, an electronic monitoring system to ensure efficiency and reduce paperwork. A Staff Bank helped reduce costs and 'down time'.
- We installed an upgrade of PNC4 equipment to help us provide a greater range of Telecare products to enable people to live at home for longer.

Well-being outreach

Haringey's Wood Green Library has a well-being suite especially designed to provide a calm ambience. Regular activities are held in the borough's libraries focusing on well-being, for example:

- Advice on diet and nutrition (provided by the Library Team)
- Stress counselling sessions (provided by Haringey Teaching Primary Care Trust personnel)
- Massage for people who have had a stroke (provided by Different Strokes, a local voluntary group)
- Advice on housing for people with disabilities (provided by the Richmond Fellowship)
- Library walkers (provided by the Libraries Service)

Planning is under way to open a Healthy Eating Café in Wood Green Library as part of our well-being programme.

Physical Disabilities, Sensory Impairment, HIV/AIDS and Substance Misuse

- We continued to focus on promoting independence through the development of flexible and imaginative care support packages to allow people to live in the home of their choice for as long as practicable. There was been no major shift in strategic commissioning but rather an emergent commissioning strategy of securing individual solutions to individual need utilising both block and spot contract arrangements were appropriate.

Plans for 2007-2008

General Plans

The corporate reshaping has united libraries, adult learning and leisure services with adult social care under a single directorate. It is anticipated that the broader assets and resources of the new directorate will be more focused on well-being objectives beyond traditional social care and efficiency gains can be achieved.

The Council Plan priorities to *encourage lifetime well-being* and *provide support to those who need it* are accompanied by a commitment to making social care services a higher priority than in the past.

We will be making better use of our resources and working towards the outcomes of OHOCOS.

Use of resources

To ensure we get best value for money for older people's services, we reviewed:

- the value and outcomes of day care provision, specifically long-standing block contracts in the external sector. As a result, we have moved to block contracts, making significant savings.
- the unit cost of internal home care. Although service users and their carers acknowledged the very good quality of care, we did not feel that we are getting value and initiated a radical restructuring of home care.

The service will specifically target intermediate care and complex care packages, for example, people in need of care who lack insight into their needs because of impaired capacity.

Our key challenge is to invest in preventative/community-based services before freeing up resources from intensive services.

We will be:

- Continuing to reconfigure day provision away from building-based intensive services to individually tailored provision and greater access to universal services.
- Reviewing and rationalising front-end access to an integrated and innovative set of universal and high-end services to benefit service users including enhancing provision of social care information at front office points.
- Reducing the number of people using residential and nursing care through the promotion of our preventative and universal services including our Rehabilitation and Intermediate Care Strategy, Day Opportunities

Strategies, the Supporting People Strategy, and the Home Care Re-ablement Strategy.

- Developing a Joint Strategic Needs Analysis.
- Developing community engagement and improving joint working including with the Third Sector.
- Piloting individual budgets and other forms of self-directed care.
- Formalising the currently shadowed joint appointment of a Director of Public Health, and developing a joint strategic public health delivery unit.
- Enhancing the finance module on Frameworki will further improve the links between service and cost projection.

Service Plans

Haringey Learning Disabilities Partnership

- Improve the commissioning arrangement and procurement of services for adults with learning disabilities from acute and primary care services.
- Support the reshaping of the directorate to strengthen strategic and practice-based commissioning.
- Improve our accommodation-based support by reviewing our commissioning intentions for residential care and services funded through the Supporting People Programme.

Barnet, Enfield and Haringey Mental Health Trust

- Decommission low support accommodation-based services with Supporting People and re-invest in high support accommodation-based services, increasing medium-support floating support services.
- Consider and finalise the Rehabilitation - Inpatient and Community Joint Strategy for a whole systems approach to mental health rehabilitation services.
- Develop of an EIPT team.
- Strengthen the commissioning function within the directorate.

Older People's Services

- Further develop the needs analysis for older people.
- Develop and improve on joint commissioning processes with the HTPCT to ensure best value.

