Haringey Council

Health and Wellbeing Board

TUESDAY, 9TH JULY, 2013 at 13:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see attached membership list.

AGENDA

1. WELCOME AND INTRODUCTIONS

2. APOLOGIES

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 14).

4. DECLARATIONS OF INTEREST

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

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

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

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

5. QUESTIONS, DEPUTATIONS, PETITIONS

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

6. MINUTES (PAGES 1 - 8)

To consider and agree the minutes of the meeting of the Board held on 21 May 2013.

7. HEALTH AND WELLBEING STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (PAGES 9 - 12)

To present and agree the Joint Strategic Needs Assessment (JSNA), and the Health and Wellbeing Strategy (2012-2015).

8. ESTABLISHING THE HWB DELIVERY GROUPS (PAGES 13 - 16)

To present the updated Governance Structure and to agree the Chairs of the Health and Wellbeing Board's Strategy Delivery Outcome groups.

9. JOINT STRATEGIC PLAN (WINTERBOURNE VIEW CONCORDAT DELIVERY PLAN) AND ACHIEVEMENT OF CARE REVIEWS (PAGES 17 - 58)

Following the presentation of the Haringey Winterbourne Review Joint Action Plan to the shadow Health and Wellbeing Board in February of this year, this report provides a summary update to the Health and Wellbeing Board on the implementation and progress of the Plan, against targets set by the Department of Health's Winterbourne View Review Concordat Programme of Action. The Health and Wellbeing Board are asked to approve the latest version of the Haringey Winterbourne Review Joint Action Plan as set out at Appendix 1 to this report.

10. COMMUNITY SAFETY STRATEGY (PAGES 59 - 64)

To note the new strategy developed by the Community Safety Partnership (CSP) in response to changes promoted by the Mayor of London and to the financial pressures on local authorities and their partners.

11. CHILDREN AND YOUNG PEOPLE'S PLAN (PAGES 65 - 70)

Report of the Director of the Children and Young People's Service to provide the Health and Wellbeing Board with a summary of the draft Children and Young People's Plan 2013-2016 for discussion, to inform the Health and Wellbeing Board of the consultation and sign off arrangements for the plan and to propose a public 'promise' or offer to children, young people and families.

12. HARINGEYSTATS - MENTAL HEALTH: FEEDBACK AND NEXT STEPS (PAGES 71 - 108)

For the Health and Wellbeing Board to note six areas identified in the HaringeyStats session for focused actions on mental health and discuss how to mainstream the actions through the existing Boards and other relevant partnership groups (e.g., Mental Health Partnership Board and Outcome 3 Delivery Group).

13. PERFORMANCE REVIEW (PAGES 109 - 110)

To note the performance report.

14. HARINGEY CCG PROSPECTUS (PAGES 111 - 112)

To note the Haringey CCG Prospectus.

15. HEALTH AND WELLBEING BOARD FORWARD PLAN (PAGES 113 - 114)

To note the HWB forward plan.

16. NEW ITEMS OF URGENT BUSINESS

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

17. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

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

The dates of future meetings are as follows:

8 October, 7pm*
7 January 2014, 1.30pm*
8 April 2014, 7pm*

(*start times TBC)

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Membership of the Health and Wellbeing Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	2	Cabinet Member for Health and Adult Services	Cllr Bernice Vanier (Chair)
			Cabinet Member for Children and Young People	Cllr Ann Waters
	Officers' Representatives	3	Director of Adult social Services	Mun Thong Phung
			Director of Children and Young People's Services	Libby Blake
			Director of Public Health	Dr Jeanelle de Gruchy
NHS	Haringey Clinical Commissioning Group (CCG)	4	Chair	Dr Helen Pelendrides
			GP Board Member	Dr Sherry Tang
			Chief Officer	Sarah Price
			Lay Member	Cathy Herman
Patient and Service User Representative	Healthwatch Haringey	1	Chair	Sharon Grant
Voluntary Sector Representative	HAVCO	1	Chief Executive	Fitzroy Andrew

Agenda Item 6

MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 21 MAY 2013

Members Fitzroy Andrew (Chief Executive, HAVCO), Libby Blake (Director of CYPS, LBOH), Dr Jeanelle de Gruchy (Director of Public Health, LBOH). Sharon Grant (Chair, Healthwatch Haringey), Cathy Herman (Lay Member, Haringey CCG), Mun Thong Phung (Director of Adults and Housing, LBOH), Sarah Price (Chief Office, Haringey CCG), Dr Sherry Tang (GP Board Member, Haringey CCG), Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH) and Cllr Ann Waters (Cabinet Member for Children, LBOH)

Apologies Dr Helen Pelendrides

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HWB10.	**APOLOGIES** Apologies for absence were received from Dr Helen Pelendrides, and apologies for lateness from Libby Blake.	
HWB11.	**URGENT BUSINESS** There were no new items of urgent business.	
HWB12.	**DECLARATIONS OF INTEREST** There were no declarations of interest. Sharon Grant, Interim Chair of Healthwatch, stated for the record that, having only recently been formally appointed, she had requested the appropriate proforma for declarations of interest and would complete and submit this as soon as possible. She confirmed that she had no interests to declare in respect of the items on the agenda for this meeting.	
HWB13.	**QUESTIONS, DEPUTATIONS, PETITIONS** There were no such items.	
HWB14.	**MINUTES AND COUNCIL REPORT FOR NOTING** **RESOLVED** That the minutes of the meeting held on 9 April be approved and signed by the Chair. Further to the action listed in the minutes, it had been confirmed that the Chair of Healthwatch would be a voting member, with the Director of Healthwatch acting as deputy.	
HWB15.	**DIRECTOR OF PUBLIC HEALTH ANNUAL PUBLIC HEALTH**	

REPORT

Jeanelle de Gruchy presented the Annual Public Health report, and outlined the content of the report, including the key factors affecting alcohol consumption, the health and social harms associated with alcohol abuse and the steps being taken within the borough to address these issues. It was noted that this year's report focused on alcohol, which related specifically to Outcome 2 of the Health and Wellbeing Strategy – a reduced gap in life expectancy. The following points were covered as part of the discussion on the report:

- With regards to the map indicating violence hotspots and licensed premises in Haringey, the Board asked whether the report identified alcohol-related violence as an issue affecting more deprived areas particularly. It was noted that although alcohol-related harm was an issue across the borough, the impact was greatest in more deprived areas.
- It was noted that the prominence of violence hotspots in more deprived areas was exacerbated by a number of factors in addition to alcohol use, and that the way in which such statistics were presented needed to be considered carefully.
- As part of the ongoing work around licensed premises, it was noted that businesses such as hairdressers had licences to sell alcohol, demonstrating how readily available alcohol was in many settings.
- In response to a question regarding how the report had been promoted, it was reported that it had been presented at the Area Forums, and had been supplied to HAVCO, schools and GP practices – Board Members were invited to make additional suggestions of how else to promote the report.
- The Board discussed its own role, and it was felt that this should involve raising awareness, linking in with other organisations around this issue and providing leadership. Monitoring of the HWB Strategy delivery plan was key, to ensure that actions were being implemented, and also to assess the impact of the delivery plan.
- Close liaison with the Community Safety Partnership was important in order to address this issue, and joined-up working, especially information sharing, was to be encouraged wherever possible.
- It was suggested that there should be more work to engage specific groups in a more targeted way, for example young people, those living with diabetes, etc.
- In monitoring the implementation of the delivery plan, part of the Board's role should be to identify where there were any barriers preventing full implementation (for example lack of data) and to look at how these barriers could be overcome.
- It was reported that there were incentives for GPs to gather data on alcohol consumption, and that alcohol was one of the risk factors that GPs routinely asked patients about. All new patients were screened with regards to alcohol when registering at GP practices, as well as within chronic disease management. Data on alcohol consumption was also linked to the QOF.

	• It was reported that hospitals were being encouraged to gather information on alcohol consumption, and to use this information more proactively. • Analysis undertaken between the local authority and CCG around alcohol-related hospital admissions was being prepared for circulation to GP surgeries; it was anticipated that this information would be welcomed by GPs and would help to recognise those most likely to be at risk. • A question was asked as to whether, having identified that a patient was at risk from alcohol-related harm, there was sufficient capacity in the system to address this in a constructive way. It was agreed that this was an issue that should be looked into. Jeanelle de Gruchy advised that there would be a report back to the Board in around 3 months on service provision in this area, incorporating user feedback. • It was suggested that GPs write to all their registered patients with information around alcohol-related harm, as GPs tended to be a source of information that people trusted; it was felt that there may be some barriers to sending out a blanket-style letter, including potential costs and the risk of diluting the message, however it was agreed that the local authority would work with the CCG to look at what was being done elsewhere, and identify areas where primary care services could do more around this issue.	**Dir PH** **Dir PH**
HWB16.	**HWB STRUCTURE** Jeanelle de Gruchy presented the report, an updated version of which was tabled at the meeting, and advised that an Executive Group had been established, comprising the Director of Public Health, Director of Children's Services, Director of Adult and Housing Services and the Chief Officer, CCG. It was proposed that the JSNA steering group, a delivery group for each of the Strategy outcomes and task and finish groups as required should sit beneath the Executive; these would report into the Executive and reports would be brought to the Board on an exception basis. The report also set out the meeting and reporting cycle for the Board, as well as the events / seminars of which there would be one for each outcome; a joint event on alcohol was planned for November with the Community Safety Partnership. The following points were covered in discussion of the report: • It was essential to focus on the Strategy outcomes and monitor delivery effectively; the solution proposed in the report used existing reporting mechanisms and was felt to represent the most 'light-touch' approach possible. • It was felt that the only way to test the proposal was to try it out, and review matters after a period of time, to see whether it was working. • The Board requested that one of the functions of the Executive should be to ensure that all sub-bodies had a responsible lead officer nominated. • With regard to meetings of the Board, it was suggested that the	

proposed dates for seminars could additionally be used for formal Board meetings, in the event of any urgent matter arising that required a formal meeting. It was agreed that retaining an element of flexibility would be useful.

- The Board asked for further information regarding the role of the Executive, and how the Board would be kept informed of its activities. It was reported that the purpose of the Executive would be to ensure the delivery of the Strategy, and that it would report into the Board. The Executive would meet in the build up to each Board meeting, and after each Board meeting to take away any actions arising, and would be accountable to the Board. It was confirmed that the Executive would be an operational body, and it was agreed that it should be re-titled 'HWB Chief Officers Group' in order to make its role clearer.

RESOLVED

That the Board approve the arrangements as set out in the report.

HWB17. DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELLBEING BOARDS

Libby Blake presented the report on the Disabled Children's Charter for Health and Wellbeing Boards. The report set out the analysis of the potential risks and benefits for the Board associated with the opportunity to sign up to this Charter. Appendix 2 of the report set out the relevant work the Council was currently doing. The report concluded that it would be beneficial for the Health and Wellbeing Board to sign up to the Charter, and recommended that the Board agree to do so.

