

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Tuesday, 24th July, 2018, 6.00 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: See attached list

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item).

5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

6. QUESTIONS, DEPUTATIONS, PETITIONS

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

7. HARINGEY HEALTH AND WELLBEING STRATEGY 2015-18 UPDATE (PAGES 3 - 48)

8. MAKING EVERY ADULT MATTER (PAGES 49 - 58)

9. NORTH MIDDLESEX UNIVERSITY HOSPITAL: OUR PLANS FOR THE FUTURE (PAGES 59 - 76)

10. MINUTES (PAGES 77 - 84)

To consider and agree the minutes of the meeting of the Board held on 26 February 2018.

11. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 3 above.

12. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

Members of the Board are invited to suggest future agenda items.

The dates of future meetings are:

Joint Health and Wellbeing Board - 3rd October 13:30-15:30 at Haringey.

Haringey Health and Wellbeing Board – 19th February 2019.

Ayshe Simsek
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Assistant Director – Corporate Governance and Monitoring Officer
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Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	*Leader of the Council	Cllr Joseph Ejiofor
			*Cabinet Member for Children, Education and Families	Cllr Elin Weston
			*Cabinet Member for Adults and Health	Cllr Peray Ahmet.
	Officers' Representatives	3	Director of Adults and Health	Beverly Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Jeanelle de Gruchy
NHS	Haringey Clinical Commissioning Group (CCG)	4	*Chair	Dr Peter Christian
			*Vice Chair	John Rohan
			Chief Officer	Tony Hoolaghan
			*Lay Member (confirmed as voting member by Full Council 23/02/15)	Cathy Herman
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

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Report for: Health and Wellbeing Board – 24th July 2018

Title: Haringey Health and Wellbeing Strategy 2015-18 update

Report authorised by: Dr Jeanelle de Gruchy, Director of Public Health

Lead Officers:

Dr Jeanelle de Gruchy, Director of Public Health, Haringey Council
 Dr Will Maimaris, Consultant in Public Health Haringey Council
 Susan Otiti, Assistant Director, Public Health, Haringey Council
 Tim Miller, Lead Commissioner for Adult Mental Health, Haringey Clinical
 Commissioning Group and Haringey Council

1. Describe the issue under consideration

- 1.1. This report describes the progress we have made in delivering Haringey's Health and Wellbeing Strategy for 2015-18.

2 Recommendations

- 2.1. The board is asked to note progress in implementing the Health and Wellbeing Strategy over the last 3 years.
- 2.2. The board is asked to reflect on the successes and challenges in delivering the Health and Wellbeing Strategy and consider how these could inform the emerging new Borough Plan for Haringey.

3 Background information

- 3.1. Haringey's 2015-18 Health and Wellbeing Strategy was approved by Haringey's Health and Wellbeing Board following a consultation with residents and partners in 2015.
- 3.2. The Health and Wellbeing Strategy outlines a shared local commitment to 3 priority areas of health and wellbeing:
1. Reducing obesity
 2. Increasing healthy life expectancy by preventing people from developing long-term conditions and supporting people with existing long-term conditions to manage their health and wellbeing
 3. Improving mental health and wellbeing.
- 3.3. In order to deliver improvements in these areas, the Health and Wellbeing Strategy has been implemented through 3 complementary types of approaches:
1. A **population health** approach to make Haringey a healthier place to live – this includes adopting a Health in all Policies framework

2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities
3. A **personal health** approach which is about developing joined up services which prevent and respond to individual health and care needs.

3.4. The attached slide pack outlines the significant progress we have made in delivering the Health and Wellbeing Strategy in all 3 priority areas. This includes developing suitable governance and partnerships for delivery of the priorities as well as implementation of a wide range of interventions.

3.5. In some areas we have made significant improvements in population health outcomes, particularly improving early death rates from strokes and cardiovascular diseases.

3.6. The slide pack also outlines the considerable challenges that remain in terms of improving the health and wellbeing of our population including:

- Ongoing inequalities in health outcomes for our residents
- Difficulties in shifting resources towards prevention and early intervention while demand management pressures continue to increase across all statutory providers of health and care services
- The environment we live in still does not help us make healthy choices – and we are often constrained on what we can do at a local level
- The need for sustained long-term action. For example, interventions which impact on the wider determinants of health, such as education, planning policy and housing can take many years for their full benefits to be realised.

4 **Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

4.1. Finance (ref: CAPH18-21)

There are no financial implications arising from this report.

4.2. Legal

There are no legal implications arising from this report.

4.3. Equalities

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not

- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Tackling health inequalities has been at the heart of the Health and Wellbeing strategy 2015-18. However, we know that there are ongoing significant inequalities in all 3 of the priority areas of the Health and Wellbeing including the following examples:

- **Obesity:**
 - Higher obesity rates in areas with high levels of deprivation.
 - Significantly higher rates of obesity in year 6 children from Black ethnic groups¹.
- **Healthy Life expectancy:**
 - 17 year gap in healthy life expectancy for woman and 15 year gap for men between least and most deprived parts of the borough (Public Health England data).
 - People from certain ethnic backgrounds are at higher risk of long-term conditions. For example in Haringey, Turkish people and Black Caribbean people are more likely to have type 2 diabetes².
 - People with severe mental illness, rough sleepers and people with learning disabilities have significantly reduced life expectancy compared to average (national findings)
- **Mental health and well-being;**
 - Severe mental illness is linked to deprivation.
 - African-Caribbean people are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia (from national data)

It is recommended that Haringey's new borough plan is mindful of these inequalities. A full Equality Impact Assessment will be conducted on the Borough Plan in due course.

5 Use of Appendices

1. Slide set: Health and Wellbeing Board Strategy 2015-18 Update
2. Haringey's Health and Wellbeing Strategy 2015-18

¹ From local analysis of National Child Measurement Programme Data 2016/17

² Local analysis of diabetes prevalence: Haringey Public Health Team 2015

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Review of Haringey's Health and Wellbeing Strategy 2015-18

Dr Jeanelle de Gruchy

Director of Public Health, Haringey

Background and context

- Haringey's 2015-18 Health and Wellbeing Strategy was approved by Haringey's Health and Wellbeing Board following a consultation with residents and partners in 2015.
- Our vision was to work with communities and residents to reduce health inequalities and improve the opportunities for adults and children so that they can enjoy a healthy, safe and fulfilling life.
- 3 priority areas were identified based on our local health needs:
 - Reducing obesity
 - Increasing healthy life expectancy by preventing long-term conditions and helping people with long-term conditions to live well
 - Improving mental health and wellbeing.
- Approach to delivery
 - Building partnerships e.g. Haringey and Islington Wellbeing Partnership, Haringey Obesity Alliance, Haringey Mental Health Executive
 - Targeted approaches to reduce inequalities alongside universal approaches
 - Embedding Haringey's 3 approaches to prevention using Haringey's prevention pyramid
 - Aligned with other key plans, including Haringey Council's Corporate Plan, Haringey and Islington Wellbeing Partnership Agreement
 - Outcome focused – at the mid point in delivery of the strategy it was decided to align the original outcomes and ambitions to a subset Haringey's corporate plan outcomes

Haringey's Prevention Approach

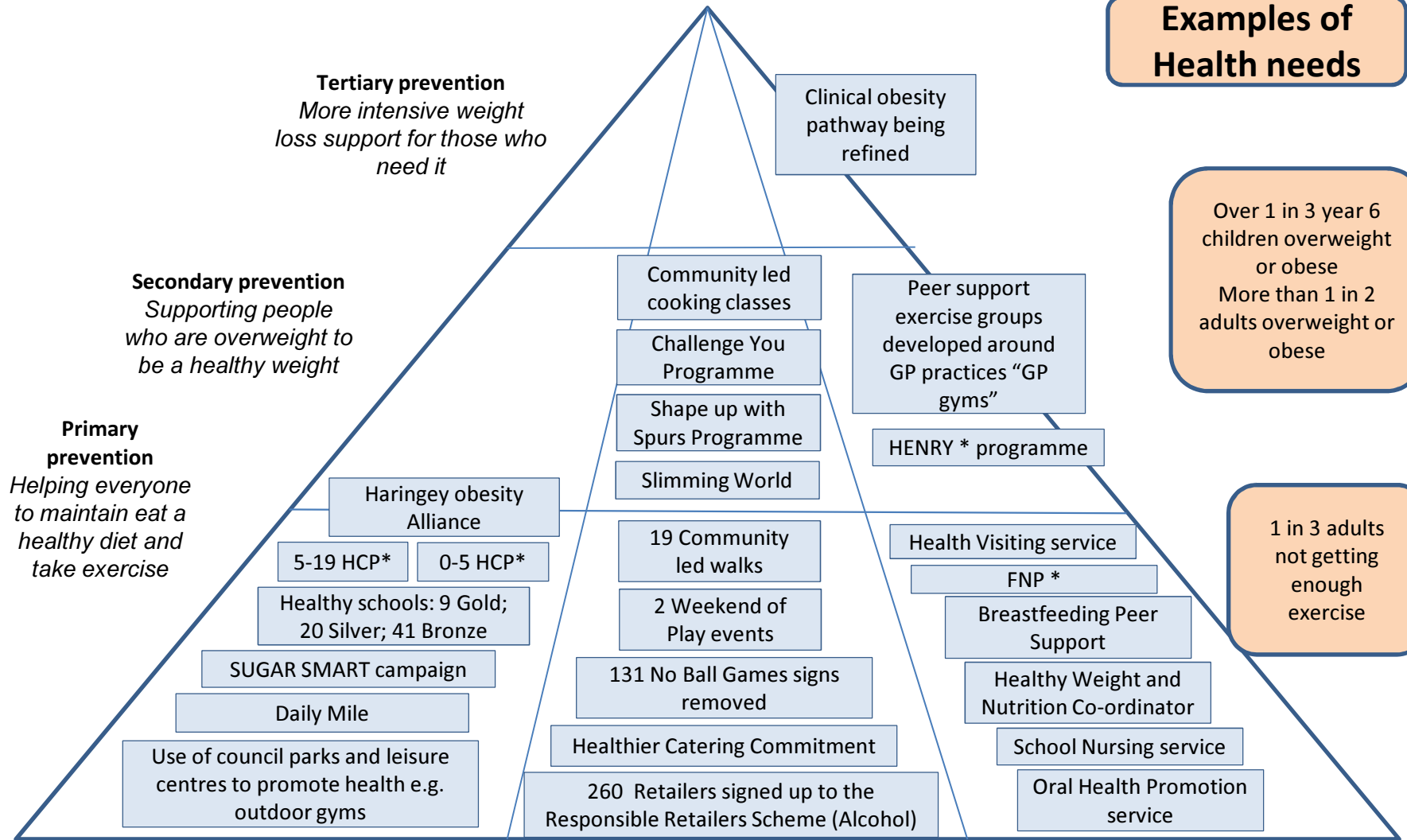


- HWB Strategy implemented using 3 complementary prevention approaches:
 1. A **population health** approach to make Haringey a healthier place to live – this includes using a Health in all Policies framework
 2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities
 3. A **personal health** approach which is about developing joined up services which prevent and respond to individual health and care needs.

Area 1: Reducing obesity – examples of approaches we now have in place - using the Haringey prevention pyramid



Examples of Health needs



Over 1 in 3 year 6 children overweight or obese
More than 1 in 2 adults overweight or obese

1 in 3 adults not getting enough exercise

- HCP: Healthy Child Programme
- HENRY: Healthy Eating and Nutrition for the Really Young
- FNP: Family Nurse Partnership programme

Success stories – Obesity - Healthier Food Commitment



Healthy London Partnership & Haringey Council worked with Taster's Fried Chicken Store, in West Green Road building on their healthier meal options for adults to also create a healthier children's menu using grilled chicken and healthier chunky chips. Staff were trained to encourage young people to choose the healthier options

Outcomes: The sales of their grilled chicken are increasing week on week.



Success story – HENRY Programme

The HENRY Healthy Families group programme is an 8 week intervention that offers parents a chance to share ideas and gain new skills and tools to address lifestyle issues in a supportive and fun environment. The programme adopts a holistic approach and focuses on five research-identified risk factors for child obesity:

- Parenting efficacy
- Family lifestyle habits
- Emotional wellbeing
- Nutrition
- Physical activity

April 2015 – December 2017

- Number of programmes:
11
- Number of families:
133
- Completion rate for programme:
85%

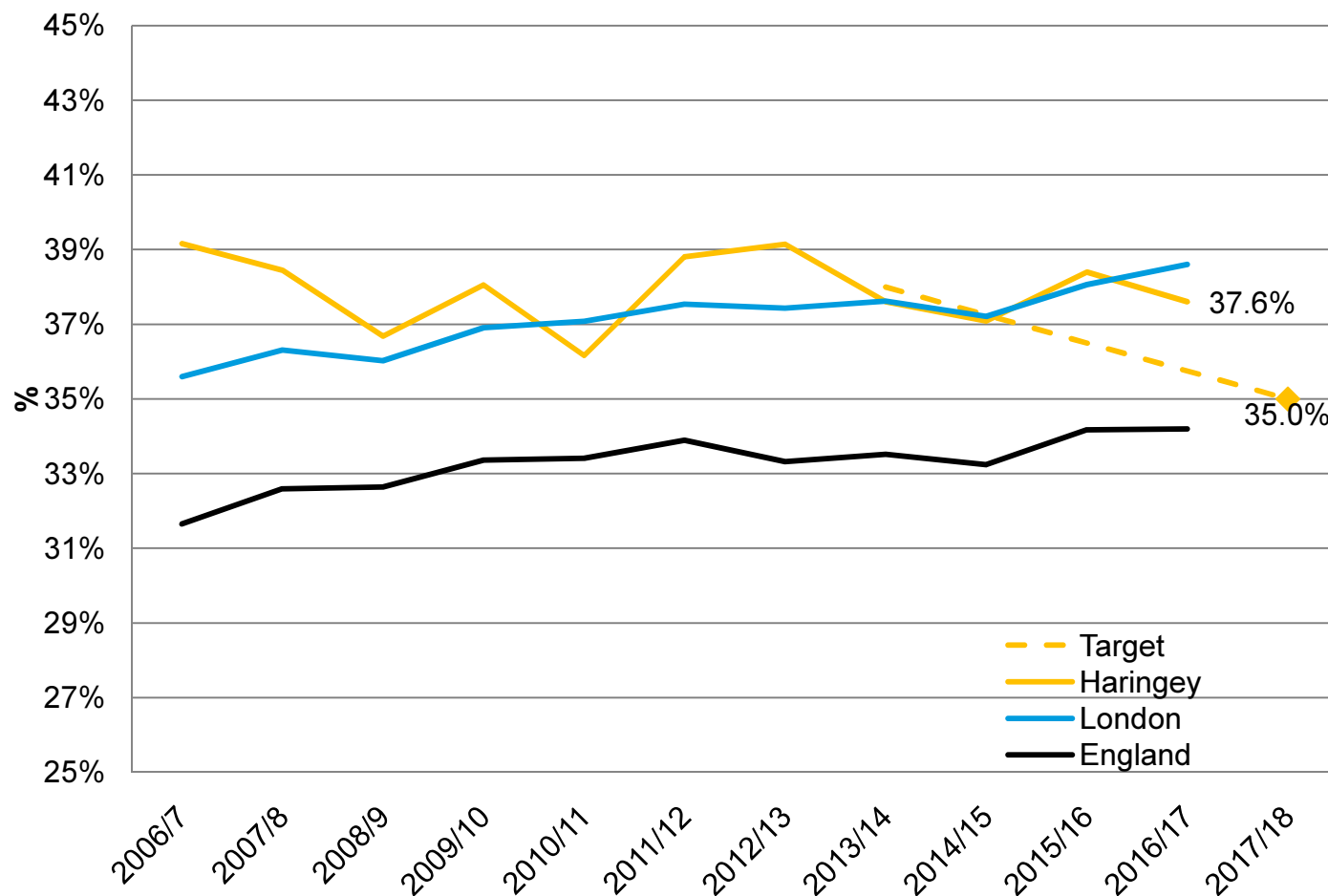
“I enjoyed the session on portion sizes and mealtimes because it made me realise my son is a better eater than I thought. Also I loved the non-judgemental, supportive attitude of the participants and the facilitators”

“I liked learning how to be a good and healthy family. I changed lots of things like my mealtime routine, bedtime routine, etc.”

