Present: Councillor Bernice Vanier (Chair), Robin Charnley, Tamara Djuretic,

Kate Gilbert, Claire Kowalska, Mark Landy, Richard Mills, Marion Morris,

Nims Obunge, Winston Reid and Gurdip Singh

In Joan Hancox, Helen Chapman, Farzad Fazilat, Patrick Jones, Anne

Attendance: Lippitt, Tessa Newton and Stuart Young

MINUTE		ACTION
NO.	SUBJECT/DECISION	BY

HSP91.	APOLOGIES	
	Apologies for absence were received from the following:	
	Peter Lewis Sandra Looby Sam Evans Enid Legister Sajda Mughal Pamela Pemberton Jan Doust	
HSP92.	URGENT BUSINESS	
	The were no items of urgent business.	
HSP93.	DECLARATIONS OF INTEREST	
	No declarations of interest were made.	
HSP94.	MINUTES	
	Prior to confirmation of the minutes the following updates were provided:	
	HSP78 – Minutes The Board was advised that around 1,000 mentors were now being trained as part of the GLA mentoring project, a group of whom would be associated with Haringey and would be available to support the work of the Youth Offending Service and Gang Action Group. An update on this work would be presented to the next meeting.	Claire Kowalska
	<u>HSP79 – Performance highlights – financial year 2010/11</u> The Board was advised that none of the applications to the Victim and Witness Protection Fund made by Victim Support in London had been successful.	
	<u>HSP80 – Haringey Community Safety Plan 2011-14</u> The Board confirmed that, subject to the changes discussed at the previous meeting, the Haringey Community Safety Plan was formally agreed.	

HSP82 – Engaging with Mental Health Services

It was confirmed that a briefing note had been produced and would be circulated with the minutes of the meeting for information. Mark Landy was confirmed as the new representative for the Mental Health Trust on the Board.

HSP84 – Overview of new single Frontline

The item would again be deferred until next meeting.

RESOLVED:

That the minutes of the meeting held on 19 May 2011 be confirmed as a correct record.

Xanthe Barler

The Chair agreed to vary the order of the agenda to take the item on Review of Partnership Arrangements next.

HSP95. REVIEW OF PARTNERSHIP ARRANGEMENTS

Stuart Young, Assistant Chief Executive, presented the report on the Review of Partnership Arrangements, which set out the full list of recommendations arising from the research commissioned into partnership arrangements. Three key principles had been identified; that there should be a core partnership group that meets every six weeks, the only standing partnership bodies would be the shadow Health and Wellbeing Board and a Community Safety Board and task and finish groups would be commissioned to undertake specific pieces of work to deliver partnership objectives. It was intended that the new structure should focus on priorities and outcomes, and how these could be best achieved, and that streamlining the partnership body structure would reduce duplication.

The first meeting of the Joint Leadership Group was to meet later in the week and would include representatives from the police, Job Centre Plus, education and health. It was confirmed that Cllr Vanier would also be a member of this body. The body would focus initially on priorities and outcomes, and would adopt a commissioning approach to pieces of work necessary, using task and finish groups.

Concern was expressed that while there were discussions taking place at a regional level regarding partnership working and the role of Crime Reduction Partnerships, there appeared to be a dismantling of the partnership structure in Haringey. Concerns were also raised regarding where the decision would be made regarding which were the 'right' bodies to be involved in certain pieces of work, and what the involvement of the voluntary and community sector would be in taking these decisions. In response to some of these concerns, it was confirmed that the Community Safety Partnership would remain, and it would be the whole Board that would take any such decisions, which would include voluntary and community sector representatives. It was also intended that any sub-bodies, including and task and finish groups,

would remain fully accountable to the Board and report into Board meetings.

It was suggested that the terms of reference of the Board be revisited, and it was agreed that this would be useful given that, while the overarching responsibilities of the Board would remain the same, different ways of working with partners were being explored.

Stuart Young encouraged Board members in advance of the next meeting to think about the groups and sub-bodies already in place and to map these against the identified priorities and outcomes to ensure that there was as close a fit as possible. This could then be reflected upon at the next meeting.

All to note

It was reported that all of the previous sub-bodies of the Board were in the process of being reviewed as part of the move towards the Victim / Offender / Location model and were currently inactive pending the outcome of this review.

The Board welcomed the opportunity to look at increasing the efficiency of its work, but felt that greater communication was required around the ongoing review process, as not all of the Chairs of the sub-bodies of the Board had been aware that their activity was frozen. It was requested that the various sub-boards be consulted so that they could feed into the review process.

Claire Kowalska

RESOLVED

That the report be noted.

HSP96. | APPOINTMENT OF CHAIR FOR 2011/12

Cllr Vanier was nominated for Chair by Kate Gilbert, and this nomination was seconded by Richard Mills.

RESOLVED

That Cllr Vanier be appointed Chair of the Board for 2011/12.

HSP97. APPOINTMENT OF VICE-CHAIR

Sandra Looby, Borough Commander, was nominated for Vice-Chair by Claire Kowalska and this nomination was seconded by Richard Mills.

RESOLVED

That Sandra Looby be appointed Vice-Chair of the Board for 2011/12.

RESOLVED

The Board endorsed the Drug and Alcohol Strategic Manager as an

	ongoing Member of the Board.	
HSP98.	TERRORISM UPDATE	
	Detective Superintendent Gurdip Singh, representing the Borough Commander, advised that the current level of threat from terrorism for the UK was classified as "substantial". It was clarified that this indicated that there was a potential strong likelihood of an attack.	
	NOTED	
HSP99.	REGENERATING TOTTENHAM - INVESTMENT AND IMPLICATIONS FOR COMMUNITY SAFETY PRIORITIES Anne Lippitt, programme director for the Tottenham Regeneration Programme, addressed the Board in respect of the work of the Tottenham Regeneration Programme. The three key elements of the work were outlined as: 1) Continuity (handling the immediate aftermath of the riots, supporting local residents and businesses). 2) Confidence-building 3) Rebuilding Tottenham The Board was advised of the positive achievements that had been made, such as the establishment of the Community Assistance Centre and the Tottenham Fund to support residents and businesses affected by the riots, the successful lobbying for recovery funding, and the implementation of a 3 month exemption from business rates for affected businesses, which was in the process of being extended to 6 months. There was a need to increase confidence amongst traders, residents and people from outside the area in Tottenham as a place to visit. The 'I love Tottenham' campaign had been launched and would involve physical improvements to the High Road environment such as banners and hanging baskets, additional street cleaning, as well as t-shirts and bags with the 'I love Tottenham' logo, to enable people to show their support and promote the area. Bringing the Post Office back to the High Road was identified as a priority, as this had a significant impact on footfall locally, and work was progressing to achieve this. The Job Centre was currently operating out of Chenel, and it was intended that this would be consolidated in the short term by providing a Portakabin to enable the full range of Job Centre services to be offered on site. Work was progressing as quickly as possible regarding the Carpet Right and Aldi plots, and also to reinstate a Council presence at 639 High Road. Temporary uses were also being considered for some of the vacant sites, for example community gardens. The Community Panel, chaired by the Leader of the Council, aimed to unite the Borough in the recove	

regeneration work.

The Board was advised that a vision was needed in order to establish Tottenham as a place where people want to live, work and stay. Key elements were identified as business investment, open space and transport, jobs for local people, high quality housing and safe, secure, confident communities.

Promoting the strengths of the area was felt to be a key issue, as well as converting these strengths into a deliverable strategy. Ensuring that Tottenham Hotspur remained in the area was a key part of any regeneration effort, as a catalyst for further development. In addition to physical regeneration, social and economic regeneration was essential and must be centred around existing communities and how they could benefit. Tottenham could provide a new model for regeneration, leading to physical improvements alongside better homes and new jobs for local people.

The Board was advised that Sir Stuart Lipton had been appointed as a link / champion for Tottenham regeneration. It was felt that, working with partners, the regeneration programme should be ambitious in its bids for funding, outline bids for which needed to be submitted by early November. There were a number of community safety issues for consideration, which partners were encouraged to provide their thoughts on.

All to note

The Board expressed the view that it was essential to engage marginalised groups during the development of regeneration plans for the area. It was also emphasised that, with regards to the regeneration plan, any proposed initiatives should consider how they would benefit young people and also how proposals could incorporate and respond to the views of young people. In response to concerns raised regarding youth services in the area, it was noted that the Bruce Grove youth centre was not closed, and was still in operation for service users, although now based on a hub system.

The Board felt that there was an opportunity to provide a hub for shared services, for example health, employment, criminal justice, as having a range of services in one place could deliver real benefits and enable partners to pool resources. It was also suggested that talks with local businesses could build on work already achieved with the probation, health and DAAT services in supporting people back into work, alongside professional assistance. It was noted that Homes for Haringey were keen to play a part in community recovery work and were looking at mentoring and employment initiatives in respect of youth engagement.

The Committee noted the view that it is people that make a place and that regeneration should therefore start from this point, for example assisting young people and ex-offenders into employment and building aspiration. It was also suggested that consultation should actively target those groups requiring the most support so that they had a sense of ownership in the process. It was felt that issues such as the proliferation of betting shops in the area needed to be robustly addressed in order to

better reflect what was wanted for the future of Tottenham. In order to change the negative impressions of Tottenham, it was felt that people should identify and build on the genuine reasons there were to love Tottenham.

It was further noted that the Fire Service and Metropolitan Police would be looking to build into any proposals the highest level of safety standards so that the area did not just feel safer but was genuinely safer.

Board Members were encouraged to contact Patrick Jones or Claire Kowalska if they had any further ideas to feed into the process after the meeting, and it was suggested that, once the proposals relating to community safety were drawn up, these be circulated for the Board's endorsement and endorsed via the Chair. Anne Lippitt asked for any suggestions of specific groups to consult or meetings to attend to be forwarded on to her, and it was suggested that she attend the forthcoming Better Places Partnership Board as a way of contacting key stakeholders.

