

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD MEETING IN COMMON WITH THE COMMUNITY SAFETY PARTNERSHIP

Wednesday, 13th July, 2022, 2.00 pm - Microsoft Teams (watch the live meeting [here](#) and watch the recording [here](#))

Members: Please see list attached under item 2.

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. 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', 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 - 4)**

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 12).

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, AND PETITIONS

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

7. MINUTES (PAGES 5 - 10)

To confirm and sign the minutes of the joint meeting held on 8 December 2021 as a correct record.

8. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

9. NATIONAL DRUG STRATEGY - FROM HARM TO HOPE: A 10-YEAR DRUGS PLAN TO CUT CRIME AND SAVE LIVES (PAGES 11 - 28)

Presentation by Joe Benmore and Sarah Hart.

10. PRESENTATION ON VIOLENCE AGAINST WOMEN AND GIRLS (PAGES 29 - 32)

Presentation by Dr Chantelle Fatania.

11. ANTI RACISM AND TACKLING INEQUALITIES (VERBAL UPDATE)

Verbal update. Presentation by Christina Andrew.

12. NEW ITEMS OF URGENT BUSINESS

13. FUTURE AGENDA ITEMS AND MEETING DATES

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

To note the dates of future meetings:

11 January 2023

Nazyer Choudhury, Principal Committee Co-ordinator

Tel – 020 8489 3321

Fax – 020 8881 5218

Email: nazyer.choudhury@haringey.gov.uk

Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

George Meehan House, 294 High Road, Wood Green, N22 8JZ

Tuesday, 05 July 2022

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Appendix B
Community Safety Partnership - Membership List

	NAME OF REPRESENTATIVE
Statutory partners/CSP members	<p>Cllr Adam Jogee, (Co-chair) -Cabinet Member Economic Development, Jobs, and Community Cohesion</p> <p>Caroline Haines Borough Commander (Co-chair), Haringey Metropolitan Police</p> <p>Cllr Brabazon, Cabinet Member for Schools and Families</p> <p>Cllr L/D tbc</p> <p>Keith Wilson, Borough Fire Commander, Haringey Fire Service</p> <p>Rachel Lissauer, Director of Commissioning, Haringey Clinical Commissioning Group</p> <p>Mark Landy, Community Forensic Services Manager, BEH Mental Health Trust</p> <p>Geoffrey Ocen, Chief Executive, Bridge Renewal Trust</p> <p>Joanne McCartney, MPA, London Assembly</p> <p>Eubert Malcolm, Interim Director for Environment and Neighbourhoods</p> <p>Dr. Will Maimaris, Director Public Health, Haringey Council</p> <p>Ann Graham, Director of Children Services, Haringey Council</p> <p>Beverley Tarka, Director Adult &Health, Haringey Council</p> <p>Jessica Ralph, Victim Support</p> <p>Tony Hartney, Safer Neighbourhood Board Chair</p>
Supporting advisors	<p>Jo Benmore</p> <p>Sarah Hart, Commissioning Manager, Public Health Committee Secretariat</p>

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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	* Cabinet Member for Health, Social Care, and Wellbeing – Chair	Cllr Lucia Das Neves
			* Cabinet Member for Children, Schools and Families	Cllr Zena Brabazon
			* Cabinet Member for Climate Action Environment, Transport, and Deputy Leader of the Council	Cllr Mike Hakata
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
	NHS	North Central London Clinical Commissioning Group (CCG)	4	* Governing Board Member – Vice Chair
Governing Board Member				John Rohan
Chief Officer				Paul Sinden
* Lay Member				<i>Vacancy</i>
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

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD IN COMMON WITH THE COMMUNITY SAFETY PARTNERSHIP HELD ON WEDNESDAY, 8TH DECEMBER, 2021, 2:00PM – 3:40PM

PRESENT:

Cllr Das Neves – Co-Chair – Cabinet Member for Health Social Care and Wellbeing

Cllr Perey Ahmet – Co-Chair, Leader of the Council

Cllr Erdal Dogan - Cabinet Member for Stronger and Safer Communities

Cllr Zena Brabozen - Cabinet Member for Early Years, Children and Families

Christina Andrew – Strategic Lead, Community and Inequalities

Eduardo Araujo - Snr Tottenham Community Safety Manage

David Archibald - Interim Independent Chair, Haringey Local Safeguarding Board

Charlotte Pomery - Assistant Director for Commissioning

PC Marco Bardetti – Metropolitan Police

Joe Benmore - Community Safety & Enforcement Team

Sandeep Broca - Community Safety & Enforcement Team

Simon J Crick - Borough Commander, Metropolitan Police

Zina Ethridge – Chief Executive

Sharon Grant - Healthwatch Haringey Chair

Ann Graham - Director of Children’s Services

Geoffrey Ocen - Bridge Renewal Trust Chief Executive

Will Maimaris – Director of Public Health

Latoya Ridge – Victim Support

Eubert Malcolm - Interim Assistant Director Stronger Communities

IN ATTENDANCE:

Natalie Fox – Barnet, Enfield and Haringey NHS Trust

PC Neil Billany - Metropolitan Police

Jackie Di Falco - Assistant Director for Early Help & Prevention

Jonathan Gardner - Director of Strategy, Whittington Health

Bev Hendricks – Assistant Director for Safeguarding & Social Care

Manju Likhman - Violence Against Women & Girls Strategic Lead

Detective Superintendent Seb Adeje Addoh - Metropolitan Police

Inspetor Scott Mason - Metropolitan Police

Chantele Fatania - Consultant in Public Health

PC Joe Derillo - Metropolitan Police

Frankie White – Business Manager, Commissioning Service

1. FILMING AT MEETINGS

The Chair referred to the filming of meetings and this information was noted.

2. WELCOME AND INTRODUCTIONS

The Chair welcomed everybody to the meeting.

3. APOLOGIES

Apologies had been received from Rachel Lissaur and Cllr Mike Hakata.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. MINUTES

RESOLVED:

That the minutes of the meeting held on 21 September 2020 be agreed as a correct record.

8. PRESENTATION ON VIOLENCE AGAINST WOMEN AND GIRLS

Mr Joe Benmore, Ms Chantelle Fatania and Mr Will Maimaris introduced the item.