Key outcome for reducing obesity – rates of overweight and obesity in year 6 children



Proportion of year 6 children (aged 10-11) classified as overweight or obese



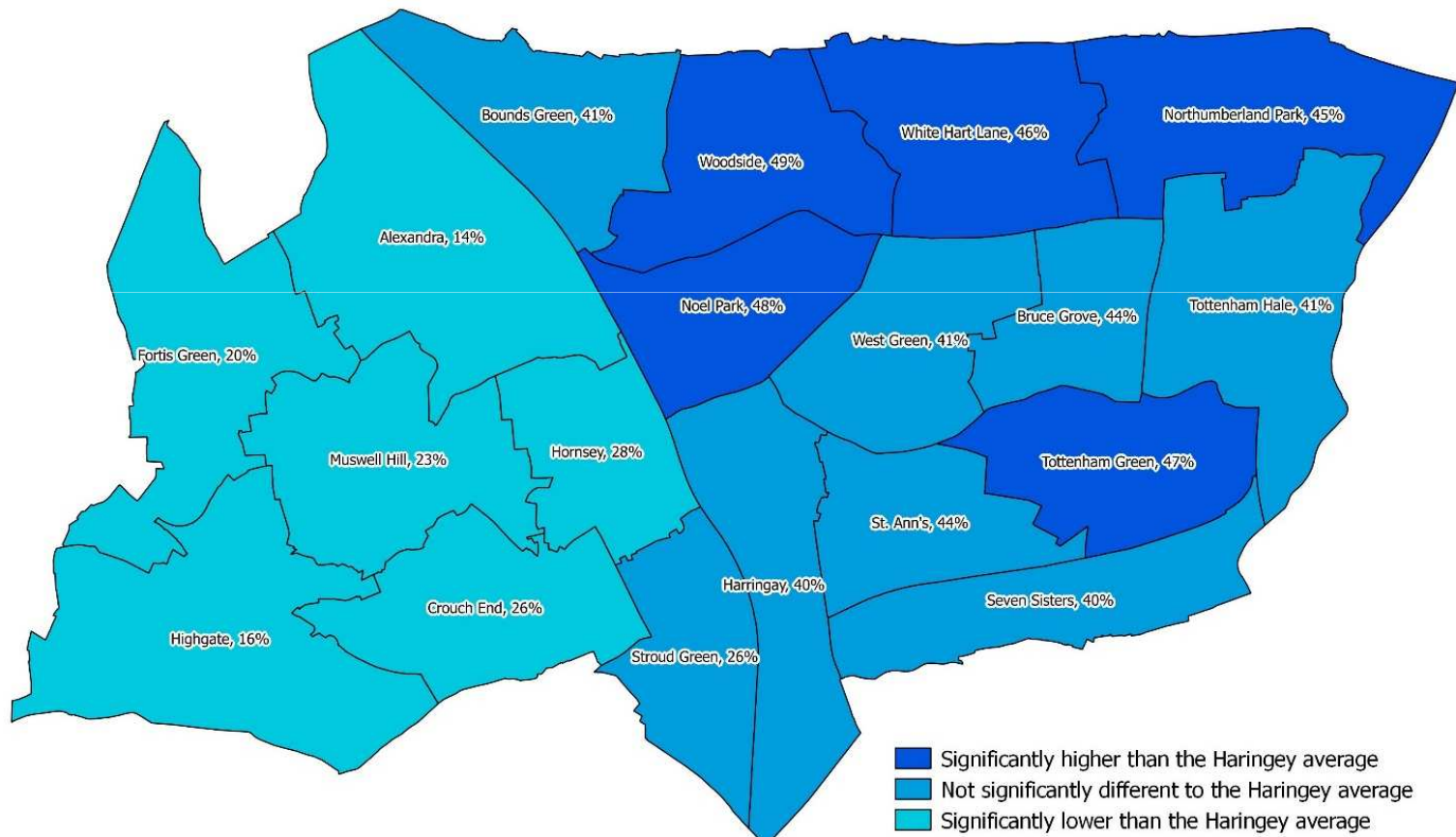
The proportion of year 6 children who are obese or overweight in Haringey has fluctuated but the overall trend is stable, compared to a rising trend in London.

We still have work to do to reach our 35% ambition.

Source: Public Health England comparison of National Child Measurement Programme data

Health inequalities remain evident across the borough in relation to childhood obesity

Percentage of Overweight (including Obese) students in Year 6 in Haringey 2016/17, by ward of residence, compared to Haringey average



Source: Local analysis of National Child Measurement Programme data

Area 2: Increasing Healthy Life Expectancy – examples of approaches we now have in place

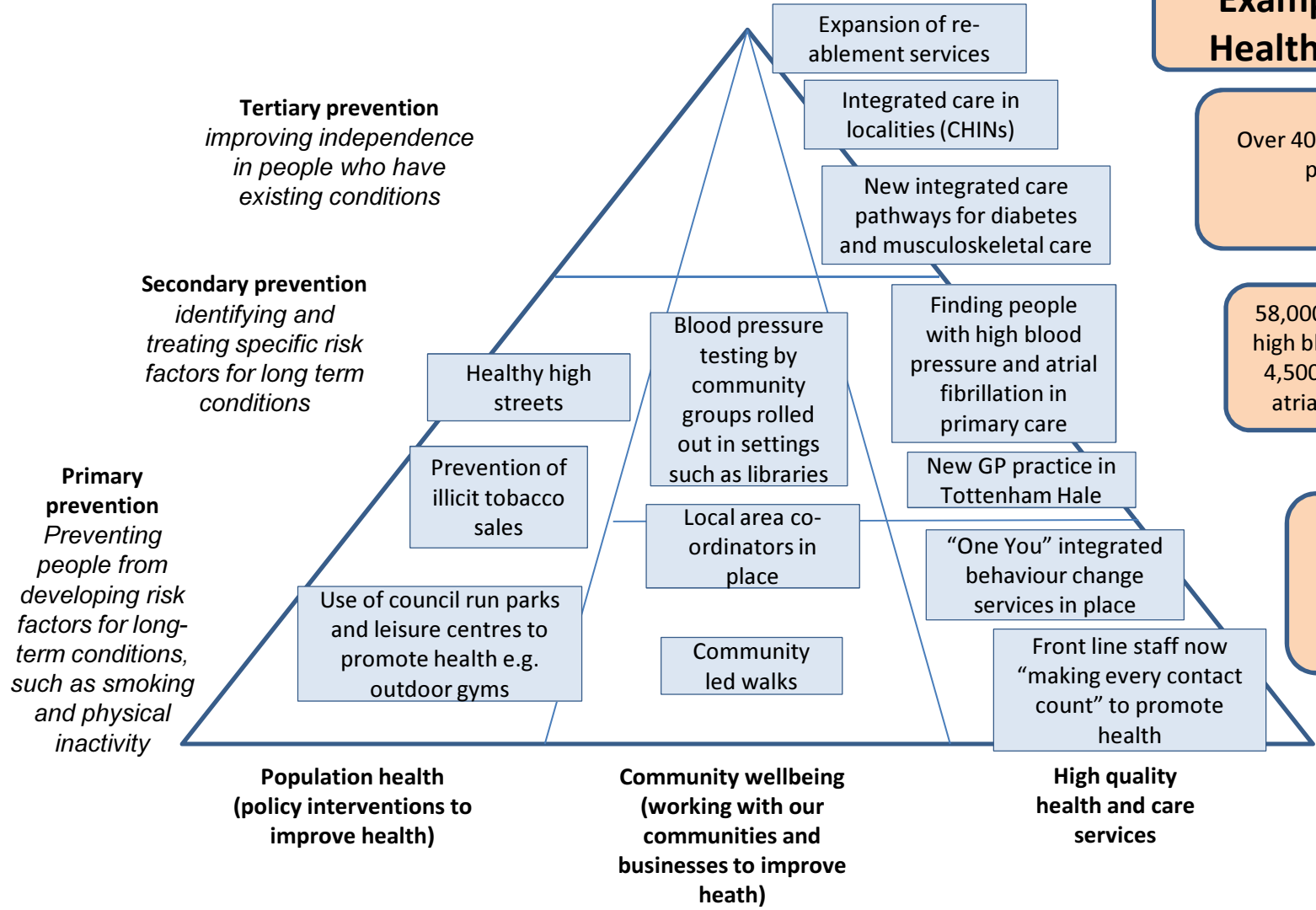


Examples of Health needs

Over 400 new strokes per year

58,000 people with high blood pressure
4,500 people with atrial fibrillation

Nearly 1 in 5 people smoke
1 in 3 adults not getting enough exercise



Success story– Community blood pressure checks

Overview

- 2 year British Heart Foundation grant worth £100k secured by Haringey and Islington for project
- 5 VCS organisations in Haringey and Islington in trained to deliver blood pressure checks in community settings e.g. community centres, libraries Focus on BME communities
- People also given lifestyle advice and those requiring further follow up are linked back to primary care

Outcomes so far

- Over 75 staff and volunteers trained to deliver BP checks in the community
- Roll out of programme from Jan 2018
- Residents now being detected with high blood pressure and engaging in behaviour change conversations as a result of programme



Success story– Stroke prevention scheme Haringey

Haringey

Overview

- Modest investment by Haringey CCG since 2015 to focus on detection of high blood pressure and atrial fibrillation (AF) in general practices
- Patients, for example, have a pulse check and blood pressure check when they go for annual flu vaccination.
- Aims to increase the number of people with AF and high blood pressure that are identified and treated and prevent strokes and heart attacks.



Outcomes thus far (2015-2017)

- Over 10,000 blood pressure and pulse checks carried out each year
- Over 500 new AF diagnoses and 1500 new high blood pressure diagnoses since 2014/15
- Estimated that over 30 strokes will be prevented as a result of this work –
- Stroke mortality and stroke hospital admissions now beginning to fall in Haringey

Key outcome for Increasing Healthy Life expectancy – early deaths from all cardiovascular disease and strokes

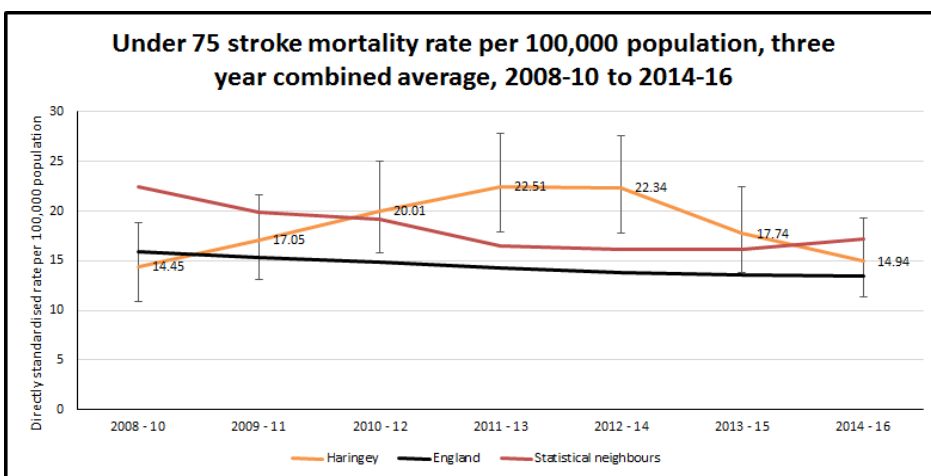
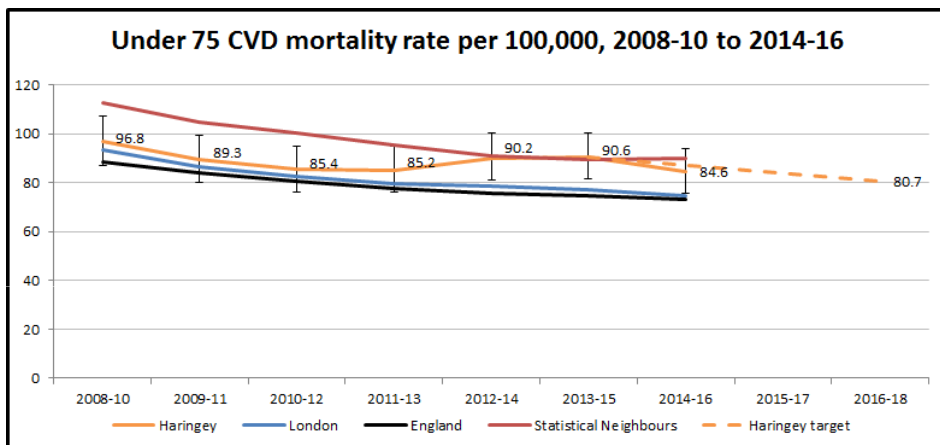


Outcome indicator: Early death rates from all cardiovascular diseases (including strokes) (CVD) and from strokes (alone) in people under 75*

We have made significant improvements in these indicators:

There has been a 33% fall in the rate of early deaths from stroke between 2012-14 and 2014-16

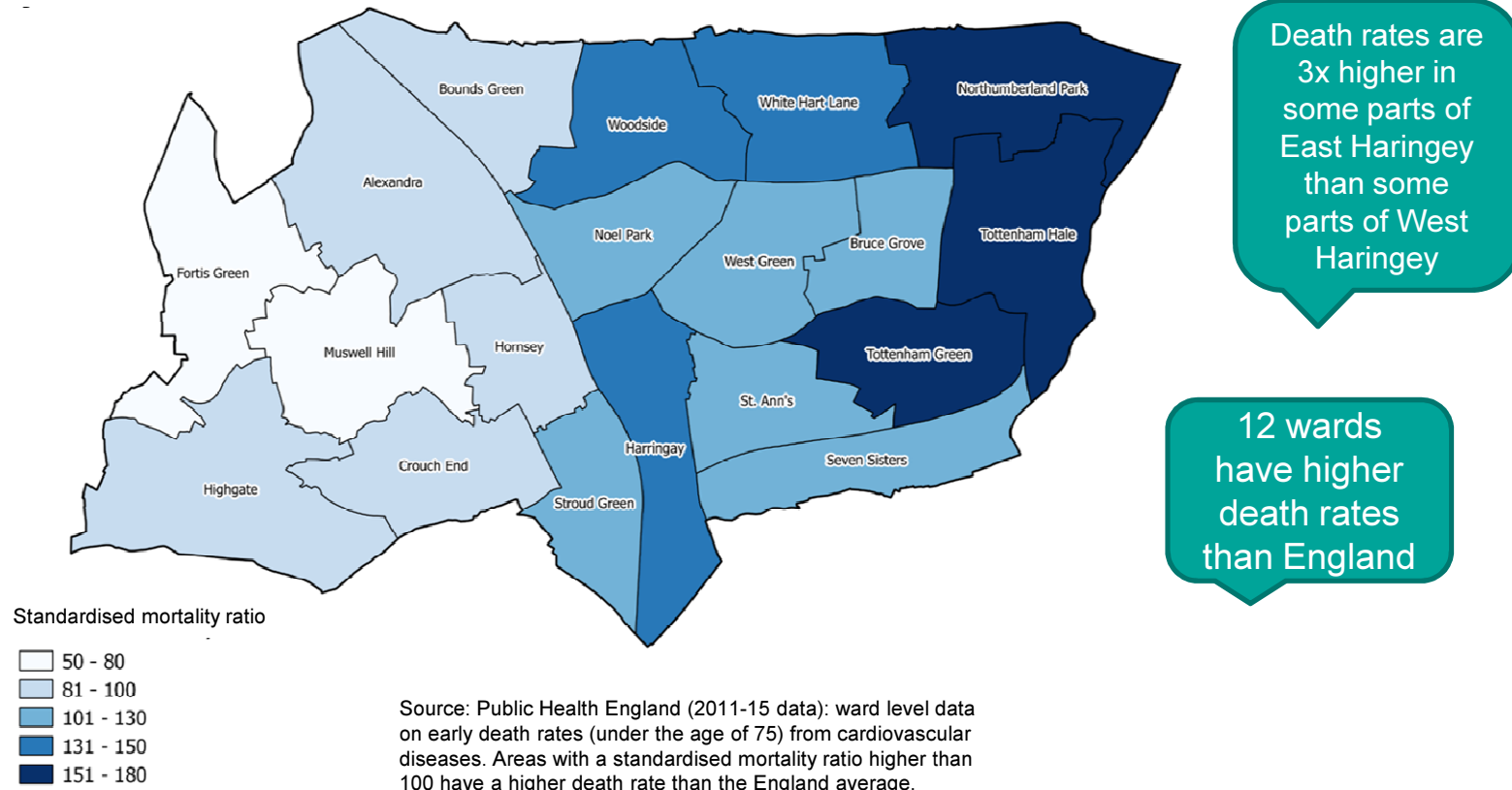
There has been an improvement in the CVD mortality rate from 90.6 per 100,000 in 2013-15, to **84.6 in 2014-16**.



Source: Public Health England Cardiovascular Disease Profiles

Although overall outcomes have improved, inequalities remain

Inequalities in early deaths from stroke and other cardiovascular diseases across Haringey



Area 3: Improving mental health and wellbeing– examples of approaches we now have in place using the prevention pyramid

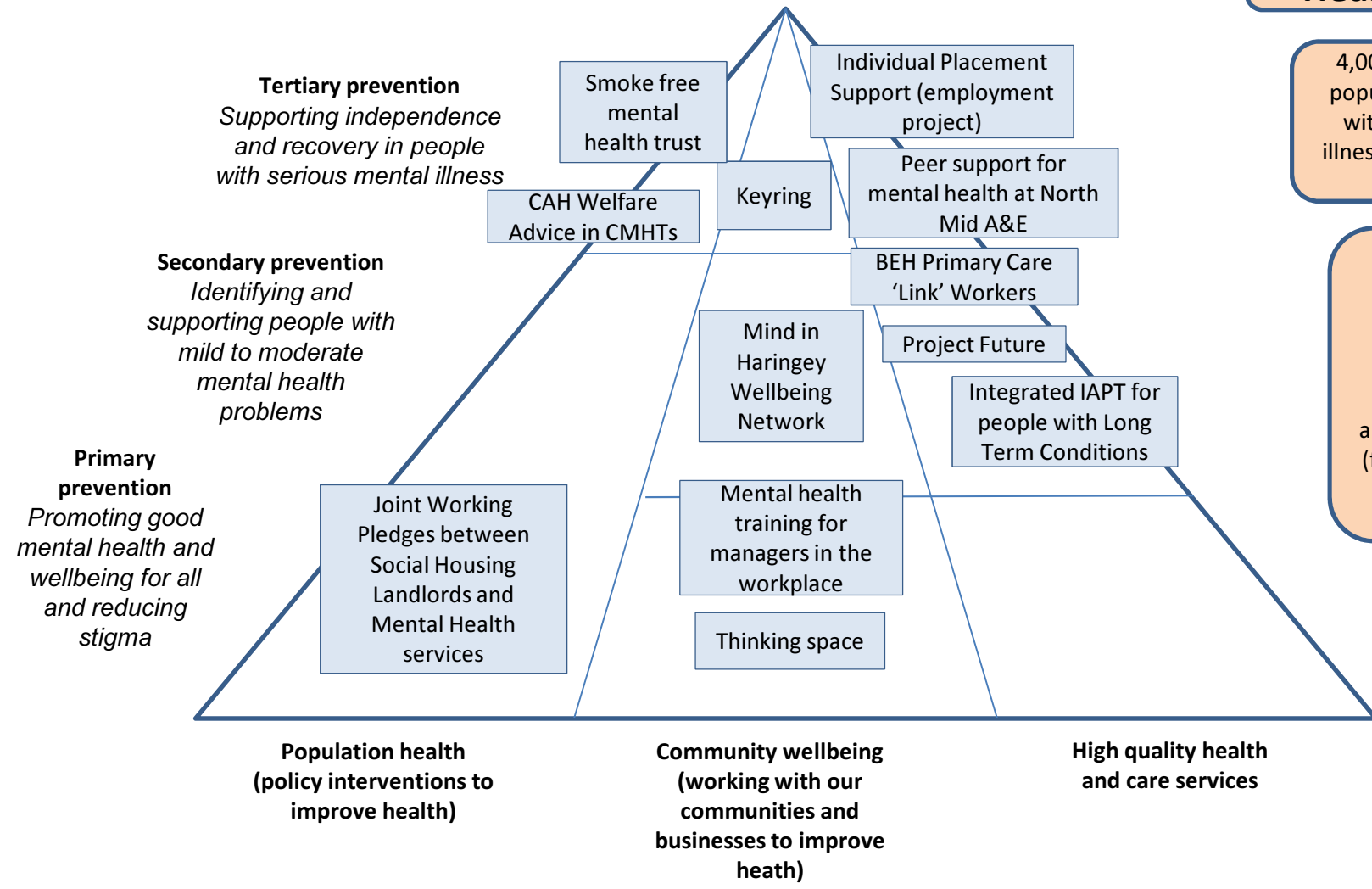


Examples of Health needs

4,000 adults (1.3% of population) diagnosed with serious mental illness (England average is 0.9%)

27% of men and 32% of women using secondary mental health services were in stable and appropriate housing (figures for London are 53% and 57% respectively).