- Cllr Waters confirmed that the service had looked carefully at this issue to ensure that the Board would be signing up to something that it could deliver on, and had concluded that this was the case.
- It was agreed that the suggestion in the report around listening to disabled children should be flagged up as a specific action to be monitored, to ensure that this point was delivered.
- In response to a question around whether this issue had been risk-assessed, it was confirmed that this was the purpose of commissioning the report into the potential risks and benefits of signing up to the Charter. The report had concluded that the benefits of signing up outweighed the risks. It was felt that the commitments set out in the Charter were those which the Council would be seeking to make in any event and that the requirements of the Charter were a good match with the service's existing work programme. In commissioning the report into this matter, there had been particular focus on testing the risks around resourcing, and the Board was assured that the relevant risk assessments had been undertaken in respect of this piece of work.

RESOLVED

i) That the Board sign the Disabled Children's Charter for Health and Wellbeing Boards.

	ii) That the Board agree that the Lead Commissioners carry out the further work as identified in Appendix 2.	
HWB18.	**MENTAL HEALTH IN HARINGEY** Tamara Djuretic, Assistant Director Public Health, gave a presentation on the data from the JSNA around mental health in the borough, the harms associated with mental health disorders, and the recommendation of the New Economics Foundation to adopt a population-wide approach to mental health, with a shift in emphasis away from the severe end of the spectrum of mental health issues to preventative measures and addressing moderate mental health. The report set out influencing factors, different mental health conditions and wider consequences for children and young people, working-age adults and older adults, and also set out statistics for specific conditions and how figures differed in different parts of the borough. The Board discussed the content of the presentation: • The BEH Mental Health Trust benchmarking data for 2011/12 had indicated a low number of beds for the borough and the Board asked for a definition of 'low'. Tamara Djuretic advised that a definition had not been provided, but that she would check this. • In response to a request for a breakdown of figures by ethnicity / religion, it was reported that the data from GPs did not give this level of detail, although the figures could be cross-checked against the profile of the GP populations to give an indication. The Mental Health Trust had not provided data on ethnicity along with their statistics, however the Trust would hold this information and the local authority would check back with them on this. • Further work was needed in terms of engagement with community groups. It was reported that work currently being undertaken with the Muslim community indicated that there was a significant population that was not currently appearing in official statistics, and it was suggested that the Mental Health Trust should try to link in with such projects. • It was confirmed that specific work was being undertaken around mental health in the refugee population. • There was an opportunity for joined-up working around mental health and housing issues, in particular temporary emergency accommodation. It was suggested that this could be incorporated into the temporary accommodation licensing scheme that was being rolled out. Other such opportunities for joined-up working in relation to mental health should be identified. • The Board agreed that there it was crucially important to challenge the stigma associated with mental health, and other social factors relating to mental health. • Budgets for public mental health had increased, and there was a need to commission for change, by focussing on preventing mental health problems. There was a need to look at existing community resources and how to strengthen existing networks. • Jeanelle de Gruchy reported that the Council was looking at	**ADPH (TD)** **ADPH (TD)**

	signing up to the 'Time to Change' campaign as part of its wider work on tackling the stigma around mental health issues. A paper on this would be brought to the Board in due course. • The Board agreed that there should be more focus on positive health assets, as opposed to just looking at the negative factors.	
HWB19.	**CCG INTENTIONS - ENGAGEMENT PROCESS** Sarah Price presented the report on the work the CCG was doing over the summer around public engagement in commissioning intentions, and asked the Board to consider how it wanted to be involved in this. The first public meetings would be taking place in June, and had been organised with HAVCO; the CCG hoped to be able to connect with groups that the NHS had previously not been able to reach. Work was also taking place with GP practices, and as much feedback as possible would be gathered. • It was suggested that a specific event should be organised for young people, possibly via the College of North East London. Engaging with young disabled people should also form a part of this. It was suggested that the young commissioners should be involved in the organisation of any engagement exercise aimed at reaching young people. • Discussion was ongoing in respect of the respective roles of Healthwatch Haringey and Haringey Network, in order to clarify roles and responsibilities and avoid confusion. It was agreed that there was need for further discussion around this. It was noted by way of context that Healthwatch was still in the process of starting-up, and was currently appointing staff. • It was noted that the dates and times of sessions had changed subsequent to the production of the report. Havco and the CCG were seeking a venue that was accessible for residents on both sides of the borough, and asked for any suggestions. Heartlands School was proposed as a possible venue, and Fitzroy Andrew agreed to feed this back.	
HWB20.	**ADULTS SAFEGUARDING ROUND-UP: PRACTICE AND KEY LOCAL AND NATIONAL PRIORITIES** Helen Constantine presented the report on adults safeguarding, an information item to give a snapshot of recent work, forthcoming legislative changes and the national position. It was likely that a new suite of safeguarding indicators would be introduced, including one around outcomes, and there was a need to look at how outcomes were measured and reported. Among the issues covered, it was reported that Haringey was the only London borough to have a Joint Establishment Concerns policy and procedure in place – this had been developed with the CCG as a means to manage the investigation of care providers, and would be formally launched in June. The London Safeguarding Adults Network was very interested in the Joint Establishment Concerns policy and procedure, and was looking to adopt this on a pan-London basis. • It was noted that safeguarding was accountable to the Health and	

	Wellbeing Board, and the annual report would be presented to the Board. • In response to a question regarding equal opportunities, and what work had been done to ensure that all communities were being reached within the Council's safeguarding work, it was reported that the service was currently drafting an equalities impact assessment as part of the prevention strategy, which would be circulated for comment shortly as part of the consultation on this document. The importance of keeping equalities issues in mind routinely as part of this work was emphasised. • The Board noted with surprise the prevalence of instances of financial abuse, and it was report that this was a common issue nationally. There were concerns that this situation may become worse in the current economic climate. **NOTED**	
HWB21.	**PERFORMANCE - HIGHLIGHT REPORT** Jeanelle de Gruchy presented the performance summary report, which included an exception report around teenage conceptions. It was noted that the rate continued to decrease compared with the figures for 2010, and work in this area would carry on. The key activities aimed at addressing the teenage conception rate were outlined in the report. With regards to early access to maternity services, it was reported that the CCG had agreed that data around this would be supplied monthly from all Trusts within the North Central London cluster. An event around this topic was also being arranged with clinicians.	
HWB22.	**HWB CALENDAR AND FORWARD PLAN** The dates of the next meetings were noted as 9 July, 8 October, 7 January 2014 and 8 April 2014. Confirmation of the start times would be provided shortly – it had previously been agreed that the meetings would alternate between daytime and evening.	
HWB23.	**NEW ITEMS OF URGENT BUSINESS** There were no new items of urgent business. The meeting closed at 3.30pm.	

Councillor Bernice Vanier
Chair

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Agenda Item 7

Haringey Council

Report for:	**Health and Wellbeing Board**	**Item Number:**	

Title:	**Health and Wellbeing Strategy (2012-2015) and Delivery Plan and Joint Strategic Needs Assessment (JSNA)**

Report Authorised by:	**Jeanelle de Gruchy, Director of Public Health**

Lead Officer:	**Andrew James, Public Health**

Ward(s) affected: ALL	**Report for Non Key Decisions:**

1. Describe the issue under consideration

To present and agree the Haringey's Joint Strategic Needs Assessment 2012 (Appendix 1) www.haringey.gov.uk/jsna previously considered and agreed by the Shadow Health and Wellbeing Board.

To presents and agree Health and Wellbeing Strategy (2012-2015) (Appendix2) which was previously presented and agreed by the Shadow Health and Wellbeing Board.

This is provided for in the HWB terms of reference in accordance with section 196 Health and Social Care Act 2012 and section 116 and 116A Local Government and Public Involvement in Health Act 2007.

2. Cabinet Member introduction

Haringey's Joint Strategic Needs Assessment is a comprehensive assessment of current and future health and social care needs of the local community and informs priorities for the Health and Wellbeing Strategy.

Haringey Council

The strategy is the shadow Health and Wellbeing Board's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities between the east and west of the borough.

3. Recommendations

To seek Board approval to adopt the Haringey's JSNA 2012, Health and Wellbeing Strategy and Delivery Plans.

4. Alternative options considered

None

5. Background information

Haringey's JSNA, Health and Wellbeing Strategy and delivery plans were presented and agreed by the Shadow Health and Wellbeing Board. There is a requirement for JSNA, the strategy and plans to be adopted by the Health and Wellbeing Board as it is now formally established as a committee.

As stated in the previous presentation the strategy is informed by the JSNA and it builds on work that has been undertaken in Haringey over the last five years. Consultation was undertaken with organisations and groups who work in the area of health and wellbeing, as well as residents, to identify the outcomes and priorities for the strategy. The consultation period was for four months from 20 September 2011 to 20 January 2012. An equalities impact assessment (EqIA) has been completed.

Haringey's Joint Strategic Needs Assessment Steering Group terms of reference is being currently reviewed in order to strengthen governance and accountability and promote wider community engagement. The Group will report to the Health and Wellbeing Board Senior Executive Officers Group on a regular basis.

6. Comments of the Chief Finance Officer and financial implications

N/A

7. Head of Legal Services and legal implications

The Head of Legal Services has been consulted on this report.

In accordance with section 196 of the Health and Social Care Act 2012, the functions of a local authority and its partner clinical commissioning groups under sections 116 and 116A of the Local Government and Public Involvement in Health

Haringey Council

Act 2007 are to be exercised by the Health and Wellbeing Board established by the local authority.

There are no specific legal implications arising out if this report.

8. Equalities and Community Cohesion Comments

N/A

9. Head of Procurement Comments

N/A

10. Reasons for Decision

To formally adopt Haringey's JSNA 2012 and the Health and Wellbeing Strategy under the new functions of the formally established Health and Wellbeing Board.

11. Use of Appendices

1. Haringey's Joint Strategic Needs Assessment Summary can be found at: http://www.haringey.gov.uk/index/social_care_and_health/health/jsna/jsna-summary.htm
2. Health and Wellbeing Strategy (2012-2015) can be found at: http://www.haringey.gov.uk/hwbstrategy

12. Local Government (Access to Information) Act 1985

None

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Agenda Item 8

Haringey Council

Report for:	**Health and Wellbeing Board**	**Item Number:**	

Title:	**ESTABLISHING THE HWB DELIVERY GROUPS**

Report Authorised by:	**Jeanelle de Gruchy, Director of Public Health**

Lead Officer:	**Andrew James, Public Health**

Ward(s) affected: ALL	**Report for Key/Non Key Decisions:**

1. **Describe the issue under consideration**

   To present the updated Governance Structure and to agree the Chairs of the Health and Wellbeing Board's Delivery groups.

2. **Cabinet Member introduction**

   Haringey's Health and Wellbeing Strategy has three outcomes: Every child has the best start in life; a reduced gap in life expectancy; improved mental health and wellbeing. The proposed structure and nominated chairs will be key to ensuring engagement from across our partnership to ensure that we deliver on these outcomes.