The meeting commented that:

- The report was full of information and summarised many perspectives and issues very well.
- It was important to view the work partly as an early intervention strategy to ensure that an appropriate level of understanding was present in young people which would reduce the likelihood of individuals becoming perpetrators and victims in the future.
- It was important to note that not all forms of violence was reported and that the actual number of violence experienced by individuals was much higher than that which was reported.
- The Individuals suffering from violence often had families and the children and those families were also victims.
- A woman had been recently murdered in the borough and although the Police response was clear in that particular situation, more clarity was required from other agencies regarding their responses.
- Some work needed to be done regarding having more clear dialogue with young girls regarding the issue across schools in Haringey.
- More clarity was required when discussing Black and Minority Ethnic groups. More effort needed to be placed on ensuring that the correct language was used and groups which needed to be targeted for communication was clear.
- More joint communication was required regarding the issue whether it was between the Council, the Police or the Public Health team.
- An Expo Workshop had been held and one of the things highlighted by some of the groups at the workshop regarding accessing services for those who may be at risk. Raising awareness was also important regarding the issue. The Jewish Women's Group also raised issues regarding work that needed to be done in a more sensitive way. Further, it was also important to continue working with men and boys regarding the issue.
- The use of the word 'domestic' when referring to violence risked minimising the issue of violence.
- Whittington Health was doing some work with the Police and other organisations. However, as the hospital was technically located in Islington, some checks would have to be made to ensure that there was a cross-border working between Islington and Haringey.
- Mental Health and wellbeing were strands that should run through the processes in relation to tackling the issues raised as It could help set a useful framework for how to address the issues.
- The issues were long-standing and the issues also existed in relation to older women, many of whom would not go out at night due the level of concern.
- Statistics showed that the gender pay gap had not narrowed in the last 25 years. This was important to note as it was also not clear the extent to which women and girls were involved in all of the conversations regarding processes and services in general, including housing design, economic interventions and other areas. The lack of safety that women were under also resulted from systemic and cultural inequalities.

- Understanding intersectionality locally was also fundamental to ensuring all women's voices were heard.
- Consideration could be given to having a women's section when writing reports or policies. Issues which impacted on women's lives regarding designing infrastructure needed to be taken into consideration. Efforts also needed to be made regarding the removal of stigma for women to discuss their experience of violence.
- Youth services and youth work needed to address issues regarding the balance of power in relationships and how men exert power over women and how this played a role in violence against women and girls.
- It was important that discussion on violence issues be destigmatised like mental health issues had been and it was important to find role models who one would not have originally suspected to have suffered from domestic violence. This would help women to feel encouraged to speak out.
- Power regarding how domestic violence issues were dealt with largely lay with the Police with and it was important to consider how successful the Police were in dealing with the issues. Having clear methods on how issues were dealt with would encourage women engage with relevant authorities.
- Young people needed to be informed regarding what a healthy interpersonal relationships generally looked like.

The Chair invited everyone to reflect on the discussion and consider how the conversation could be progressed within the services and organisations moving forward.

RESOLVED:

That the presentation be noted.

9. PARTNERSHIP PLAN ADDRESSING RACISM AND RACIAL DISCRIMINATION

Ms Charlotte Pomerey, Ms Christina Andrew, Ms Lynette Charles, Ms Frankie White and PC Neil Billany introduced the item. The presentation included an overview of the Partnership Programme Plan and specifically highlighted areas such as economy and employment, workforce, community safety and policing and an overview of Operation Hampshire. This was an overview of Hate Crimes committed against the Metropolitan Police Officers and Staff working in Haringey and Enfield. A specific case was outlined where an officer had suffered considerable racist abuse and the processes put in place to support the officer to could help him be able to continue working as a Police officer.

RESOLVED:

That the progress made to date be noted

10. MEETING IN COMMON OF HARINGEY HEALTH AND WELLBEING BOARD AND HARINGEY COMMUNITY SAFETY PARTNERSHIP FORWARD PLANNING

The Chair stated that the work outlined at the meeting was large and should be the key items examined in the next few meetings.

The meeting noted the difficulties of holding a higher frequency of meetings of the Meeting In Common and therefore the Chair suggested that small breakout sessions be held to hold conversations regarding operational matters.

RESOLVED:

That the discussion be noted.

11. NEW ITEMS OF URGENT BUSINESS

There were none.

12. FUTURE AGENDA ITEMS AND MEETING DATES

To be confirmed. .

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date

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National Drug Strategy - From Harm to Hope: a 10-year drugs plan to cut crime and save lives

Joe Benmore Offender Management-Strategic Lead

Sarah Hart – Senior Commissioner Haringey Public Health

June 2022

Overview

This slide pack will give background to the discussion at the joint Community Safety Partnership and Health and Wellbeing Board –July 2022

The slide pack covers:

- Background info on drug related harms in Haringey
- An outline of the National Drugs Strategy
- New investment and expectations for delivery of an expanded local partnership response to drugs harm in Haringey with strengthened governance
- We need all the partners on the CSP and Health and Wellbeing Board to play their part in this work

Benefits of combating Illegal drug use in Haringey



Drug misuse harms families and communities



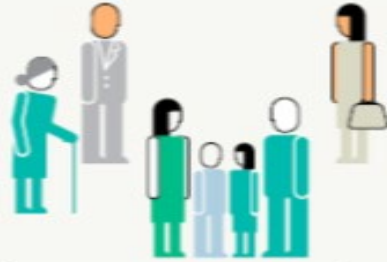
Parental drug use is a risk factor in **29%** of all serious case reviews



Heroin and crack addiction causes crime and disrupts community safety



A typical heroin user spends around **£1,400 per month** on drugs (2.5 times the average mortgage)



The public value drug treatment because it makes their communities safer and reduces crime. **82%** said treatment's greatest benefit was improved community safety