17.6% of adults estimated to have a common mental health disorder (vs 15.6% for England)



Haringey Wellbeing Network

- A partnership of local charities for a single 'network' of community mental health support services supporting up to 1,000 residents per year, offering: -
 - Motivational interviewing and social prescribing
 - Advocacy and brief support
 - Activity groups and wellbeing programmes
 - Group and 1-1 peer support
 - Community development, focused on supporting wider community assets around mental health and challenging stigma
 - Time Credits
 - Mental Health First Aid and other training
- This offers people access to emotional, social and practical help and support within communities.
- The network will integrate with primary care mental health Link workers; mental health nurses operating in General Practice to offer non-clinical pathways of support

Success story – Anchor Project



The Anchor Project has developed training and tools that strengthens the work of front line staff to increase wellbeing and resilience for children, young people and their families and to help regulate behaviour

Outcomes:

In the 20 months between April 2016 & December 2017

- 51 schools sent one or more staff member to at least one training session
 - 9 schools received whole school training
 - **£234,541.00** cost avoidance to Childrens' Services resulting from reduced exclusion; both from Looked After Children and general population
 - 2 supervising social workers and 10 foster carers received training and support through 'micro-support group' pilot. Foster carers reported being less reactive and able to problem solve to improve adult-child relationships and stabilise placements
-

Key outcome for improving mental health and wellbeing – child wellbeing



Health Related Behaviour survey results

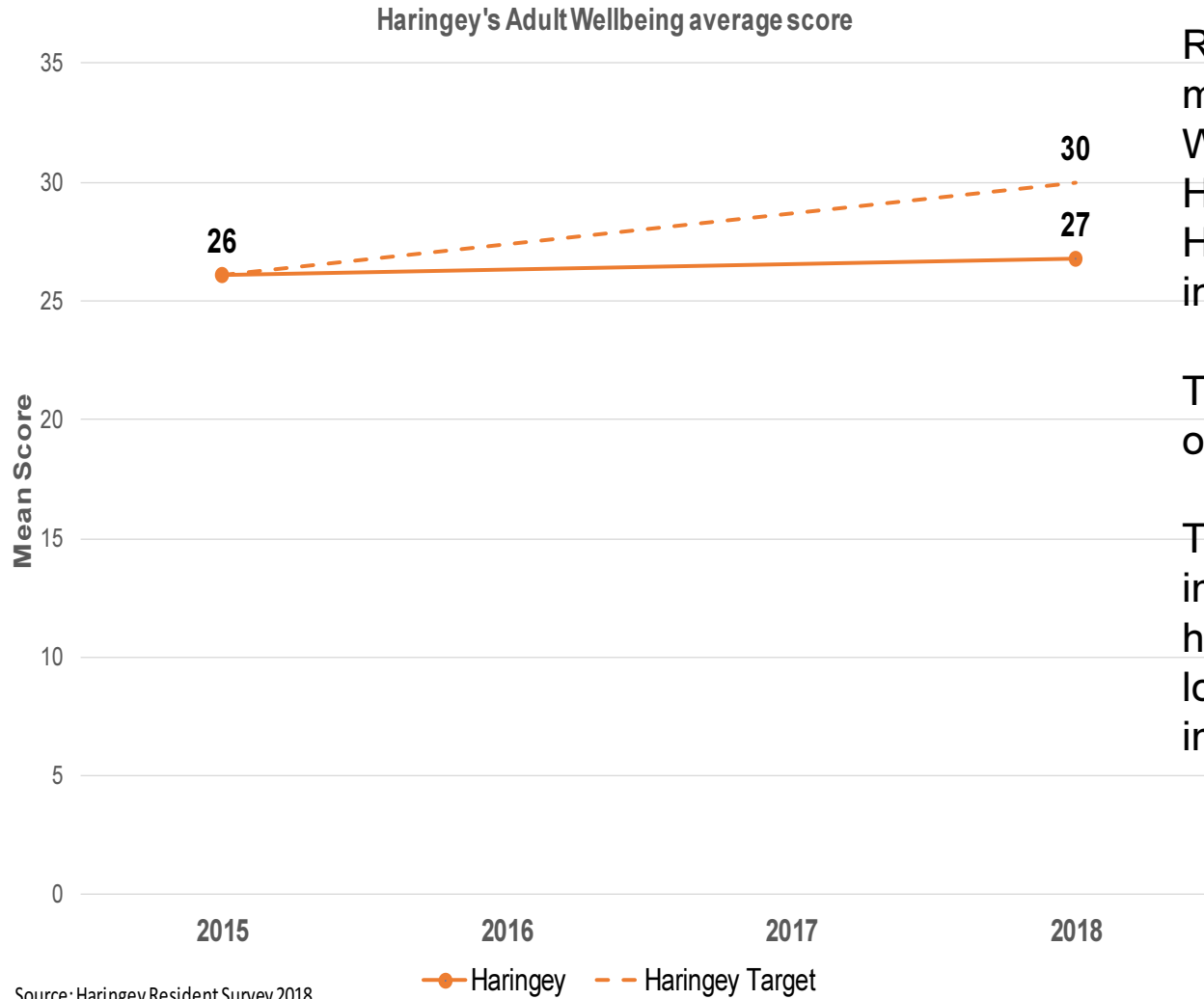


We have not yet seen a significant shift in this outcome. There has been fluctuation in the outcome in the 3 years that the survey has been carried out.

65% of secondary students report that they are 'quite' or 'very' satisfied with life, however this is lower than the 70% trajectory

44% of secondary students say that there is someone they can talk with about almost anything, which is lower than the 49% trajectory

Key outcome for improving mental health and wellbeing – adult wellbeing



Resident Wellbeing was measured using the Warwick-Edinburgh Mental Health tool as part of Haringey's residents survey in 2015 and 2018.

This in itself is an example of local innovation.

The wellbeing score has improved slightly but we have not yet reached our local ambition for improvement.

Summary – successes and challenges

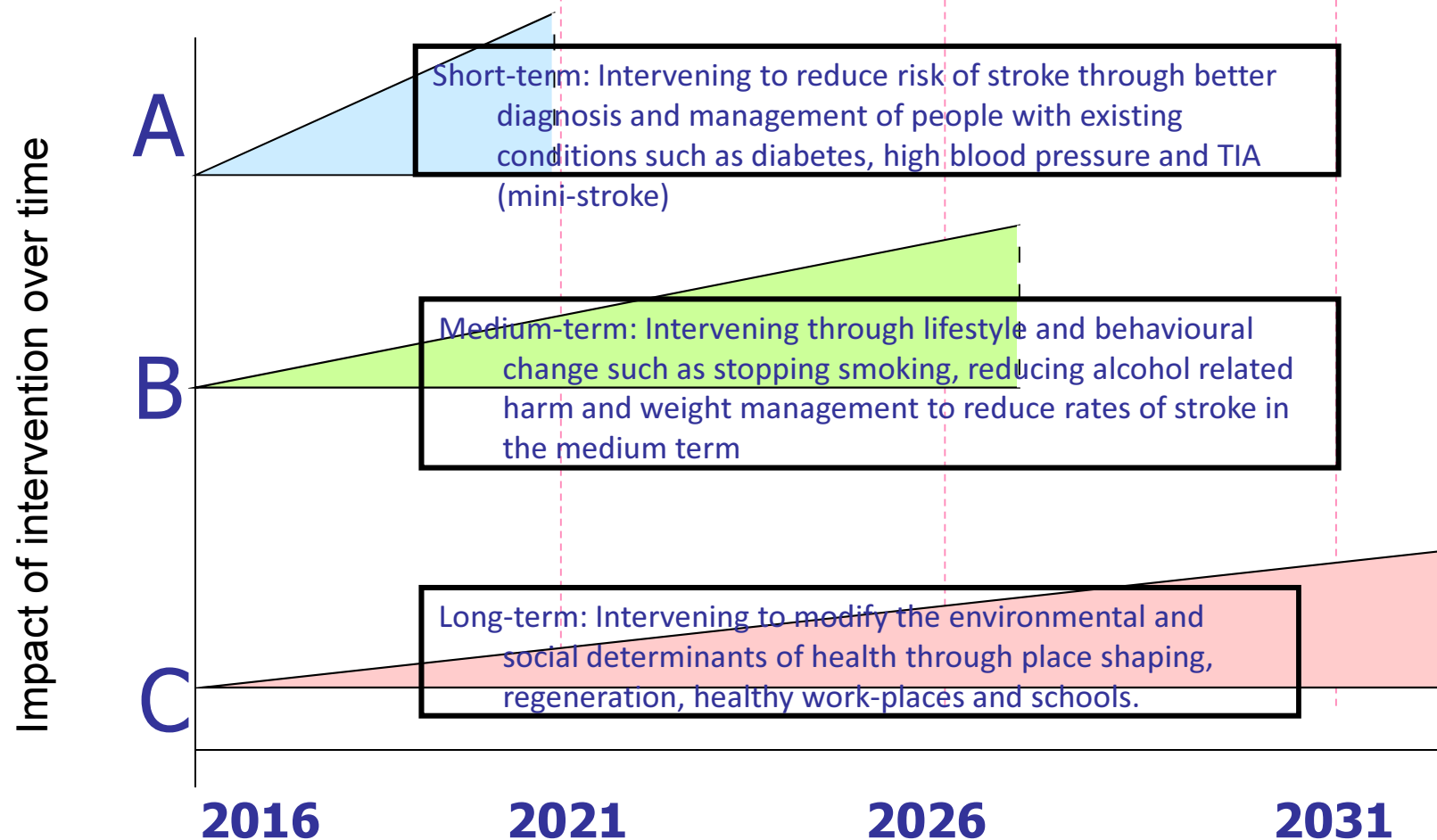
Successes:

- Buy in to priority areas across system
- Development of strong new partnership approaches
- Recognised approach in place (prevention pyramid framework)
- Delivery of multiple evidence based interventions
- Improved health and care integration in many areas
- Some good examples of community based projects
- Outcomes improving or stable – with excellent progress in some areas

Challenges

- Health inequalities remain – not just geographical and linked to poverty, but also groups (e.g. homeless people, people with severe mental health disorders, people with learning disabilities)
- The environment we live in still does not help us make healthy choices – we have yet to truly adopt a health in all policies approach and we are constrained on what we can do at a local level
- Challenge in moving money away from acute health and social care into preventative interventions remains (particularly when budgets are under pressure)
- Parity of esteem for mental health still seems far away
- No clear framework for resident involvement in service improvement
- Having true integration across the system
- Time frame of 3 years not sufficient for work on our priority areas – we still need continued focus

Limitations of a 3 year health and wellbeing strategy – we need continued long-term system-wide focus to further improve outcomes and reduce inequalities – below example is for stroke



Adapted from Bentley 2007

For discussion

- Reflect on the successes and challenges in delivering the Health and Wellbeing Strategy
- Consider how these could inform the emerging new Borough Plan for Haringey

Appendix

Mapping activity against our stated ambitions in the 2015-18 Health and Wellbeing Strategy

Reducing obesity - Mapping activity against our intentions for the strategy



Our stated intention in the strategy	Examples of what we have done
Use planning policy to create a borough where it is easy and safe to play, walk and cycle	Promoted the Healthy Streets Approach, partnership with Transport Strategy –trained 15 officers e.g. planners, highways, policy in the approach
Encourage local businesses to sign up to our Healthier Catering Commitment	145 visits to catering establishments with 131 signed up to reducing salt, fats & sugars from their menus
Work with employers on healthy workplace policies for their staff	Large employers such as the CCG have won awards from healthy workplace under the London Healthy Workplace Charter, (Information from Sophie
Develop an ambitious resident-led programme for food growing	Commitment that new developments will have food growing sites. Number of Healthy Schools have food growing initiatives, more schools are expected to participated as we link them to ‘Food Growing Schools London’ initiative.
Work with parents of young children to help share their experiences to support other parents	HENRY is a unique intervention to support parents and carers to give their child a healthy, happy start in life and tackle child obesity

Reducing obesity - Mapping activity against our intentions for the strategy (cont.)

Our stated intention in the strategy	Examples of what we have done
Promote opportunities for residents to take part in healthy cooking classes	Funded under Well London, managed by PH, N'th Park Community Cook Up project had 129 beneficiaries over 40 weeks accessing cooking & advice sessions – still continuing
Promote healthy eating, physical activity and emotional health and wellbeing throughout schools	9 Gold; 20 Silver; 41 Bronze Healthy schools awards; SUGAR SMART being launched in schools including becoming 'water only'; schools are encouraged to participate in the Daily Mile; TfL Stars awards and cycle training in schools; Saucy Sandwich Snaps social media healthy eating campaign for young people; School Nursing health promotion; Oral Health promotion inc. fluoride varnish, brushing for life resources and supervised brushing
Improve access to and engagement in sports and leisure activities for young people and adults	Wembley Stadium Fund; distributed £100K to 40 local sports clubs, schools and community groups to support physical activity and sport projects Commissioned Oomph Wellness; an innovative programme to increase levels of physical fitness in care home settings. Staff training due to start in August
Ensure all our services “make every contact count” by promoting healthy messages and information	All commissioned Public Health services for children and young people, in line with Public Health priorities. These include health visiting, family nurse partnership programme, school nursing, and oral health promotion service. MECC has an online & group teaching courses, is embedded across the council and other organisations. Currently, there is a North London work on improving MECC delivery.