3. **Recommendations**

   To agree the changes to the governance structure as recommended in May 2013 and to agree the Chairs for the Delivery Groups.

4. **Alternative options considered**
   None

Haringey Council

5. Background information

5.1. The Board accepted on the 21st May 2013 the governance structure to deliver the outcomes of the Health and Wellbeing Strategy. The board made a single recommendation to rename the proposed 'Executive Group' the 'Senior Officers Group'. This group consists of the Director of Public Health, Director of Adult and Housing Services and Director of Children Services and the Chief Officer of Haringey's Clinical Commissioning Group (CCG).

5.2. The three Health and Wellbeing Board Delivery groups will be accountable for their specific sections of the Health and Wellbeing Board's Delivery Plan. They will report to the Health and Wellbeing Board's Senior Officers Group.

5.3. The suggested chairs of the three groups are:

- Outcome 1 Delivery Group (Giving every child the best start in life) - Jan Doust (Deputy Director Prevention & Early Intervention, CYPS)
- Outcome 2 Delivery Group (Reducing the life expectancy gap) - Fiona Wright (Assistant Director of Public Health)
- Outcome 3 Delivery Group (Improving mental health and wellbeing) - Jill Shattock (Director of Commissioning, Haringey Clinical Commissioning Group).

5.4. It is envisioned that the first actions of these groups will be

5.4.1. To agree Terms of Reference
5.4.2. To undertake a "stocktake" of the current plans and stakeholder mapping
5.4.3. To establish their groups

5. Comments of the Chief Finance Officer and financial implications

N/A

6. Head of Legal Services and legal implications

N/A

7. Equalities and Community Cohesion Comments

N/A

8. Head of Procurement Comments

N/A

Haringey Council

9. Policy Implication

This strategy sets out to improve the health and wellbeing of children and adults in our borough and reduce health inequalities between the east and west of the borough.

The strategy:

- incorporates the health and wellbeing priorities of the Children and Young People's Plan 2011 review;
- Replaces the Wellbeing Strategic Framework which aimed to improve wellbeing and tackle health inequalities among adults in Haringey (expired in 2010); and
- Incorporates Experience Still Counts, our strategy for improving the quality of life for older people (2009-2012).

10. Reasons for Decision

To ensure the delivery of the Health and Wellbeing Strategy (2012-15)

11. Use of Appendices

1. Health and Wellbeing Strategy (2012-2015) Delivery Plans can be found at: http://www.haringey.gov.uk/hwbstrategy

12. Local Government (Access to Information) Act 1985

None

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Agenda Item 9

Haringey Council

Report for:	Health and Wellbeing Board on 9th July 2013	Item Number:	

Title:	Joint Strategic Plan (Winterbourne View Concordat Delivery Plan) and Achievement of Care Reviews

Report Authorised by:	Mun Thong Phung, Director of Adult and Housing Services; and Sarah Price, Chief Operating Officer, Haringey CCG.

Lead Officer:	Beverley Tarka, Acting Deputy Director, Adult and Community Services; and Tristan Brice LD/MH Commissioner, Haringey CCG.

Ward(s) affected: All	Report for: Non-key decision

1. Describe the issue under consideration

1.1 Following the presentation of the Haringey Winterbourne Review Joint Action Plan to the shadow Health and Wellbeing Board in February of this year, this report provides a summary update to the Health and Wellbeing Board on the implementation and progress of the Plan, against targets set by the Department of Health's Winterbourne View Review Concordat Programme of Action. The Health and Wellbeing Board are asked to approve the latest version of the Haringey Winterbourne Review Joint Action Plan as set out at Appendix 1 to this report.

2. Cabinet Member Introduction

2.1 Haringey CCG, in collaboration with Haringey Council, has developed a joint work plan in response to the Winterbourne View Review (Appendix 1), which was presented and agreed at the shadow Health and Wellbeing Board in February of this year. This is overseen and monitored by the Winterbourne View Project Board, made up of senior management and clinical representatives from Haringey's Clinical Commissioning Group (CCG), the Local Authority, the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Whittington Health.

Haringey Council

2.2 The Department of Health has supported the establishment of an NHS England and Local Government Association led Winterbourne View Joint Improvement Board, who have requested for a stock take report detailing the progress that Haringey has made to date against objectives set out. This report is attached as Appendix 2 and will be submitted to the Winterbourne View Joint Improvement Board (5th July 2013).

3. Recommendations

3.1 That members of the Health and Wellbeing Board approve Haringey's Joint Response to the Winterbourne View Concordat as set out at Appendix 1.

4. Alternative options considered

There are no alternative options. The DH concordant made it a requirement to carry out these actions.

5. Background information

5.1 On 31st May 2011, an undercover investigation by the BBC's Panorama programme revealed criminal abuse by staff of patients at Winterbourne View Hospital near Bristol. This resulted in the closure of Winterbourne View and the placement of the remaining residents in other settings. The police launched their own investigations, with 11 criminal convictions, and the Care Quality Commission (CQC) inspected all hospitals and homes operated by Winterbourne View's owners (Castlebeck Care) and conducted a wider "health check", inspecting 150 learning disability services across England.

5.2 In addition, the Government set up its own Review, led by the Department of Health (DH) to investigate the failings surrounding Winterbourne View, understand what lessons we should be learning to prevent similar abuse and explore and recommend wider action to improve quality of care for vulnerable groups. An interim report was published in June 2012, followed by the full Government response to Winterbourne View in December 2012.

5.3 A Concordat between commissioners and providers of health care and Local Government agencies was developed by the Department of Health following the Winterbourne Review. The Concordat is a commitment to change and improve services delivered to people with learning difficulties associated with challenging behaviour.

5.4 The document sets out its vision for a whole systems change by stating: 'all parts of the system – commissioner, providers, the workforce, regulators government, all agencies, councils and providers, the NHS and the police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.'

Haringey Council

5.5 Given the extent of the failures of the health and social care system revealed in the Government's Winterbourne View Report, there was need for local commissioning organisations to take stock of the current commissioning arrangements for people with learning disabilities. Haringey Council and Haringey CCG needs to assure themselves that its commissioning and contracting framework for Learning Disabilities is robust and meets with the expectations and requirements outlined in the Winterbourne View Report, the Concordat and the NHS Mandate.

5.6 The Winterbourne View Report, the Concordat and the Circular from Sir David Nicholson outline the immediate steps that the local authority and Haringey CCG need to take as commissioning organisations.

5.7 Step one required all CCGs to put in place a register for people with learning disabilities or autism funded by the NHS for their care needs, and submit this to NHS England by the end of March 2013. Haringey CCG met this deadline. The register identified that 81 clients are fully funded by Haringey CCG, and 38 clients are jointly funded by the CCG and the Local Authority.

5.8 Step two requires all CCGs to have reviewed the care of all people with a learning disability or autism in inpatient beds, and agree a personal care plan for each individual based on their and their families' needs and agreed outcomes. The review needs to include a personalised care plan, evidence of engagement and agreement with families and carers, discharge plan (Including estimated discharge date), named care co-ordinator, an identified lead CCG, date of comprehensive physical health check and identified independent advocacy to support move on. All 26 clients were assessed by the deadline of May 31st 2013.

5.9 Step three requires all CCGs to facilitate the transition of clients inappropriately placed in hospital to move to community-based support as quickly as possible, but no later than 1st June 2014. For the 26 clients reviewed thus far, two clients transitioned back to the community in April 2013, 9 clients have estimated discharge dates (May - December 2013) and 15 clients require further treatment in the current setting before commencing the transition process. All clients will be regularly reviewed. Appendix 3 gives a summary of estimated discharge dates for clients.

5.10 Clinical and operational personnel are being drawn from Haringey Learning Disabilities Partnership and the NHS Continuing Health Care team to support the process. The Haringey Learning Disability Partnership was established in October 2003 pursuant to Section 75 of the National Health Service Act 2006. This has been a partnership between the Local Authority and the NHS for the provision of LD services. The current Section 75 agreement ceases end of June 2013. The future Section 75 will include processes for monitoring admissions into inpatient hospitals and facilitating timely discharge.

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5.11 As people are being moved back to their local community, there is ongoing assessment of the resources needed to provide accommodation, clinical and other holistic opportunities.

5.12 A reflective learning workshop is planned for September 2013 and will engage individuals, families and all stakeholders, including multi-agency safeguarding representatives.

5.13 Winterbourne is a standing agenda item on the Haringey Learning Disabilities Partnership Board with carers, self advocates, voluntary sector, police representative, CCG and local authority officers represented on the Board. Meetings are held bi-monthly. Winterbourne is a standing agenda item at the Learning Disabilities Executive, of which Haringey CCG is a partner.

5.14 In response to a request for a stock take report detailing the progress that Harigney has made to date against the Winterbourne concordant targets a report will be submitted to the Winterbourne View Joint Improvement Board on the 5th July 2013.

5.15 Highlights of this report are as follows:

5.15.1 Local arrangements for the joint delivery of this programme between the Local Authority and Haringey CCG have been developed and agreed by the Health and Well Being Board;

5.15.2 Strong governance arrangements are in place with the joint action plan a standing agenda item at HLDP Board, HLDP executive, as well as regular briefings to Cabinet and elected Members. Update reports are presented to the Safeguarding Adults Member Panel and the Multi-agency Safeguarding Adults Board. An update on implementing the recommendations of the Concordat was presented to the CCG Quality Committee in April 2013;

5.15.3 Following a comprehensive review of all NHS funded LD clients, it was identified that 26 clients fulfilled the Winterbourne View Review criteria. All 26 clients have received a comprehensive review of their current needs;

5.15.4 An assessment pathway and protocols for care management and safeguarding has been developed;

5.15.5 Other key partners, such as Housing, are working with us to develop innovative commissioning practice, thus for example through a protocol arrangement with Homes for Haringey (Arm's Length Management Organisation) ALMO, the Learning Disability Partnership has acquired four houses and maisonettes which are being re-developed. This arrangement has been negotiated with and is part of the Council's response to Winterbourne;

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5.15.6 Section 75 arrangements between CCG commissioners and the Local Authority are being reviewed and renewed in order to ensure efficient use of funds;

5.15.7 A multi-disciplinary project team reports to the Winterbourne View Board;

5.15.8 A communication and consultation plan has been developed. This is focused on involving families, individuals and advocates in every stage of the process. As well as face to face meetings, questionnaires have been developed to capture people's experience of past and current practice; and

5.15.9 A health hub website is in development and a reflective learning workshop with families planned for September 2013.

6. Comments of the Chief Finance Officer and financial implications

6.1 The costs of the action taken to date have been met within Health and Council budgets including the LD Pooled Budget. Funding has been identified within the HRA capital programme for the property costs of the development of the new Supported Living Schemes and from the Community Capacity Grant for project management and other associated costs.