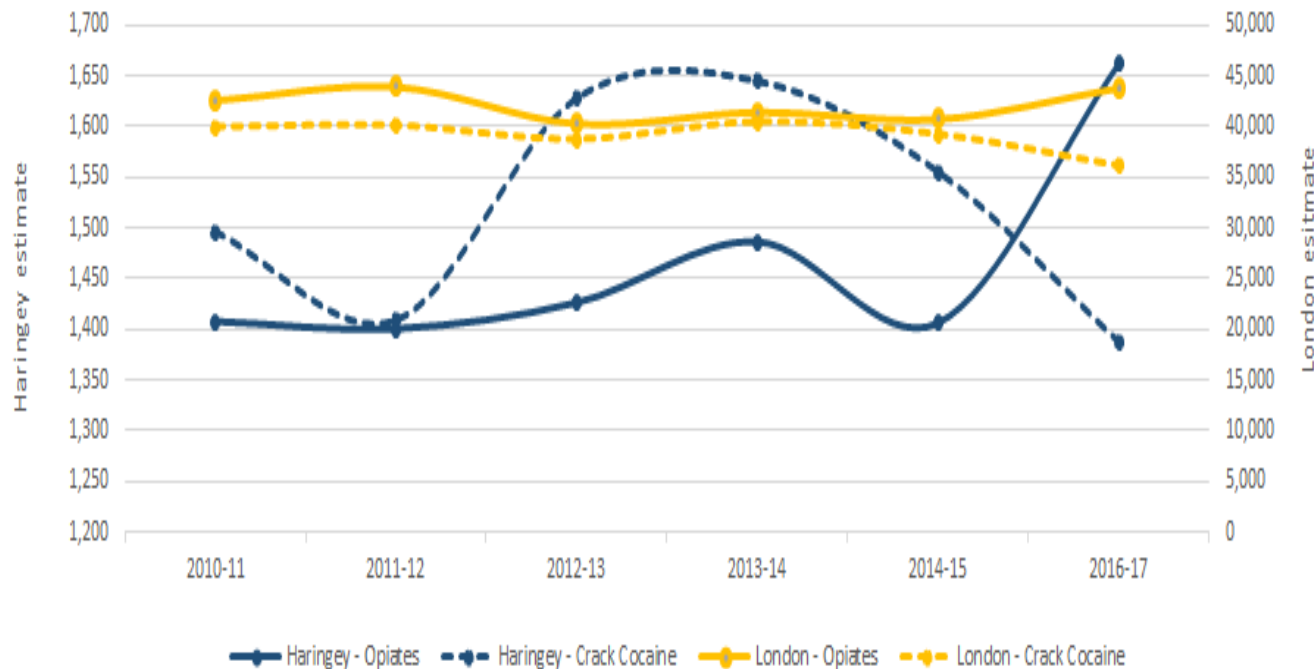


Prevalence of drug and alcohol use 2010/11 - 2016/17

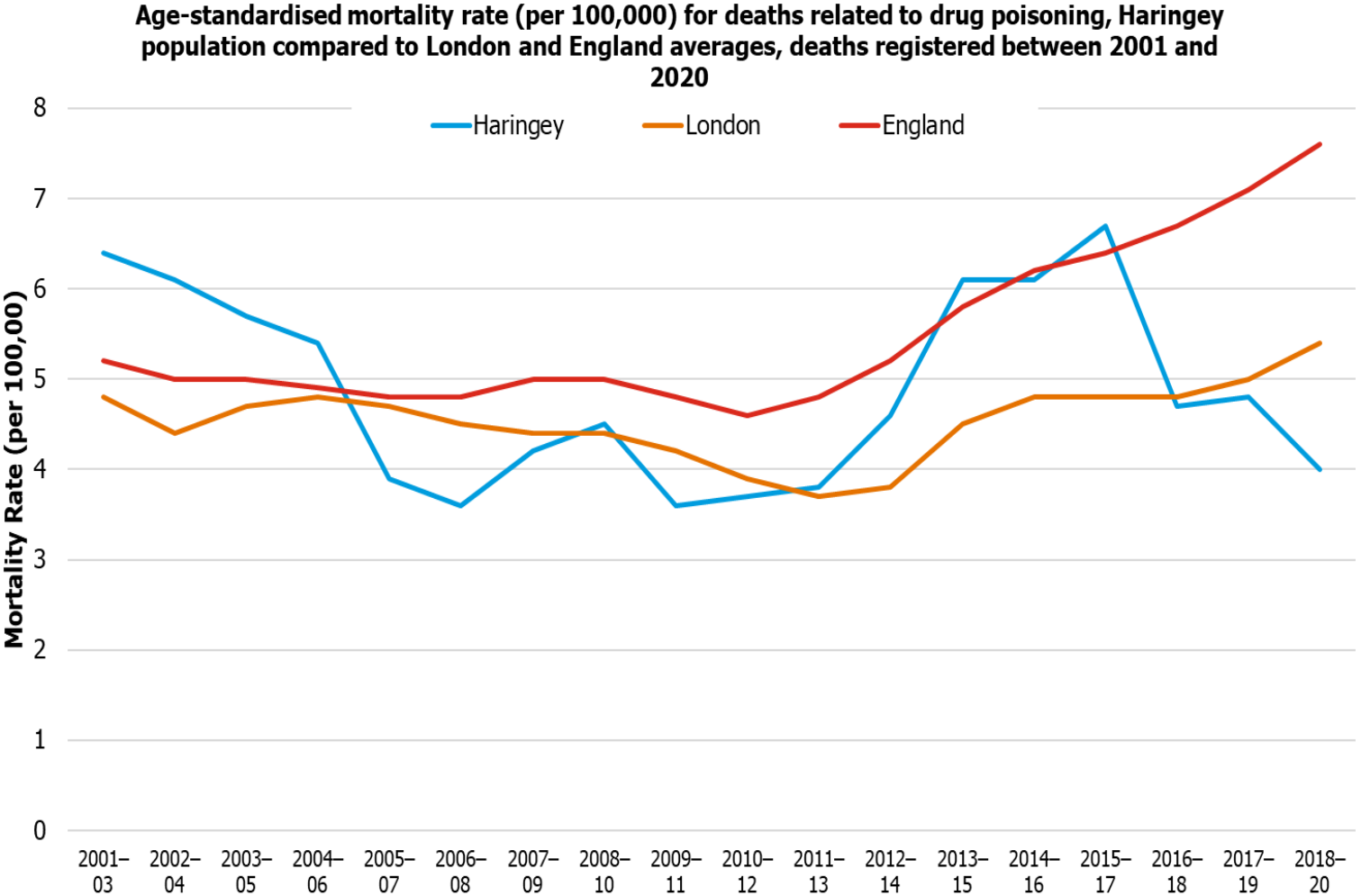
Type	Region	No. of users						2016-17 Rate (000) pop	Change (%) 16/17 - 10/11
		2010-11	2011-12	2012-13	2013-14	2014-15	2016-17		
Opiates	Haringey	1,407	1,400	1,426	1,486	1,406	1,662	8.54	18.1
	London	42,588	43,918	40,293	41,431	40,750	43,823	7.24	2.9
	England	261,792	256,163	251,257	258,737	257,476	261,294	7.37	-0.2
Crack Cocaine	Haringey	1,496	1,408	1,628	1,645	1,555	1,386	7.12	-7.3
	London	39,934	40,080	38,723	40,431	39,226	36,116	5.97	-9.6
	England	170,627	166,640	170,167	182,334	182,828	180,748	5.10	5.9