Commissioning

We have made strategic decisions about internal provision of home care services following research to help us understand what the level of demand for different types of care provision and how we might secure high quality care:

- we registered additional care home beds to meet the needs of people with dementia and commissioned a 32-bedded nursing home at Osborne Grove.
- we extended block contracts with independent sector providers and are confident that we will have appropriate care home capacity to meet the needs of the population.
- we reconfigured home care provision to ensure that we have sufficient capacity internally to provide fast and effective intermediate care services. We continue to work with independent sector providers to deliver high quality long-term care.

- Fully implement the day care review in line with LAA targets, and work with the Third Sector to implement the LAA action plan, supporting access to day opportunities, especially those that prevent or delay the need to access preventative and universal services. We will be working with Age Concern to develop further opportunities for volunteering and accessing community resources such as libraries and leisure activities.
- Create a sophisticated Brokerage Team to assist care managers in the purchasing of value for money services.
- Continue with the current review of home care provision to reduce costs further, while maintaining a high quality service.
- Implement a new telephone monitoring system for home care to verify the level of service given and ensure the accuracy of the charges made by external providers. This will improve performance of invoice payments.
- Improve call answering responses to meet Telecare Services Association (TSA) guidelines, which the service will be able to meet now that the new equipment is in place.

Joint working

The Council and the HTPCT worked closely together to develop mental health targets for the Local Area Agreement (LAA). This included:

Joint working to meet tight deadlines

- Effective communication and decision making between the HTPCT and the Council.
- Close working with Patient's Council, who undertook a survey of patient's views about use of Health Action Plans.

Physical Disabilities, Sensory Impairment, HIV/AIDS and Substance Misuse

- Increase the range and number of different housing opportunities for people with complex needs.
- Extend the remit of the Long Term Condition Project to include neurological conditions.
- Establish/increase community based multi-disciplinary rehabilitation services for people less than 50 years.
- Extend the Rehabilitation and Intermediate Care Strategy to include all Haringey residents regardless of age.
- Establish and implement trusted assessors to improve access to therapy and care services.
- Implement the In Control agenda through the development of individual budgets and assisting people to participate in the 'Partnership for Patients' project.
- Develop a range of self assessment tools.
- Implement new initiatives in relation to community equipment services

Joint partnership working

To help us meet the requirements of the Mental Health Capacity Act, we worked jointly with health and social care partners across three boroughs to appoint a provider for a mental health advocacy service.

Successful partnership work ensured the service was in place in time for the introduction of the legislation.

STRATEGY, PERFORMANCE AND RESOURCES

Human Resources

- Recruitment and retention of staff
- Training opportunities available for independent sector care home and domiciliary staff

Achievements in 2006-2007

- We developed a robust People Plan to enable effective use of Adult Services staff. This is based on Business Plan analysis, extensive management information about our workforce and experience of dealing with managers and staff.
- We filled 146 vacant posts and reduced annual spend on agency staff from £6.2m to £3.8m.
- We consolidated Frameworki's changes to processes and culture, which have led to improved workforce planning.
- We launched an absence reduction strategy, realising initial reductions and facilitating ongoing improvement.
- We developed and introduced an in-house staff bank covering staff provision for learning disabilities services, home care and residential care:
 - providing access to trained and approved staff 24/7
 - creating more flexibility
 - ensuring that service users are not stranded by staff absence.

The bank comprised mostly local residents, thus reflecting our communities' ethnic mix. It enables better use of staff time and a more effective, efficient and economic service.

Agency project

In 2006/07 a project took place to analyse where vacancies exist and where agency staff are being used to fill these gaps.

As a result, agency staff are not permitted to stay for more than three months unless they apply to join the permanent workforce.

The standardised recruitment process has also been reinforced.