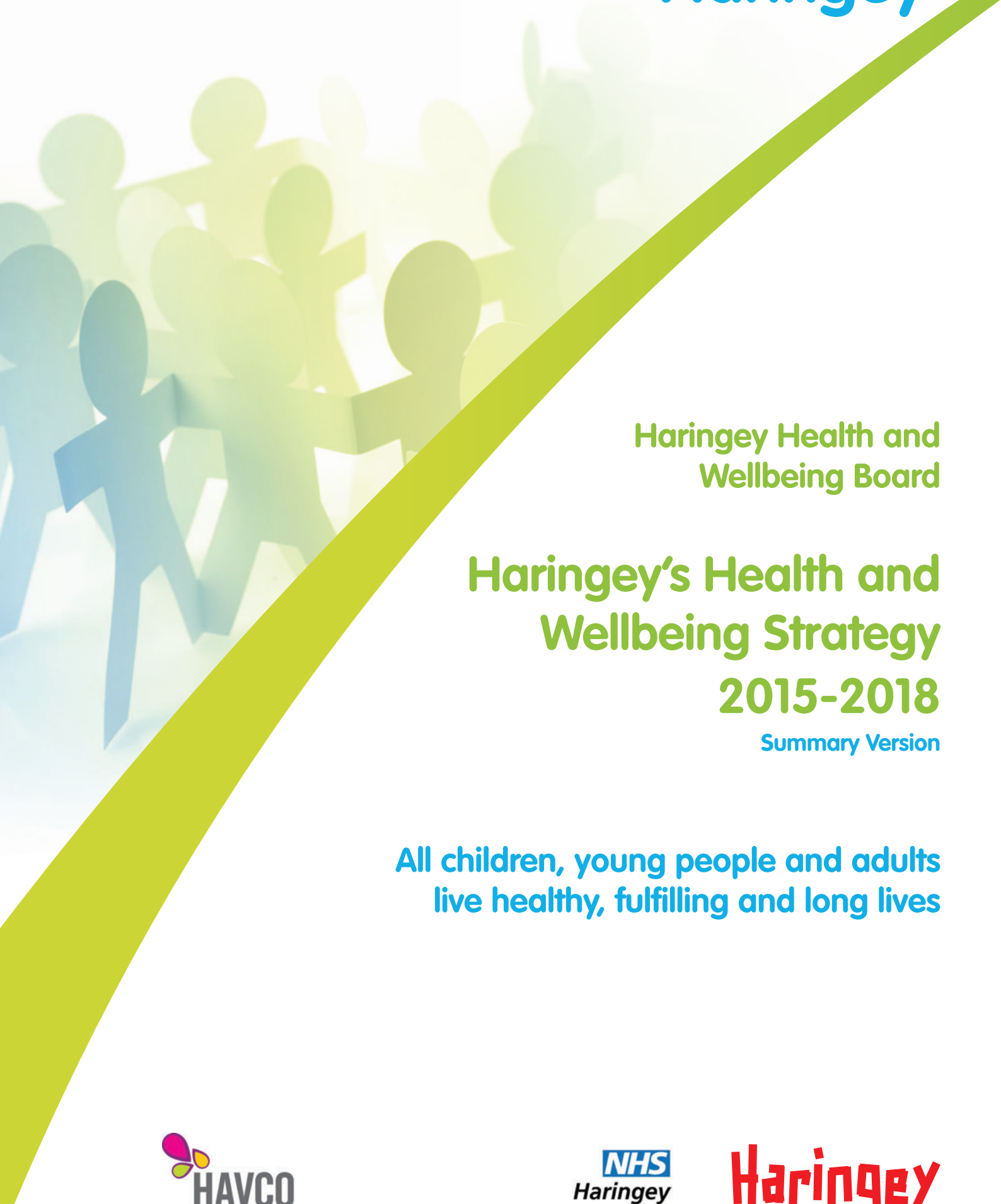
Increasing Healthy Life Expectancy -Mapping activity against our intentions for the strategy



Our stated intention in the strategy	Examples of what we have done
Create an environment that prevents people from getting long-term conditions in the first place	Work to prevent illicit tobacco sales Healthy High Streets Use of health data to influence alcohol licensing decisions
Work with residents, and the VCS to equip people with the skills and knowledge to live healthy lives	Well London project implemented Community BP checks with VCS Local area co-ordinators in place
We will work with specific community groups (BME, LGBT) to tackle long term conditions	Turkish language self-management peer support groups
Support people who do develop long-term conditions to manage them better through specialist care pathways	New integrated care pathways for diabetes and musculoskeletal conditions being developed
Strengthen our self-management programmes, which support people to manage their own health	Expanded access to self-management programmes Increased uptake of diabetes education programmes
Develop a single point of access to integrated health and social care services.	Implemented joined up hospital discharge pathways for health and care with a single point of access Implemented integrated care teams for frailty Roll out of integrated care in localities (CHINs)

Improving mental health and wellbeing - Mapping activity against our intentions for the strategy

Our stated intention in the strategy	Examples of what we have done
Reduce the stigma and discrimination associated with mental ill health, including within workplaces	Mind in Haringey – Employers in mind project engaging employers around mental health of their workforce.
Reduce the stigma and discrimination associated with mental ill health, including within workplaces	Mental health First Aid training for front line staff
Ensure that people living with mental ill health experience a more seamless service from hospital to GP	<p>BEHMHT services redesigned around 4 locality structures.</p> <p>Psychiatric Liaison services at A&Es leading multi-agency shared care planning for frequent attenders.</p>
Strengthen support for people to manage their physical health and mental ill health in primary care and other community settings.	Primary Care Link Workers employed in BEHMHT to act as liaison between primary and secondary care

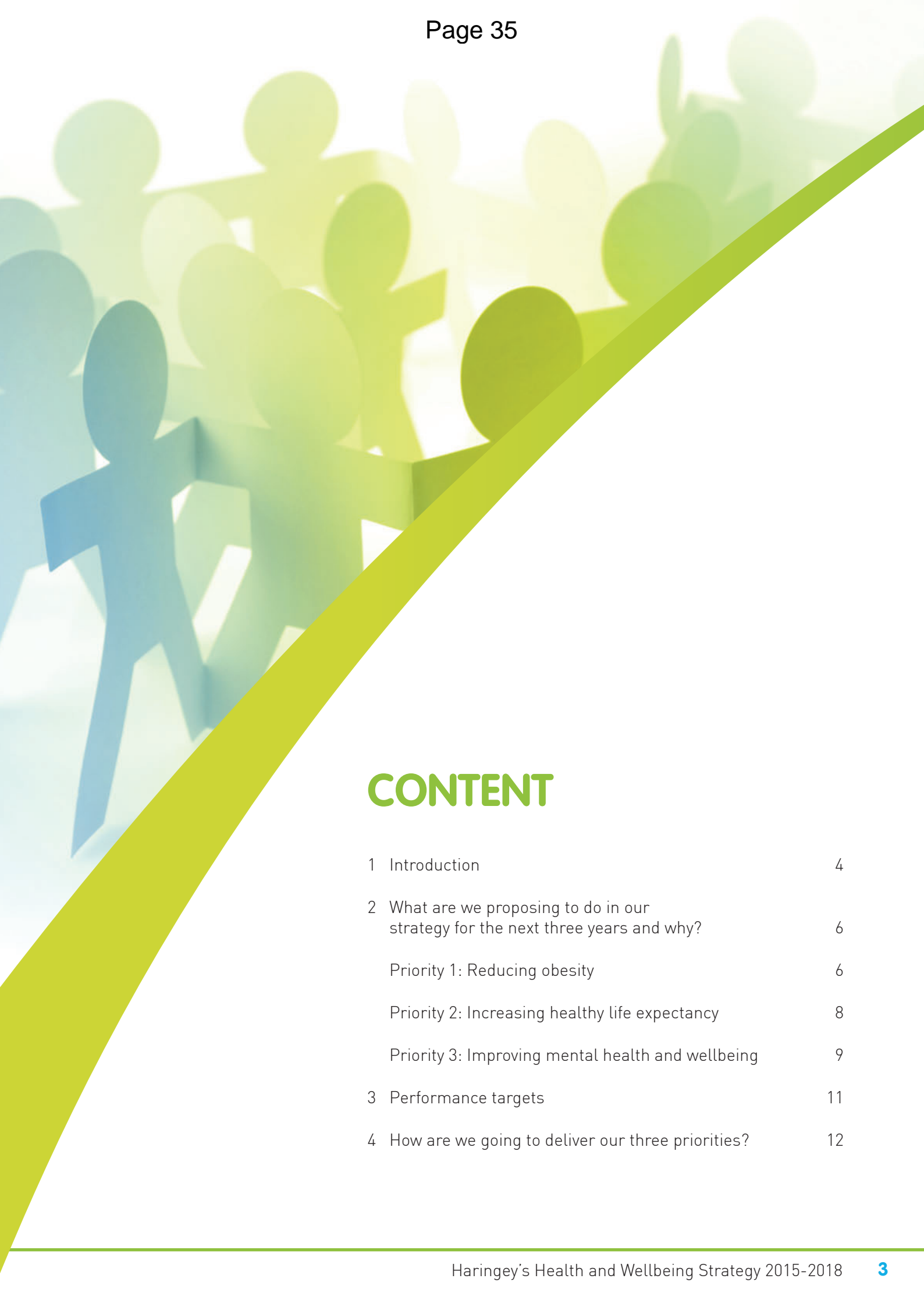


Haringey Health and
Wellbeing Board

**Haringey's Health and
Wellbeing Strategy
2015-2018**

Summary Version

**All children, young people and adults
live healthy, fulfilling and long lives**



CONTENT

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INTRODUCTION

What is Haringey's Health and Wellbeing Board?

The vision of our Health and Wellbeing Board (HWB) is to work with communities and residents to reduce health inequalities and improve the opportunities for adults and children so that they can enjoy a healthy, safe and fulfilling life.

In Haringey the HWB (a committee of the local authority required by law) has been set up as a small, decision-making partnership board. Members include councillors, the local authority's public health team, adult and children's services, the NHS (including local GPs), Healthwatch and the Community and Voluntary (VCS) sector.

The HWB takes the lead in promoting a healthier Haringey. It has a duty to promote the individual wellbeing of all local residents. It also has a duty to develop a joint strategic needs assessment (JSNA) and a Health and Wellbeing Strategy to prioritise effort to address needs identified by the JSNA.

What is the purpose of the Health and Wellbeing Board's strategy?

The Health and Wellbeing Board strategy sets out our approach to tackling some of the borough's most challenging health issues. Between January and May 2015 we consulted on Haringey's new Health and Wellbeing Strategy, to cover the period 2015 to 2018.

We are proposing that our strategy focus on three priorities:

- reducing obesity
- increasing healthy life expectancy
- improving mental health and wellbeing.

This strategy will enable:

- all partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their plans, including joint plans between organisations
- the HWB to hold member organisations to account for their actions towards achieving the priorities and to work with and influence partner organisations outside the HWB to contribute to the priorities; this includes engaging residents in co-producing solutions.

Our vision

Our vision is to work with communities and residents to reduce health inequalities and improve the opportunities for adults and children so that they can enjoy a healthy, safe and fulfilling life.

We have identified 9 ambitions for the future health and wellbeing of Haringey residents.



Fewer children and young people will be overweight or obese



More adults will be physically active



Haringey is a healthy place to live



Every resident enjoys long lasting good health



People can access the right care at the right time



More people will do more to look after themselves



More children and young people will have good mental health and wellbeing



More adults will have good mental health and wellbeing



People with severe mental health needs live well in the community

Progress towards these ambitions will be measured using the performance targets listed on page 11.

To achieve the 9 ambitions, the strategy will focus on 3 areas where we need to make the most significant and sustainable improvements:

→ **Priority 1: Reducing obesity**

→ **Priority 2: Increasing healthy life expectancy**

→ **Priority 3: Improving mental health and wellbeing**

2

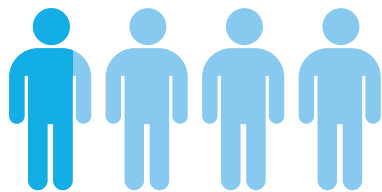
WHAT ARE OUR PRIORITIES TO DELIVER OUR AMBITIONS?

Priority 1: Reducing obesity

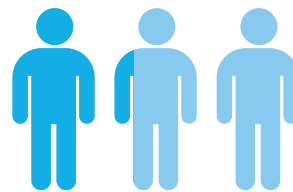
Why this is a priority

Obesity in the UK is rapidly rising. By 2050 it is predicted that 60% of men and 50% of women will be obese. We know that in Haringey¹:

- 1 A higher proportion of children are obese in both Reception (ages 4 to 5) and Year 6 (ages 10 to 11) than London and England as a whole (2012/13).

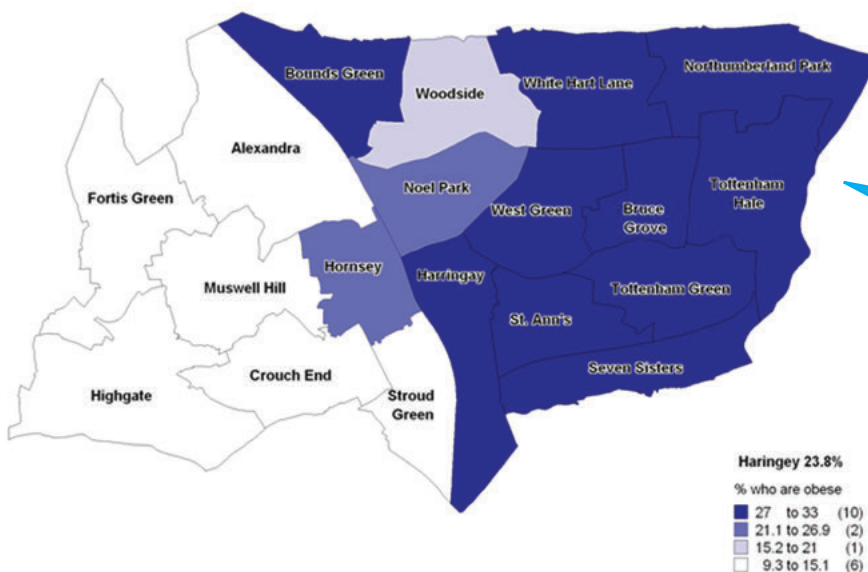


Nearly
1 in 4
children are overweight or obese
in **reception year**
(2013)



Over
1 in 3
children are overweight or obese
in **year 6**
(2013)

- 2 Obesity levels are closely linked to deprivation. Year 6 children living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas.



High levels of obesity in the east of the borough

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¹ Information on Childhood obesity has been drawn from the Haringey JSNA. See <http://www.haringey.gov.uk/jsna-childhood-obesity.htm>

- 3 Haringey: % of Year 6 children who are obese or overweight by ward
- 4 Children from black and minority ethnic (BME) groups are more likely to be obese than white British children.
- 5 Many people with a learning disability have a problem with obesity.
- 6 Our local research with students shows that intake of fast food and sugary soft drinks tends to go up when it is easily available and cheap.

What people have told us

Residents have told us that tackling obesity should be the responsibility of individuals, and that communities and the public and private sectors have a significant role to play in creating a healthier environment. They highlighted the importance of inviting, welcoming facilities (such as outdoor gyms), increasing the availability of safe places for people to walk, exercise and play, and the need for affordable and easily available exercise and healthy food options.

Responses to the Council's Investing in our Tomorrow consultation included:

- 33% think individuals could exercise more
- 42% think individuals could change their eating habits to eat healthier
- 26.32% think there are too many fast food shops in Haringey.

Responses to the Council's public consultation on the Health and Wellbeing Strategy included:

- 11% raised the importance of healthy living education in schools
- 11% think cooking classes would help people to eat healthier
- Many respondents recognised the link between mental health and obesity.

Where do we want to be by 2018?

- We want the whole community and all of our partners to be involved in preventing obesity in the first place. We want a culture and environment that supports eating well and being physically active, where the healthier choice is the easier choice.
- We want fewer children and young people to be overweight or obese.

What are we going to do about it?

We will form a Haringey Obesity Alliance – a partnership between the Council, health and care services, schools, local businesses and community groups. It will be a platform for partners to exchange information, and develop projects to tackle obesity.

Over the next three years we will:

- Use planning policy to create a borough where it is easy and safe to play, walk and cycle
- Encourage local businesses to sign up to our Healthy Catering Commitment to make fast-food takeaways healthier
- Work with employers on healthy workplace policies for their staff
- Develop an ambitious resident-led programme for food growing
- Work with parents of young children to help share their experiences to support other parents
- Promote opportunities for residents to take part in healthy cooking classes
- Promote healthy eating, physical activity and emotional health and wellbeing throughout schools

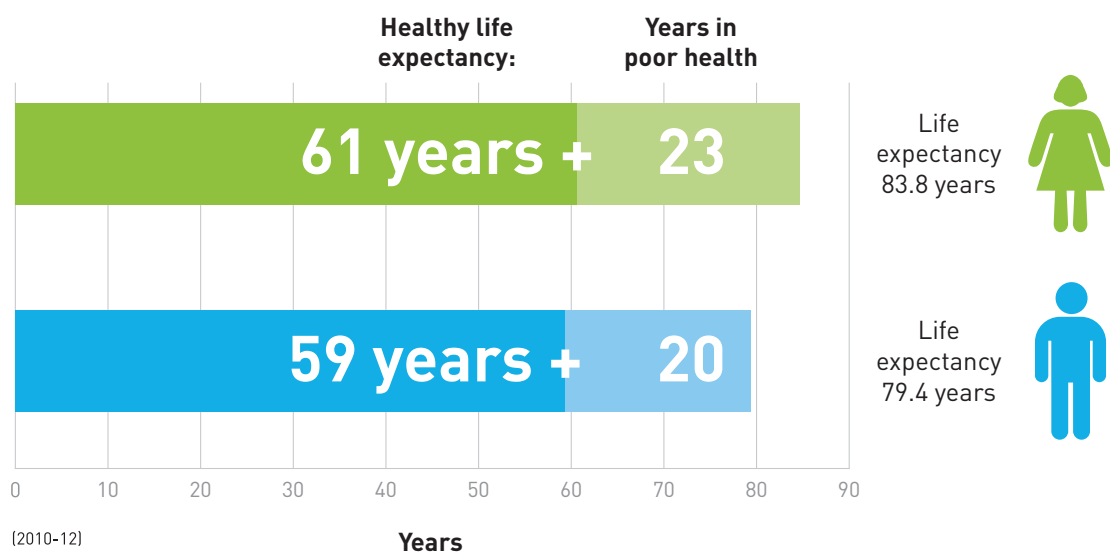
- ➔ Improve access to and engagement in sports and leisure activities for young people and adults
- ➔ Ensure all our services “make every contact count” by promoting healthy messages and information to residents

Priority 2: Increasing healthy life expectancy

Why this is a priority

On average, women in Haringey live the last 23 years of life in poor health, compared to 19 years for women in England as a whole. Men in Haringey live the last 20 years of life in poor health, compared with 16 years for men in England. The life expectancy gap is 7 years for men and 3 years for women from the most to the least deprived parts of the borough.

The major cause of reduced life expectancy and early deaths are ‘long-term conditions’ (such as cardiovascular disease, diabetes, cancer and respiratory disease) that cannot be cured but can be controlled by medication or other therapies.



What people have told us

At engagement events and focus groups, local residents said the following would improve care in the borough:

- ➔ Better access to GPs and primary care services, particularly in the east of the borough
- ➔ Integration of services across health and social care, making them accessible to all
- ➔ Ongoing community engagement to help build strong local networks and promote peer support schemes
- ➔ Better working with Voluntary and Community Sector groups to tackle the specific health needs of different communities
- ➔ Better information about healthy lifestyle, and affordable and accessible exercise and healthy food options.

11% of respondents to the consultation on the Health and Wellbeing Strategy raised the need to tackle social isolation as a contributing factor to long term conditions, particularly amongst the elderly.