- Haringey has higher rates of Opiate and Crack-Cocaine users than both the London and national rate (2016/17)
- Opiates
 - There are 1,662 (8.54 per 1,000 pop) users in Haringey in 2016/17. This represents a significant 18% annual increase compared to a 8% London rise and 2% nationally for the same period
 - Similarly large 18% increase in users since 2010/11 compared to London's 3% increase and effectively no-change nationally
- Crack-Cocaine
 - There are 1,386 (7.12 per 1,000 pop) users in Haringey in 2016/17, notably less than the previous five year average of 1,546
 - Haringey's annual 11% reduction in users in 2016/17 was greater than both London's and England's falls of 8% and 1% respectively
 - Since 2010/11 Haringey has seen a 7% drop in users, less than the 10% reduction in London but better than the 6% increase seen nationally

National and local estimated number of people who use opiates & crack cocaine: 2010 - 2017



Age Standardised Mortality Rate (per 100,000) for Deaths Related to Drug Poisoning

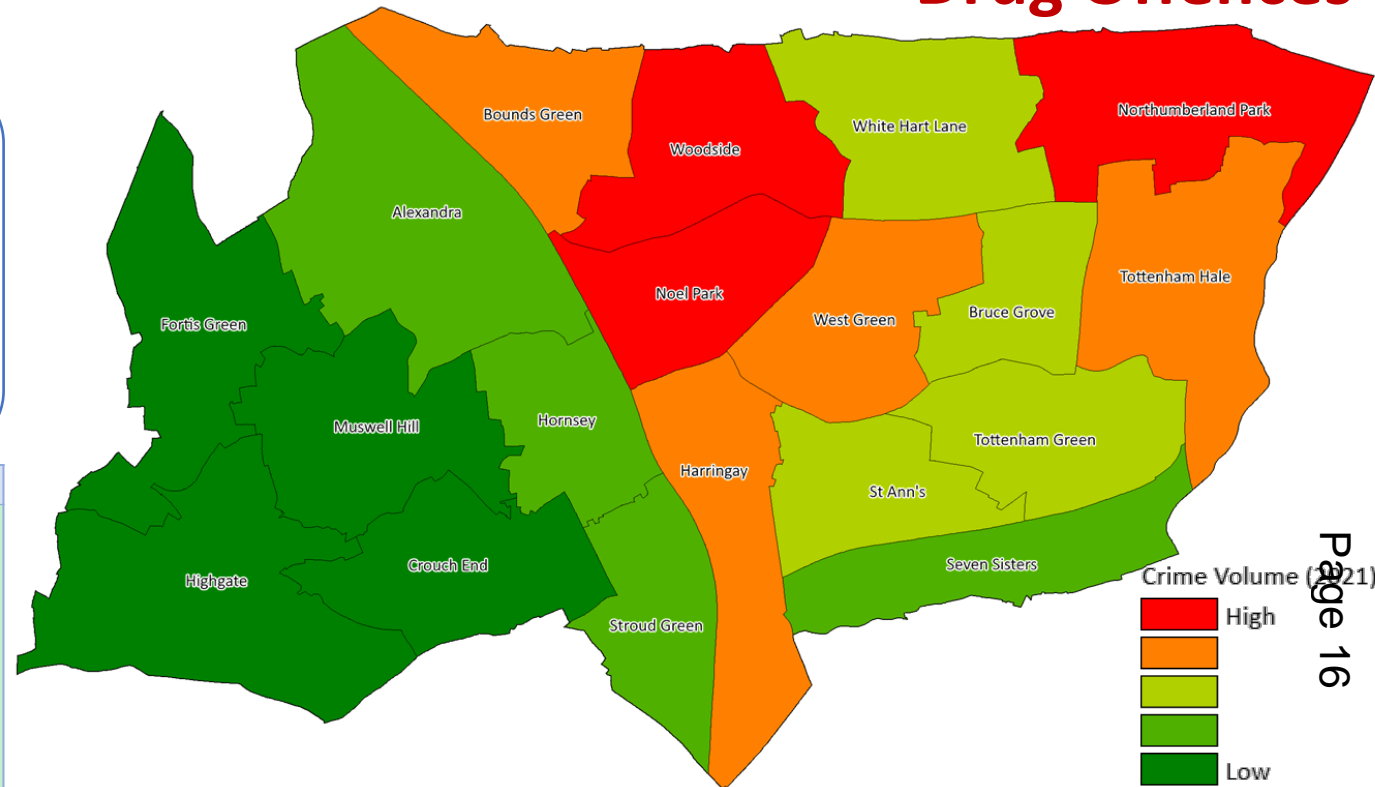


- The age-standardised mortality rate from drug poisoning related deaths in Haringey has been falling since 2015-17 as the average rates in London and England have continued to increase.
- The death rate in 2018-20 (4 per 100,000) is significantly lower than the England average (7.6 per 100,000).

Note: Age-standardised mortality rates per 100,000 population, standardised to the 2013 European Standard Population.