6.2 The costs of the current hospital placements are fully met by Health and the transfer of clients into community settings creates a financial risk to the Council unless agreement is reached over appropriate funding for these new placements. NHS England has said that local bodies should agree a "financial strategy in the medium term that is built on current cost, future investment and potential for savings." This needs to be developed in Haringey as a matter of urgency.

6.3 In addition to the cost of the placements there will be an impact on other Council and Health services for these clients. The new arrangements and ways of working should be reflected in the revision of the section 75 budget to ensure that appropriate funding is allocated to meet client needs.

7. Head of Legal Services and legal implications

7.1 The Head of Legal Services has been consulted on this report. There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

8.1 This report addresses the needs of people with learning disability or autism to ensure that the lessons learned from the Winterbourne View investigations and reviews are used to improve outcomes for these, some of the most vulnerable groups in our society. Learning disability is a category of disability, and as such, is one of the characteristics protected by section 4 of the Equality Act 2010. This means that in addition to its safeguarding duty to people with learning disability or

autism, the Council has a public sector equality duty to ensure among other things, that due regard is given to their needs and to ensure that they do not suffer undue detriment as a result of their disability.

9. Head of Procurement Comments

9.1 Not applicable.

10. Policy Implication

10.1 The following section lists the links that set the policy context relevant to this paper.

10.2 Department of Health (2012). Transforming care: A national response to Winterbourne View Hospital.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf.pdf

10.3 Department of Health (2012). DH Winterbourne View Review Concordat: Programme of Action.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

10.4 Department of Health (2012). Transforming Care: A National Response to Winterbourne View Hospital
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127331/Letter-on-the-national-response-to-Winterbourne-View-Hospital.pdf.pdf

10.5 The **Health and Wellbeing Strategy** is Haringey's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

10.6 The relevant priorities in the Strategy that refer to the content of this report are priorities 2 & 3:

A reduced gap in life expectancy

- Support people with long term conditions (LTC)

Improved mental health and wellbeing

- Promote the emotional wellbeing of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health needs

11. Reasons for Decision

11.1 Not applicable.

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12. Use of Appendices

12.1 Appendix 1: Winterbourne View Response Joint Action Plan
12.2 Appendix 2: Winterbourne View Joint Improvement Programme: Stock Take
12.3 Appendix 3: Progress of Reviews and Estimated Discharge Dates

13. Local Government (Access to Information) Act 1985

13.1 See Section 10 above.

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Haringey Clinical Commissioning Group

Barnet, Enfield and Haringey NHS Mental Health NHS Trust

Whittington Health NHS

Haringey Council

Appendix 1

Haringey Council's Adult Social Care Response to the Winterbourne View Review
Programme of Action and Work Planning

Introduction

In response to the recently published Winterbourne View Review (Concordat: Programme of Action, December 2012) and in line with the existing commissioning work streams and planned redesign of services' in Haringey, a single over overarching work plan has been developed.

It is also intended that the attached work plan merges the Councils' existing work commitments and planned intentions regarding how and in what form services will be delivered to Adults with a Learning Disability and people who challenge services in the future.

Winterbourne View Review

The Winterbourne View Review has resulted in a Concordat between commissioners and providers of health care and Local Government agencies.

The Concordat is a commitment to change and improve services delivered to people with challenging behaviour. The document sets out its vision for a whole systems change by stating:

'All parts of the system –commissioner, providers, the workforce, regulators government, all agencies, councils and providers, the NHS and the police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.'

(DH Winterbourne View Review: Concordat: Programme of Action 2012)

The signatories of this Concordat have committed to a mandate that requires a complete commitment to joint working, which is drafted in the Concordat as:

'We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change.'
(DH Winterbourne View Review: Concordat: Programme of Action 2012)

This vision and mandate for change is supported by a list of key actions and commitments that the signatory's will be monitored and measured against.

Work streams

Adult Social Care's commissioning, safeguarding and market development approach has for sometime recognised the need for change and has in recognition developed a number of work streams that will fit seamlessly with the approach, vision, mandate and commitments published in the Winterbourne View Review.

People who use services, family carers, service providers and a wide range of professionals' from multi disciplinary backgrounds have been and are invited to participate in Adult Social Care's service reviews and commissioning and procurement processes. Many of which are currently organised and used to promote the return of people placed in residential services outside the London Borough of Haringey.

It is an aim within Adult Social care that family carers participate in reviews, work with multi agency review teams in making recommendations and with people who use services to help commission and remodel service provision within Haringey.

The focus of much of this work has been organised into work streams that includes safeguarding, service redesign, transforming care, promoting independence, choice and the de-commissioning of poor performing services and re-commissioning of high-quality, well specified service provision .

Strategic Approach

To ensure the existing work commitments, strategy and commissioning plans seamlessly combine with and complement the vision and aims stated in the Concordat, a work plan has been drafted that accounts for all the existing work commitments and key actions identified in the Concordat.

Haringey Learning Disabilities Partnership- Response to Winterbourne View Review – Work Plan

Haringey's Joint Work Plan is in response to the Winterbourne View report and has a focus:

- to review all people placed in out of borough hospital/Assessment and Treatment Units (ATU's)by June 2013 ;
- to review all people in in-borough hospital/ATU's;
- to respond immediately to any safeguarding concerns;
- to plan for local high quality care including independent advocacy to support change for people who are able to move back to their local community;
- to put in place independent monitoring advocacy for people not yet ready to move to quality assure current provision.

Once all reviews are completed by June 2013, outcomes will be presented at a consultation event where multi-agency Safeguarding Adult Board Partnerships and partner agencies will come together and focus on strategic and front line response to the outcomes of the review. Each partner agency will be tasked to identify outcome measures, and performance improvements which will then be reported on at subsequent Safeguarding Adult Board meetings.

Winterbourne View Project Board Members

Beverley Tarka: Acting Deputy Director Adult and Community Services
Carol Gillen: Director ICAM, Whittington Health
Janet Alldred: Director Psychosis, BEHMHT
Claire Collins: Interim Deputy Service Manager, Head of Learning Disabilities Partnership
Peter White: Commissioning Manager
Catherine Poyner: Shared Service Manager, North London Strategic Alliance
Dr Ken Courtenay: Consultant Psychiatrist
Dr Sujeet Jaydeokar: Consultant Psychiatrist
Sue Southgate: Manager, Adult Safeguarding Team
Lorraine Stanforth: Safeguarding Manager, NCL Haringey
Tristan Brice: Learning Disabilities and Mental Health Commissioner, NCL Haringey
Georgia Preston: Safeguarding Monitoring Officer

Winterbourne View Clinical Project Manager:

Dr Ursula Mazur, Clinical Psychologist, HLDP

1. Commissioning Approach

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
1.1	Attain mandate from Deputy Director of Adult and Community Services and Chief Officer, Haringey Clinical Commissioning Group Social Care for an agreed joint action plan which responds to the Winterbourne View Report	Project planning documentation, including work plans with time scales Incorporate key aims, findings and recommendations from Winterborne View Hospital Concordat (programme of Action) in all commissioning, purchasing and procurement activities	BT/PW	December 2012	G	Key strategic aims and commissioning work plans have recognised and assimilated the aims and plan for action from the Concordat.
1.2	Form Project Board	Identify project sponsor and project board members	PW/ LRLBH /BT/ SP CCG	December 2012	G	Identified and complete.
1.3	Communication and consultation plan	Identify key stakeholders and method of communication	PW/BT	January 2012	A	In progress, but will be assimilated with existing work and communication plans. Existing commissioning projects and projects relevant to this project are progressing and are in existence, further work is planned around consultation.
1.4	Develop individual project and work plans for all commissioning areas identified as relevant to the Winterborne View Hospital Concordat	Draft individual work plans for each commissioning project identified. Link actions to time bound outcomes	PW	January 2013	A	Work plans relevant to the delivery of stages current within the projects that fall within this project have been completed. Further work plans will need to be developed as sub projects progress.
1.5	Agreed Register of people with learning disabilities in NHs funded care.	NHS CCG representatives	SD/LB/ DC	January 2013	G	In progress.
1.6	Respond to all safeguarding concerns with action plans and reference to the wider commissioning strategy	Curocare identified and prioritised. Other Hospital and assessment and	LR/SP	December 2012 - ongoing	G	Move on mandate agreed by senior officers.

		treatment services will be identified and included				In progress.
1.7	Safeguarding measures in place.	Regular "Establishment Concerns" meeting under Haringey Pan London Safeguarding Procedures involving CQC and placing authorities in place .	BT/SS	Nov 2012 - ongoing	G	In progress • Rota of unannounced visits by all placing authorities; • Service improvement Plan developed and ongoing monitoring; • Voluntary embargo on future placements; and • Move on plans for majority of residents from all placing authorities.
1.8	Communication with families and Carers re our response to Winterbourne View Review	Ongoing communication and engagement with families and carers	BT/PON	ongoing	G	Initiated. Face to face meeting. Telephone liaison.
1.9	Meet with families/advocates to discuss options for move on	Communication will be on-going as part of our communication plan	BT/PW	Ongoing	A	This has been undertaken and is complete in terms of those people who have been assessed as ready and suitable for move on. However, as the options continue to change and develop with the determination and agreement of families and available move on options this remains an on-going process that continuously needs to be reviewed.
1.10	Capacity assessment and best interest meetings	Involve residents, families, carers and professionals from multi disciplines	PON	January 2013	A	In progress.
1.11	Discussions with high performing providers not currently active in the Borough	Identify viable move on options for Curocare residents	PW	ongoing	A	Three providers have been short listed and are undertaking individual assessments prior to participating in a

						selection process that will involve the application of a quality and cost evaluation.
1.12	Involve families, advocates and carers in all commissioning activities	Selection of providers and development of new market in Haringey.	PW/BT	On-going approach	A	This process has been designed, but has yet to be implemented due to the number of assessments the providers short listed for this work need to undertake.
1.13	Alternative accommodation	Move on completed for Curocare Residents	Project Team	Feb/March 2013	A	Work is progressing.
1.14	Agree quality of life template for people placed OOB in hospital and Assessment and Treatment Units	Review Template Developed	Clinical staff of HLDP	December 2012	G	Completed.
1.15	Implement quality of life reviews for people placed Out of Borough in hospitals and Assessment and Treatment Units	Develop plan for individual review.	Clinical Staff	June 2013	A	Plan for reviews completed.
1.16	Identify people able to move on to supported accommodation from out or borough placements.	Out Of Borough (OOB) Placement group set up. Agreed terms of reference of the group mirrors the aims of the Winterbourne concordat	BT/PW	June 2013	A	Terms of Reference for OOB group developed and has been operational for over a year. From the 11 names required and short listed six have been or are being assessed as appropriate for move on to independent living four more names need to be assessed as suitable from a number people already identified.
1.17	Commission independent advocacy to monitor people unable to move on	Implement commissioning plan, complete PID and business case, develop personal budgets into RAS, co-ordinate approach with independent project board	PW	July 2013	A	Agreement between NHS Commissioning and Adult Social care Commissioning has been agreed. An opportunity to develop a framework agreement that facilitates and enables people to choose who their advocate

						is, is being developed.
1.18	Develop a move on plan for people able to move from long term residential services	Liaison with families people who use services and their advocates, include capacity assessments and best interest assessments and meetings	BT/PON	Up to June 2014	A	In progress.
1.19	Equalities Impact Assessment	Draft equalities impact assessment and attain sign off from LBH and CCG	PW	June 2013	A	Outcome of assessments to be advised.
1.20	Environment Impact Assessment	Draft environmental impact assessment and attain sign off from LBH and CCG	PW	June 2013	A	Outcome of assessments to be advised.
1.21	Communication	Include in all project planning including the PID and Business Case	PW	January 2013	A	In progress, ongoing.
1.22	Benefits Realisation plan	Draft plan to include non cashable benefits	PW	March 2013	A	Develop alongside PID and Business cases' this is part of the project planning process and its progression is subject to a number of extraneous project activities.
1.23	Highlight reports	To be generated prior to each project board meeting.	PW	Fortnightly	G	In progress.
1.24	Shared Drive	Set up shared drives for all commissioning projects and publishing of project documents	PW and IT	January 2013	A	In progress.
1.25	Develop Project Initiation Document and business case	Project planning and project products to be determined	PW	January 2013	A	Templates and plans completed and progress with populating and analysing data is ongoing.