- Safeguarding adults training was made available to independent home care providers as well as our own staff and was also attended by thirty carers. New initiatives included 47 short courses covering areas such as mandatory induction and standards. The independent sector had access to approximately 1,900 places during the year. We also commissioned emergency/specialist training when requested. We are currently working with person-centred care homes, training all their staff in autism.
- In the longer term, we are a registered National Vocational Qualification (NVQ) centre offering care levels two, three and four, and the Registered Managers Award. We have offered free NVQ training in all of these awards to the independent sector. In October 2006 we set up two programmes exclusively for the independent sector, NVQ Care level four and Registered Managers Award. We also run literacy and English for Speakers of Other Languages (ESOL) courses, which are open to all candidates prior to NVQ training.
- Managers from all service areas were involved in the corporate leadership programme which has helped us to manage change.

Feedback on training

Safeguarding adults training was targeted at all staff who work with vulnerable adults in social care and health. Here is some of the feedback:

'I am more aware of who to alert should I come across any safeguarding issues'

'I feel I am able to discuss these concerns with my line manager at supervision'

'My staff are now more alert to adult protection issues and are confident in both initiating procedures and also conducting investigations'

Course evaluation sheets showed that:

- 90% of participants thought the courses were of good or excellent value to their work
- 88% of participants thought the courses were of good or excellent value to their team/business unit
- 81% of participants felt that the courses fully met their learning objectives
- 94% of participants felt that the course trainers were good or excellent.

Focus groups and telephone surveys some three months after the course found that participants were applying what they had learnt into their working practices and that participants' managers were aware of this happening.

Social Work Trainee Scheme

- The Social Work Trainee scheme was launched in April 2005 in line with Department of Health guidance and as part of Haringey's workforce development strategy to address problems in recruiting and retaining social workers. In its first intake 20 trainees were recruited at undergraduate and post-graduate level through a national recruitment campaign.
- Training starts with a comprehensive two-week induction programme followed by a placement in social work team. All trainees then apply for a place on the social work degree programme at Middlesex University. After their initial work placement, trainees start their degree some months later and spend two to three days at university and the rest on an assessed

placement which is either in Haringey Council or in the private or voluntary sector. When trainees are not at university they return to Haringey and are placed in another social work team to ensure their experiences of Haringey services is as rich and diverse as possible.

- Upon completion of their social work training, trainees will have worked in at least three different social work settings, often more. This helps to enhance their practice as they have their knowledge of different practice areas, legislation and services into their chosen area of work.
- Trainees are tied into Haringey for each year of the degree that is funded, so MA students must complete two years in Haringey post-qualifying and BA students, three years. In order to ensure the retention part of the scheme is as effective as the recruitment aspect, a Newly Qualified Social Worker (NQSW) policy has been agreed which outlines how NQSW will be monitored, supervised, supported and developed as they take up positions as qualified social workers.
- The scheme is well regarded by the trainee social workers and their managers. Feedback from the trainees is universally good and the Haringey scheme compares very favourably with those run by other boroughs. The costs of running the scheme are met by Department of Health funding and salary costs are top sliced from salary budgets.
- Current social worker salaries in Haringey have been compared with local boroughs and remain competitive with them.

Feedback on social work trainee scheme

"I have found the course a challenge but am grateful that I have been afforded this opportunity to re-engage with education after a twenty-year break. The course has broadened my knowledge significantly and my skill base, through both theory and practice."

"The experience has surpassed my expectations. The induction process, work and practice placements have been managed and facilitated smoothly and enabled clear expectations and boundaries for all parties. Support throughout the two years has been exceptional."

"I worked in a therapeutic mental health setting which led to a post in the community mental health team. The scheme is invaluable and provides fantastic opportunities."

"As a manager, I have found the scheme wonderful. Not only do we get a high calibre of trainees who are motivated and bright, but it also benefits the whole team by keeping our practice up-to-date."

Service Achievements

- Over 50% of HLDP managers attended the Council's leadership programme.
- Four staff in the Physical Disabilities Service started post-qualification training; we provided social work placements for six students and three student occupational therapy placements; we supported two staff in training to become occupational therapists and one person to train as a visual impairment rehabilitation worker.