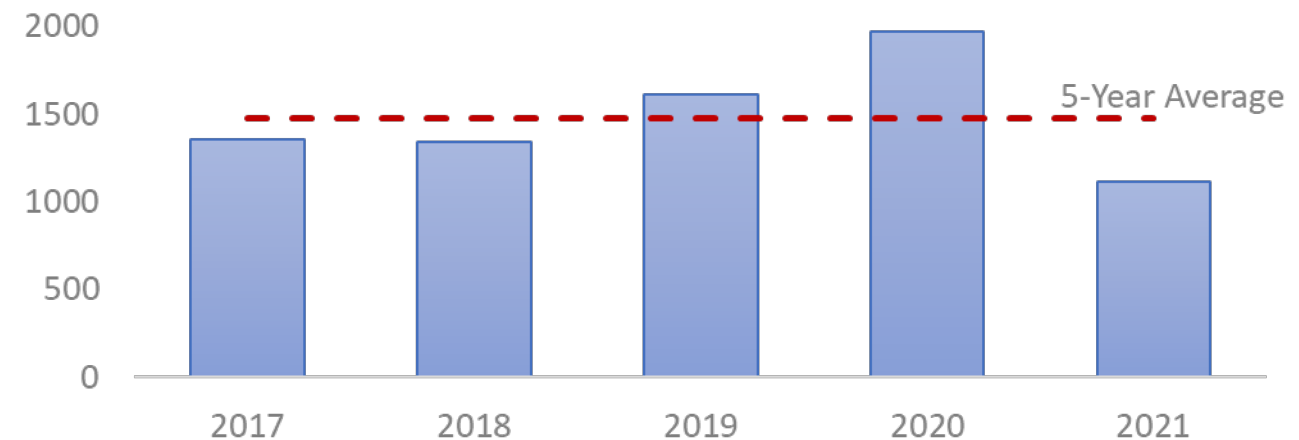
Source: Office for National Statistics

- Drug offences are the possession, consumption, supply of or the intent to supply illegal drugs. This also includes the trafficking of drugs.
- Haringey has experienced a 43.4% reduction in drug offences during 2021. 18 wards recorded a reduction in drug offences, with only Stroud Green experiencing an increase.
- 2021 levels of drug offences were below the 5-year average.



Ward	2020	2021	Change
Alexandra	51	41	-20%
Bounds Green	90	86	-4%
Bruce Grove	125	63	-50%
Crouch End	13	12	-8%
Fortis Green	15	7	-53%
Harringay	90	68	-24%
Highgate	13	7	-46%
Hornsey	57	42	-26%
Muswell Hill	19	9	-53%
Noel Park	169	110	-35%
Northumberland Park	223	151	-32%
Seven Sisters	89	43	-52%
St Ann's	112	50	-55%
Stroud Green	19	36	89%
Tottenham Green	309	64	-79%
Tottenham Hale	217	70	-68%
West Green	124	91	-27%
White Hart Lane	128	64	-50%
Woodside	106	100	-6%
Haringey Total	1969	1114	-43.4%

Drug Offences









National
Background
evidence -
Summary of Dame
Carol Black's
independent
review on Drugs
2021: key findings

- an estimated 300,000 people in England use opiates and or crack cocaine
- disinvestment in adult treatment with an **even greater reduction in funding for young people's specialist substance misuse services** and a growing level of unmet need
- there is a lack of oversight and accountability at a local and national level
- prolonged shortage of funding has depleted the workforce, resulting in a loss of skills, expertise and capacity from this sector
- caseloads have grown too high reducing the quality of treatment – 40 maximum
- there is a lack of specialist services, including inpatient detoxification and residential rehabilitation
- recovery support has been underfunded, including housing and employment support, and recovery communities
- there are high levels of physical and mental health need, without sufficient focus on drugs and alcohol within NHS and mental health services or within the workforce, and links with drug treatment are far too weak
- more than a third of people in prison are there due to crimes relating to drug use
- too few offenders are in treatment to make lasting change to their behaviour

Government response - From Harm to Hope 10 year drug strategy

Overview



National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none"> the proportion of the population reporting drug use in the last year (reported by age) prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none"> the number of drug-related homicides the number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> deaths related to drug misuse hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none"> the number of county lines closed the number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none"> the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

1. Breaking Drug Supply Chains:

The UK is Europe's largest heroin market The heroin and crack-cocaine market is estimated to represent [£5.1 billion per year](#) of the illegal drugs

Ministry of Justice plans include

- ✓ restricting upstream flow – preventing drugs from reaching the country
- ✓ securing the border – a ring of steel to stop drugs entering the UK
- ✓ **targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers**
- ✓ going after the money – disrupting drug gang operations and seizing their cash
- ✓ **rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide**
- ✓ **tackling the retail market – so that the police are better able to target local drug gangs and street dealing**
- ✓ restricting the supply of drugs into prisons – technology and skills to improve security and detection
- **Action** -Over the next three years, the strategy aims to:
 - **Close 2,000 more county lines distribution chains**
 - **Disrupt 6,400 organised criminal gangs**
 - **Recruiting 20,000 more police officers to grow Regional Organised Crime Units (ROCUs)**
 - **Utilising technology and developing the security and detection workforce to eradicate the flow of drugs into prisons**

2. Deliver a world-class treatment and recovery system:

£780 million ring-fenced investment for **the first three years**. This figure represents the “largest ever increase in treatment and recovery funding” and will help to deliver:

- ✓ 1. rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes
- ✓ 2. rebuilding the professional workforce
- ✓ 3. better integration of substance misuse services with physical and mental health services
- ✓ 4. improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- ✓ 5. improving employment opportunities – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
- ✓ 6. increasing referrals into treatment in the criminal justice system – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
- ✓ 7. keeping prisoners engaged in treatment after release – improved engagement of people before they leave prison and better continuity of care into the community

3. Achieving a shift in demand for recreational drugs:

With around three million people across England and Wales reporting having used drugs in the past year, this goal requires a “generational shift in the use of drugs”. To facilitate this societal shift, the strategy aims to develop a world-leading evidence base, which in turn hopes to:

- ✓ Develop a ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change
- ✓ 2. Applying tougher and more meaningful consequences – decisive action to do more than ever to target more people in possession of illegal drugs, and a White Paper next year with proposals to go further
- ✓ **3 School-based prevention and early intervention – including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school**
- ✓ **4. supporting young people and families most at risk of substance misuse – investing in a range of programmes that provide early, targeted support.**

Local Context: Haringey drug treatment new system funding

Table below shows existing core funds for substance misuse services and new funding coming into Haringey from government to support implementation of national drugs strategy (in green)