2. Physical Resource and Capacity

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
2.1	DOH/GLA Care and Support Specialised Housing funding	Review existing sites and opportunities for funding bids	PW/MP	Jan 18th 2013	G	Deadline date for submission of bid.
2.2	Agree a model of supported housing appropriate to people who are discharged from hospital /ATU's.	Will require local specialist developments to be set in motion.	PW/LD Team	March 2013	A	In progress.
2.3	Project the potential capital costs and available capital associated funding that might be required.	Identify the possible local impacts that might result from a change of use to the proposed sites for investment including consulting the local community and building regulation restrictions	PW/ PDLBH	Feb/ March 2012	G	In progress.
2.4	Identify council owned stock that can be used for supported living developments.	Council's owned stock and what the re-development or capital costs might be to the Council	PW/BT/H fH	January 2013	G	Progressing.
2.5	Agree timescales for the readiness of use of Council housing stock	Continue to meet and work with Homes for Haringey to identify available stock and housing for use as residence for people currently placed out of Borough	PW/BT/H fH	January 2013	G	Progressing.
2.6	Agree specifications for the properties with Homes for Haringey	These will be undertaken with Homes for Haringey	PW/BT/H fH	April 2013	G	Completed.
2.7	Submit Capital bids for works to be carried out	Joint approach to be undertaken	PW/ HfH	April 2013	G	Completed.
2.8	Works completed		HfH	August 2013	A	On Target.

3. Workforce

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
3.1	Commissioning Activity	Personnel identified Business case to be completed	PW	January 2013	A	In progress.
3.2	Review Team	Clinical staff identified	PON	January 2013	G	Completed.
3.3	To be approved by Health and Wellbeing Board	Joint plan for high quality local care and support services for people based on revised local JSNA and joint health and wellbeing strategy.	BT	July 2013	A	In progress.
3.4	Workforce Strategy	Ensure staff development and future recruitment meets the needs of people coming back into borough	PON	June 2014	A	Under review.

4.	Review Joint Commissioning Opportunities					
	Activity	**Key actions**	**Who**	**Time Scales**	**RAG Status**	**Progress/comments**
4.1	Integrated commissioning approach with NHS CCG	Map the commissioning priorities NHS CCG has with those of LBH concerning the development of supported living alternatives for people.	BT/PW	March 2013	A	Ongoing.
4.2	Contact commissioners from London Boroughs' of Islington, Camden, Enfield and Barnet. Purpose to identify joint commissioning opportunities	Opportunity to identify and share physical resources available for specific needs	PW	March 2013	A	This is progressing through a number of cross borough commissioning groups organised for the purpose of identifying joint commissioning opportunities.
4.3	Scope treatment and care pathways with NHS commissioners and NHS care providers	Map health care pathways with social care pathways to include the delivery of day opportunities as well as supported accommodation	PW/BT CCG rep	March 2013	A	Health pathway has been mapped out with a clear focus on recovery.
4.4	Long Term Management complex needs	Commission for quality local care	BT/PW	July 2013 – ongoing	A	As above.

5. Review good practice and LD supported accommodation market

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
5.1	Review existing models of supported living within other London boroughs	Contact commissioners from neighbouring London Boroughs to scope out good practice, CQC requirements for the purpose of comparison, staffing structures, and skill based deployed.	PW	March 2013	A	Existing structures and links have already been developed and are being used as opportunities to compare, contrast and benchmark.
5.2	Identify current third sector provider market currently delivering LD supported living (medium to high support needs) to determine capacity and ability of market to tender for supported living accommodation.	Map current 'London' market and its ability to tender for supported living for people.	PW	April 2013	A	This is being progressed through a market develop approach to commissioning.

6. Finance

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
6.1	Contact finance LBH management and CCG and request nominated individuals from the finance team to participate as active members on a project board.	Outline the role of finance in terms of the time required to participate as a project board member	PW/FLBH /FCCG	January 2013	A	Discussions commenced.
6.2	Financial modelling of existing spend on supported living accommodation.	Agree with finance the range of cost of current supported living provision and compare spend with neighbouring boroughs Get some limited time commitments from finance	PW/FLBH /FCCG	Feb 2013	A	Discussions commenced.
6.3	Financial modelling of supported living accommodation against current hospital/ATU's	Review physical re-modelling of supported living accommodation, project future savings against current capital and revenue spend Future commissioning and financial remodelling must include provision for people who need secure accommodation. Cost comparisons must also include capital and revenue over the life of new developments against the current set of arrangements	PW/FLBH /FCCG	July 2013	A	Discussions commenced.
6.4	Business case and reporting to Health	Support from finance with presenting	PW/FLBH	open	A	Discussions commenced.

	and Wellbeing boards and Learning Disabilities Partnership Board , LD Executive, Cabinet and Elected Members	financial data	/FCCG			

7.	Governance					
	Activity	**Key actions**	**Who**	**Time Scales**	**RAG Status**	**Progress/comments**
7.1	Monitoring , evidence based reviews and outcome measurements	Develop outcome measures. Project Board to ensure governance	BT	March 2013	A	Project board established and will meet monthly. HEF outcomes measurement framework currently in advanced stage of development. A clinical contract will be agreed for each ATU placement to ensure that the CCG is assured in terms of the quality of care received.

8.	Reflective Practice					
	Activity	**Key actions**	**Who**	**Time Scales**	**RAG Status**	**Progress/comments**
8.1	To integrate learning through the process in order to support improved outcomes as identified in Transforming Social Care Report [1] Transforming care: A national response to Winterbourne View Hospital December 2012 Department of Health: https://www.wp.dh.gov.uk/publications/files/2012/12/final-report.pdf	• improve commissioning across health and care services for people with behaviour which challenges with the aim of reducing the number of people using inpatient assessment and treatment services; • clarify roles and responsibilities across the system and support better integration between health and care; • improve the quality of services to give people with learning disabilities and their families choice and control; • promote innovation and positive behavioural support and reduce the use of restraint; and • establish the right information to enable local commissioners to benchmark progress in commissioning services which meet individuals' needs, improve the quality of care, and reduce the numbers of people in in-patient services for assessment and treatment.	WVPG	ongoing	A	This is a standing agenda item at the weekly WVPG meetings. Reflective and learning log forms part of the Highlight report to WVPB. Reflective practice/learning will be focussed on four areas: 1) Family engagement/ Learning from the experiences of families - through family focus group/ workshop (planned to take place in the summer); 2) Safeguarding- through discussions at the Safeguarding Adults Board; and 3) Commissioning appropriate services. Working processes- by looking at ongoing clinical practice and ensuring that the learning from the Winterbourne project can embedded in everyday best practice.

9. Project Tools

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
9.1	Project Initiation Document	• Project approach • Project scope • Research • Project method • Project planning • Project dependencies • Interfaces • Evaluation plan • Communication plan • Risk assessment/log • Contingency plan • Milestone plan	PW/All	Open	A	This project approach will be applied to all commissioning projects undertaken. Purchasing and procurement activity incorporated into the PID.
9.2	Business case	• Current situation • Workforce analysis • Need and demand • Utilisation • Consultation • Opportunities • Project categorisation • Scope • Strategic fit • Proposal and alternative • Resources • Communication • Value analysis • Cashable benefits • Non cashable benefits • Conclusions & Recommendations	PW/All	Open	A	A business case approach will be taken and used to evidence, analyse and recommend the best commissioning and purchasing approach to each and all individual commissioning projects. The Market Position Statement will be used as a means of developing the market.

Local Government Association

NHS England

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	There is a local Winterbourne View Programme Board overseeing implementation of the recommendations in the Concordat (ToR and minutes available upon request). Both CCG and Local Authority are represented at the Board.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Homes for Haringey (Arm's Length Management Organisation) ALMO. Through a protocol agreement with Haringey's Learning Disability Partnership, have acquired control of four houses and maisonettes. The four properties are being re-developed with capital funding from Homes for Haringey's Housing Revenue Account. This arrangement has been negotiated with and as part of the Council's response to the Winterbourne View Concordat. The capital works have been specified by Commissioners from Adult Social Care, officers from Homes for Haringey and Property Services, Social Workers and clinical staff from the Learning Disability Partnership. Each of the properties are being developed to allow two people to live independently in each, which when completed will be eight people in total. Only third sector providers compliant with Haringey's safeguarding policies and procedures and only those		

	providers from the third sector who are registered with and compliant with the Care Quality Commission's national standards are being considered suitable to provide the necessary care and support. Third sector providers will provide a tailored package of care that will enable people assessed as part of the Council's review process to live independently with a licence agreement.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	Each client is discussed by the MD project team on a regular basis to plan transition from ATU's/hospitals to the community. There is dialogue between the project team and the commissioners which supports planning of clinically appropriate services for people with complex behavioural support needs.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes. Click here for HLDP Board minutes.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes – Board presentation 26th February and 9th July 2013.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Section 75 (dispute resolution section in development).		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	Regular updates are presented to the CCG Quality Committee, LD executive, HW Board, Clinical Leadership and Operational Group, HLDP and Haringey multi-agency Safeguarding Board.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	None at present.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	The North London Strategic Alliance (NLSA) is working together to identify and discuss opportunities for joint commissioning.		