Plans for 2007-2008

People planning continues to be the vehicle for planning and achieving workforce priorities. Based on its analysis, we have four priorities for 2007-08 to ensure sustainability of the workforce through further improvements in recruitment and retention:

- maintaining our vacancy profile and further reducing vacancies
 - consolidating the home care staff bank
 - improving integration in the new directorate (including completing the review of staffing structures), and
 - achieving planned efficiency savings from reorganisations.
-
- Launch the second phase of e-Care - later in 2007 – to facilitate a further efficiency review of staff functions.
 - Improve planning and evaluation of development activity across the directorate.
 - Increase the capacity of managers to deliver quality services prioritising resources in those areas where performance need to improve.
 - Continue a targeted approach to recruitment with a workforce that is complementary to the communities we serve.
 - Use a new corporate Performance Appraisal Framework – to be launched in April 2007 – which will continue to focus on competencies as well as training needs.



Job fairs, including one at Tottenham Hotspur Football Club, were well attended.

STRATEGY, PERFORMANCE AND RESOURCES

Abbreviations

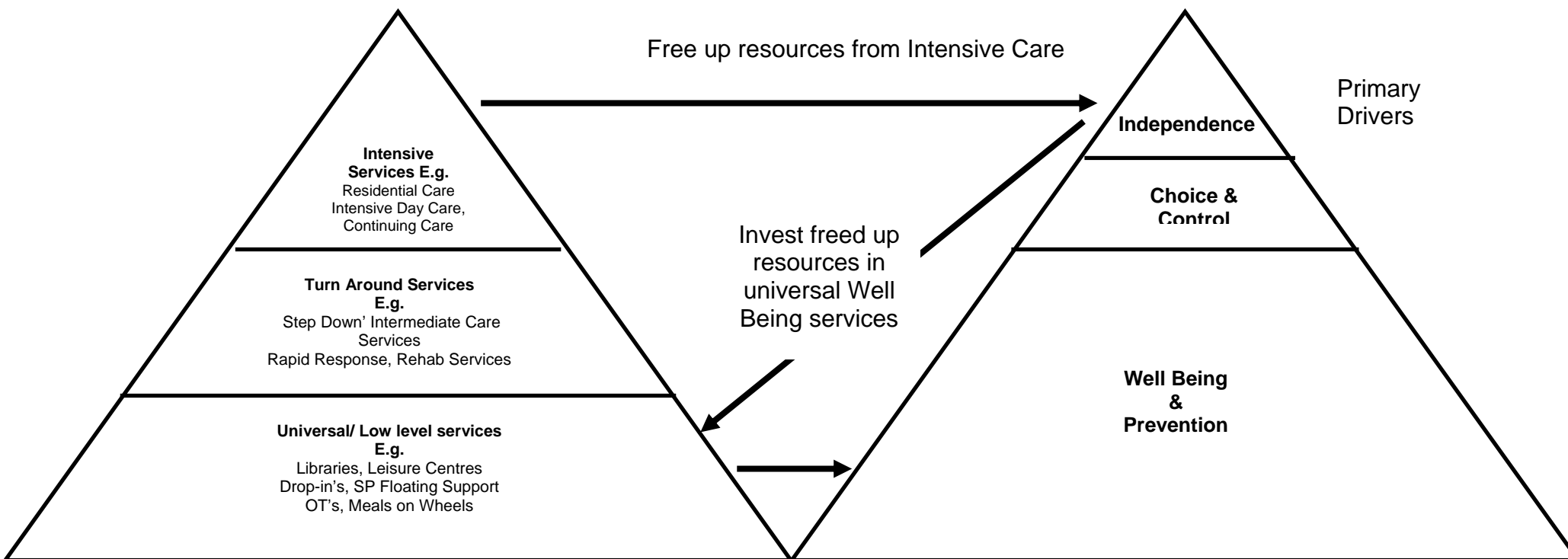
| | |
|------------|---------------------------------------------------------------|
| ACCS | Adult, Culture and Community Services |
| AMP | Asset Management Plan |
| ASW | Approved Social Worker |
| BEHMHT | Barnet, Enfield and Haringey Mental Health Trust |
| CASSR | Council with Adult Social Services Responsibilities |
| CMHT | Community Mental Health Team |
| CPA | Comprehensive Performance Assessment |
| CPA | Care Programme Approach |
| CSCI | Commission for Social Care Inspection |
| CSIP | Care Services Improvement Partnership |
| DAAT | Drug and Alcohol Action Team |
| DDA | Disability Discrimination Act |
| DIT | Drug Intervention Team |
| DPA | Data Protection Act |
| DWP | Department for Work and Pensions |
| EIA | Equalities Impact Assessment |
| EIPT | Early Intervention in Psychosis Treatment |
| ESOL | English for Speakers of Other Languages |
| FACS | Fair Access to Care Services |
| HAP | Health Action Plan |
| HAVCO | Haringey Association of Voluntary and Community Organisations |
| HCOP Block | Healthier Communities and Older People Block |
| HfH | Homes for Haringey |
| HHCS | Haringey Home Care Services |
| HICES | Haringey Integrated Community Equipment Service |
| HLDP | Haringey Learning Disabilities Partnership |