Source	2021-22 (projected)	Year 1 - 2022-23	Year 2 - 2023-24	Year 3 - 2024-25
Public Health Grant - Adult substance misuse spend	£4,189,000.00	£4,189,000.00	£4,189,000.00	£4,189,000.00
Public Health grant - YP substance misuse spend	£399,000	£317,000	£317,000	£ 317,000
Additional local investment – CCG, Adult social care and MOPAC	£277,585.00	£241,585.00	£241,585.00	£241,585.00
Supplemental substance misuse treatment and recovery grant		£795,342	£1,303,160	£2,515,389
Inpatient detoxification grant		£58,911	£58,911	£58,911
Total	£ 4,865,585	£ 5,601,838	£ 6,109,656	£ 7,321,885

Local context: Haringey Treatment performance Indicators and expected increase with new investment

Number of residents in treatment	baseline 21/22	% increase over 3 years
Alcohol	415	20%
Alcohol and non-opiate (crack, cocaine, cannabis etc)	510	34%
Opiate	741	11%
Total adults in treatment	1666	20%
Young people "in treatment"	115	43%

National ambition is 20% increase in those coming into structured treatment (clinical or psychosocial intervention)

Opiates 11% because we don't think there are that many more opiate users not in treatment – unmet need is in non opiates

Young people is high to bring us back to 2017-18 baseline

Initial plans for investment in 2022/23 in Haringey

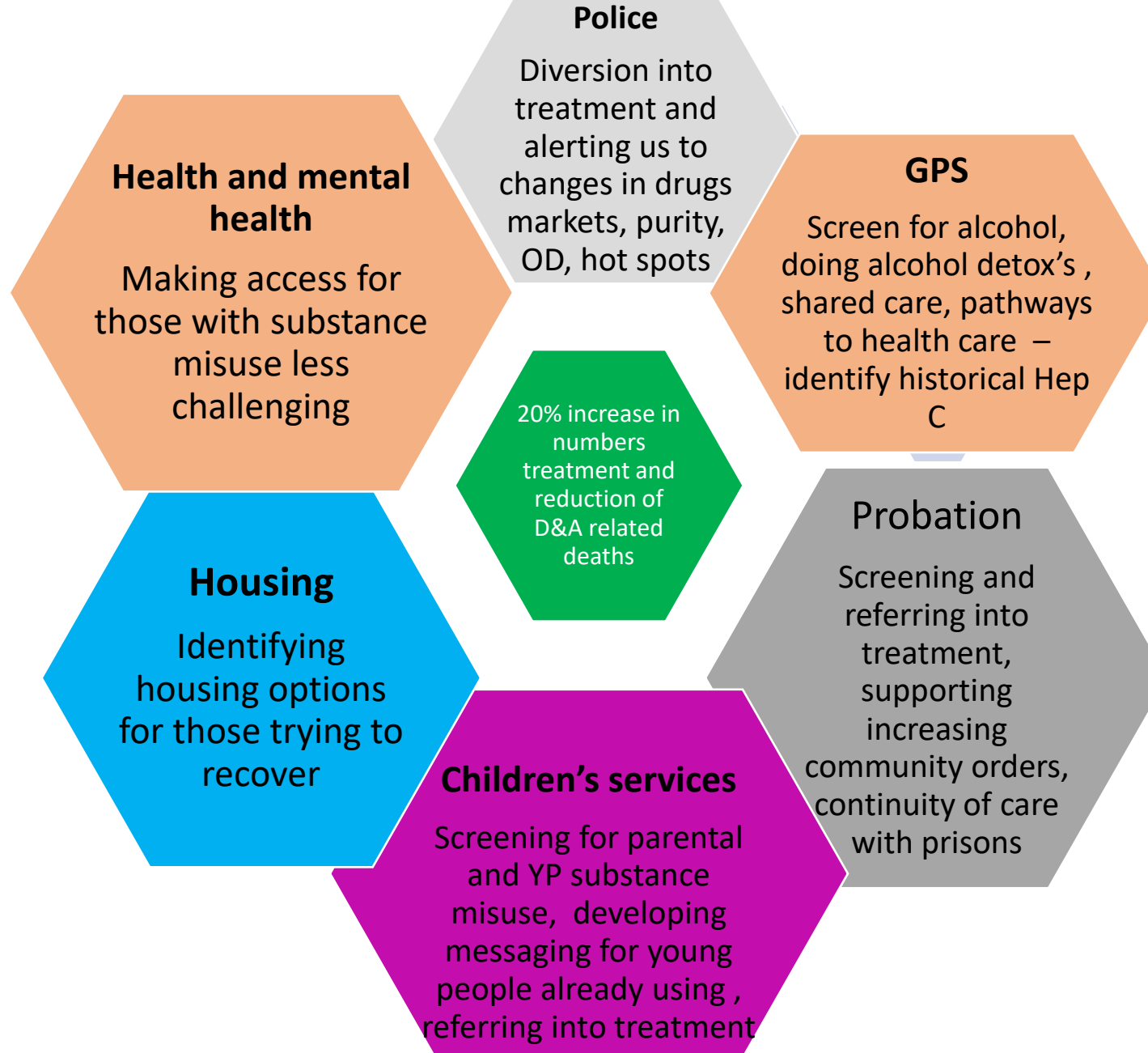
- Year 2 - Rough sleepers drug and alcohol team – (separate funding)
- Peer led all night outreach and drop in
- Peer led recovery project
- Criminal justice team
- New long acting treatment for opiate users
- Harm reduction and recovery workers
- Pharmacy overdose prevention program
- Haringey Works employment worker
- Federation primary care in reach
- Connected Communities in reach

Plans have been developed with staff and service users

Year one of new investment (22/23) is about building back, stronger and fairer. Putting additional services in to help clinical teams and key workers

We need a workforce strategy for year 2

Commitment sought from partners for treatment ambitions



New governance guidance for Local Delivery Partners

Requirements:

- Local Areas will set up Combating Drugs Partnership (CDP) by 1/09/2022
- Nominate a single local Senior Responsible Owner (SRO) who will represent and account for local delivery and performance to central government on the National Combating Drugs Outcomes Framework by 1/08/2022
- Have needs assessment work and a delivery plan in place by the end of 2022.