Where do we want to be by 2018?

- We want to prevent people from developing long-term conditions, wherever possible.
- We want people who have long-term conditions to feel confident to manage their condition and continue to live a normal life.
- We want residents and communities to play a greater role in supporting people with long-term conditions to live longer and healthier lives.
- We want all people with long-term conditions and their carers to have access to high-quality primary care.
- When people need more complex support, we want them to experience joined up health and social care services.

What are we going to do about it?

Over the next three years we plan to:

- Create an environment that prevents people from getting long-term conditions in the first place, through measures such as strengthening tobacco control and a consistent approach to alcohol licensing
- Work with residents, and the VCS to equip people with the skills and knowledge to live healthy lives – through example, through the Well London, Health Champions and peer support schemes
- We will work with specific community groups (BME, LGBT) to tackle long term conditions and their risk factors
- Support people who do develop long-term conditions to manage them better through specialist care pathways
- Strengthen our self-management programmes, which support people to manage their own health
- Develop a single point of access to integrated health and social care services.

Priority 3: Improving mental health and wellbeing

Why this is a priority

Mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives. In Haringey:

- An estimated 3,000 children and young people have some form of mental health problem at any time; over 34,500 adults will have a common mental disorder such as anxiety or depression
- About 4,000 adults with severe mental illness live in Haringey; a low percentage of these adults are in employment or settled accommodation
- Suicide rates are 33% higher than the London average

However, despite high levels of mental illness in Haringey, a large proportion of our residents do not seek help.

What people have told us

At engagement events and through the public consultation, local people have told us that they would like:

- A focus on prevention and improvement of mental health and wellbeing
- More emphasis on the impact of drugs and alcohol on mental health
- More interventions at an earlier stage of ill health to tackle social isolation
- More focus on information, advocacy and support for children's and adults' mental health services
- Better outreach for people living with mental illness. Support for self-help
- Seamless services supporting people to live independent, fulfilling lives in the community
- Communities to be used more to provide support e.g. peer mentoring
- Better training of professionals, and better awareness and understanding of mental health throughout society
- A focus on transitions (into adulthood, parenthood) through improved cross-organisational communication.

Where do we want to be by 2018?

- We want to promote opportunities in Haringey that would positively impact on mental health and wellbeing e.g. employment, affordable housing, use of green spaces, a safer community
- We want our children and young people to be emotionally and mentally resilient and have a positive outlook on life
- We want our communities to build on existing strengths and capacity
- We want mental health services to be integrated, flexible and person-centred (wrapped around an individual, their family and their carers' needs)

What are we going to do about it?

Over the next three years we plan to:

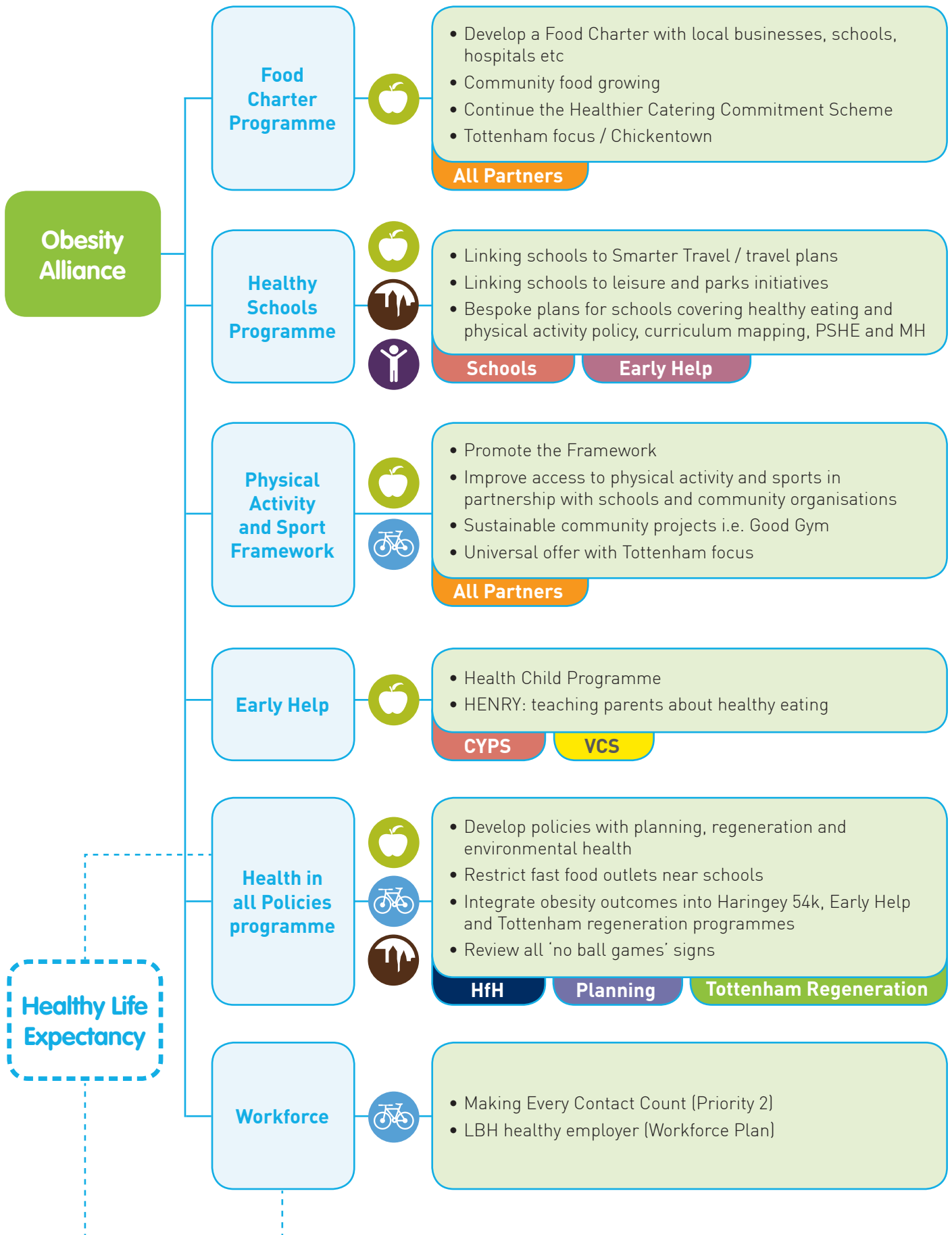
- Reduce the stigma and discrimination associated with mental ill health, including within workplaces
- Work with the VCS, businesses and other partners to help those with mental ill health achieve employment, affordable housing and other goals
- Work to connect people with their communities so that they can create social networks, access peer support and achieve their potential
- Ensure that people living with mental ill health experience a more seamless service from hospital to GP
- Strengthen support for people to manage their physical health and mental ill health in primary care and other community settings.

3

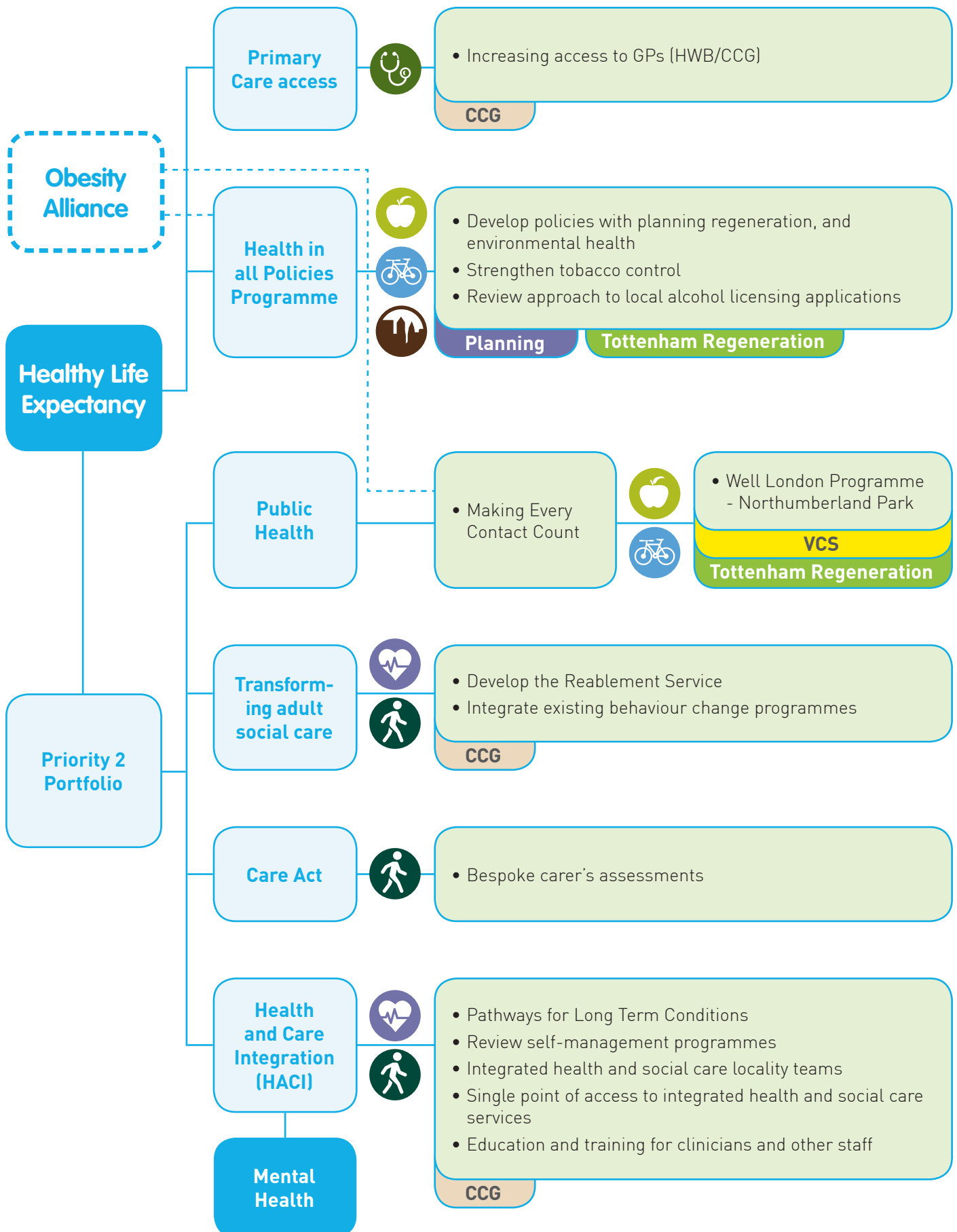
HOW ARE WE GOING TO DELIVER OUR THREE PRIORITIES?

We have developed a delivery plan to implement the Health and Wellbeing Strategy. The Delivery Plan details the programmes and projects that will deliver the interventions identified in the Health and Wellbeing Strategy.

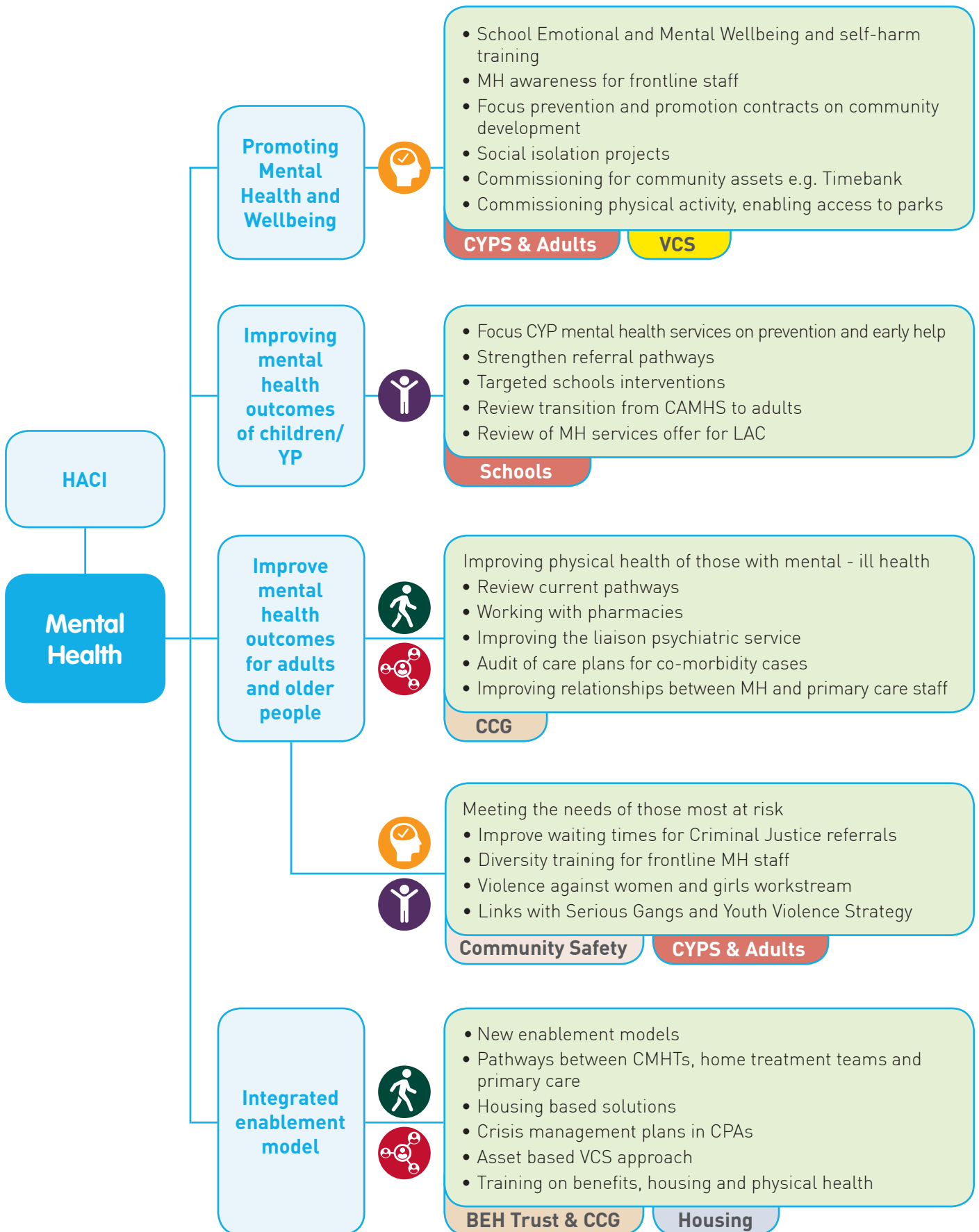
Obesity



Healthy Life Expectancy



Mental Health



3

PERFORMANCE TARGETS

Ambition		What is being measured	2015 baseline	2018 target
1. Fewer children and young people will be overweight or obese		The proportion of overweight or obese children at year 6 (ages 10-11)	Overweight: 15.2% Obese: 22.8% (Total: 38.0%)	Reduce the % of overweight and obese children at year 6 (age 10-11) to 35%
2. More adults will be physically active		The proportion of adults participating in less than 30 minutes of physical activity per week	Percentage of inactive adults (those who do less than 30 minutes of physical activity per week): 26.8% ⁱ	Reduction in inactive adults by 25%
3. Haringey is a healthy place to live		The proportion of people who travel by bicycle in London where trip origin is in Haringey ⁱⁱ The proportion of people who travel by walking in London where trip origin is in Haringey ⁱⁱⁱ	2013/2014 = 3% 2013/2014 = 38%	Increase in the number of people who walk and cycle to the top quartile of our London Authorities by 2018
4. Every resident enjoys long lasting good health		Age-standardised rate of mortality considered preventable from stroke in those aged <75 per 100,000 population	Stroke mortality rate 2011-2013: 22.5 per 100,000	Reduction in rate of early death from stroke by 25%
5. People can access the right care at the right time		The proportion of patients able to get an appointment to see or speak to someone	80% patients in Haringey CCG were able to get an appointment to see or speak to someone ^{iv}	Increase in patients reporting they are able to get a GP appointment to see or speak to someone to 83%
6. More people will do more to look after themselves		The proportion of people in last 6 months, who have enough support from local services/ organisations to help manage long-term conditions ^v	57% (including those supported 'to some extent')	Increase in adults who feel supported to manage their long term conditions to 59%
7. More children and young people will have good mental health and well-being		Average Warwick-Edinburgh wellbeing score for children and young people	2015 baseline survey	Increase the average score of children on the short Warwick-Edinburgh mental wellbeing scale by 2018*
8. More adults will have good mental health and wellbeing		Average Warwick-Edinburgh wellbeing score for adults	2015 baseline survey	Increase the average score of adults on the short Warwick-Edinburgh mental wellbeing scale by 2018*
9. People with severe mental health needs live well in the community		Proportion of adults with severe mental illness who are receiving the Care Programme Approach and are in employment Proportion of adults with severe mental illness who are receiving the Care Programme Approach and are in settled accommodation	2014/15 = 5.1% 2014/15 = 76.8%	Increase the proportion of adults receiving CPA who are in employment to maintain top quartile position (9.8%) Increase the proportion of adults receiving CPA who are in settled accommodation to 80%

* HWB targets for the mental health ambitions will be set in Autumn 2015 once baseline surveys and research have been carried out

ⁱ The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.

ⁱⁱ TFL data for 2012/13 relates to an average for period 2010/11 to 2012/13. LIP target is for cycling mode share of 3% by 2013/14 and 5% by 2025/26.

ⁱⁱⁱ TFL data for 2012/13 relates to an average for period 2009/10 to 2011/12. No data is available for 2012/13 year alone. LIP target is for walking mode share of 32% by 2013/14 and 35% by 2030/31.