All to note

NOTED

HSP100. POST RIOT RECOVERY UPDATE AND SUMMARY OF CONSULTATION

Stuart Young addressed the Board regarding the Community Panel, Chaired by the Leader of the Council, which was formed of a range of community representatives and had the remit of actively listening to the whole community via a range of means, including the following;

- Focus groups engaging directly with young people, businesses, residents and institutions
- Opportunity to have your say a general call for information was being issued, and a set of questions would be set out to which responses were sought.
- Community debates and discussions a number of these had already been held and it would be useful for anybody holding notes of any such events to feed these into the work of the Community Panel.

People were encouraged to contact the Community Panel via the website and by email, details of which would be provided to all Board Members.

Stuart Young

The Board suggested that it would be very beneficial for the Community Panel to publicise those actions that had arisen in direct response to feedback that had been sent in, as a way of showing that they were acting on the information provided by the community.

It was acknowledged that effective engagement was always a challenge, and that work was ongoing to engage with as much of the community as possible, given that there were groups who were unlikely to attend events such as public meetings. It was suggested that use of social media such as BBM, Twitter, etc could be explored, and also that these could be tied in with the existing 'I love Tottenham' campaign via a

website, so that it was all in one place. It was also suggested that images of the Community Assistance Centre could be used to inspire people and make people proud of the area and what local people have achieved.

NOTED

HSP101. HALF-YEAR CRIME PERFORMANCE (APRIL - SEPTEMBER 2011)

Claire Kowalska presented the report on half-year crime performance, and advised that the increase in property crime compared with the previous year was a key concern. Violent crime indicators were broadly on track overall, although within those indicators there were significant increases in youth violence and crime involving a weapon and these were also key issues to be addressed. It was reported that there would be a discussion regarding youth offending and related issues at the December meeting.

Jan Doust / Linda

The Board noted the action plan that had been circulated, and it was noted that there were concerns with regard to Northumberland Park, where a significant majority of police activity was centred, and that this needed further monitoring. A further area of concern was Victim Support, given the loss in funding, particularly for support for young victims, and the news earlier in the meeting that none of the bids for funding from Victim Support in London had been successful.

RESOLVED

That the contents of the report be noted.

HSP102. DELIVERY PLAN REPRIORITISATION

Claire Kowalska presented the report on the progress against the delivery plan, and it was noted that the annual assessment would not be complete until December 2011.

The Board was advised that, in respect of developing an Integrated Offender Management model, a scoping document had been completed and meetings had been held, including a discussion with Avon and Somerset Police regarding their experiences. Board agreement that this was the direction they wanted to move in was required in order to then make plans for implementation and develop a project plan.

The Metropolitan Police were asked to comment on any specific areas of work relating to the concerns regarding crime performance as raised in the previous agenda item. Detective Superintendent Gurdip Singh advised that there was now an Intelligence resource working on prevention measures in relation to gang activity. It was reported that the Intelligence structure was moving towards a Victim Offender Location model, this was in the process of implementation and should be in place by the end of November. With regards to property crime, it was reported

which might be of use to the police in its own intelligence work around	Richard Mills / Gurdip Singh
RESOLVED	
crime (inc weapons and gangs) and engagement with victims κ of crime;	Claire Kowalska
	Kate Gilbert
	All to note
HSP103. INTEGRATED OFFENDER MANAGEMENT	
This issue had been covered in discussions earlier on the agenda.	
HSP104. MENTAL HEALTH PARTNERSHIP LIAISON	
The Board was advised that work was taking place with the Mental Health Trust to provide training and guidance for frontline staff, and also a single point of contact for information on mental health issues. Work was also ongoing regarding the formation of clearer working relationships. NOTED	
HSP105. NEW ITEMS OF URGENT BUSINESS	
There were no new items of urgent business.	
HSP106. ANY OTHER BUSINESS	
There was no business raised under this item.	

HSP107. DATES OF FUTURE MEETINGS The dates of further meetings, set out below, were noted: 12pm, 15 December 2011 12pm, 1 March 2012 The meeting closed at 1.50pm.





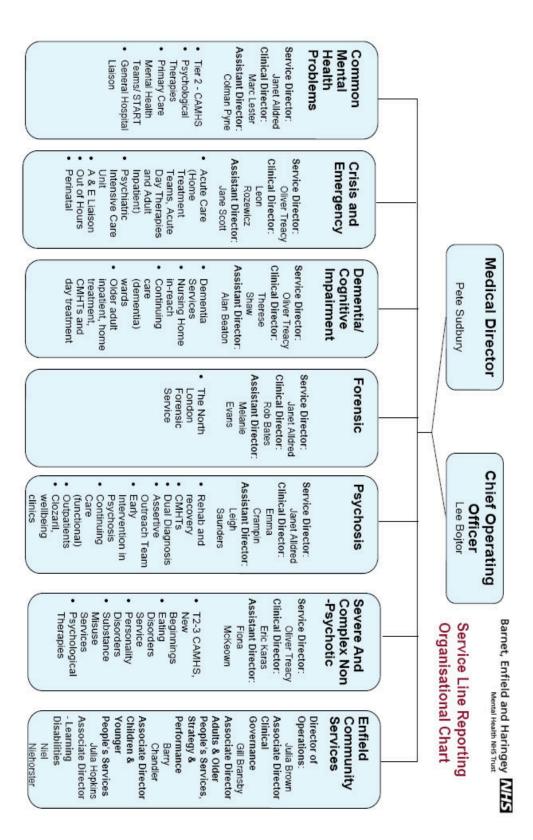


An introduction to Service Lines and key service managers' contacts

A electronic booklet for health and social care partner agencies

The information in this booklet is aimed at those who have a professional interest in the grouping of frontline care services into Service Lines. If you are interested in services near to where you live, please use the our services directory which is organised by borough. Service Lines are a way of organising the management of services by the type of care they provide. The Trust has moved from a structure based on boroughs to this Service Line system which will be helpful in the future when commissioners will pay for providers of mental and community health services by results. This form of organisation also allows us to ensure that patients in all boroughs with similar needs are supported by services based on the same best practice principles. The Trust has seven clinical Service Lines, six providing mental health care and Enfield Community Services which provides physical healthcare to people in their homes and the community in Enfield. The Trust has two Service Directors who each co-ordinate three three mental health Service Lines, while each mental health service line has a Clinical Director providing clinical leadership, supported by an Assistant Director. Enfield Community Services is a service line in its own right; it has a slightly different internal management arrangement, reflecting the nature of its services.

We are developing a online directory of key contacts in each service line. This will be available by the end of August. In the meantime you can download and print if you wish



Page | 1 Edition 1 issue 1a updated 05/08/2011

Psychosis Service Line

This service line is dedicated to providing a range of services to meet the needs of service users experiencing psychosis.

The teams within the Psychosis Service Line will, following assessment, focus on the following presenting problems:

- · Schizophrenia schizoaffective disorder
- Other psychiatric disorder, e.g. delusional disorder
- . Bi-polar affective disorder and psychotic depression

Service Users will be allocated to the following services according to their needs.

The Community Support and Recovery Teams (CSRT's)

The CSRT's will provide the following treatment and interventions

- Specialised medical psychiatric treatment, including prescribing and advisory consultation
- Psychological treatments and interventions including, CBT individual and group, family therapy and family work
- Nurse led clinics providing interventions for service users on Clozapine and long lasting intra-muscular injections provided via the Wellbeing and Clozapine Clinic
- · Family education
- Carer assessment and support
- · Psycho-education for service users, family and carers
- · Community care assessments and provision of enabling social care services
- Employment and education support with welfare advice
- ADL assessment
- Psychometric assessment and formulation
- · Access to specialist forensic assessment
- Mental Health Act assessments
- Assertive outreach home-based input for service users needing a higher level of support

Team	Address	Manager
East Barnet Community	Springwell Centre,	Pauline Davis
Support and Recovery Team	Barnet General Hospital	
	020 8216 5024	
West Barnet Community	Dennis Scott Unit,	Sharon Thompson
Support and Recovery Team	Edgware Community	
	Hospital	
	020 8951 2072	
East Enfield Community	58-60 Silver Street	Avi Nundoo
Support and Recovery Team	020 8379 4142	
West Enfield Community	The Lucas Building	Cynthia Robinson
Support and Recovery Team	Edmonton	
	020 8887 0606	
East Haringey Community	Lea Unit,	Paul Holden
Support and Recovery Team	St. Ann's Hospital	
	020 8815 3317	
West Haringey Community	Canning Crescent Health	Jeni Plummer
Support and Recovery Team	Centre	
	020 8829 1000	

Wellbeing Teams

The wellbeing and clozaril clinic provides the following care for service users:

- A clozaril and long lasting intra muscular injections.
- A physical health check.
- It also provides a range of physical interventions/tests if required.
- · Advice and guidance on medication.
- Help with any social care issues.
- A collaborative and partnership approach with GPs and other partner agencies.

The wellbeing model will be developed to include a number of physical health priorities such as smoking cessation and weight management.

Team	Address	Manager
Barnet Wellbeing Team	Springwell Centre, Barnet General Hospital 020 8442 6287	Cathy McCaffrey (Acting)
Enfield Wellbeing Team	The Lucas Building Fore Street, Edmonton 020 8887 0606	Emmanuel Ndisang (Acting)
Haringey Wellbeing Team	Bruce Castle Ward, St. Ann's Hospital 020 8442 5451	Donna Perryman

Early Intervention Services

The Early Intervention Service (EIS) within the Psychosis service line is dedicated to the assessment and management of young people who have presented to specialist mental health services with a first episode of psychosis, or who are in the first three years of psychotic illness. There is currently one EIS in each of the boroughs of Barnet, Enfield and Haringey.

The EIS offers multi-disciplinary clinical interventions including:

- Administration of anti-psychotic medicines
- Cognitive behaviour therapy for psychosis and emotional problems, including depression and anxiety
- Family interventions
- Vocational recovery
- Relapse prevention
- A harm minimisation approach to substance misuse

Team	Address	Manager
Barnet Early Intervention	Dennis Scott Unit,	Don Ryan
	Edgware Community	
	Hospital	
	0208 951 2005	
Enfield Early Intervention	The Lucas Building	Peter Tapang
	Fore Street, Edmonton	
	020 8887 0606	
Haringey Early Intervention	Canning Crescent Health	
	Centre	
	020 8829 1000	

Community Rehab/Recovery Services

Within the Psychosis service line, there will be one team in each borough, and they will operate under the ethos of the Recovery Model of Care such as;

- · Developing individuals through the identification of needs and strengths
- Negotiating jointly with each service user's achievable goals
- · Addressing stigma, discrimination and social exclusion
- Promoting safety whilst applying/encouraging positive risk taking
- Assisting in the development of coping and relationship skills to improve and maintain good health.