| | |
|--------|--------------------------------------|
| HSP | Haringey Strategic Partnership |
| HTPCT | Haringey Teaching Primary Care Trust |
| LAA | Local Area Agreement |
| LLPG | Local Land and Property Gazetteer |
| NQSW | Newly Qualified Social Worker |
| NRF | Neighbourhood Renewal Fund |
| NVQ | National Vocational Qualification |
| OHOCOS | Our Health, Our Care, Our Say |
| POVA | Protection of Vulnerable Adults |
| RES | Race Equality Scheme |
| TSA | Telecare Services Association |
| WBPB | Well-being Partnership Board |
| WBSF | Well-being Strategic Framework |

Appendix 1

| LAA Healthier Communities and Older People (HCOP) Block Targets | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mandatory Targets | |
| 1 | Reduce health inequalities between the local authority area (Haringey) and the England population by narrowing the gap in age, all-cause mortality (measure = all age, all cause mortality rate per 100,000 population, 3 year rolling average) |
| 2 | <ul style="list-style-type: none"> 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 LDP trajectories for 2010. Measure = cardiovascular disease mortality rate in under 75s per 100,000 population. |
| 3 | <ul style="list-style-type: none"> 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- see the following stretch and optional indicators in the HCOP and CYP blocks: The following stretch and optional targets will contribute to this indicator: <ul style="list-style-type: none"> Quit smoking Increase adults physically active Energy efficient and safe homes for vulnerable people Increase the average annual income of deprived groups Healthy schools status. |
| 4 | Supporting People Outcome Support the reduction of housing related delayed discharges from hospital as part of the Joint Mental Health Strategy. |
| 5 | Supporting People Outcome 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 (TA). |
| Optional (and Stretch) Targets | |
| 6 | Stretch Target Increase the number of smoking quitters in N17. |
| 7 | Stretch Target Increase the proportion of adults taking part in sport and recreation physical activity for at least 30 minutes on at least 3 days a week. |
| 8 | <p>Stretch Target Improved living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe by:</p> <p>(i) Decreasing the tonnage of carbon that can be reliably said to have not been emitted into the atmosphere as a result of energy efficiency measures carried out in the private domestic sector with vulnerable households.</p> <p>(ii) (a) To achieve top performance banding older people permanently admitted into residential and nursing care (numerator of PAF C72) (b) To achieve top performance banding of vulnerable adults permanently admitted into residential and nursing care (numerator of PAF C73)</p> <p>(iii) Decrease the number of accidental dwelling fires as measured by the London Fire Brigade (numerator BVPI 142)</p> |
| 9 | <ul style="list-style-type: none"> Improve access to a range of day opportunities for older people by: <ul style="list-style-type: none"> (a) Increasing the number of volunteers provided as part of day opportunities (b) Increasing the number of older people attending day opportunities programmes |
| 10 | <ul style="list-style-type: none"> Increase the number of breaks received by carers |

Delivering Independence, Well-being and Choice



The cornerstone of our commissioning strategy depends on joint agency ability to free up resources from the top of the triangle to invest in the bottom. Obviously we seek to deliver independence, well being and choice within all service types. The second triangle indicates the primary drivers in delivering each type of service.