^{iv} Including answers 'Yes, but I had to call back closer to or on the day I wanted'.

^v Applies to all people who have a medical condition.



Glossary

- BME** Black and Minority Ethnic
- CPA** Care Programme Approach
- HfH** Homes for Haringey
- HWB** Health and Wellbeing Board
- JSNA** Joint Strategic Needs Assessment
- LGBT** Lesbian Gay Bisexual and Transgender
- VCS** Voluntary and Community Sector

Report for: Health & Wellbeing Board

Title: Making Every Adult Matter

Report

authorised by: Charlotte Pomery

Lead Officer: Gill Taylor, Interim Strategic Lead for Single Homelessness and Vulnerable Adults

1. Describe the issue under consideration

- 1.1 As a result of a significant increase in deaths affecting homeless and vulnerably housed people in the first six months of 2018, enquiries began into the gaps, costs and opportunities of working differently with the small cohort of people in Haringey whose lives are affected by multiple and complex needs.
- 1.2 This report presents a proposal to develop and adopt a coordinated, borough-wide approach to addressing the complex and multiple needs of vulnerable and homeless adults in Haringey. Specifically, this report refers to the boroughs' ongoing work to address the interconnected harms and costs of homelessness, mental ill health, substance misuse and anti-social behaviour.
- 1.3 A parallel paper was presented at Haringey's Corporate Board and Mental Health Executive meetings on 17th July 2018, highlighting that the needs of this cohort be considered a borough-wide priority across mental health, community safety, housing and social care, pointing out their strategic roles in forging more effective links between housing and homelessness, health and wellbeing, and community safety.
- 1.4 It is proposed that Haringey makes a commitment, at borough level, to address the interconnected needs of this cohort, by seeking to become a Making Every Adult Matter (MEAM) adoption area. The MEAM approach brings about coordinated systems-change for the small cohort of people with multiple needs who have the most frequent, disjointed and costly contact with a wide range of statutory services, and experience some of the poorest life outcomes. MEAM is an evidence-based intervention, with evaluation from 15 adoption areas across the country, demonstrating significantly improved wellbeing and reduced costs across a range of statutory services.
- 1.5 Agreeing this approach would require a financial commitment of approximately £60,000 per year for three years, to design, deliver and evaluate the intervention. It is proposed that 50% of this would be funded by Haringey Council's Strategic Commissioning Unit, with the remaining 50% funded by a

combination of Public Health, the Metropolitan Police, Barnet, Enfield and Haringey Mental Health Trust, Haringey & Islington Clinical Commissioning Group and/or local hospitals with A&E departments. Whilst the individual contributions would be small, it is anticipated that a jointly funded intervention will maximise commitment to the approach, from all involved.

- 1.6 This report is to be considered by the Health & Wellbeing Board with a view to approving the partnership approach and recommending a commitment to joint funding its delivery.

2. Recommendations

- 2.1 To approve the proposal to design and implement a strategically coordinated borough-wide approach to tackling the needs and costs of adults with multiple and complex needs, by seeking to become a MEAM adoption area.
- 2.2 To lend support and influence to the approach in order to maximise the potential human outcomes and to ensure the financial benefits of a different approach are achieved.
- 2.3 To give permission and direction for a genuinely systems-changing approach within the organisations, teams and services relevant to meeting the needs of this cohort.
- 2.4 To note the links between this work and the emerging corporate approach to Community First in Haringey, which will enable a more effective, earlier help approach to working with people who need help.
- 2.5 To note the links with the local authority's Corporate Parenting responsibility, by recognising that homeless adults with multiple needs, particularly those involved with the criminal justice system, are disproportionately former looked after children. The MEAM approach could generate opportunities to intervene earlier in the health and social vulnerabilities connected with future homelessness and complex vulnerability.
- 2.6 To recognise the joint role of Haringey Council's Corporate Board and the Haringey Mental Health Executive in ensuring improved outcomes for this cohort of people with complex and shifting needs.

3. Background

- 3.1 People with multiple needs face a combination of problems including homelessness, substance abuse, contact with the criminal justice system and mental ill health. Although the largest cohort affected by multiple needs are white men aged 25-44 years old (thought to be around 58,000 people

nationally¹), women and people from BAME communities with multiple needs are disproportionately affected by sexual trauma and domestic abuse, over-representation in prisons and stark socio-economic inequality. People with multiple and complex needs fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives. They are often identified as 'hard to reach' or 'non-engaging', and this leads to poor relationships with service providers and a lack of trust for statutory services. In turn, their sporadic use of emergency and high-cost services is thought to cost between £1.2-2.1bn nationally each year.

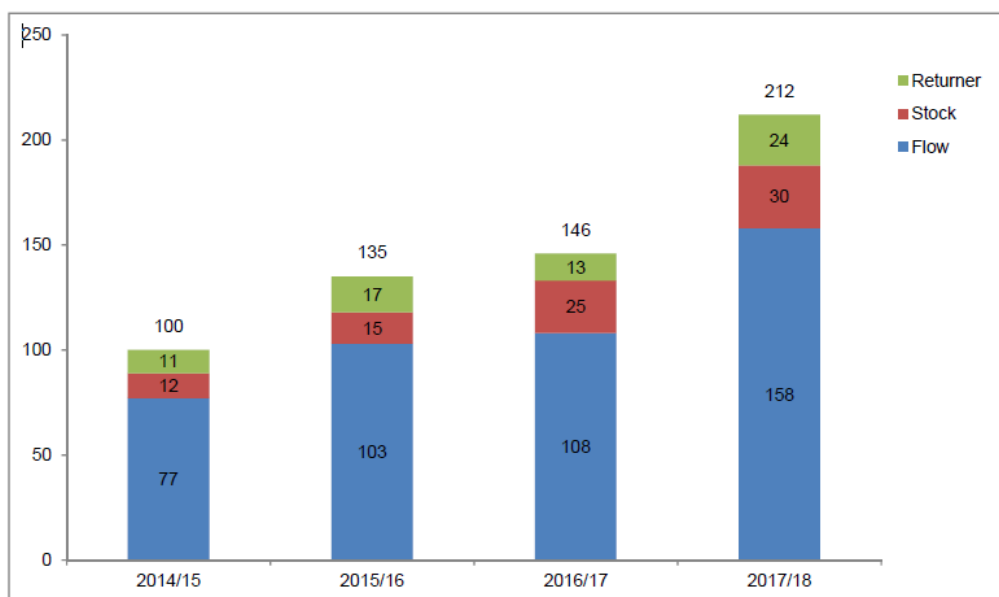
- 3.2 Haringey provides supported housing and rough sleeping support for approximately 500 single homeless people every night, in services ranging from short-stay high support hostels to street outreach services, to visiting support in shared accommodation for those nearing independent living. We commission discrete but connected supported housing pathways for young people, single homeless adults and those with mental health needs, as well as a number of services dedicated to supporting homeless women. As well as commissioned services monitored by the local authority, at least two faith-based night shelters also operate in the borough, providing shelter on a night-by-night basis often with limited specialist or statutory involvement.
- 3.3 In the first six months of 2018, nine single homeless or vulnerably housed people died prematurely in Haringey. Only one such death was recorded in the six months prior to that. Of the nine people who died, eight had needs and experiences affecting their lives that the MEAM definition of multiple need would encapsulate. Two occurred on the streets of the borough affecting rough sleepers, 40% had statutory involvement, three were suspected suicides, drugs and/or alcohol feature in over 50% and social isolation was a concurrent theme. Three women were amongst the nine people; all had sporadic engagement with services in the period leading up to their death, all had experienced previous trauma, substance and/or alcohol problems and all struggled with their mental and emotional health.
- 3.4 The material conditions affecting good physical and/or emotional health are a major factor in premature death. Of these, street homelessness is highly significant. In the year 2017/18 Haringey saw a 45% increase in the numbers of people rough sleeping compared with the previous year, as well as a consistently high demand (150% of available supply each month) for our supported housing services. 25.4% of the 212 people seen rough sleeping in Haringey in 2017/18 were people who had been counted in a previous year and around 7% were seen between 6 and 20 times during the year². Therefore, whilst the majority of rough sleepers are supported off the streets within the

¹ Lankelly Chase Foundation - Hard Edges; Mapping Severe and Multiple Disadvantage in England (2015)
<https://lankellychase.org.uk/resources/publications/hard-edges/>

² CHAIN Annual Report for Haringey (2017/18)

year they first become street homeless ('flow' in the graph below), a small cohort of people experience the hardships of entrenched rough sleeping over multiple years ('stock' and 'returner' cohorts in the graph below).

People seen rough sleeping in the year, by the flow, stock and returner model.

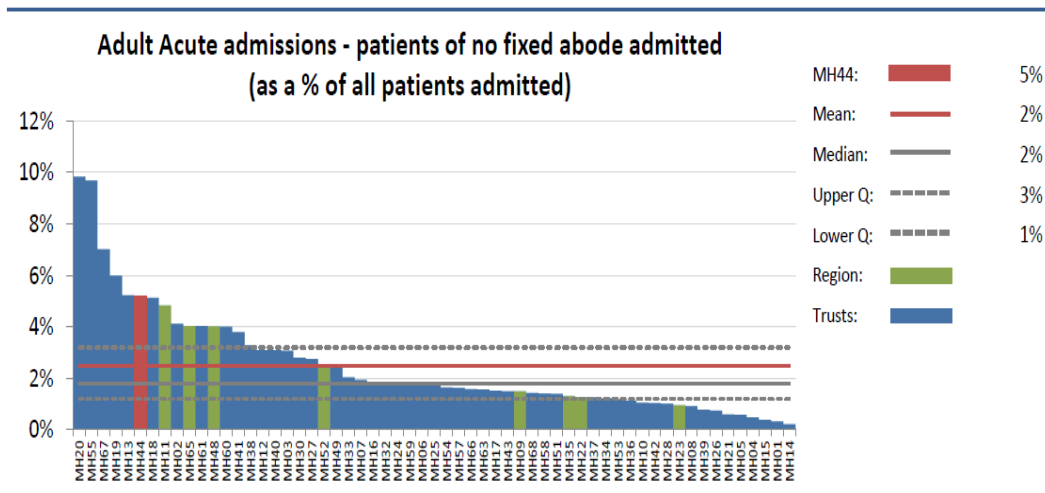


Source: CHAIN Annual Report – Haringey (2017/18)

[image description – a bar chart showing the number of rough sleepers seen in Haringey each financial year since 2014, expressed by the 'flow, stock and returner model']

- 3.5 With such significant increases in rough sleeping, it is probably unsurprising that there has been an increase in street based anti-social behaviour, trespassing and nuisance complaints about 'encampments'. Whilst our approach in Haringey aims to be supportive and preventative, the Council's Community Safety Team have seen a significant increase in the number of warning letters and enforcement actions they have been forced to take against rough sleepers. In Q1 2018/19, the number of actions for trespass, defecation and neighbour nuisance against homeless people was double that of the same period in 2017/18 with particular increases in Tottenham Hale ward. A conservative estimate of the cost of enforcement action ranges from £500-£1500³ per action, resulting in a cost related to homelessness and rough sleeping of at least £10,000 so far this year alone.
- 3.6 Homelessness and rough sleeping are significant contributory factors to complex health concerns, as well as frequent/sporadic engagement with health services. In Haringey this is particularly acute, with Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) seeing the highest proportion of admissions for homeless people in London and 6th highest in the country (BEH is identified as MH44 in the graph below).

³ Data supplied by LBH Legal Services (2018)



Source: NHS Benchmarking – 2016/17

[image description – a bar chart showing the number of acute adult admissions in 2016/17 by NHS trust and region.]

- 3.7 More frequent hospital admissions for homeless people logically equates to delayed discharges when they have nowhere safe to return to. This is evident in the length of stay in BEH’s Recovery House services. Data from the service provider shows that the average stay for people with no fixed abode (NFA) is 29.1 days, compared with only 15 days for the housed cohort. Not only does this imply a gap in suitable supported housing for people recovering from mental health crises, it reduces service availability for those still on acute wards, which equates to a recurring cost pressure of around £5657.54⁴ for every person who remains in an acute bed awaiting a Recovery House placement blocked by a person with NFA.
- 3.8 It is important to isolate gendered experiences of homelessness, and the particular inequality of outcome experienced by homeless women. Single women account for a relatively small proportion of the recorded homeless population (25%) and even less of the rough sleeping population (16%), but this figure masks the reality of sexual violence, trauma, complex substance use and unaddressed mental health need which move women’s experiences of homelessness away from traditional rough sleeping sites. In Haringey, the needs of homeless women in supported housing were captured in a snapshot analysis by the Supported Housing Review (SHR) (2017). Whilst only representing 22% of the overall cohort at the time, women were more likely to experience complex and overlapping needs, with 67% of the cohort experiencing two or more of the following; substance use need, mental health need, repeat homelessness, histories of abuse or trauma and current or historic sex work. Further, The Grove substance use service in Haringey provided data to the SHR which showed that 100% of women who entered drug treatment

⁴ Based on cost estimates submitted to <http://www.cchr.org.uk/latest-news/cost-detained-psychiatric-ward-treated/>

whilst homeless failed to complete 12 weeks of treatment. It is proposed that an element of the MEAM approach is dedicated to tackling the multiple needs of homeless women.

- 3.9 As well as the particular experiences of women with complex needs, it is strategically important to note the relationship between care histories and multiple needs in adulthood. Lankelly Chase research⁵ shows that 85% of adults with multiple needs had traumatic childhood experiences and 25% of male prisoners (56% of female prisoners) reported spending time in care as children⁶. When less than 1%⁷ of the general adult population has ever spent time in care, the connection between childhood trauma and multiple needs in adulthood is of key importance when considering the support available to Haringey's looked after children and care leavers who display early signs of multiple need.
- 3.10 Despite the increasingly challenging and complex picture, there are a wide range of innovative and solution-focussed services and practices emerging in Haringey to support vulnerable homeless people. Through the Homelessness and Rough Sleeping strategies, there is a corporate commitment from the Council to tackle the health and wellbeing needs that trigger and influence homelessness, as well as a range of improvements implemented through the Housing Support Transformation programme. Even at this early stage of discussion, it's clear that the MEAM approach is well aligned with a number of ongoing projects, programmes and strategies.
- 3.11 In 2017 and again in 2018, Haringey were successful in securing funding from the Ministry of Housing, Communities and Local Government's Rough Sleeping Innovation Fund. We have committed this resource to address key areas of need within the cohort; hidden homelessness, unaddressed health needs and antisocial behaviour. The early signs from these interventions is positive, but for their impact to have longevity, developing and embedding a coordinated system to address the multiple needs of rough sleepers seems crucial.
- 3.12 With the overarching strategic direction in Haringey being one of early intervention and prevention, it is helpful to note the role that the emerging Community First approach might offer homeless adults with multiple needs. Adults with multiple needs typically display a range of overlapping and unaddressed social care issues which singularly are below eligibility thresholds and are commonly coupled with mistrust of statutory services based on previous experiences. Community First might offer this cohort an alternative route to seeking help, perhaps by signposting to non-traditional services and

⁵ Lankelly Chase Foundation - Hard Edges; Mapping Severe and Multiple Disadvantage in England (2015)
<https://lankellychase.org.uk/resources/publications/hard-edges/>

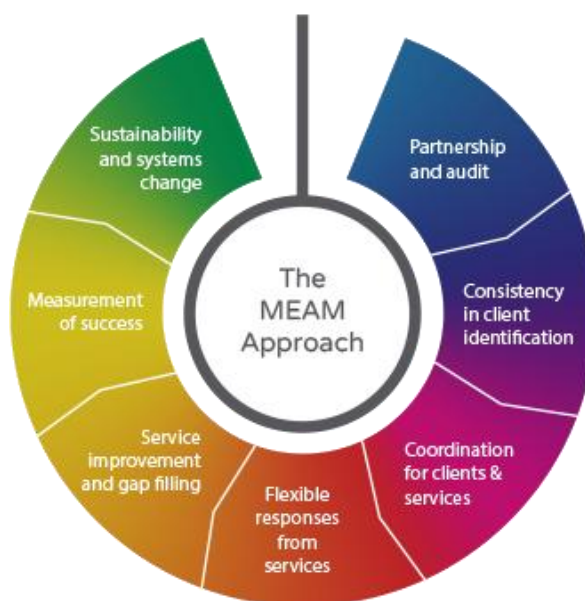
⁶ Ministry of Justice - Prisoners Childhood and Family Backgrounds (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf

⁷ NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/statistics/>

community resources. As well as a more personalised and appropriate response to help-seeking, embedding the MEAM approach within the Community First model has the potential to contribute to reductions in sporadic and acute statutory service interventions.

The MEAM Approach

- 3.13 The MEAM approach was designed through a collaboration between Homeless Link, Clinks, Mind and Drugscope starting in 2008. Its aim is to help local areas design and deliver better-coordinated services for people with multiple needs. It is currently used in 15 local areas across England, and is aligned with the Big Lottery's Fulfilling Lives programme which works in a further 12 local areas.
- 3.14 The MEAM approach is based on seven key elements, which are adapted to local needs and circumstances by an adoption areas partnership of service users, statutory and voluntary partners, and commissioners;



[image description – a rainbow coloured wheel depicting the seven connected elements of the MEAM approach; partnership and audit, consistency in client identification, coordination for clients and services, flexible responses, service improvement and gap filling, measurement of success, sustainability and systems change]

- 3.15 In many ways, the MEAM approach is simply the sensible conclusion to a discussion about supporting people with multiple needs more effectively. Its foundation is in removing barriers to access, responding dynamically to a person's decision to make a change in their life and providing the consistent and supportive relationships that empower people to do that work. It has the potential to reduce the risk of premature death, overdose and acute hospital admissions by acting as a bridge between people and services, addressing barriers that prevent people from addressing their health issues earlier. It also has the potential to embed a culture of understanding, responsivity and

partnership in our work with and for rough sleepers, recognizing this is a present and important issue in our work to ensure all adults lead healthy and fulfilling lives in Haringey.