Interventions will be delivered in collaboration with service users. In addition, and as an integral part of each service user's recovery journey, the Community Rehab/ Recovery Teams will provide direct therapeutic clinical interventions.

Service users will have a primary diagnosis of psychosis and receive 24 hour accommodation based support.

This style of working will enhance the day-to-day experience through an increase in meaningful interventions, and in particular promoting recovery.

Team	Address	Manager
Barnet Community Rehab.	Springwell Centre,	Dolly Tait
Team	Barnet General Hospital	
	020 8216 5387	
Enfield Community Rehab.	The Lucas Building,	Lucy Omezi
Team	Fore Street, Edmonton	_
	020 8887 0606	
Haringey Community Rehab.	N/O Block	Shireen Hussain-Roy
Team	St. Ann's Hospital	_
	020 8442 6313	

Full Addresses

Enfield, EN1 3EP

Barnet General Hospital, Dennis Scott Unit,

Wellhouse Lane, Edgware Community Hospital,

Barnet, EN5 3DJ Burnt Oak Broadway, Edgware, HA8 0A

58-60 Silver Street, The Lucas Building,

305-309 Fore Street, Edmonton, N9 0PD

St. Ann's Hospital, Canning Crescent,
St. Ann's Road, 276-292 The High Road,
London, N15 3TH London, N22 8JY

Complex Needs Service

The Complex Needs Service brings together provides out-patient psychological therapy, as well as comprehensive integrated care packages for service users with complex problems on CPA without a diagnosis of psychosis. The service is comprised of three Complex Needs Teams with one in each of the three Trust boroughs. The Teams have an active recovery-focused ethos of providing treatment with an emphasis on psychological interventions and therapy. Other elements of the service include support to facilitate appropriate access to social services care where needed, including community care assessments, and carer assessment and support.

The multi-disciplinary teams are jointly led by a team manager and a consultant clinical specialist, with team members including psychiatrists, psychological therapists, community mental health nurses, occupational therapists, social workers, associate mental health workers (AMHWs) and administrative staff.

There are three treatment tracks within the service:

- Specialist Treatment Track: Targeted specialist treatments for conditions with evidence based protocol driven or manualised treatments (e.g. for conditions such as complex PTSD and severe OCD).
- Single intervention Track: a range of individual, couple, family and group
 psychological therapies where there is evidence that these will be effective (e.g. CBT,
 psychodynamic therapy, systemic therapy, CAT).
- **CPA Track**: Care coordinated, recovery focused, multi disciplinary team support for those with the most complex presentations.

Each patient has a personalized care programme based on a standard care package with elements of care selected from a group menu and a range of models of therapy. There is a three phase approach to treatment:

- Phase 1: Engagement, assessment, formulation and care planning
- Phase 2 Active treatment and focused therapeutic work
- Phase 3 Community reintegration

Specialist input is provided where needed from staff within other specialist teams in the service line (including substance misuse, personality disorders and eating disorders).

Team	Address	Manager
Barnet Complex Needs	Dennis Scott Unit, Edgware	Caroline Goodfellow
Team	Community Hospital	
	020 8951 2010	
Enfield Complex Needs	Chase Building,	Patricia McHugh
Team	Chase Farm Hospital 020 8375 1988	
Haringey Complex Needs	Halliwick Centre	Jackie Pickup
Team	St Ann's Hospital	
	020 8442 6528	

Common Mental Health Problems Service Line

This service line is dedicated to providing a range of services according to service user's needs, following their experience of common mental health problems.

The teams within the Common Mental Health Service will, following assessment, focus on the following presenting problems:

- · Mild to moderate depression
- Mild to moderate anxiety
- · Medically unexplained symptoms

Common Mental Health Service Line includes -

- The Trust's single point of access INTAKE service
- Primary Care Mental Health Teams
- 24 hour walk in Acute Assessment Centres
- Hospital at Night
- · Mental Health in Medical Settings

INTAKE

- INTAKE is the single point of entry for referrals to the Trust specialist secondary mental health services, providing screening, initial assessment, and signposting to trust-based or other services as required
- All new clients with a presenting mental health problem referred to INTAKE or clients
 who have been discharged from all Trust Services longer than 2 years will be offered
 an initial face to face assessment by the Primary Care Mental Health Teams in Enfield
 and Haringey and will be referred on as appropriate to receiving teams based on their
 primary presenting problem
- Intake aims to ensure that Service Users receive screening, signposting and
 assessment at the most appropriate time, in the least restrictive and stigmatising
 setting, giving priority consideration to the Safeguarding of Children and Adults.

Service Users will be allocated to the following services according to their needs:

Primary Care Mental Health Teams (PCMHTs)

The PCMHTs will provide the following treatment and interventions

- Initial assessment and signposting as appropriate for people who are referred to the Trust for the first time, or who have been discharged from the Trust for two years or more, following triage by INTAKE
- Specialised medical psychiatric treatment, including prescribing and advisory consultation
- · Referral on to Complex teams following on as appropriate
- Short term psychological treatments and interventions including, CBT individual and group therapy and family work
- · Carer assessment and support
- Psycho-education for service users, family and carers
- Community care assessments and provision of enabling social care services
- Employment and education support with welfare advice
- ADL assessment
- Psychometric assessment and formulation
- Mental Health Act assessments

Primary Care Liaison and Education

Team	Address	Manager
Primary Health Mental Health Team (PCMHT)	Dennis Scott Unit Edgware Community Hospital 020 8951 2142	Osvaldo Soetsane
Enfield PCMHT	Crown Lane Clinic Southgate 020 8361 1770	Debbie Morgan
Haringey Start/ERC	St Ann's Hospital 020 8442 6706	Georgina Osei-Brenyah

Acute Assessment Centre (AAC)

- 24-Hour walk in service for people requiring support for an acute mental problem
- Place of Safety for people placed on Section 136 of the MHA by the police
- · Provision of out of hours advice for callers regarding mental health problems
- Mental Health referrals from Acute Hospital A&E

Team	Address	Manager
Barnet Acute Assessment Centre	Springwell Centre Barnet General Hospital Site 020 8216 4893	Osvaldo Soetsane
Enfield Emergency Assessment Centre	Chase Building Chase Farm Hospital Site 020 8375 1122	Debbie Morgan

Hospital at Night (H@N)

Based at AAC out of hours provision for

- · Triaging all calls to the service
- Initial assessment, including examination and treatment plan for people accessing Trust services
- · Triage assessments of Inpatient ward calls
- · Co-ordination of clinical activity

Mental Health in Medical Settings

- Medical advice input to wards at North Middlesex Hospital
- A&E Liaison (not 24 hours): Initial Nurse-led Mental Health assessment for adults referred by A&E at North Middlesex following triage. Referral on to trust-based services, or signposting as required

 Inpatient Liaison Psychiatry: psychiatric assessment and treatment for all inpatients over the age of 16 at North Middlesex Hospital together with a consultation service.

Team	Address	Manager		Formatted: No underline
North Middlesex Mental	North Midd <u>lese</u> x Hospital	Debbie Morgan	77-	Formatted: No underline
Health A&E Liaison	020 8887 4207	Justin Shute, Psychiatry Consultant	`	Formatted: No underline

Royal National Orthopaedic Hospital Stanmore

- Psychiatric assessment/ treatment to working age adults and older people with suspected or confirmed mental health problems in RNOH
- Equity and fair access to specialist orthopaedic and pain and rehabilitation medicine treatment for working age adults and older people with mental illness, personality disorder and learning disability
- Staff education, supervision and support in psychosocial/ holistic orthopaedic care and pain and rehabilitation medicine treatment for working age adults and older people
- Liaison Psychiatry/ Psychosomatics/ Healthcare Research

Team	Address	Manager
Royal Nat. Orthopaedic Hospital	Dept of Psychology 020 8090 5521	Andrew Lucas
Royal Nat. Orthopaedic Hospital	Department of Psychiatry	George Ikkos

Improving Access to Psychological Therapies (IAPT)

- These teams provide high quality psychological therapies for people with mild problems of depression anxiety or chronic stress, to help them manage and overcome these problems.
- The IAPT programme aims to vastly increase the availability of effective psychological treatments for depression and all anxiety disorders by training a large number of psychological therapists and deploying them in specialised local services which are community based.
- A key characteristic of an IAPT service is the effort individual therapists put into demonstrating the outcomes that are delivered. Routine outcomes measurement is central to improving service quality and accountability.

Team	Address	Manager
Barnet IAPT Team	2 nd Floor, Dennis Scott Unit Edgware Hospital 020 8951 2172	Ross O'Brien/Nicole Main
Enfield IAPT Team	Ivy House, Chase Farm Hospital	Helmi Van-Leur
Haringey IAPT Team	Block H St Ann's Hospital 020 8442 6888	Dorian Cole

Health Psychology

 Assessment and psychological therapy for patients with complex psychological problems as well as physical health problems

Team	Address	Manager
Haringey Health Psychology	St Ann's Hospital 020 8442 6458	Naomi Selig

Sexual Health Psychology

- Assessment and psychological therapy for patients with HIV, other sexually transmitted diseases and psychosexual problems. Referrals are from HIV and sexual health staff only for HIV and STD problems and G.Ps for psychosexual problems that are not comorbid with other mental health issues.
- · Psychometric assessment for HIV related cognitive impairment
- · Consultation, staff support, supervision, and training

Team	Address	Manager
Haringey Sexual Health Psychology	St Ann's Hospital 020 8442 6464	Liz Shaw

Community CAMHS Clinics.

There are community based Child and Adolescent Mental Health services in each of the three boroughs. These services provide a range of services for children, young people and their families/carers where there are significant mental health, behavioural and emotional problems. The borough based teams are multi disciplinary, and work closely with other childrens services (schools, Social Care, youth centres, Youth Offending and Safeguarding teams and community groups, and provide the following.