2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Yes (available upon request).		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	Yes (information available via Caretrack).		
2.3 Do you currently use S75 arrangements that are sufficient and robust.	Section 75 arrangements are in place in Haringey for the Learning Disability Partnership pooled provider budget. A renewed Section 75 is currently being negotiated with the LA and the CCG. There is no LD Joint Commissioning Strategy.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No – Section 75 currently for certain provision, however no pooled budget arrangement for complex clients' support packages.		
2.5 Have you agreed individual contributions to any pool.	No.		
2.6 Does it include potential costs of young people in transition and of children's services.	No.		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	Needs to be developed.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	The joint integrated team is made up of three partner organisations, Haringey Council, Whittington Health and Barnet, Enfield and Haringey Mental Health Trust. The team is made up of multi disciplinary professions including social workers, clinical psychologists, consultant psychiatrists, occupational therapists, music therapists, physiotherapists and community nurses.	 Winterbourne Review Protocol_updated (2).d	
3.2 Is there clarity about the role and function of the local community team.	Yes – Section 75 service specification.		

3.3 Does it have capacity to deliver the review and re-provision programme.	Yes.		
3.4 Is there clarity about overall professional leadership of the review programme.	Yes. There are named clinical and operational leads.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes – (see feedback questionnaires which are being utilised throughout the review process).	 Questionnaire for family (next of kin).dc	
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes – 18 inpatient and 8 forensic clients		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	CCG is currently developing a robust process with BEH-MHT (forensic provider)		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Currently in development.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	There is a comprehensive register of all people who are fully or partially health funded.		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Yes – available on Caretrack		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Available locally. CCG commissioning voluntary sector organisation to provide advocacy to those in out of area placements – service specification in development.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	CCG representatives regularly attend the London CHC leads meeting chaired by NHS England. Regular contact with NHS England seeking advice and support.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	All of the reviews have incorporated questions which evaluate the behaviour support needs of the individuals in question, how behavioural challenges are understood (e.g. Functional Analysis) and if they		

	are being responded to appropriately (e.g. PRN medication/Physical Interventions used as a last resort). The reviews have been underpinned by an ethos of Positive Behavioural Support and associated best practice guidance (e.g. Challenging behaviour: A Unified Approach).		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All reviews have been completed with multi-disciplinary input.		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	CCG has started to use the Out of Area Placement protocol.	 CHC201~1.DOC	
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Third sector providers will provide a tailored package of care that will enable people assessed as part of the Council's review process to live independently with a licence agreement. Providers are involved in assessments of individuals with families and families and individuals are involved in selection of providers. Haringey Assessment and intervention team (intensive outreach model) work closely with providers during transition.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	We work closely with the Care Quality Commission and there are regular formal and informal meetings. Safeguarding staff of the CCG and LA and HLDP staff work on joint improvement plans as appropriate for local establishments where there is not full compliance.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Regular updates are made to multi-agency safeguarding Board.		

5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint. 5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings. 5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments. 5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes. The Safeguarding Head of Service sits on the Winterbourne Project Board and also the SAB and monitors compliance with these issues. This area is being developed. We are planning a reflective practice workshop within the Learning Disability Partnership to share learning from the Winterbourne Project Group which will aim to incorporate good practice examples. Community Safety Partnership representative sits on the SAB. There is joined up protocols with planning department, anti-social behaviour unit so that cross cutting issues are addressed. Safeguarding /commissioning officer works across these areas to proactively manage issues through early indication of concern process and then work to support improvements.	 Joint Establishment Concerns Policy and P	
6. Commissioning arrangements 6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings. 6.2 Are these being jointly reviewed, developed and delivered. 6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Yes, The multi disciplinary WV Project team work closely with commissioning staff to facilitate identification of strategic and ongoing commissioning requirements of people. North London Strategic alliance also represented on the WV Board and co-ordinates regional response to commissioning requirements. Yes, ongoing work. Yes - comprehensive register of all people, joint funding arrangements and location.		

6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Yes. Multi-disciplinary Assessment and Intervention outreach team proactively supports community placements and transition from hospital placements.
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Placements within the provider market are made on a spot contract basis. Termination of a spot contract will only result from the person to whom such a contract has been attached, and this will only happen when that person is moved from that individual placement to another placement or into independent living. Where an individual placement is terminated and the person to whom that contact is attached is ended as a result, the move will always involve a multi-discipline response to ensuring the needs of the individual are met.
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	The funding of individual placements is known and has been identified. Joint funding tool currently being reviewed and will impact on future commissioning funding source.
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes, but future commissioning intentions include a scoping exercise that includes the introduction of personal and health budgets. However, some block contracting arrangements are expected to remain.
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Commissioning framework and delivery plan advanced stages of development.
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	We are confident that this target will be reached for the most part, in that all but one or two people will have been moved out of their present placement. If service users need to remain in hospital settings, we will ensure that the environments impose as few restrictions as possible. Robust measures will be in

	place to ensure that service users are being safeguarded (e.g. regular on-site visits, identified independent advocacy, liaison with families) and that that there is an evidenced clinical decision making process which justifies their placement in a hospital setting. Providers will be expected to make available documentation which evidences care planning and goal setting and to report on what progress is being achieved with regards to these. The second issue is the financial issues highlighted in Section 2.4 to 2.7 of this report.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	Some of the obstacles are clinical in nature. We are mindful that some of the service users which are part of the Winterbourne Project have long histories numerous placement breakdowns and of multiple admissions. As a consequence of these experiences, some service users have become accustomed to settings which incorporate a high degree of external control and/or restriction. One of the key challenges therefore, is how community based services can be skilled, robust, boundaries and structured enough whilst being as least restrictive as possible. There is a need to develop local, small specialist services (robust residentials), especially for service users with Mild LD and Mental Health problems. For service users with the most complex needs, there is a need to commission locally based hospital services which include step-down bed provision, enabling continuity of care. Should hospitals be commissioned, this should be done to a clinical specification which is underpinned by a time-limited evidenced based assessment/treatment model. This is imperative to ensure that service users move on to more appropriate placement as soon as possible.		

	Funding issues as previously highlighted. Section 2.4 to 2.7.		
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings. 7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Individuals identified and assessed as appropriate for a move from Assessment and Treatment and in-patient settings are subject to an assessment and assessment by third sector providers prior to any referral being made. Through the quarterly reporting mechanisms of the CCG voluntary sector contracts. CCG to develop.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development.	Scoping of the caseload of Assessment and Intervention Team (AIT) at present to ensure can meet projected demand. Links with BEH Home Treatment Team or development of an equivalent? This will require some liaison and possibly training. Crucial to have support which is available out of hours. Yes.		

9. Understanding the population who need/receive services			
9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	Linked to the Council's response to the Winterbourne View Concordat, Haringey's Learning Disability Partnership is currently reviewing all Care Quality Commission and independent living providers within the Borough. Site visits have been undertaken at each site by a multi-agency team that has included a Carer, Social Worker and clinical staff (NHS) member of the Learning Disabilities partnership. The review teams have collected information, which is being used to short list the Council's commissioning priorities in Haringey, which is being informed by the need to change the way services are currently delivered, the quality of the existing provider market and need to ensure a balance exists between the number of Registered Residential Care and independent living bed based services within the borough, against the need and demand from people who use services and their family carers. It is planned that through this process a planned, well informed commissioning approach can be taken to changing the current market in Haringey to one that better reflects and incorporates the learning from Winterbourne.		
9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	A person centred approach to planning embeds ethnicity, age profile, gender and cultural needs in planning for individuals. Future care needs are informed by planned update of joint strategic needs analysis (JSNA).		

10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	Yes. Detailed demographic information available for young people in transition from 14 plus. Yes. Linked to local market developments.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis. 11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	A full assessment of the market in Haringey has been undertaken. This has included an audit of each service, its physical capacity, its capacity to deliver a service to people who present with complex needs and capacity to move from registered care to independent living. A full need, demand and gap analysis is being undertaken that include all bed based residential services. Within the range of this analysis is CQC registered residential care and independent living. Reflective practice/learning will be focussed on four areas: 1) Family engagement/ Learning from the experiences of families - through family focus group/ workshop (planned to take place in the summer); 2) Safeguarding- through discussions at the Safeguarding Adults Board; 3) Commissioning appropriate services; and 4) Working processes- by looking at ongoing clinical practice and ensuring that the learning from the Winterbourne project is embedded in everyday best practice.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name BEVERLEY TARKA AND TRISTAN BRICE

Organisation HARINGEY COUNCIL AND HARINGEY CCG

Contact TRISTAN.BRICE@haringeyccg.nhs.uk

Signed by:

Chair HWB .....

LA Chief Executive .....

CCG rep.....

Appendix 3

Estimated Discharge Dates

	Named Care Coordinator	Estimated Discharge Date	Estimated Discharge Destination
1	Yes	Discharged May 2013	Own tenancy with 24 hour support (Haringey)
2	Yes	Discharged April 2013	Own tenancy with 24 hour support (Haringey)
3	Yes	July 2013	Own tenancy with 24 hour support (Haringey)
4	Yes	July 2013	Residential Service (Haringey)
5	Yes	July 2013	Residential Service (Cheam, Sutton)
6	Yes	August 2013	Residential Service (Enfield)
7	Yes	August 2013	Residential Service (Surbiton, Kingston)
8	Yes	July 2013	Own tenancy with 24 hour support (Haringey)
9	Yes	September 2013	Own tenancy with 24 hour support (Haringey)
10	Yes	September 2013	Supported Living (Cambridgeshire area)
11	Yes	October 2013	Residential Service (currently being assessed)
12	Yes	November 2013	To be decided pending second opinion from HLDP Psychiatry
13	Yes	December 2013	Own tenancy with 24 hour support (Haringey)
14	Yes	January 2014	Hospital (Locked Rehabilitation)
15	Yes	January 2014	Hospital (Locked Rehabilitation)
16	Yes	February 2014	Residential or own tenancy (Haringey)
17	Yes	February 2014	Hospital (Locked Rehabilitation)
18	Yes	June 2014	To be decided
19	Yes	April 2013	Own tenancy with Support Haringey
20	Yes	May 2013	Own tenancy with Support Haringey
21	Yes	April 2014	To be decided based on clinical needs
22	Yes	August 2013	To be decided based on clinical needs
23	Yes	May 2014	To be decided based on clinical needs
24	Yes	May 2014	St Martin's Hostel
25	Yes	April 2015	To be decided based on clinical needs
26	Yes	July 2014	To be decided based on clinical needs

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Haringey Council

Report for:	**Health & Wellbeing Board** **9 July 2013**	**Item Number**	

Title:	**Community Safety Strategy 2013 - 2017**

Report Authorised by:	**Lyn Garner, Director Place and Sustainability**

Lead Officer:	**Hazel Simmonds, Interim Head of Community Safety**

Ward(s) affected: All	**Report for Key/Non Key Decisions: Key**

1. Describe the issue under consideration

1.1 The Community Safety Partnership (CSP) has developed a new strategy (see attached Appendix A) in response to changes promoted by the Mayor of London and to the financial pressures on local authorities and their partners.

1.2 The outcomes in the appended strategy have been based on a comprehensive strategic assessment, multi-agency workshops and public consultation.

1.3 This is a complex and highly cross-cutting area of responsibility which requires awareness and collaboration across departments and cabinet portfolios. Successful delivery also depends on the performance of a range of partners accountable to the CSP.