SRO – options

- Local authority elected leader
- Local authority chief executive
- Director of relevant local authority department (e.g. public health, children’s services, housing)
- Regional probation director
- Integrated Care Board (ICB) chief executive
- Senior police officer

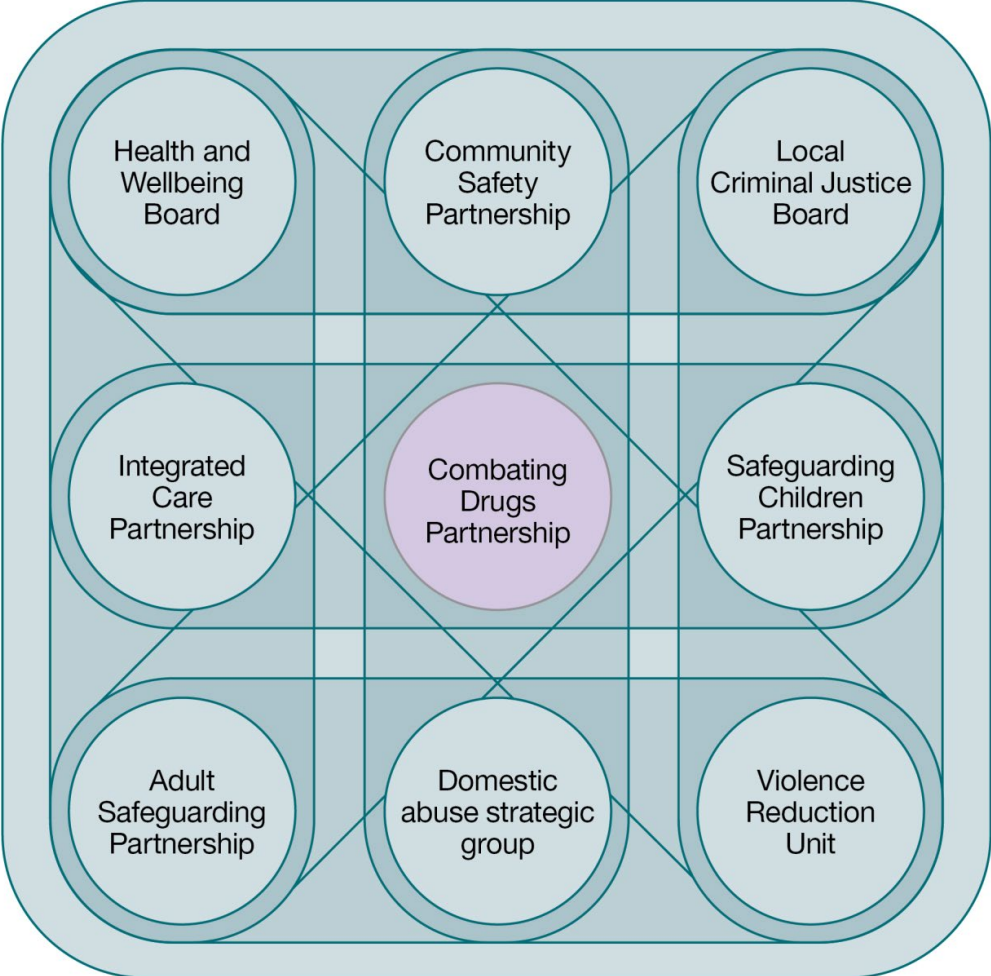
Minimum membership of the local strategic partnership body:



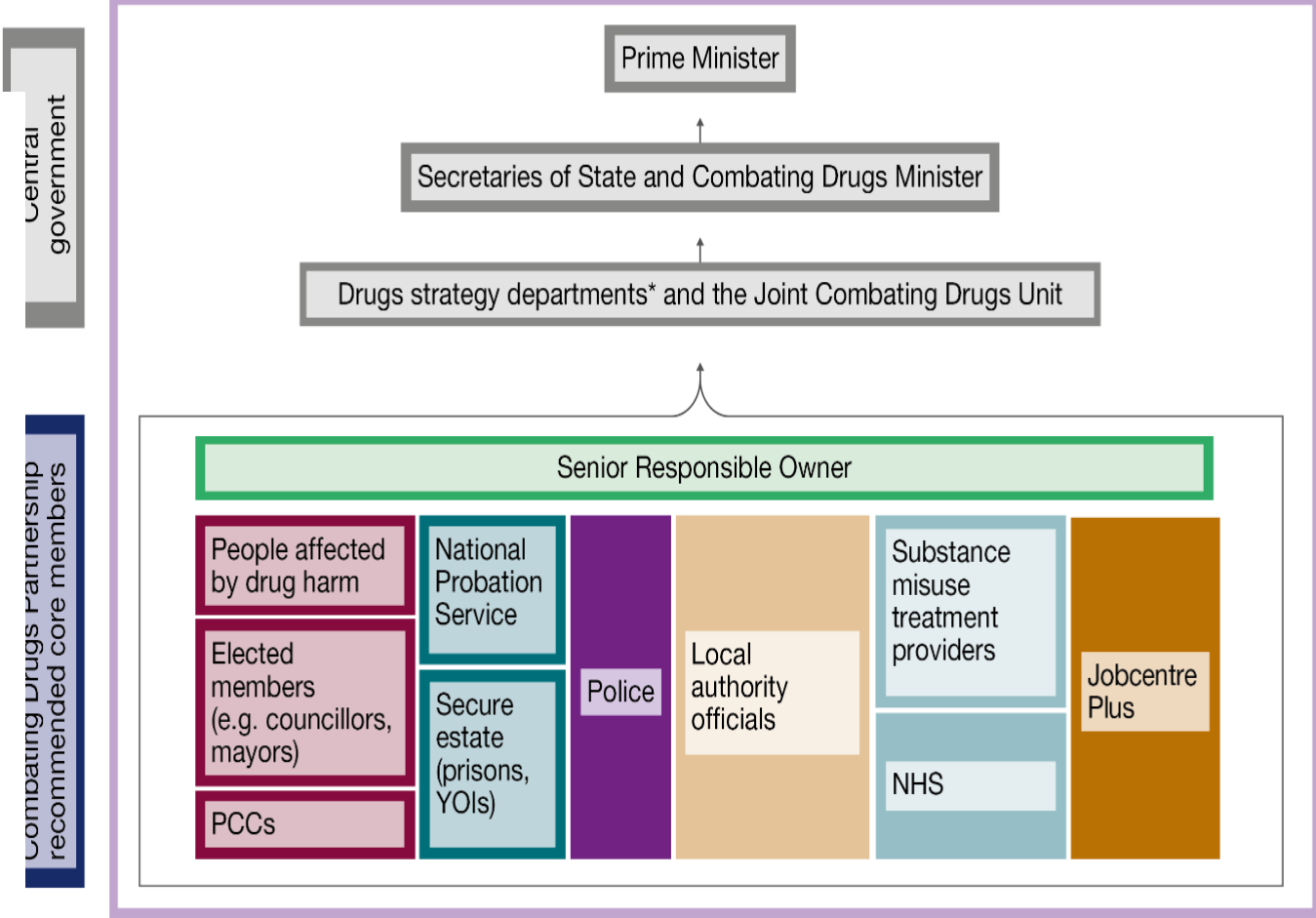
Local authority officials (including expertise in relevant areas - substance misuse, housing, employment, education, social care and safeguarding)