- Assessment of children and young people's mental health, behavioural and emotional well-being needs.
- A range of treatment, from medication prescribing and monitoring to therapeutic support and counselling provided by a range of professionals, such as child psychotherapists, Family Therapists and Clinical Psychologists.
- Consultation, advice and support to professionals from a wide range of childrens services, parents and carers.
- Specialist teams providing assessment, support and treatment to children and young people with combined mental health problems and learning disability.
- Specialist, borough based adolescent teams working with young people aged between 12 and 18 with severe and complex mental health difficulties.
- Support to hospital based paediatric services.

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Children and Adolescents Services for Barnet

Team	Address	Manager
Barnet Schools Project	Building 4 North London Business Park Oakleigh Road South London N11 1NP Tel 0208 359 7977	Breda O'Neill
CAMHS West Team	Westgate House Edgware Community Hospital Burnt Oak Broadway Edgware Middx HA8 0AD 0208 732 6685	Dr Stephanie Vergnaud
CAMHS East Team	Oak Lane Children's Centre Oak Lane East Finchley London N2 8LT 020 8349 5777	Linda McCann
Barnet LAC team	Oak Lane Children's Centre Oak Lane East Finchley London N2 8LT 020 8349 5777	
Barnet Adolescent Service	Old Redhill Clinic Rear of Post Office 64 Station Road Edgware Middx HA8 7AB 020 8952 9635	Dr Cathy Wainhouse/ Theresa Bampton Claire
Barnet SCAN Team	Old Redhill Clinic Rear of Post Office 64 Station Road Edgware Middx HA8 7AB 020 8952 9635	Mark Carter/Adriana Fernandez-Chirre

Children and Adolescents Services for Enfield

Team	Address	Manager
SAFE (Service for Adolescents & Families in Enfield)	St Andrew's Court, 2nd Floor, 1-4 River Front, Enfield, EN1 3SY 020 8379 2090	Julia Bowley
CAMHS North Team & CAMHS HEART	Charles Babbage House, 1 Orton Grove, Enfield EN1 4TU Tel: 020 8379 2000	Alison Towndrow
CAMHS Southt Team	265 Church Street, Edmonton, N9 9JA 020 8360 6771	Rita McGrath
SCAN & CDT (Service for Children and Adolescents with neuro-developmental disorders and Child Development Team):	Cedar House, St Michael's Site, Chase Side Crescent, Enfield EN2 0JB 020 8375 2806	

Children and Adolescents Services for Haringey

Team	Address	Manager
Haringey Tier 3 Team	Burgoyne Road Clinic, 58A	Jackie Bucknor
	Burgoyne Road, N4 1AE	(Administration Manager)
	Tel: 0208 3425900	Dr Jessie Earle, Lead Clinician
		Shaun Collins,
		Assistant Director.
Haringey CAMHS Learning Disability Team	H Block, SAH.	Dr Reenee Barton
	Tel; 020 84426467	
Adolescent Outreach Team,	Excel House, First Floor, 312	Brigette Murray(Senior
Haringey	High Road, Tottenham, N15	Administrator)
		Dr Biki Valle
	0208 2754600	
		Shaun Collins,
		Assistant Director.

The North London Forensic Service

The North London Forensic Service (NLFS) is a service line. It began in 1987 as an interim unit at Friern Hospital. In 1993 the service transferred to a purpose-built medium secure unit on the Chase Farm Hospital site, now known as Camlet 1. Over the next 10 years the service continued to evolve with additional beds being opened, introduction of outreach teams, development of a Registered Mental Nursing Home (Avesbury House) and hostels in partnership with a voluntary provider, establishment of dedicated clinical teams to support liaison and diversion from the Criminal Justice system, introduction of multi-disciplinary inreach teams into local prisons, the opening of a specialist in-patient unit for people with a learning difficulty and the introduction of a multi-disciplinary team to liaise and monitor patients and the teams involved in their care in specialist placements.

In November 2003, the service incorporated a further 70 beds with the opening of Camlet 3. This extension almost doubled the size of the in-patient facilities and extended the range of service provision to include longer-term rehabilitation and a specialist service for women.

Inpatient services

There are three purpose built medium secure units:

Camlet 1

Mint, Paprika and Fennel wards

Camlet 2

Saffron and Dhania wards

In both Camlet 1 and Camlet 2, patients have their own bedrooms, access to a range of living space, and garden areas.

Camlet 3

Tamarind, Sage, Cardmamom and Juniper wards

Sage Ward

Sage Ward is the main admission ward for males to medium security. The ward specialises in complex assessment of patients with a primary diagnosis of mental illness.

Paprika, Fennel, Saffron and Dhania Wards

These treatment and intervention wards are based in Camlet 1 and 2 and provide key interventions in treating mental illness and aiming to promote recovery.

Tamarind and Cardamom Wards

These treatment and intervention wards are based in Camlet 3 and are for people may benefit from the increase in space within the ward environment and the levels of relational and physical security.

Page 14

The Forensic Learning Disability Service

Mint Ward

The Forensic Learning Disability Service opened in August 1996 and provides specialist forensic assessment and treatment of forensic patients who have a learning disability.

Juniper Ward

A specialist 12-bedded women's service is based on Juniper Ward in Camlet 3. The ward caters for both admission and rehabilitation patients who receive care from a full multidisciplinary team who has developed a specialist interest in working with women.

Low Secure Service

Devon Ward

A low secure Intensive Care Unit is used by the forensic service and general mental health services in Barnet, Enfield and Haringey. This service provides assessment, treatment and rehabilitation tailored to meet an individual patient's needs and is provided at a pace suited to the patient.

Blue Nile House

Blue Nile House is a 15 bedded male low secure step down unit that opened in June 2009. It caters for those patients requiring low levels of security. It provides male patients with a step down (from medium security) opportunity to move back into the community.

The Kingswood Centre

The Kingswood Centre accommodates a range of therapeutic and recreational facilities, including a gym, tennis courts (to the side), two fully equipped fitness rooms, a music therapy room, an ADL kitchen, an education room, a cafeteria and shop, plus woodwork.

Services based off site

Avesbury House

As well as having a number of medium and low secure beds, the North London Forensic Service provides three full multidisciplinary teams to care for the 24 patients placed at Avesbury House, located in Edmonton. This specialist resource is an independent hospital functioning as a low secure unit run by Care UK in partnership with North London Forensic Service. The 24 bedrooms are arranged as five flats. The remit of Avesbury House is to provide care and rehabilitation for patients who have been in conditions of security who are consolidating their progress as they move towards the community, but continue to require 24 hour nursing care.

Community based services and facilities

In order to provide a comprehensive service to our patients we have recognised the need to provide appropriate placements at differing levels of security from the more intensively staffed medium secure beds and low secure/intensive care facilities to a low secure environment in the community and hostel accommodation. When patients are discharged from secure beds they will not always move to our own facilities as a variety of placement options are considered as part of the discharge planning process.

The Forensic Outreach Service

The North London Forensic Service has well established outreach teams for the areas of Camden, Islington, Enfield and Haringey. These teams comprise of a Consultant Forensic Psychiatrist, an Approved Social Worker, Clinical Psychologist and Community Psychiatric

Page 15

Nurse. Each team caters for patients leaving hospital to ensure continuity and aftercare by specialised services with experience and expertise in the management of forensic patients in the community. These teams have forged good links with local catchment area services and provide care and treatment for a caseload of patients in their local area.

The team also provides support and consultation to the local services that provide follow up for patients, plus advice and consultation to local services with regard to patients who are currently causing concern even though they do not require admission to secure services.

In addition there is a liaison service for Barnet catchment area – comprising assessment and advice from a forensic consultant psychiatrist and clinical psychologist.

Criminal Justice Service

Court Diversion

Court Diversion was first established in 1989. We operate multidisciplinary schemes at Highbury Corner and Tottenham Magistrates' Courts.

Police Liaison

Camden & Haringey Police Liaison Service is a nurse-led psychiatric liaison service based at both Camden and Islington Police Stations. The service has been operating in Camden since July 1999 and was expanded to cover the Borough of Haringey. The service is provided by four Community Mental Health Nurses, Monday to Friday, from 9am to 9pm, who cover all police custody areas across both boroughs.

Dementia and Cognitive Impairment Service Line

The dementia and cognitive impairment service line brings together a range of services which aims to meet the needs of older people with mental health problems and people with Learning Disabilities across the boroughs of Barnet, Enfield and Haringey. The services consist of a range of inpatient, outpatient and community provision depending on the needs of the service user.

Service users will be supported by one of the following teams according to their needs

Older peoples' Acute Inpatient Services

The purpose of the older adult acute psychiatric inpatient service is to provide a high standard of humane treatment and care in a safe and therapeutic setting for service users in the most acute and vulnerable stage of their illness.

The service shall be focussed on promoting the recovery, rehabilitation of service users including preventing social exclusion. It should be for the benefit of those service users whose circumstances or acute care needs are such that they cannot at that time be treated and supported appropriately at home or in an alternative, less restrictive residential setting.

Acute inpatient care offer a range of therapeutic, culturally sensitive, person centred interventions which protects safety of the service user in an appropriate and modern environment, in order to support recovery and a return to the community as soon as possible.

These interventions are focussed on maintaining and improving quality of life as well as promoting independence. The services will respect the rights of individuals to dignity, choice, privacy and independence while providing appropriate education and support for carers and relatives.

Team	Address	Manager
Cornwall Villa	Chase Farm Hospital site 0208 375 1340	Melary Kapiro

Older Peoples Day Hospital Service

- Service users aged 65 and over who have social and behavioural difficulties who
 require assessment, such that they need frequent supervision, and may exhibit
 behaviour which would be unacceptable if unsupervised in the community, or render
 them subject to abuse or ridicule.
- Service users shall have a primary diagnosis of a functional or organic mental illness
- Service users referred are expected to attend an initial assessment to judge suitability for the programme.