2. Cabinet Member introduction

2.1 Community safety has been identified as a corporate priority to reflect its significance in Haringey and its importance to residents.

2.2 This strategy has been developed during a time of reducing budgets and unprecedented change for policing, probation and local authority services. The focus

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is on a limited number of outcomes (see Table 1 below) that are well evidenced as providing a challenge in Haringey. These are:

2.3 Table 1 – Community Safety Strategic Outcomes:

Outcome One	**Rebuild and improve public confidence in policing and maintaining community safety**
Outcome Two	**Prevent and minimise gang-related activity and victimisation**
Outcome Three	**Break the cycle of domestic abuse by working in partnership to promote healthy and safe relationships**
Outcome Four	**Reduce re-offending with a focus on 16 – 24 year olds**
Outcome Five	**Prevent and reduce acquisitive crime and anti-social behaviour (to include residential burglary, personal robbery, vehicle crime, fraud and theft)**
Outcome Six	**Deliver the PREVENT strategy in Haringey**

2.4 The tasks to deliver each strategic outcome will be set out in an annual delivery plan which will be overseen by the CSP. . For each action there will be relevant milestones, targets, timelines and an appropriate lead agency identified. The delivery plan will also seek to rationalise the range of existing action plans across the council in order that officers work from this single document in future. A Performance Management Group (PMG) will ensure that progress against milestones and targets are monitored and met. Different partners will take responsibility for oversight and reporting on the outcomes to the PMG, affording greater scrutiny.

3. Recommendations

The Health and Wellbeing Board is asked to note the Strategy.

4. Alternative options considered

4.1 No alternative options were considered as a Community Safety Strategy is required and public consultation has informed the strategic outcomes recommended as part of the Strategy.

5. Links to key plans

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5.1 This Strategy supports outcome two of the Corporate Plan, '*Safety and wellbeing for all: a place where everyone feels safe and has a good quality of life'*. It directly underpins and consolidates the cross-cutting principles of prevention, empowerment and partnership work, as well as elements of the corporate programmes to achieve improved outcomes for families, value for money and regeneration.

5.2 There are many related plans but this Strategy has specifically taken account of the:

- Mayor's Plan for Policing and Crime
- National Prevent Strategy (preventing violent extremism)
- National Treatment Plan
- Health and Wellbeing Strategy
- Strategy for Children and Young People
- Tottenham Plan
- Haringey Families First Programme
- Tottenham Regeneration Programme (underway)
- Town Centre Strategy (underway)
- Safeguarding Adults Prevention Strategy

6. Resources

6.1 The resources required to deliver on the strategic commitments will be covered by funds from the Mayor's Office for Policing and Crime - MOPAC (£802K), bolstered by partner and council contributions.

6.2 It should be noted that all MOPAC bids cover a four year period beginning 2013-14 but funds are guaranteed for a period of one year at this stage subject to delivery. There are tentative amounts suggested in our bid for the three following years depending on annual negotiation. Several partners have signed up to match fund projects and the council is in the process of agreeing additional funding for a new Community Safety Team structure that is fit for purpose to implement the Strategy and outcomes stated in the MOPAC bid.

7. Background information

7.1 The Crime and Disorder Act 1998 and subsequent amendments commit statutory partners (local authorities, police, probation, fire service and health authorities) to doing all they can to prevent and reduce crime, disorder, substance misuse and re-offending.

7.2 A robust Strategic Assessment was undertaken to inform the Strategy using comprehensive data from across the council and partnership. A summary version of the Strategic Assessment is attached as Appendix B. The data within the assessment suggest that there are some considerable underlying issues including mental ill health, substance misuse, unemployment, increased offending among young adults (18-24) and the disproportionate effect of crime and victimisation on

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particular communities. Joint workshops will be taking place during the year between members and community partners of the Health & Wellbeing and Community Safety Partnerships to address areas of mutual concern and responsibility.

7.3 The Strategy will be delivered under a Head of Community Safety with, among others, lead professional roles for domestic violence, integrated offender management, gangs, anti-social behaviour and preventing violent extremism.

7.4 The Overview & Scrutiny Committee considered and gave its full support to the Strategy at a meeting on 17th June 2013.

8. Consultation

8.1 A first phase of consultation was undertaken to invite comments on the chosen priorities and to help identify any gaps. This was provided on the Haringey website and circulated to a wide local audience. Some of the points made in relation to questions about the causes of crime and ASB include:

- Lack of visible police presence
- Gang Culture
- The use of alcohol and drugs
- Limited job opportunities for young and older people
- Lack of general enforcement

8.2 A second survey was hosted by HAVCO and ran throughout May 2013 to invite comments on the proposed actions. The results showed that 90% of those who responded agreed that the Strategy had identified the right priorities. Some of the key outcomes from that process include:

- The need for better communication, listening and responding to residents
- Prevention and early intervention in relation to gangs, domestic violence and offender management
- Engaging with new and emerging communities
- Concerns about whether older people are sufficiently engaged to improve their confidence in policing
- Identifying employers who will recruit ex-offenders
- The provision of more youth centres and getting young people into work

8.3 The consultation was supplemented by a community workshop in early June looking at opportunities for prevention, further partnership and equalities. It is also worth noting that a presentation was made to the Youth Council where it was agreed at this forum that the right areas had been prioritised.

9. Comments of the Chief Finance Officer and financial implications

Haringey Council

9.1 This report and the associated strategy contain various actions that have financial implications including commissioning of services and creation of new posts. It is important to ensure that all activity is contained within available budgets.

9.2 The available budget includes both Council funds and funding identified by partner organisations and thus in implementing the strategy it needs to be clear what each organisations financial contribution is towards funding of an action.

9.3 The Council's base budget for Community Safety is £149,638 per annum and this has historically been used to meet staffing costs. In previous years this has been supplemented by external grant funding which has allowed the Council to run specific projects. The main source of external funding has been Community Safety grant which has been reduced from around £500,000 to £200,000 per annum in recent years.

9.4 For 2013-14 Community Safety Grant has been subsumed within the new MOPAC grant monies – which are expected to be worth £802,000. Additionally, June Cabinet has increased the Council base budget for Community Safety by £300,000. Thus the total funding available from the Council perspective to contribute to delivery of the strategy will be £449,638 of base budget and £802,000 of grant funding.

10. Head of Legal Services and legal implications

10.1 The Head of Legal Services has been consulted in the preparation of this report and confirms that the attached Community Safety Strategy complies with the Council's statutory duty under the Crime and Disorder Act 1998, as amended, to publish a three year strategy demonstration how it and its partners intend to reduce crime and disorder, substance misuse and re-offending in the Borough.

10.2 The Local Authorities (Functions and Responsibilities) Regulations 2000 set out those functions that are not to be exercised solely by the Cabinet which includes the duty to implement a crime and disorder reduction strategy under the Crime and Disorder Act 1998. Under the Council's budget and policy framework, the approval of this strategy is reserved to full Council.

11. Equalities and Community Cohesion Comments

11.1 An Equalities Impact Assessment is in draft form and equalities priorities will be built into the cross-cutting work of the CSP. This will be finally signed off by the CSP by mid-July. Some of the issues picked up from the data and consultation include:

- Victim and offender groups that are disproportionately higher than their numbers in the population
- Increases in young adult offenders (18-24)

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- Increases in female offenders and the likely impact on children
- Minority groups severely affected by mental ill health, alcohol and other drugs
- Flaws in the quality of data capture

12. Policy Implication

12.1 Community safety is a complex issue which cuts across many policy areas. This strategy aims to add value – and not to duplicate - existing policy and activity through increased partnership delivery, co-location and matched funding.

12.2 Cross borough work will also take place in the delivery of the rape crisis counselling project and support to ASB victims and witnesses.

13. Reasons for decision

13.1 This Strategy fulfils the Council's statutory responsibilities and directly supports the core principles in the Corporate Plan.

14. Use of Appendices

- Appendix A: Community Safety Strategy 2013 – 2017 and Appendix B: Summary Version of Strategic Assessment can be found at item 15 of the Cabinet agenda here: http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=6439&Ver=4

15. Local Government (Access to Information) Act 1985

16. Background Papers

- Community Safety Strategic Assessment 2012/13
- Community Safety Strategy 2011 - 2014

Agenda Item 11

Haringey Council

Report for:	**Health and Wellbeing Board, 9 July**	**Item Number:**	

Title:	**Children and Young People's Plan 2013-2016**

Report Authorised by:	**Libby Blake, Director, CYPS**

Lead Officer:	**Libby Blake, Director, CYPS**

1. Describe the issue under consideration

1.1. Haringey Children's Trust is committed to ensuring that all children and young people in Haringey have the best start in life. Our vision is that *'Haringey is known to be a place where children and young people are known to thrive and achieve'.*

1.2. Children's Trust partners are undertaking a range of work programmes to deliver this vision. Many organisations work with children and young people locally and no single organisation can deliver everything, nor is it right for them to do so. With increasingly limited resources it is important that our work has a clear, evidence based focus, which is understood by all organisations working across the borough.

1.3. In February 2013, it was agreed that a new Children and Young People's Plan should be developed to replace Haringey's current Children and Young People's Plan 2009-2020 (CYPP). The Plan is Haringey's overarching plan for all services for residents aged 0-19, young people aged 20 and over leaving care, and young people up to the age of 25 with learning difficulties or disabilities. While the current CYPP still provides a sound overall strategic direction, priorities regarding children and young people have moved on, both nationally and locally. There has been a proliferation of legislation and initiatives over the past two years affecting children, young people and their families. There have also been a number of Haringey initiatives designed to provide support and focus resources where children, young people and families need it most.

1.4. The Children's Trust works closely with other statutory partnership boards – the Health and Wellbeing Board and the Community Safety Partnership – to ensure that partners take a shared approach to their work with for children and young people.

1.5. This report:

- provides the Health and Wellbeing Board with a summary of the draft Children and Young People's Plan 2013-2016 for discussion (Appendix A)
- informs the Health and Wellbeing Board of the consultation and sign off arrangements for the plan
- proposes a public 'promise' or offer to children, young people and families

Haringey Council

2. Recommendations

2.1 It is recommended that members of the Health and Wellbeing Board:

- provides comments on the summary of the draft Plan
- provides details of any current or planned work in their own organisations which should be reflected in the draft Plan or its delivery plan
- considers the partnership nature of many of the plan's draft priorities, and how to minimise any risks and maximise the opportunities that may arise from this

3. Background information

3.1 Work in Haringey to provide support to children, young people and families who most need it has continued apace. A range of approaches and work programmes have been developed in Haringey which give greater focus to specific priorities. To reflect this raft of changes, the CYPP is being reviewed and refreshed this year to ensure that we concentrate on issues where there is the greatest need.