- 3.16 The approach has been evaluated in a number of adoption areas and the impact on wellbeing and service usage has been substantial. For example, an independent evaluation of the approach in Sunderland found that financial savings of £52,000⁸ could be attributed to supporting just four people with multiple needs over a one-year period. An evaluation of Derby's⁹ approach showed significant improvements, with costs associated with arrest and magistrate court appearances dropping by 55% and acute hospital and A&E admission costs reducing to zero in Year 2. In Cambridgeshire¹⁰, the approach is evaluated to have resulted in a £958 saving per person per month for those engaged in MEAM support.

The MEAM Approach & Commitment

- 3.17 The MEAM approach is founded in the idea that because people are categorized according to the remit of the service they are approaching, opportunities to work holistically with someone with multiple needs are missed, at significant cost to all involved. Given the different funding streams, legislation and technical specialisms under which services operate and are governed, this is neither surprising nor new information. However, despite the known human and financial costs of service gaps and barriers to access, it continues to be challenging to address these issues sufficiently. Therefore, this proposal seeks borough commitment, at its most strategic level, for a partnership approach with permission and mandate to work differently for this cohort, knowing this will challenge existing cultures and working practices, as well as ideas about eligibility and engagement.
- 3.18 To successfully implement systems change for this cohort, the MEAM approach also requires a Coordinator. This person will co-design, deliver and then embed the approach, alongside service user advisors. It is this post that the financial commitment within this proposal seeks to fund. To be successful, the MEAM Coordinator must have the mandate and 'managerial permission' to work across boundaries to improve and fast-track access to services for people with multiple needs as well as acting as a single point of contact for service users and practitioners. It is proposed that Haringey's MEAM Coordinator will be based in the emerging single homeless hub service, where they will be best placed to work directly with all those involved in the MEAM approach.
- 3.19 MEAM have recently invited expressions of interest to become one of seven 2018 Adoption Areas. The invitation is open until September 21st 2018 and will

⁸ An Evaluation of MEAM in Sunderland (2015)

<https://www.vonne.org.uk/sites/default/files/files/resources/Evaluation%20of%20MEAM%20in%20Sunderland.pdf>

⁹ Evaluation of the MEAM Pilots – Appendix 6 (2014) <http://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf>

¹⁰ As above

be followed by interviews before announcing the successful areas. To be successful, MEAM request that all bids are able to demonstrate:

- a commitment to three years of funding
- the foundations of a cross-organisational partnership
- commitment to co-production with people with multiple needs and,
- able to supply data for the national evaluation.

3.20 If approved, the Housing-Related Support Team at Haringey Council, led by Gill Taylor, Strategic Lead for Single Homelessness and Vulnerable Adults, can offer the resource and position to lead the bidding and implementation of the MEAM approach given their responsibility for a range of services, forums and strategies related to single homelessness and rough sleeping.

4. Contribution to strategic outcomes

4.1 The Haringey Council Corporate Plan for 2015-18 sets out the Council's overall priorities and programme of work for the period for 2015-18. It identifies housing and social care as two of its five priorities, committing the Council over that period to '*Create homes and communities where people choose to live and are able to thrive*' and '*Enable all adults to live healthy, long and fulfilling lives*'. Whilst the Corporate Plan will soon be replaced by the Borough Plan, it's likely that these two areas will remain of high priority to Haringey. Homelessness and the complex needs of adults with sporadic and costly service use is a small but important element of the Council's housing, health and wellbeing responsibility, but one that plays a role in delivering positive outcomes across the priorities of the Corporate Plan/Borough Plan.

4.2 The Haringey Health & Wellbeing Strategy 2015-18 sets out three key priorities for health and wellbeing in the borough. It identifies '*Improving mental health and emotional wellbeing*' as a key priority in the borough and sets out three clear principles for bringing about positive change; tackling inequalities, early help and working with communities. Adopting the MEAM approach and a coordinated response to multiple need will contribute to the delivery of positive mental and emotional health outcomes for homeless and vulnerably housed people, as well as clearly sitting within the delivery principles of involving the community in tackling inequality through prevention and early intervention.

5 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities

Finance

5.1 At the present time there are no firm financial commitments to be considered, with exception to the £30,000 commitment from Haringey's Strategic Commissioning Unit to fund 50% of the Making Every Adult Matter approach.

- 5.2 The resource requirements in 2018/19 and the two following years totalling a maximum of £180k are to be funded from within existing budget allocations and contract negotiations for Housing Related Support and if agreed, Public Health, Haringey and Islington Clinical Commissioning group as well as others.

Procurement

- 5.3 The content of the report has been noted; there are no procurement implications at this stage.

Legal

- 5.4 There are no legal implications arising from the recommendations in the report at this stage.

Equalities

- 5.5 When considering solutions that aim to increase, strengthen and co-ordinate approaches in local provision to focus on improved access, prevention and early intervention to reduce risks to homeless adults with multiple needs; the Council and it's partners will need to make due regard to their public sector equality duty under the Equalities Act (2010) to tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation; advance equality of opportunity between people who share those protected characteristics and people who do not; foster good relations between people who share those characteristics and people who do not.
- 5.6 This proposal seeks a commitment to strengthen existing services and systems that support homeless people with a range of protected characteristics including age, disability, sex and race as well as others, and therefore it has the potential to make a positive contribution to the equality duty under the Act.

Report for: Health and Wellbeing Board

Title: North Middlesex University Hospital: our plans for the future

Report authorised by : Jeanelle de Gruchy, Director of Public Health

Lead Officer: Richard Gourlay, Strategic Development Director, NMUH

1. Describe the issue under consideration

In September last year, the North Middlesex University Hospital announced that they would become a clinical partner of the Royal Free London Group. Haringey's health and care system is significantly challenged in terms of both demand for services, maintaining quality, outcomes and experience and balancing that with financial constraints. NMUH is currently engaging partners and stakeholders about their 'case for change'.

2 Recommendations

Consider and respond to the North Middlesex University Hospital's 'case for change'.

3 Background information

North Middlesex University Hospital (NMUH) has developed a 'case for change' (see Appendix 1 and 2). This will:

- set out NMUH's vision and objectives
- reiterate the challenges for the coming years in delivering these
- describe what is needed to ensure a safe, stable and sustainable position for the future.

The case for change will be used to determine whether there is a decision to proceed to closer partnership with Royal Free London and that such a change best serves the needs of North Mid's patients and community.

4 Appendices

Appendix 1: NMUH: our case for the future

Appendix 2: NMUH: case for change presentation

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North Middlesex Hospital Case for Change

July 2018

Why are we creating a Case for Change?

Our Vision and Objectives

Our vision

Our vision is to provide outstanding care for local people.

Our objectives

Our objectives are:

- Excellent outcomes for patients
- Excellent experience for patients and staff
- Excellent value for money.

We are currently a clinical partner in the Royal Free London group, and are considering closer working partnership with them in the future.

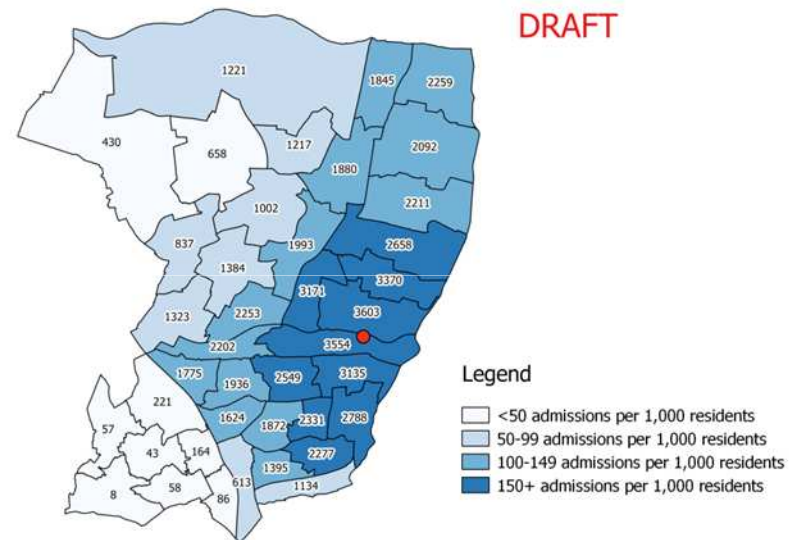
Key priorities for NМУH

Trust Board identified following as key priorities to address:

- Culture
- Recruitment & Retention
- Safely deliver standards (access, outcomes etc)
- Value for money
- Governance

‘Standing still’ is not an option – we must respond to the changing needs of our local population.

Directly standardised rate of inpatient admissions for Enfield and Haringey residents at the North Middlesex University Hospital Trust in 2016/17, per 1,000 residents, by ward of residence

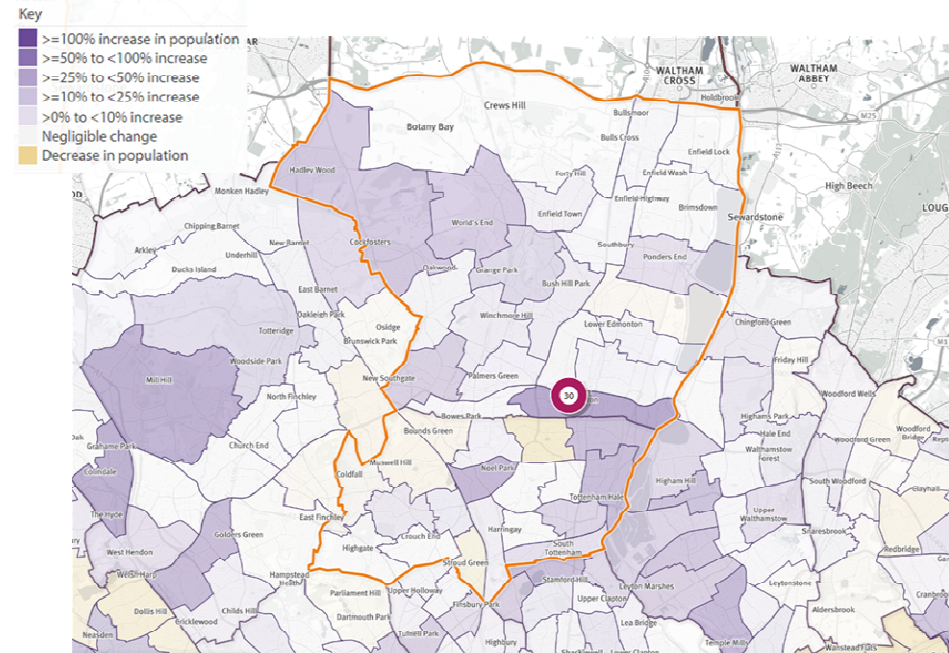


Map showing rates of admissions from local areas

NMUH Case for Change

Excellent outcomes for patients

- The population within our catchment area (including our elderly population) is predicted to rise sharply in the next five years due to a number of housing developments being constructed in the area
- We serve a large, diverse population and this can result in pressure on our Accident & Emergency department
- We currently struggle to meet national standards for seeing patients in A&E and Outpatients
- We need to improve in these areas while also preparing for heightened demand in the years to come

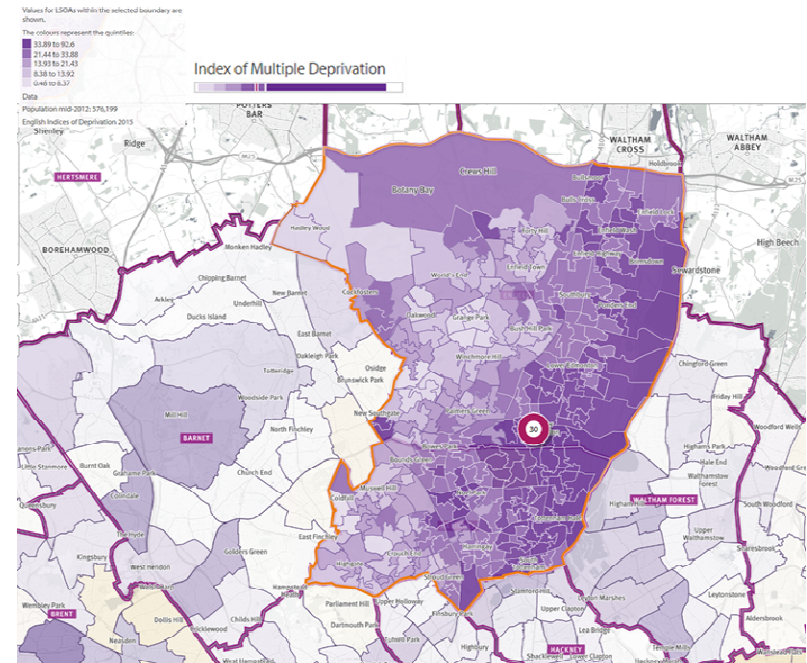


Map showing predicted population increase in Enfield/Haringey

NMUH Case for Change

Excellent outcomes for patients

- The population we serve has a high rate of long-term conditions such as Diabetes, with prevalence estimated at 9.6% in Enfield and 9.3% in Haringey
- The population we serve covers some of the most and least deprived wards in the country
- Life expectancy differs by 6.6 years across different parts of Haringey
- Mental health is also an issue, with up to 20,000 people living with an undiagnosed mental health condition in Enfield
- Research from Healthwatch Enfield indicates that primary care is not functioning correctly, with much of the burden falling on our A&E
- When asked, 74.9% of patients said they had not tried to arrange a GP appointment before coming to the hospital



Map showing deprivation in Enfield/Haringey

NMUH Case for Change

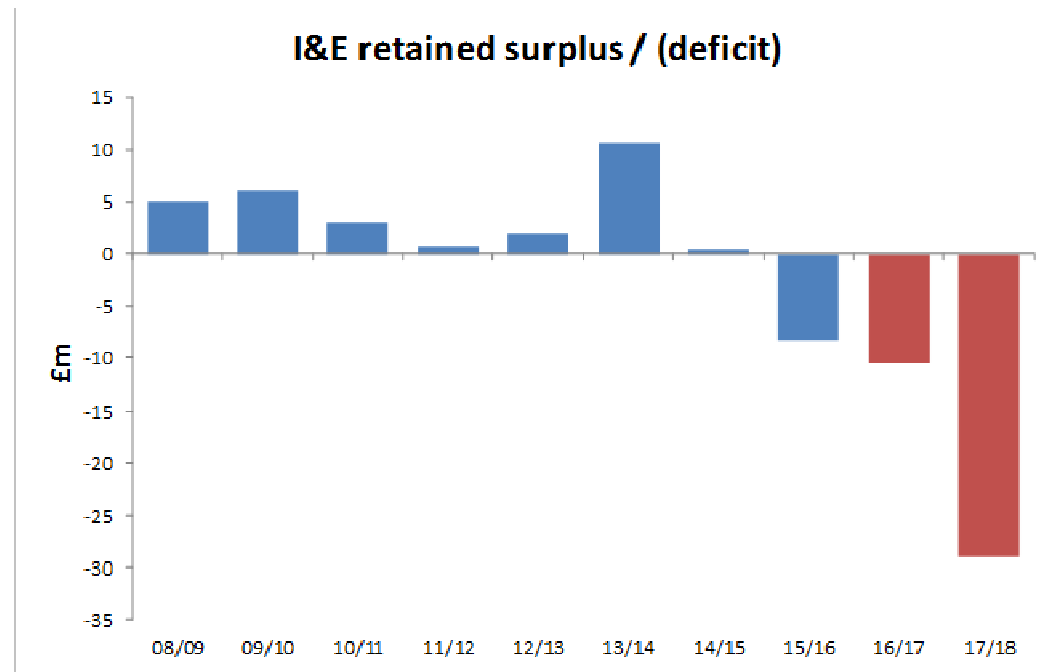
Excellent experience for patients and staff

- Our 2017 Inpatient Survey shows that we need to improve the experiences of patients who we care for, especially in ensuring that patients are listened to
- Annual staff survey results show that we need to do better at providing opportunities for career progression and recognising the value of our staff
- Both of these issues link to the culture we need to develop at NMUH, with a renewed focus on the safety and quality of care we provide
- One of the most important issues facing us is recruitment and retention of our staff
- This is not just an NMUH problem – nationally there are over 50,000 vacancies across all types of clinical staff and this issue shows no sign of improving in the immediate future
- We need to work with our local community to address issues such as nursing recruitment – we have already had several successes with our apprenticeship programme

NMUH Case for Change

Excellent Value for Money

- Like many trusts, NMUH is under significant financial pressure
- Our deficit currently stands at approximately £30 million
- This is despite running a surplus of £1.1 million in 2014/15
- In the past three years, costs have grown significantly faster than income
- Our commissioners in Enfield and Haringey are also under significant financial pressure