Team	Address	Manager
Hawthorn Centre	Chase Farm Hospital site#	Gwennie Oakley
	0208 375 1190	_
Victoria Day Unit	St. Ann's Hospital	Wendy Lane
	0208 4442 6422	-
Springwell Centre	Barnet Hospital0208 216	Dave Sunnasy
	5758	

Continuing Healthcare Older Adults

- To provide short, medium and long-term rehabilitation care to older adults with severe and enduring mental health needs in a residential setting.
- To support the patient to achieve and maintain their optimum level of functioning, within the shortest possible time and enable them to live as normal a life as possible taking into account health related needs.
- To minimise the effect of ongoing psychological symptoms, promote mental health and facilitate the development of sufficient coping skills, knowledge, confidence and motivation of service users
- To move individuals on to be able to live in less supported environments
- Identifying any other needs including physical, psychological and social and ensure effective care plans are in place to address identified needs
- Including the service user and their carers in devising an appropriate treatment plan based on the identified needs
- Undertaking a physical health check as well as assessment and diagnosis of dementia for early or complex presentations of mild memory problems on admission.
- Identifying any other needs including physical, psychological and social and ensure effective care plans are in place to address identified needs
- Including the service user and their carers in devising an appropriate treatment plan based on the identified needs
- Working with the PCT to deliver cost effective services by putting in place processes to regularly review patient needs including discharge planning arrangements.

Team	Address	Manager
The Oaks	Chase Farm Hospital site 0208 375 1402	Afroze Pavaday
Silver Birches	Chase Farm Hospital site 0209 375 1741	Edna Eziefula
Bay Tree House	Christ Church Lane, Chase Side, Enfield 0208 366 5440	Fred Asa
Beech Ward	St. Ann's Hospital site 0208 442 6114	Ade Ojerinola

Crisis and Emergency Service Line

The service line accepts referrals from the community teams, from the primary care mental health teams and from the intake service when it is indicated that someone is in an acute mental health crisis and may need admission to an acute bed. The home treatment team will carry out an assessment and wherever appropriate will provide intensive support for a limited period within the service users home. They will work closely with care coordinators to ensure that care is offered within the least restrictive environment. If the clinical risks indicate that admission is required then home treatment teams are the gatekeepers of the inpatient beds and will arrange an admission within either one of the assessment wards or in the case of service users well known to services who already have a clear treatment plan one of the acute wards. When an inpatient is ready for discharge this will often be supported by the home treatment team for a period providing additional support whilst working alongside the care coordinator.

Avon ward is the service line's intensive care unit and provides 16 male beds for those service users whose behaviour may for a period be too challenging for an acute ward. Service users on Avon will move back to the acute wards as their mental health improves as a part of the pathway to discharge.

There are three groups of services within the service line

- Acute Care Home Treatment Teams,
- Acute Day Therapies and Adult Inpatient
- · Psychiatric Intensive Care Unit

Home Treatment Teams

- To assess individuals referred to the team in acute mental health crisis, and where appropriate to offer intensive community-based treatment as an alternative to acute inpatient admission,
- To facilitate the early discharge of individuals from acute in-patient services by offering a short period of intensive community-based follow-up and support
- Home Treatment Teams aim to offer an intensive service, on a rapid response basis, within one hour of referral.

Home Treatment Teams in Barnet

Team	Address	Manager
Barnet East HTT	Springwell Centre	John Cahill
	Barnet Hospital Site	
	020 8216 5780	
Barnet West HTT	Dennis Scott Unit,	Sean O'Toole
	Edgware Community	
	Hospital Site	
	020 8732 6463	

Home Treatment Teams in Enfield

Team	Address	Manager
Enfield East HTT	The Chase Building Chase Farm Hospital site 020 8375 1024	Tay Hock
Enfield West HTT	305-309 Fore Street Edmonton 020 8887 7890	Michael Salfrais

Home Treatment Team in Haringey

Team	Address	Manager
Haringey HTT	Bruce Castle	Jay Jankee
	St Ann's Hospital	
	020 8442 5888/9	

Acute Day Therapies and Adult Inpatient

- Providing a diagnosis, appropriate care plan and treatment that address this and other needs, to enable the individual to gain optimum functioning in the least restrictive setting.
- Undertaking a physical health check on admission
- Identifying any other needs including physical, psychological and social and ensure effective care plans are in place to address identified needs
- Ensuring that all service users are offered support to access advocacy services
- Liaising with the Home Treatment Team and locality CMHT over aftercare arrangements.
- Liaising with primary care, where appropriate, describing the diagnosis and treatment plan.

Wards and day therapy services in Barnet

Edgware HA8 0AD

Team	Address	Manager
Avon Ward	Dennis Scott Unit Edgware Community Hospital Burnt Oak Broadway Edgware HA8 0AD Tel: 020 8732 6520/08	Claire Walsh
Elysian House	Elysian House Colindale Avenue London NW9 5DH Tel: 020 8200 6226	Teeluck Guzadhur (known as Bala)
Holly Oak Ward	Dennis Scott Unit Edgware Community Hospital Burnt Oak Broadway Edgware HA8 0AD Tel: 020 8937 7760/3	Michele Nalliah

Thames Ward	1st floor, Dennis Scott Unit Edgware Community Hospital Burnt Oak Broadway Edgware HA8 0AD	Ana Basheer
Trent Ward	Dennis Scott Unit Edgware Community Hospital Burnt Oak Broadway Edgware HA8 0AD Tel: 020 8732 6514/5	Jonathon Apeawini
Hospital Based Day Service	1 st Floor , Dennis Scott Unit Edgware Community Hospital Burnt Oak Broadway Edgware HA8 0AD Tel: 020 8732 6547	Simon Harwin

Wards and day therapy services in Enfield

Team	Address	Manager
Dorset Ward	The Chase Building Chase Farm Hospital Site The Ridgeway Enfield, EN2 8JL Tel: 020 8375 2024	Paula McKevitt
OT and ARC	The Chase Building Chase Farm Hospital The Ridgeway Enfield, EN2 8JL Tel: 020 8375 1537	Paul McKevitt Sammy Ramasamy
Suffolk Ward	The Chase Building Chase Farm Hospital Site The Ridgeway Enfield, EN2 8JL Tel: 020 8375 2021	Francis Akinbade
Sussex Ward	The Chase Building Chase Farm Hospital Site The Ridgeway Enfield, EN2 8JL Tel: 020 8375 1583	Rey Bermudez

Wards and day therapy services in Haringey

Team	Address	Manager
Alexandra Ward	St Ann's Hospital	Emma Risheq
	St Ann's Road	
	London N15 3TH	
	Tel: 020 8442 6267	
Downhills Ward	St Ann's Hospital	Ben Ejeka
	St Ann's Road	
	London N15 3TH	
	Tel: 020 8442 6281	
Finsbury Ward	St Ann's Hospital	George Brew
	St Ann's Road	
	London N15 3TH	
	Tel: 020 8442 6446	
Haringey Assessment Ward	St Ann's Hospital	Bessie Laryea
	St Ann's Road	_
	London N15 3TH	
	Tel: 020 8442 6793	

Severe and Complex Non-Psychotic Service Line

The Severe and Complex Needs Service Line brings together provides out-patient psychological therapy, as well as comprehensive integrated care packages for service users with complex problems on CPA without a diagnosis of psychosis. The service is comprised of three Complex Needs Teams with one in each of the three Trust boroughs. The Teams have an active recovery-focused ethos of providing treatment with an emphasis on psychological interventions and therapy. Other elements of the service include support to facilitate appropriate access to social services care where needed, including community care assessments, and carer assessment and support.

The mullti-disciplinary teams are jointly led by a team manager and a consultant clinical specialist, with team members including psychiatrists, psychological therapists, community mental health nurses, occupational therapists, social workers, associate mental health workers (AMHWs) and administrative staff.

There are three treatment tracks within the service:

- Specialist Treatment Track: Targeted specialist treatments for conditions with evidence based protocol driven or manualised treatments (e.g. for conditions such as complex PTSD and severe OCD).
- **Single intervention Track:** a range of individual, couple, family and group psychological therapies where there is evidence that these will be effective (e.g. CBT, psychodynamic therapy, systemic therapy, CAT).
- CPA Track: Care coordinated, recovery focused, multi disciplinary team support for those with the most complex presentations.

Each patient has a personalized care programme based on a standard care package with elements of care selected from a group menu and a range of models of therapy. There is a three phase approach to treatment:

- Phase 1: Engagement, assessment, formulation and care planning
- Phase 2 Active treatment and focused therapeutic work
- Phase 3 Community reintegration

Specialist input is provided where needed from staff within other specialist teams in the service line (including substance misuse, personality disorders and eating disorders).

Team	Address	Manager
Barnet Complex Care Team	Dennis Scott Unit,	Caroline Goodfellow
	Edgware Community	
	Hospital	
	020 8951 2010	
Enfield Complex Care Team	Chase Building	Dawn Ram
-	Chase Farm Hospital	
	The Ridgeway	
	Enfield, EN2 8JL	
	020 8375 1988	
Haringey Complex Care	Halliwick Centre	Jackie Pickup
Team	St Ann's Hospital	
	St Ann's Road, N15 3TH	
	020 8442 6528	

Halliwick Personality Disorder Unit

The Personality Disorder Service provides comprehensive assessment and treatment programmes for service users between the ages of 18 and 65, with complex personality difficulties. These programmes have been designed to help people who have had long-term problems in experiencing overwhelming and intense emotional distress, which has led them to engage in impulsive, often self-destructive behaviour, and who have found it difficult to develop trusting and meaningful relationships. From a diagnostic perspective, this relates primarily but not exclusively to the emotionally unstable Cluster B Personality Disorders. Treatment is primarily psychologically based using the Mentalisation Based Therapy model developed within the unit, which has a growing evidence base and is compliant with NICE Guidelines.

The Service has teams based in the boroughs of Haringey and Enfield, which provide:

- a comprehensive assessment service for personality disorder;
- a twelve-week psycho-educational group treatment programme;
- an intensive outpatient programme of group and individual psychotherapy, plus psychiatric review, for a period of 18 months;
- Individualised follow-up programmes for patients treated within the unit.

In addition, the service in Haringey includes:

- a day unit offering a 5-day-per week programme of group and individual psychotherapy, plus psychiatric review, for a period of up to 2 years, for patients across the boroughs who are most severely and chronically impaired by their symptoms;
- an outpatient programme of weekly group and monthly individual psychotherapy, plus
 psychiatric review, for individuals with a diagnosis of Antisocial Personality Disorder,
 for a period of up to 1 year;

The service has Care Programme Approach (CPA) responsibility for patients in active treatment within the service. The multi-disciplinary teams are led by a Service Manager and Consultant Clinical Lead Specialist, with team members including psychiatrists, nurses, psychological therapists, occupational therapists and administrative staff. The Service also offers training opportunities to mental health professionals who may be involved in service delivery.