Guidance on Governance Local Combating Drugs Partnership (CDP)

Suggested position of CDP in relation to other boards



Governance on reporting on Combating Drugs Outcomes Framework



Key: External | MoJ sector | Home Office sector | DLUHC sector | DHSC sector | DWP sector

*Home Office, DHSC, MoJ, DLUHC, DWP, DfE

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VAWG UPDATE

Joint Meeting of the Community Safety Partnership & Health and Wellbeing Board

13th July 2022

VAWG Partners

Violence Against Women and Girls Strategy 2016-2026



END VIOLENCE AGAINST WOMEN AND GIRLS

Together we can stop it



Developing A Co-ordinated Community Response

1. **Coordinated Community Response (CCR) Community Engagement Pilot designed to develop an evidence-based approach to engaging with our communities on VAWG.**

- Pilot delivered from April 2021 to March 2022. Evaluation with recommendations for future delivery to be disseminated in July 2022.
- 32 Safe Spaces and 150 VAWG Community Champions trained. 21 half-day training sessions delivered since March 2021.

2. **VAWG Business Group set up to strengthen the response to VAWG across key agencies and tackle structural issues within the VAWG partnership.**

- VAWG Partnership Action Plan co-developed with North Area BCU. North Area BCU have set up a specialist domestic abuse unit called 'ADAPT' with 7 dedicated staff members as a direct result of gaps highlighted within the action plan. This is a unique intervention developed specifically for Haringey and Enfield, clearly demonstrating a positive impact of the action plan.

3. **3-year VAWG communications strategy developed to deliver a scaled approach to communications and engagement for priority target groups.**

- Multi-year, scaled campaigns aim to create a culture where VAWG is not tolerated through delivering clear and consistent messaging about unacceptable attitudes/behaviour.
- Communications plan details the planned activity, type/s of VAWG, intended outcomes, co-production activity, partners and plans for dissemination across three years for each target group: survivors, professionals and community-wide.

4. **Training and capacity building support for strengthening the VAWG partnership across key agencies and services.**

- HumanKind to deliver training to all Haringey drug and alcohol teams on early identification of domestic abuse.
- Commissioned DVIP to deliver a 6-session intensive training course on developing skills in holding perpetrators to account.
- Partnered with North London Rape Crisis to deliver four training sessions about sexual violence (over 50 trained) and Tender to deliver multiple sessions on the impact of domestic abuse on young people (over 100 trained)

- 1. Co-production of three videos developed by and for Haringey young people** focusing on challenging the high prevalence of victim blaming around sexual violence and other forms of VAWG ([link to videos here](#))
 - Young people helped design the approach, style, script and delivery for each film. 13 co-production sessions took place with 65 young people through various workshops with Solace Summer School of Power, Living Under One Sun young people group, Solace's Young Change Makers group and two groups of students from CONEL.
- 2. Solace Women's Aid commissioned to deliver training to key staff from all secondary schools by March 2023 on embedding a whole school approach to preventing sexual violence.**
 - Training offer will include two training sessions for different priority staff:
 - Training session 1 will focus on improving knowledge of how to identify and respond to sexual violence.
 - Training session 2 will focus on how to embed cultural change in education and youth settings to prevent 'Rape Culture'
- 3. Co-developed the 'Public health approach to supporting schools in preventing peer-on-peer abuse'** in partnership with the Healthy Schools Programme, Sexual Health and Anchor Project Teams, to summarise support available to schools through commissioned and partner services.
 - VAWG Coordinator delivered sessions on sexual violence myths, victim blaming and 'Rape Culture' at every secondary PSHE Leads forum.
 - Partnered with the Anchor Project to ensure VAWG messaging is embedded in KS1 and KS2 lesson plans and teachers' guides.
- 4. Continued to commission the Protect Our Women (POW) Project**, an educational training programme about preventing violence against women and girls, to deliver sessions in schools to support young people, staff and parents around healthy relationships.
 - POW trained 65 staff members across 7 secondary schools and colleges. Whole-school assemblies to over 250 pupils and delivered regular workshops and training about VAWG to a further 200 young people.

- Additional investment is being put into Haringey's VAWG services. Our service improvements are aligned with feedback we have had from our communities and front-line services, to capture the perspectives of women directly impacted by domestic abuse.
- There is ongoing funding for a domestic abuse support service for women from minoritised communities. This is provided through IMECE, who have already established an effective service and links in the borough.
- An independent domestic violence advocate to support LGBTQ people experiencing or at risk of abuse will start in July and this will be provided by a specialist organisation called GALOP.
- We are beginning the process of re-commissioning our core domestic advocacy service. There is additional investment into this service, to expand capacity and meet a wider range of needs. This service will support all women in Haringey, providing links to smaller specialist services and sub-regional support as needed.
- The new service will have a focus on supporting older women, women who are disabled and women who are experiencing multiple disadvantage. We are aiming to have the re-commissioned service in place by June 2023.
- Our new service model is based on previous feedback we have had from community organisations from community members, community groups and front line service providers. We will be doing some further engagement with our communities and front line providers on specific aspects of the new model to guide the service specification.
- We will commission a specialist domestic violence advocate who will work with young people and children under the age of 16.
- Wrap-around support for women in refuges is provided by Solace and this contract will be extended until Feb 2025
- We will be investing in a model to target behaviour change in domestic abuse perpetrators. We are finalising scoping of different options that have been effective in other areas and will soon have a preferred option to take forward and commission, working with key partners such as the police and probation service.
- Further information is available on our VAWG web pages [Violence Against Women and Girls \(VAWG\) including Domestic Abuse \(DA\) | Haringey Council](#)