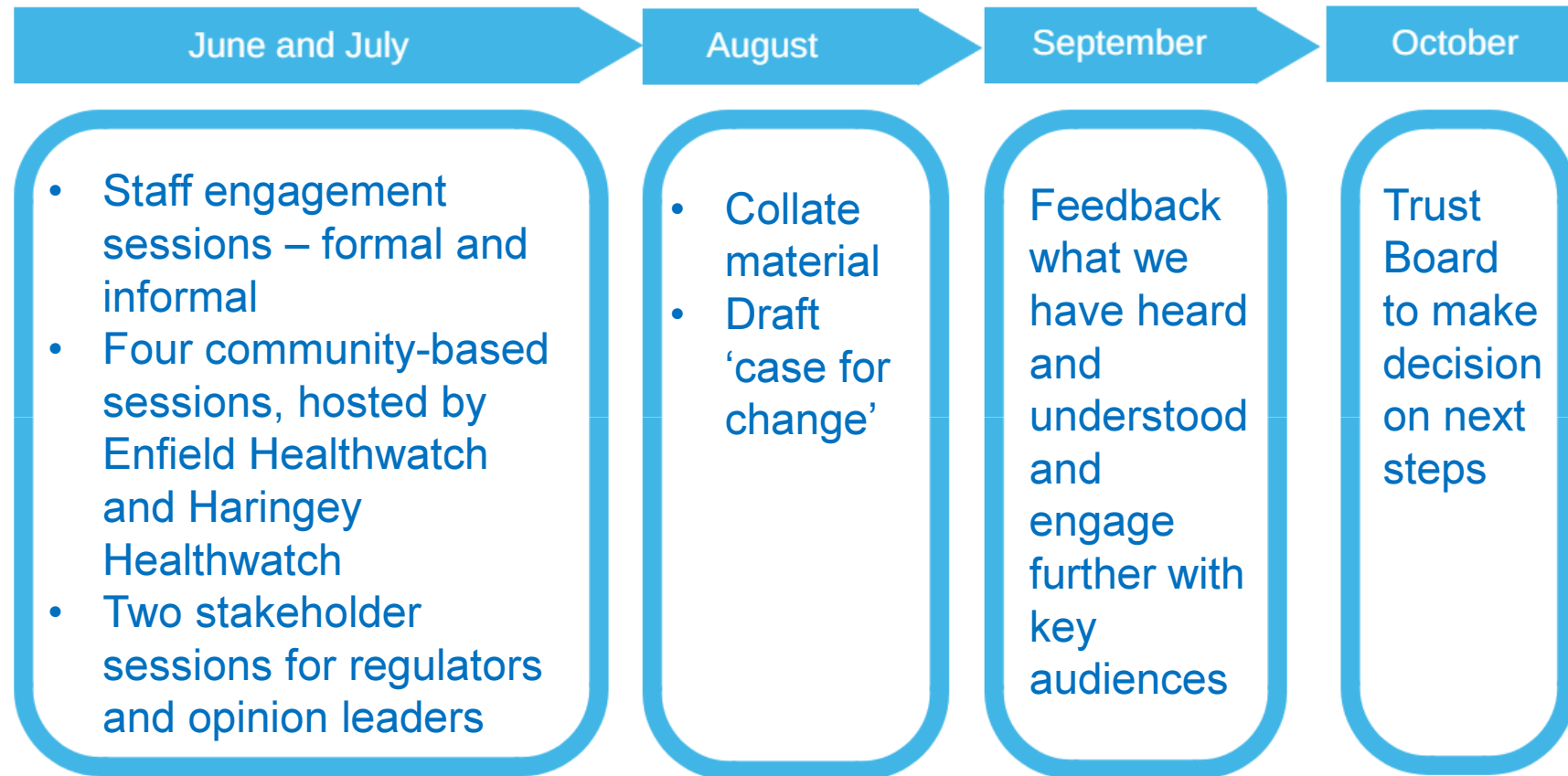
Why are we speaking to you today?

What do we mean by engagement?

- **Informing** stakeholders so that they are aware of current issues
- **Collaborating** with stakeholders when making decisions
- **Involving** stakeholders at all points so that we can understand their concerns and aspirations
- **Empowering** stakeholders by giving them a say in the final decision

We cannot base the care we provide around local communities if we do not listen to them.

Timetable for 'case for change'



What does this mean for NMUH?

Current Situation

- There is an absolute need for a strong, efficient hospital on our site which delivers high-quality services to the local community
- We are currently a Clinical Partner in the Royal Free Group and the option to align more closely with them is being investigated
- We need to ensure the Trust's position is sustainable in the long-term, both in terms of finance and the care we provide
- We think we have identified the challenges facing the Trust above, are there any other challenges we should take into account?
- The Royal Free is currently creating a proposal to help us deal with these challenges. Are there any particular aspects you think any future partnership needs to include, in order to address the challenges we face?
- Are there any particular 'deal breakers' you want us to bear in mind?
- A full Case-for-Change will be prepared later this summer, and we appreciate the input of all stakeholders into this project

Questions for consideration

We have outlined 5 key challenges for the organisation. Do they capture for you the key issues for NMUH into the future? If not, what else should we consider?

Are there any particular aspects you think any future partnership needs to include, in order to address the challenges we face?

Are there any particular conditions or requirements you want us to bear in mind?

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Our Plans for the Future

NMUH faces a number of challenges in the next few years that need addressing, and we are clear that standing still is not an option. A hospital on this site providing services to the local community is essential, but we need to be clearer about what our direction is. We are currently a partner in the Royal Free London hospital group and the option is open to become a full member. With this in mind we are producing a 'Case for Change' that outlines what these challenges are and how we can best deal with them. As part of this we wish to engage fully with all of our stakeholders – patients, staff, local residents – so that your views are fully taken into account. Our approach is centered around our vision – to provide outstanding care for local people – and our three strategic objectives:

- Excellent outcomes for patients
- Excellent experience for patients and staff
- Excellent value for money.

1. Excellent outcomes for patients

We strive to provide excellent outcomes, but the data we have indicates that this will become more difficult in years to come. The population in our local boroughs is set to grow rapidly, and at the same time we need to keep pace with an ageing population. At the same time our A&E department is under significant pressure and this shows no signs of slowing down. We need to find a way to deal with this increase in pressure before our services start to feel the strain.

2. Excellent experience for patients and staff

In order to keep patient and staff experience excellent we need to be able to retain and develop our staff. Currently, recruitment and retention of staff is one of our biggest issues and national trends mean that this problem will likely continue. In order for services to be sustainable and high quality, we need a robust community-wide response to be able to adequately staff them, now and in the future.

3. Excellent Value for Money

One of our most pressing current problems is our well documented funding constraints – we need to find a way of continuing to provide excellent care while coping with the increasing costs of medicine and equipment. We know that simply finding more funding will be difficult as our commissioners are also under pressure. There are several factors behind our deficit but ultimately this requires a

Our future

We need to ensure the Trust's position is sustainable in the long-term, both in terms of the care we provide and our finances. There is an absolute need for a strong, efficient hospital on our site but we need to consider in more detail what this will look like.

We are currently a Clinical Partner in the Royal Free Group, and the option to become a full member remains open. Regardless, any outcome will require closer working with our local partners to address the issues described above.

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MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON MONDAY, 26TH FEBRUARY, 2018, 2.00pm

This meeting was held in common with the Community Safety Partnership Board.

PRESENT:

Cllr Claire Kober – Leader of Haringey Council[Chair]
Cllr Eugene Ayisi – Cabinet member for Communities, LB Haringey
Cllr Elin Weston, Cabinet Member for Children and Families, LB Haringey
John Rohan- Deputy Chair CCG
Sharon Grant, Chair, Healthwatch Haringey
Catherine Herman Lay CCG Member.
Andrew Blight, Assistant Chief Officer, National Probation Service - London for Haringey, Redbridge and Waltham Forest
Douglas Charlton Assistant Chief Officer, London Community Rehabilitation Company, Enfield and Haringey
Simon Amos, Borough Fire Commander, Haringey Fire Service
Stephen McDonnell, AD Environmental Services and Community Safety
Eubert Malcolm, Head of Community Safety & Regulatory Services
Rachel Lissauer, Haringey CCG
Tamara Djuretic- Assistant Director for Public Health
Gill Gibson - Assistant Director for Early Help and Prevention
Charlotte Pomery – Assistant Director for Commissioning.
Des Fahy Detective Chief Superintendent attended
Jennifer Sergeant
Tim Miller

12. FILMING AT MEETINGS

The Chair referred to the notice, at Item 1, about filming at meetings and attendees noted this information.

13. WELCOME AND INTRODUCTIONS

The Chair provided an overall introduction to the meeting, advising that it was the second meeting in common of the Haringey Health and Wellbeing board and Community Safety Partnership and a timely opportunity to continue discussions on the progress of actions to strengthen and co-ordinate local provision aimed at improving the emotional health and wellbeing of young people and their families in Haringey. This was the main agenda item of the meeting.

The meeting would also continue focus on mental health by jointly considering an overview of the mental health and wellbeing framework in which health and wellbeing board members welcomed Community Safety Partnership member's thoughts and comments.

In the final quarter of the meeting, Health and Wellbeing board members would particularly be asked to consider the pharmaceutical needs assessment and note the safeguarding Adults Board Annual report.

14. APOLOGIES

Apologies for absence were received from:

- Dr Jeanelle De Gruchy,
- Dr Christian,
- Cllr Arthur,
- Geraldine Gavin,
- Tony Hoolaghan,
- Geoffrey Ocen
- Borough Commander Helen Millichap [Des Fahy Detective Chief Superintendent attended]
- Shelly Shenker.

15. URGENT BUSINESS

There were no items of urgent business.

16. DECLARATIONS OF INTEREST

There were no declarations of interest.

17. QUESTIONS, DEPUTATIONS, PETITIONS

There were no questions, deputations or petitions.

18. YOUNG PEOPLE IN HARINGEY - SAFETY, RESILIENCE AND WELLBEING

Before commencing consideration of this agenda item, the Chair reiterated the timely opportunity to continue discussions on the progress of actions to strengthen and co-ordinate local provision aimed at improving the emotional health and wellbeing of young people and their families in Haringey. This meeting provided the opportunity to build a consensus around a single integrated approach that was outcomes focussed multi-agency and shares collective responsibility for integrated decision making to prompt provision of services and avoid statutory intervention whenever possible.

Des Fahy Chief Superintendent expressed that the Community Safety Partnership continues its work on a variety of local plans including early help, stopping violence against women and Girls, youth justice and PREVENT. Work was also underway to co-produce, in London, a Knife crime action Plan and would seek to fill in any gaps in services and the community offer. Partnership working to improve the emotional

health and wellbeing of young people and their families would be critical to ensuring the outcomes of these plans are met.

Jennifer Sergeant provided an update of activities since the previous board meeting, which had focussed on the principles of intervening earlier and partners not duplicating their activities. Yvonne Lawson provided the meeting with an understanding of how the Godwin Lawson Foundation had begun and developed to become an important organisation representing and working in communities to tackle knife crime.

Yvonne Lawson spoke about her own personal devastating experience of knife and how difficult it had been to come to terms with the loss of her son.

Yvonne Lawson spoke about her son and other young people who had talent and ambition who had sadly passed way. These young people had felt that their talent and ambition was not enough and it was important for communities and agencies to help young people to realise their ambitions and provide support in their personal development as young people. The foundation found that there was also a lack of intermediaries to support them in this development.

Yvonne Lawson continued to talk about the important of extracurricular activities helping young people build life skills and deter them for becoming involved in gang activity. This was especially important for young people living in a gang related environment.

Yvonne Lawson was pleased with the focus on emotional development being taken forward by the partners.

She spoke about similar work, the foundation was taking forward, with young girls and helping them with decision making and providing them with the skills to deter involvement with groups affiliated with the gangs.

There was a discussion about the issue of stop and search for under 16s and the consequences for carrying a knife. The importance of safe environment was emphasized and ensuring that there was a safe place for young people to contribute to an action plan associated with tackling knife crime. This was also a very political subject for communities. Although, it was felt that stop and search had a role to play, this was about how it was carried out by Police officers and being particularly sensitive with young people and ensuring this is done in a supportive manner with BAME communities. Yvonne Lawson felt that most young people did not trust the Police and it was about overcoming the negativity of young people towards the Police.

The Head of Community Safety and enforcement presented the MOPAC priorities. It was noted that Robbery and Street Based Violence, (measured as Non Domestic VWI), would be the areas of priority for Haringey. Alongside this, it was also confirmed

that ASB and a list of high harm crimes would also be a priority for all boroughs. There continued to be discussion on meeting the challenges of the MOPAC priorities and it was noted the importance of embedding a community response all the way through the process including agencies, voluntary sectors, schools and communities working together.

There was discussion on the social and health challenges facing young people and how schools and health and care providers were involved and responding to particular needs. An example of how this could be achieved was considering the health provision triangle in relation to supporting young girl's resilience and ensuring that young girl's needs were met at tier 1 and tier 2 services so they did not escalate to use at services at tier 3 and 4.

Noted the activity developed with MAC working in schools. However, there needed to be work at primary school levels with voluntary sector support to ensure earlier support, as offending was, in some cases, beginning at the end of primary school .A response was needed about young people who were carrying knives because they did not feel safe.

There was a need to take forward more activities between the Police and young people to build trust. These could be small-scale activities, which help promote trust in the police.

The interim director for Children's services spoke about the recent Ofsted inspection findings on Children's Services. The inspection considered an evaluation of the multi-agency 'front door' for child protection, when children at risk become known to local services and focused on children of all ages who are being or who have been neglected

There had been a 'deep dive' focus on children between 7 and 15 years old who have been neglected. This analysis had been shared with local safeguarding board, inviting a focus on the suite of services and the components of this activity. This was to help understand how to work as a meaningful partnership to deliver services at the appropriate time for children and young people to make the difference.

There was a discussion about the required capacity of partnership and how the effectiveness of the partnership could be measured. Noted that this will require partner's identifying gaps in light of the inspection and responding to the findings a partnership. Noted that the MASH [Multi Agency Safeguarding Hub] require considerable re-alignment and close working with the Police to generate the right direction of help. It was essential to have a multi agenda approach to early help and the partnership have a bigger stronger presence.

Noted that the next steps to meeting the requirements of the inspections findings would be considered by Cabinet.

19. MENTAL HEALTH AND WELLBEING FRAMEWORK 2015 - 2018: OVERVIEW OF ACHIEVEMENTS AND WHAT NEXT?

Continuing the theme, of collective partnership working to improve the mental health and wellbeing of Haringey's residents, the Health and Wellbeing Board and Community Safety Partnership board were asked to note the progress made over the last two and a half years in relation to the recommendations from the Joint Mental Health and Wellbeing Framework.

There had been joint consideration on ways of working together and across the partnership in order to strengthen delivery of an integrated crisis care pathway. This included a focus on prevention and an example was provided of the partnerships work on high-level needs which it felt had improved. The work on crisis and acute pathways, and the joined up approach to tier two services was further referenced and the need to improve on the rehabilitation offer.

Early intervention in mental health, which builds on partnership model, was referenced. There was further consideration of the partnership and boards support for the CAMHS plan and the direction of travel, which was hoped would secure specific commitments to the adoption of the SIM[Severity, Impact modelling] model and to collaborate in the development of the next commissioning plan which would be produced by the Autumn.

The following comments were made in discussion:

- In considering the presentation from the Godwin Lawson foundation and the references by the Council / Public Health to community services, it was interesting to note that the term 'community' had different interpretations and meaning. For early intervention to work this needed targeting in grass roots community groups and it was important to understand how to reach these groups.
- It was important to further understand the best approach for early intervention in the community and how this would work i.e. through the voluntary sector or through public information campaign.
- Yvonne Lawson spoke about the health care provision in the community, particularly in schools, and parents understanding whom they needed to speak to about this.
- In relation to the mental health support, the need to intervene earlier by working with children in primary schools. The Schools Green paper would provide extra funding for working with schools with young people to support health and wellbeing.

- Noted that through the exploration of data, it was found that young people in the youth justice system had a disproportionately high mental health need and there was a need to account of this, in the framework, going forward, and ensure that support was sufficiently targeted.
- It was also important to consider care leavers accessing CAMHS services and ensure that, after they reach the age of 18, they continue to access appropriate mental health care services.
- It was important for the framework to convey how it was meeting equalities duties. Noted that there was more information on how the equalities obligations are met in the JSNA.

RESOLVED

1. To note progress made over the last two and a half years in relation to the recommendations from the Joint Mental Health and Wellbeing Framework
2. To note the intention to develop a three year Haringey adult mental health commissioning plan, to succeed the current Framework
3. To approve the 2017 Refresh of the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan subject to the national assurance process.

20. PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

The Assistant Director for Public Health introduced the report, which outlined that every Health and Wellbeing Board has a legal duty to publish an updated Pharmaceutical Needs Assessment (PNA) every 3 years. Haringey published its first PNA in February 2015 and therefore needed to publish an updated PNA early in 2018. The Board considered the draft PNA that was currently out to consultation and further noted the proposed process for sign off.

RESOLVED

1. To note progress made to date with respect to developing the revised PNA, in particular, the consultation on the PNA (at appendix 1);
2. To approve the timetable and arrangement set out in Paragraph 4 of the Report for consulting on, approving and publishing the revised PNA; and
3. To delegate to the Director of Public Health in consultation with the Chair of the HWB the authority to approve for publication the final PNA following consultation.

21. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016-2017

The meeting noted that the Safeguarding Adults board were required to publish an annual report in relation to the preceding financial year, on the effectiveness of safeguarding in the local area. The Annual Report gave details of progress on priorities and Strategic Plan 2015-18; sets out how effective the HSAB has been over the 2016/17 year; provides detail on the SARs that it has commissioned, and

describes how its partners have contributed to the work of the Board to promote effective adult safeguarding.

The enclosed report also included progress on the Strategic Plan priorities for 2016-17.

RESOLVED

To note the report.

22. MINUTES

The minutes of the Health and Wellbeing Boards for the second of March 2018 and 19th of June 2018 were approved as a correct record.

23. NEW ITEMS OF URGENT BUSINESS

None

24. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

Des Fahy expressed his thanks to the outgoing Chair and Cabinet Member for Communities for their work in building a strong partnership.

CHAIR: Councillor Claire Kober

Signed by Chair

Date

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