Team	Address	Manager
Halliwick Unit,	St Ann's Hospital	Rory Bolton
Haringey Personality	St Ann's Road	Service Clinical Lead
Disorder Service	020 8442 6093	Prof Anthony Bateman
The ARC Enfield Team	The Chase Building,	Dr Spyros Karvounis
	Chase Farm Hospital Site	Consultant Psychiatrist
	020 8375 1528	

Eating Disorder Services

The St Ann's Eating Disorders Service, St Ann's Hospital, North London provides a comprehensive, specialist service to the North, Central and North East London Sectors and surrounding counties of North Essex and South Essex. The service will is also a national provider of specialist eating disorder inpatient treatment.

The service comprises of:

The Phoenix Wing and Russell Unit at St Ann's hospital, which provides:

Out-patient and specialist in-patient care, including rehabilitation, day care and community liaison service.

Referrals

We accept referrals of patients who have a primary diagnosis of an eating disorder:

- Anorexia nervosa
- · Bulimia nervosa
- Binge Eating Disorder
- EDNOS (atypical eating disorder)
- Comprehensive Assessment of and recommendations for treatment of obesity. (the service will assess for a diagnosis of Binge Eating Disorder if this is not present the patient is discharged back to the referrer)

Referrals should be sent to:

Dr E. Johnson-Sabine
Lead Consultant Psychiatrist, Eating Disorder Service
Dr L. Richards
Consultant Psychiatrist Eating Disorder Service
Or
Alison Mahraj
Service Manager

Team	Address	Manager
St Ann's Eating Disorder	St Ann's Hospital	Alison Mahraj
Service	0208 442 6387/ 5763/ 6175	
		Clinical Lead
		Dr Eric Johnson-Sabine

Substance Misuse Services

There are currently two substance misuse services delivered by Barnet Enfield and Haringey Mental Health Trust. The first is the **Drug Advisory Service Haringey (DASH)** this is the main provider for substance misusers in Haringey. DASH also manage the integrated **Dual Diagnosis Network** that operates along a 'hub and spoke' model and consists of a central resource and several 'spokes' operating from the various community sites and the wards at St Ann's. Both services operate from Orchard House.

The second substance misuse is **Barnet Drug and Alcohol Service (BDAS)**. Both DASH and BDAS are part of BEH-SMS and provide a range of outpatient and community-based treatments including:

- advice and information,
- · drop-in services,
- substitute prescribing (community detoxification and stabilisation), psychiatric treatment,
- · screening for blood-borne viruses,

- partnership working with GPs / mental health services,
- psychological therapies,
- social interventions and complementary therapies.

BDAS currently operates from newly refurbished premises in the Denis Scott Unit at Edgware Community Hospital. BDAS is one of 3 adult substance misuse services in Barnet with Westminster Drug Project and HAGA (both voluntary sector providers) leading the delivery of the other 2 services. As well as offering core services similar to DASH and some limited dual diagnosis treatment, BDAS offers a particularly comprehensive GP shared care scheme. BDAS' integrated alcohol service is small and limited but does offer nurse-led community detoxification. BDAS also holds responsibility for managing Barnet's contracts with 3 inpatient units and gate-keeps access to inpatient stabilisation and detoxification services.

Psychology services are available to all BDAS service users and BDAS is currently manages a pan-Barnet psychology service for substance misusers with BDAS' Consultant Psychologist clinically supervising the delivery of limited psychology services in our non-statutory partner agencies. BDAS has been successfully working in partnership with the other service providers to support both Tier 2 and interventions for people involved with the criminal justice system. BDAS currently has three practitioners fully seconded to WDP and holds responsibility for the delivery of substitute prescribing services for Barnet's Drug Intervention Programme.

Team	Address	Manager
DASH & Dual Diagnosis	Orchard House,	Colin Chapman
Network	St Ann's Hospital	
	0208 826 2400	
BDAS	Dennis Scott Unit,	Colin Chapman
	Edgware Community	
	Hospital	
	0208 937 7770	

New Beginning Acute Adolescent Unit

The New Beginning service is a 12 bed specialist acute mental health facility operated by the BEH Mental Health Trust which provides assessment and treatment services for young people between the ages of 13 and 18 who have significant mental health problems, who require intensive treatment and management of the psychological and psychiatric aspects of their illness, and who cannot be successfully managed in the community.

The New Beginning service provides a safe therapeutic environment offering a comprehensive range of treatments that will include the use of psychological therapies in addition to pharmacological interventions. Arrangements must also be in place to access diagnostic facilities. Wherever possible, the New Beginning service will work to maintain young people in the community through the following areas of expertise:

- Providing advice to referrers on alternative options to admission, given the risk assessment and clinical indicators
- Undertaking assessments in the community as an alternative to admitting for assessment
- Providing a step-down service that facilitates transition from secure to non-secure facilities

 Providing brief programmes of collaborative care and liaison with medium-term specialist services

Team	Address	Manager
New Beginning Acute	Northgate	
Adolescent Unit	Edgware Community	
	Hospital	

Enfield Community Services

Enfield Community Services (ECS) is responsible for providing community health services in Enfield and other local areas. ECS provides a wide range of clinical services that covers both adult and children in Enfield. ECS have over 400 clinical staff who work with people in the community to ensure they receive excellent care. Some staff visit patients at home and others will see patients in the various clinics that we host around Enfield. ECS transferred into the Trust on 1 January 2011 as the seventh service line.

Podiatry

This service is for adults and older people in Enfield.

- · Foot health education sessions for patients, carers, and staff
- · New patient assessment clinics
- Symptomatic hard skin, corn, and other soft tissue management
- Nail surgery and nail care for high risk patients only
- · Comprehensive gait and biomechanical foot analysis
- · Orthotic/insole prescription and fitting
- Diabetic foot management for high risk diabetics
- A limited domiciliary (at patient's home) and residential home service is available for those that are totally housebound.

Team	Address	Manager
Podiatry Service	Rowan Court,	Anne Marie Davis
	St Michael's Site	
	Enfield, EN2 0JB	
	020 8367 3952	

Nutrition & Dietetics

This service assesses and treats patients in Enfield who have nutritional problems

- · Advice and information, including telephone support
- · Community dietetic clinics
- Training on obesity and diabetes for health, social care and education staff
- Public education sessions targeted at specific sectors of the community, in line with ECS and national guidance
- Specialist nutritional advice, dietetic support and equipment for dysphagic patients and those requiring enteral feeding in non-acute settings
- Specialist nutritional assessment and dietetic support for Oncology/palliative care and learning difficulty patients
- · Healthy eating programmes and obesity management
- Specialist diabetes dietetic advice
- Outpatient clinics are held at St Michael's Site, Bowes Road Clinic, Eagle House Surgery, Moorfield's Health Centre, Forest Primary Care Centre, Evergreen Primary Care Centre and Rochdale Surgery
- Paediatric clinics at Russet House, Westlea School and Cedar House on the St Michael's site

Team	Address	Manager
Nutrition & Dietetics Service	Adult Therapies Magnolia	Jane Jones
	Unit,	
	St Michael's Site	
	Enfield, EN2 0JB	
	020 8367 3952	

Musculoskeletal Physiotherapy

The service provides assessment and management for patients who present with a wide range of musculoskeletal problems helping them maximise their recovery and functional ability. We deliver our services from community bases in a variety of locality settings.

Key services

- 1:1 assessment, diagnosis and management
- Triage assessment to direct patients to the most appropriate clinical service.
- A wide range of treatment and therapeutic interventions
- Group exercise sessions
- Group education and advice sessions to enable self-management and promote healthy living
- · Assessment for, and provision of, walking aids
- Telephone reviews and support

Team	Address	Manager
Musculoskeletal	C7 Surgicentre	Pinky Millward
Physiotherapy	building/Cumbria Villa	
	Chase Farm Hospital	
	The Ridgeway	
	Enfield. EN2 8JL	
	C7 Surgicentre building	
	020 8375 199	
	Cumbria Villa	
	020 8375 1111	

Community Physiotherapy

Community physiotherapy educates, supports, and cares for patients with a wide range of conditions, aiming to help them recover and self-manage at home.

- · Assessments, education, and clinical management
- Wide range of treatments
- Physiotherapy home visiting service for housebound patients
- Neuro physiotherapy service, providing one-to-one support (as an outpatient or at home) and group sessions
- Falls pogramme
- · Assessment and provision of walking aids
- Learning difficulties physiotherapy service

Telephone reviews and support

Team	Address	Manager
Community Physiotherapy	St Michaels Primary Care	Pinky Millward
	Centre	
	Community Therapies	
	Magnolia Unit	
	Gater Drive	
	Enfield. EN2 0JB	
	020 8375 2973	

Speech & Language Therapy

The adult speech and language therapy service treats people who have speech and language disorders including those who find it difficult to communicate or have an eating, drinking or swallowing disorder. Through education, personal advice and care planning, we aim to help patients manage their conditions more effectively.

Key services:

- · Communication groups
- Dysphagia assessment and management
- · Dysfluency service
- Dysarthria outpatient service
- · Aphasic/dysphasic communication support

The paediatric speech and language service provides assessment, diagnosis, and support for children and young people with speech, language and swallowing difficulties.

The team works with children aged 0-19 year old, offering diagnosis and tailored support –at their homes, children's centres or schools. The service has four teams covering community preschools and mainstream schools

Team	Address	Manager
Adult Speech & Language	St Michaels Primary Care	Pinky Millward
Therapy	Centre	
	Community Therapies	
	Magnolia Unit	
	Gater Drive	
	Enfield. EN2 0JB	
	020 8375 2973	
Paediatric Speech &	St Michael's Primary Care	Helen Tanyan
Language Therapy	Centre	
	Cedar House	
	Gater Drive	
	Enfield. EN2 0JB	
	020 8375 2945	

Community Nursing

Community nurses are specialist nurses who perform various roles at Enfield Community Services (ECS).

Continence

The continence service improves the quality of life for people with incontinence. Key services

- Educating and empowering patients to manage their conditions
- Encouraging patients to keep going with their treatment plan to prevent isolation or exclusion from mainstream activities
- Supporting GPs and practice nurses and encourage them to follow the agreed continence pathway
- Supporting and advising the district nurses, school nurses, and other professionals to help them manage patients with incontinence
- Offering specialist advice and teaching to staff in residential and nursing homes For patients, our services include:
 - Assessments (at home or clinic), bladder scanning, care planning, management, teaching, evaluation and review
 - Provision of aids and continence products
 - · Treatment reviews and management plans

Team	Address	Manager
Continence	Forest Primary Care Centre	Kay Lewis
	308a Hertford Road	
	Edmonton, N9 7HD	
	020 8344 3140	

Community matrons

Community matrons manage the care of patients who have complex, long-term conditions.

Key services

- **Care planning** community matrons holistically assess patients and then help them to create a self-management plan, if possible.
- **Crisis intervention** as part of his or her role, the matron might provide crisis intervention in order to avoid unnecessary hospital admission for patients
- **Health education** community matrons also offer health promotion and education, enabling patients, carers and family members to better manage long-term conditions

Team	Address	Manager
Community matrons	Forest Primary Care Centre	Kay Lewis
	308a Hertford Road	
	Edmonton, N9 7HD	
	020 8344 3140	

Diabetes

Through individual support and care management, our diabetes nursing team aims to improve the quality of life for patients. The team is a source of expertise on issues affecting people with diabetes, from dietary advice to medicines. Key services

- Medicines management
- Dietary advice
- Neurovascular assessment

- General advice (for patients and their carers) including education and psychological support
- Specialist advice on preconception
- · Support to GP practices, including mentorship, education and skills training
- Home visits to make sure that housebound patients are able to access the services they need
- Support to podiatry: our team will see patients with neurovascular problems, reducing the waiting times to first intervention (18 wk waiting time)
- Group education sessions using conversation map tools
- · Awareness events

Team	Address	Manager
Diabetes	Forest Primary Care Centre	Debbie Hicks
	308a Hertford Road	
	Edmonton. N9 7HD	
	020 8344 3184	

District nursing

The District nursing team provides a wide range of at-home services for patients; including palliative care, wound care, chemotherapy, and much more.

- Holistic assessment (by telephone where appropriate)
- Scheduled and unscheduled care, at home or clinics
- Case management
- Treatment and symptom management for acute conditions
- Palliative care and end of life care
- · Wound care and leg ulcer management
- Pressure area care, including assessment for equipment and manual handling requirements
- · Medicines management, including the education of patients and carers
- Chemotherapy through IV lines following individual patient assessment
- Management of, and education about, specialist feeding regimes
- Continence services, including assessment, management and advice to those with indwelling catheters
- · Health education and promotion

Team	Address	Manager
District nursing	Rowan Team	Marion Andrews
	Flat 9 , Rowan Court, St	
	Michael's Site, Enfield, EN2	
	0JB	
	East Enfield Team	
	Freezywater Primary Care	
	Centre, 2B Aylands Road,	
	Enfield, EN3 6PS	
	Eagle House Surgery 249	
	High Street, Ponders End,	
	Enfield, EN4 0DN	
	Forest Team	
	Forest Primary Care Centre,	
	308a Hertford Road,	
	Edmonton, N9	
	Evergreen Team	
	Evergreen Primary Care	
	Centre, 1 Smythe Close,	
	Edmonton, N9 0TW	
	North Southgate Team	
	Highlands Health Centre, 3	
	Florey Square, Winchmore	
	Hill, N21	
	South Southgate Team	
	Bowes Road Health Centre,	
	269 Bowes Road, N11 1BD	
	District Nurses Referral	
	Office	
	tel 020 8363 8518	

Heart failure

The heart failure service provides home assessments, care planning, and end-of-life arrangements.

- Professional support, advice and education for patients and their relatives
- Home assessments
- Planning care programmes that meet patients' wishes and service guidelines
- Arranging end-of-life care in cooperation with palliative care services

Team	Address	Manager
Heart failure	Forest Primary Care Centre	Felicitas Ndukwe
	308a Hertford Road	
	Edmonton, N9 7HD	
	020 8344 3146	

Lymphoedema

Our specialist team cares for children and adults with Lymphoedema, providing assessments, treatment planning, and urgent or end-of-life care

Key services

- Holistic, specialist assessment (including telephone assessment)
- · Scheduled and unscheduled care
- · Case management
- Symptom management for acute conditions
- · Palliative and end-of-life care
- Clinical management
- Medicine management (including independent non-medical prescribing and prescribing advice to GPs and community nurses)
- Health education and health promotion advice
- Specialist advice to nursing/residential homes
- Lymphoedema care at the in-patient unit for patients requiring bed rest and frequent bandaging

Team	Address	Manager
Lymphoedema	Forest Primary Care Centre	Teresa Hill
	308a Hertford Road	
	Edmonton, N9 7HD	
	020 8344 3151	
	020 8344 3158	

Palliative care

Palliative care is a service for patients who have been diagnosed with an advanced, progressive disease.

- Complex pain and symptom management
- · Psychological, spiritual, and social support
- · Co-ordination of care services
- Bereavement support for family and friends

Team	Address	Manager
Palliative care	St Michael's Primary Care	Luisa Price
	Centre	
	7 Rowan Court	
	Gater Drive	
	Enfield. EN2 OJB	
	020 8367 4099	

Parkinsons Disease

Key services

- Assessing and planning treatment for patients
- Providing aids and equipment to improve patients' living conditions
- Producing and reviewing care plans, in collaboration with the community nurses
- Offering specialist training and updates for staff and local nursing and residential homes
- Educating and supporting patients to help them manage their conditions
- Keeping in contact with patients to monitor their care and prevent them from becoming isolated

Team	Address	Manager
Parkinsons Disease	Forest Primary Care Centre	Kay Lewis
	308a Hertford Road	
	Edmonton, N9 7HD	

Tissue viability

Tissue viability (TV) is a specialist nursing service for patients with chronic wounds.

- Nursing services to help patients manage their wounds and prevent recurrences or development
- An equitable and accessible service for patients with, or at risk of, chronic wounds; irrespective of age, gender, sexuality, ethnic origin or locality
- · Specialist assessment and diagnosis
- Recommending high standards of evidence based care for better patient outcomes
- Talking to patients and their carers about their choices for their care.
- Working with other members of the healthcare team to ensure care is co-ordinated, planned and individual

Team	Address	Manager
Tissue viability	Forest Primary Care Centre	Marion Andrews
	308a Hertford Road	
	Edmonton. N9 7HD	
	020 8344 3148	

Respiratory (COPD)

We provide individual care, offering high-quality, accessible services to help patients effectively manage their own conditions, recognising and preventing exacerbations when possible.

Key services

- Holistic assessments (following the Single Assessment Process)
- Spirometry
- Pulse oximetry
- Teaching inhaler technique
- · Reviewing and prescribing medication
- Teaching patients about breathing control and self-management
- · Organising the annual flu vaccination programme for housebound people

Team	Address	Manager
Respiratory (COPD)	Forest Primary Care Centre 308a Hertford Road Edmonton, N9 7HD 020 8344 3182	Kay Lewis

Community liaison nursing

The community liaison nurse cares for older people in Enfield, providing personal support and running community events to promote healthy, independent living.

Our community liaison nurse offers advice on topics such as diet, home safety, medication, and mobility.

Team	Address	Manager
Community liaison nursing	Forest Primary Care Centre	Kay Lewis
	308a Hertford Road	
	Edmonton. N9 7HD	
	020 8344 3179	

Intermediate care

Intermediate care services are locally-based, providing care closer to home. They are rehabilitative, short-term services provided by multi-skilled teams, which are made up of staff from health and social care.

Key services

The intermediate care team links health and social care professionals, providing a range of short-term nursing services. Length of treatment depends on the patient, but is typically two to three weeks. We can provide:

- Assessment (usually on the day of referral, unless otherwise agreed)
- Nursing
- Physiotherapy
- Occupational therapy
- · Social work support
- · Personal care support
- Support from a Mental Health nurse

Team	Address	Manager
Intermediate care	St Michaels Primary Care	
	Centre	
	Pine Lodge	
	Gater Drive	
	Enfield. EN2 0JB	
	020 8342 2166	

Magnolia unit

The Magnolia unit provides short-term inpatient care from St Michael's Primary Care Centre. It is an alternative to acute admission for clinically stable patients who need nursing services

Reproductive & Sexual Health (RASH)

RASH offers walk-in testing and treatment for problems relating to contraception and sexual health.

We run a number of clinics related to sexual health. This includes walk-in clinics for contraception (including pills, injections, implants, IUDs and condoms) and sexually transmitted infection screenings.

Key services

- · Provision of contraception
- Genito urinary medicine (GUM) services
- STI testing (including HIV, thrush, syphilis, gonorrhoea, Chlamydia and BV tests)
- · A text messaging service for test results
- Cervical smears
- Termination of pregnancy (TOP)
- · Psychosexual problem clinic
- · Gynaecology clinic
- Young people's project, which operates at schools and youth groups to raise awareness of sexual health issues

SHOUT

The sexual health outreach for under 19s team is dedicated to raising awareness about sexual health issues among young people.

Outreach sites:

- Enfield schools
- · Enfield colleges
- Training and support centres
- Youth clubs
- Telephone consultations

Delia Martin (for schools) 07785 515 250

Angela Gardner (for colleges and hard-to-reach clients) 07506 554 180

Young parents project

The young parents project is a specialist service for teenage parents in Enfield aged 12-19 years, who are pregnant or with a child.

We aim to equip young parents with parenting skills. This involves preparing them for the birth of their baby, helping them to form strong relationships, and improving their wellbeing and self-esteem

We offer practical and emotional support through outreach and group work. Our links with other agencies enable us to address the complex needs of the young parents and their children.

Team	Address	Manager
Reproductive & Sexual	The Green Clinic	Sue Jowett
Health	Evergreen PCC	
	1 Smythe Close	
	Edmonton N9 0TW	
	0208 887 8405	
Young parents project	The Foyer	Tricia Lewis
	279 Fore St	
	Edmonton	
	N9 OPD	
	0208 807 4691	

Wheelchair Service

The Enfield wheelchair service provides wheelchairs and other seating equipment to adults and children

Key services

- Clinical assessment of mobility needs (physical, postural, social and environmental) provided by therapy staff and/or a rehabilitation engineer
- Prescription for, and provision of, the appropriate equipment
- Full instruction on the care, use, safety, and maintenance of the equipment
- Access to an approved repairer, who will provide a repair, modification, delivery and collection service

Team	Address	Manager
Wheelchair Service	Pine Lodge	Cathy St John
	St Michael's Centre	
	Gater Drive	
	Enfield. EN2 0JB	
	020 8363 7481	

Paediatric occupational therapy

Paediatric occupational therapy offers assessment, advice and therapy to children who have a wide range of special needs

Key services

- Assessment and advice for children with biomechanical problems, such as small stature and Erbs palsy, which affect function and independence
- Working at Child Development joint clinics, including the Complex Needs Clinic and screening clinics for children with learning difficulties
- Supporting short break groups, such as the Moving and Playing group
- Collaborating with the Orthortics department to ensure appropriate Orthotic provision
- · A splinting service for children and young people
- Advice about equipment
- · Chair and bath assessments
- School liaison
- Helping to ensure that young people are prepared for the transition to adult life and adult services

Team	Address	Manager
Paediatric occupational	St Michael's Primary Care	
therapy	Centre	
	Cedar House	
	Enfield. EN2 0JB	
	020 8375 2985	

Paediatric nursing

- Provides a Service to Children who require a complex needs healthcare package to meet their needs within the community
 - Responsible to the lead Commissioner for Children around agreement for funding healthcare needs
 - Provides a short break within the family through specialist care staff
 - Through current contract with Life Force provides a play therapy specialist to work alongside children who are life limited, and support for families through the bereavement process when a child dies (This service will come directly under ECS at the end of September 2011)

Works closely with Barnet and Chase Farm and North Middlesex hospitals around a virtual team for complex care children in Enfield

Team	Address	Manager
Paediatric nursing	St Michael's Primary Care	Jon Robson
	Centre	
	Cedar House	
	Enfield. EN2 0JB	
	0208 375 2937	

Health visiting

Health visiting

The Health visiting service works with children under five and their families. As well as home visits, our health visitors run child health clinics and community groups.

- New birth visits (10 -14 days after delivery)
- Universal offer to all children aged 2 years. Targeted to those with additional concerns.
- Child protection case conferences, core groups and other work identified in the child protection plan
- Child health clinics
- Community groups on themes including behaviour management, first-time parents, under 1s sessions and weaning
- · Advice and referrals for parents who want to stop smoking
- Adhoc visits where required; for instance for post-natal depression
- Health surveillance and identification of deviations from the norm in health and behaviour, for example:
 - o developmental delay in children
 - o health needs in children
 - o parenting difficulties
 - o post-natal depression

Rowan Court	
St Michaels Site 19 Chase Side Crescent	
Enfield EN2 0JD	

Physiotherapy

The paediatric physiotherapy team works with children who have reduced gross motor skills or musculoskeletal injuries.

Key services

- · Assessment, advice, and planning for children with musculo-skeletal problems
- Assessment, care planning, and equipment for disabled children (as part of the joint service)
- · Hydrotherapy services
- Training for carers, to help them support children with exercise programmes at school or other settings
- A plastering clinic for children who have, for example, had botox treatment

Team	Address	Manager
Physiotherapy	St Michael's Primary Care Centre Cedar House Enfield. EN2 0JB 020 8375 2993	Jon Robson

School nursing

School nurses carry out health assessments and drop-in sessions as well as providing individual services to children who have long-term conditions.

Key services

Safeguarding services

- Working with child protection, Children in Need and Looked after Children
- Conducting health assessments and monitoring health status, making referrals as required
- · Attending case conferences, reviews, and network meetings

Services for children with long-term conditions

- Assisting with the Creation of care plans for children, and ensuring that they receive
 effective day-to-day and emergency care
- · Training and updates for school staff
- Working in partnership with paediatricians and school staff to review the care of children with long-term conditions

Sexual health services

- Operating ad hoc secondary school drop-in sessions to provide advice on relationships and safer sexual behaviour
- · Training and updates for school staff
- Advising children and their carers on 'clinic in a box' tests and young people's services

Childhood obesity services

Leading in conjunction with council staff staff the annual weight and height measurement programme for children in reception and year six (aged 10-11), liaising with school staff to produce data for the Department of Health

- Providing information and advice to parents, as requested
- Offering opportunities for children, parents and carers to discuss healthy eating, weight loss, and exercise programmes. Refer as appropriate.

Immunisation services

- Carrying out National Immunisation programmes for children in year 10 (aged 14-15)
- Providing the HPV vaccination for girls aged 12-13 and additional catch-up campaigns as appropriate
- Supplying the PCT with data on the uptake of immunisations

Taom	Address	Monogon
Team	Address	Manager
School nursing	Evergreen Primary Care	Kathy Soderquist
	Centre	
	1 Smythe Close	
	Edmonton N9 0TW	
	Forest Road Health Centre	
	Hertford Road	
	Edmonton N9 7HD	
	Ridge Avenue Clinic	
	Church Street	
	Edmonton N9 9JT	
	Moorfield Road Health	
	Centre	
	Moorfield Road	
	Enfield EN3 5PS	
	Bowes Road Clinic	
	269 Bowes Road	
	London N11 1BD	
	Highlands Health Centre	
	3 Florey Square	
	Winchmore Hill N21 1UJ	
	Cedar House	
	St Michaels Site	
	19 Chase Side Crescent	
	Enfield EN2 0JD	

Waverley School & West Lea School	

Child protection

The service aims to ensure that Community Services in Enfield provide a modern, evidence based service that maximises the protection of children and young people, is clinically and cost effective and ensures that the Trust remains compliant with all statutory requirements in regard to safeguarding children.

Key services

Training confident and competent staff who are able to recognise the risk of abuse and act efficiently to minimise the perceived harm and promote the wellbeing of the child, ensuring that the five core themes of Every Child Matters (2003),London Safeguarding procedures(2010), Working Together (2010) and Competencies contained in the Intercollegiate document 2010 and LSCB are achieved.

- Ensuring that all staff are aware of local procedures and are alert to the need to safeguard and promote the welfare of children and young people who are in receipt of care from Community Services, this also includes children whose parents may be in receipt of care from Community staff.
- Providing advice on complex/unresolved cases of child harm to assist practitioners to intervene to protect vulnerable children and young people.
- Providing support, advice and child protection supervision to practitioners and teams
 whose primary client group is children and young people. Ad hoc supervision and
 advice can also be provided to other individual practitioners on request.
- Compiling chronologies and reports to ensure that relevant information from other statutory partners is passed to practitioners and that findings of Serious Case Reviews or Management Reviews are disseminated
- Ensuring that systems are in place ensure the smooth transition of notes and information
 for children moving in and out of the Borough. (This is under review due to the
 relocation of child health administration team)
- Supporting staff through legal processes in regard to safeguarding children.
- Ensuring that information received about missing children or young people is disseminated to the appropriate agencies.
- Ensuring that the health component of chapter 7 Working Together 2010 is fulfilled.

Team	Address	Manager
Safeguarding Children Team	Cedar House	
	St Michaels Site	Denise Harris

19 Chase Side Crescent Enfield EN2 0JD	

Looked after Children Team (LAC)

Key services

The service aims to improve the health and life chances of Enfield's Looked after Children aged 0-19yrs by providing a holistic approach to health care assessments. The service will also contribute to the strategic planning of local delivery plans, designed to raise the profile of children and young people within the social care system.

- Improve health care outcomes for looked after children.
- Negotiate with other health care professionals in the provision of health care.
- Carry out Health Needs assessments and make recommendations towards the care planning.
- Provide training and support to carers on issues relating to health.

Team	Address	Manager
Looked After Childrens Team	Triangle House 305 313 Green Lanes Palmers Green. N13 4YB.	Denise Harris

Liaison health visitor

The liaison health visitor works with young patients of Chase Farm and North Middlesex hospitals.

Key services

Direct interventions

- Providing advice and support to patients and professionals
- Liaising between young patients and healthcare workers, in order to identify and
 communicate any physical, emotional, or psychological issues that might affect the
 wellbeing of the child and their carers. This will also include issues of child protection,
 children in need, child/maternal deaths, domestic/family violence.
- Gathering and providing information to primary health care, statutory and voluntary agencies
- Offering regular visits to all departments where children are cared for (including maternity) to ensure that the history of each child is known and concerns highlighted
- Initiating and supporting health promotion activities
- Maintaining clear lines of communication between hospital and community practitioners, young people, families and carers
- Co-ordinating, facilitating and administering the Care of the Next Infant (CONI) programme
- Providing information and support to parents, midwives, GPs and health visitors following sudden unexplained infant death, apparent life threatening episode, or child death

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Indirect interventions

- Working with healthcare professionals to gather information that will enhance the care of children in hospital
- Conveying information to primary care health professionals, where concern has been raised about the care of a child
- Responding to requests for information from GPs or other health professionals in regard to children who have been seen in AE

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Team	Address	Manager
Liaison health visitor	Room 11 Ante Natal Clinic Chase Farm Hospital The Ridgeway	
	Enfield EN2 8JL 020 8375 1275	
	Room 37 Old Nurses Home North Middlesex Hospital Sterling Way Edmonton N18 1QX 020 8887 4010	

Learning Disabilities

The Integrated Learning Disabilities Service is a partnership between Enfield Council, Enfield NHS Community Services, Barnet Enfield and Haringey Mental Health Trust and Central North West London Foundation Trust.

- Assessment & Care Management
- Day & Community Services
- Employment Service
- Community Nursing.
- Occupational Therapy
- Access and Support supported tenancies
- Adult Placement
- Domiciliary Care
- Art Therapy
- Speech & Language Therapy
- · Psychology.

Page 45

Psychiatry

Team	Address	Manager
Learning Disabilities	Ground Floor	Niel Niehorster
	St Andrew's Court	
	1-4 River Front	
	Enfield	
	EN1 3SY	

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