3.2 **Partnership working**
In Haringey we know that working well in partnership is the best way to provide an effective service to children and young people and their families. There remains a requirement for some partners to cooperate to improve outcomes for children and young people. Although the Haringey Children's Trust ended in April 2012, experience since then has indicated that some form of formal partnership is valuable in leading and promoting such cooperation. **Haringey Children's Trust** has been reinstated to lead this and is valuable in leading and promoting cooperation.

5.3 There are strong links between the work of the Health and Wellbeing Board and the Children's Trust. Outcome 1 of the Health and Wellbeing Strategy - 'Every child has a healthy start in life' – is also the first outcome of the draft Children and Young People's Plan, and the priorities remain the same:

- Reduce infant mortality
- Reduce teenage pregnancy
- Reduce childhood obesity
- Promote the emotional wellbeing of children and young people

The Health and Wellbeing Board is responsible for steering and monitoring the delivery of the work under this outcome.

3.3 The new plan, like the previous one, is a partnership document, and sets out the work of the Children's Trust. It will ensure that the Children's Trust's work:

- Is ambitious for all Haringey's children and young people, with a clear statement of our direction
- Is influenced by our children and young people and their families
- Is evidence-based: Haringey's JSNA provides a strong evidence base for much of our work, and current programmes such as Families First and Haringey 54,000 are based on evidence of need. We need to ensure that this approach is used across all our work.
- Has a clear focus with stated outcomes: all public sector organisations are suffering from reduced budgets and a new plan will need to focus on achieving where improvement is most needed and targeting services at those who need them most

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- Has buy-in from senior figures across partner organisations

3.4 **Development of the new Plan**

Phase 1: partner discussion and development of draft plan

The draft plan has been developed taking into account intelligence and data on children, young people and families in Haringey; results of recent consultations; current work programmes; and partner priorities.

Partner discussion has taken place at the Children's Trust Commissioning Group at a workshop on 19th March and with the Children's Trust Partnership on 23rd May. Representatives from the Health and Wellbeing Board attended both of these meetings.

Discussion between Children's Trust partners continues at the time of writing this report. This is to ensure that key priorities are fully reflected, and that the high level actions included in the plan demonstrate the work of the whole Children's Trust. It is important that the plan is seen as a partnership document by all Children's Trust members and by the public.

Phase 2: public consultation

It is proposed to undertake a 'light touch' consultation on the plan itself.

Rationale

The rationale for keeping the consultation 'light touch' is that there has recently been a great deal of consultation with children, young people and their families (including the Health and Wellbeing Strategy, the Child Poverty Strategy, etc.) These recent consultations have covered the issues that are addressed in the CYPP. Officers are conscious not to repeatedly ask Haringey residents for their opinions on the same subjects.

When all partners' comments have been received, the draft plan will be published on the Council's website with an open invitation for comments for a period of four weeks; it will be circulated to partner organisations through the Children's Trust, the Health and Wellbeing Board and the Community Safety Partnership.

Phase 3: sign off

It is proposed that the draft plan is signed off by the Children's Trust in September.

Phase 4: Public information

It is proposed that public information regarding the priorities and key actions in the new plan should be published during autumn 2013. This is likely to take the form of a 'charter' or 'promise' to Haringey children, young people and their families, providing details of the principles and priorities set out in the plan. The publication of a 'charter' or 'promise' will allow the Children's Trust to demonstrate to Haringey residents their commitment to high quality services and that the issues they have raised in recent consultations are being addressed.

3.5 **Current draft plan**

The draft plan summary is attached at Appendix A. It focuses on the following five outcomes:

1. Every child has a healthy start in life (this provides a direct link to the Health and Wellbeing Strategy)

Haringey Council

2. Thriving families
3. Raised educational attainment
4. Children and young people are safer from the risk of harm
5. Quality services

The outcomes will be delivered through existing strategies and work programmes, such as the Health and Wellbeing Strategy, the Child Poverty Strategy, the Community Safety Strategy and the Haringey 54K programme, among others. Details will be provided in the full version of the plan.

3.6 **Policy implications**

An updated plan for children and young people is required. It will be important to regularly review the plan as national policy regarding children and young people develops. The plan's outcomes will be delivered through existing key documents and programmes – for example, the Health and Well-being Strategy, Haringey 54,000 programme, Haringey Families First, the Child Poverty Strategy, and Jobs for Haringey. It will be important to ensure that these key documents and programmes are closely monitored to determine where there are links between different areas of work and to ensure that these are recognised and maximised.

4. Use of appendices

Appendix A: Draft Children and Young People's Plan summary

Haringey Council

Appendix A: Draft Children and Young People's Plan summary

Haringey's Children and Young People's Plan 2013-2016

Vision: Haringey is '*a place where children and young people are known to thrive and achieve*'

Needs and drivers for change

Haringey has:

- **A young population** - 63,400 children aged 0-19 - a quarter of all residents
- **A higher proportion of children and young people live in the east of the borough.**
- One of the most **ethnically diverse** populations in London; 80.6% of children at Haringey schools are non White British
- 47.7% of pupils with a first language other than English
- **Improved educational attainment at each key stage of learning** and is in a position to improve further
- **33.6% of children living in poverty** with 87% of children eligible for free school meals living in the east Haringey
- 1,055 pupils with a statement of **special educational needs**
- 125 **disabled parents** with dependent children
- 723 **children providing unpaid care** to family members
- 533 **Looked After Children** (Jan 2013)
- A **mobile population** - many families move in and out of the borough
- 2,443 children living in **overcrowded households**
- 4859 under 18 yr olds live in **temporary accommodation** (Jan 2013)
- **High levels of childhood obesity** in 2012 (reception = 11.8% Year 6 = 23.8%)
- Approximately one in every 200 **babies dying before 1yr**, higher than the London and England average
- **Unprecedented financial challenges**

Principles

- **Developing resilience**
- **Promoting prevention, early help and intervention**
- **Reducing inequality**
- **Encouraging community participation and partnership working**
- **Ensuring value for money**

Outcomes	Priorities
Every child has a healthy start in life	• Reduce infant mortality • Reduce teenage pregnancy • Reduce childhood obesity • Promote the emotional well being of children and young people
Thriving families	• Provide early help to families in particular those experiencing the impact of poverty and deprivation • Ensure that children and young people have a decent place to live
Raised educational attainment	• Enhance the quality of teaching and learning • Strengthen leadership and facilitate collaboration • Empower parents and carers • Celebrate achievements and support wider educational opportunities
Children and young people are safer from risk of harm	• Safeguard children and young people from abuse and neglect wherever possible, and deal with it appropriately and effectively where it does occur • Reduce the incidence and impact of domestic violence on children and young people • Prevent and reduce anti social behaviour
Quality services	• Adopt a strategic approach to prevention and early help • Deliver value for money services • Ensure Haringey has a stable, well trained children and young people's workforce

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Agenda Item 12

Haringey Council

Report for:	**Health and Wellbeing Board**	**Item Number:**	

Title:	**HaringeyStat – Mental Health**

Report Authorised by:	**Jeanelle de Gruchy, Director of Public Health**

Lead Officer:	**Tamara Djuretic, Assistant Director of Public Health**

Ward(s) affected: **All**	**Report for Information**

1. Describe the issue under consideration

1.1 Haringey Council has initiated a performance management programme using enhanced data analyses and information as the basis for a focused discussion between all key partners on a particular topic or performance issue. This takes the form of a meeting with Cabinet Members, Council Chief Executive and senior managers, and senior leadership from partner organisations. The purpose is to explore particular performance issues in depth and to develop and agree actions leading to improvement. The process provides an opportunity for both challenge and support to improve performance. Reporting against agreed actions is then mainstreamed into existing performance management systems.

1.2 Our first local HaringeyStat event was held in mid-June on the topic of mental health.

2. Cabinet Member introduction

2.1 Mental health in Haringey is an issue of concern to many of us, and has been flagged at our main partnership boards as requiring significant attention. I therefore welcome the focus on mental health at our first HaringeyStat.

Haringey Council

2.2 The Health and Wellbeing Board is committed to improving the mental health and wellbeing of our residents and has developed a Delivery Plan to support the implementation of actions identified under Outcome 3 of our Health and Wellbeing Strategy: Improving mental health and wellbeing. Further actions identified at HaringeyStat will strengthen the existing Delivery Plan.

3. Recommendations

The Health and Wellbeing Board is asked to note the seven areas identified at the HaringeyStat session for focused actions on mental health and propose how to take forward the actions including through existing groups (e.g. Mental Health Partnership Board and HWB Outcome 3 Delivery Group).

4. Alternative options considered

None

5. Background information

5.1 HaringeyStat, a methodology originating in Baltimore USA, is a focused way of looking at the key public service issues facing the borough. Led by a senior manager in the field, it uses enhanced data analysis and information, brought together and presented in interesting ways, as the basis for a focussed discussion between all key stakeholders on a particular issue. The discussion is chaired by the Council's Chief Executive, and attended by relevant Cabinet Members and senior officers, including those from partner organisations. The process provides an opportunity both for challenge and support to improve performance and collectively find solutions to complex or persistent problems.

5.2 Mental health was identified as a topic for the HaringeyStat launch; it took place on 10th June. A set of data from different sources was presented (Appendix I), leading to a robust discussion about the specific issues facing Haringey and how these issues might be addressed. Seven key areas for action were identified:

i. Children and Adolescent Mental Health Services (CAMHS) pathway: to look at the current pathway with a specific focus on referrals from community services and general practice; review the current offer of Tier 1 and Tier 2 services. A specific focus should be placed on the prevention of conduct disorders, as per recently published NICE guidelines (CG 24).

ii. Strengthen data sharing and improve intelligence across the partnership with a particular focus on young people and offenders.

iii. Explore strategies to direct people with mental health problems (particularly young people) away from the criminal justice system.

Haringey Council

iv. Consider how accessible our services are to men and explore how we can make them more accessible. Look more broadly at how we are tackling stigma in specific populations that are not accessing services.

v. Improve our alignment of resources of mental health and explore opportunities for joint commissioning. Supported housing: the proliferation of private supported housing provision in the east of the borough is contributing to a higher than expected number of people living in the east of the borough with severe mental health problems such as psychosis. Explore what more could be done with enforcement and planning to shape the market.

.

5.3 The Health and Wellbeing Board is asked to consider ownership of these actions and discuss how to take them forward in the most integrated way through the HWB Board revised structure and other relevant partnership Boards.

6. Policy Implication

6.1 The vision for Haringey's Health and Wellbeing Strategy 2012-2015, is for a healthier Haringey, where health inequalities are reduced through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

6.2 One of the three main outcomes identified in the strategy is: Improving mental health and wellbeing of all residents. HaringeyStat will aim to strengthen the existing outcome 3 in the Delivery Plan by bringing in a set of actions collectively agreed by the wide local partnership.

7. Reasons for Decision

7.1 HaringeyStat aims to identify key issues and agree a collective set of actions. The Health and Wellbeing Board is asked to endorse agreed actions and advise on how to further focus them, implement and monitor performance regularly.

8. Use of Appendices

Appendix I: Mental Health and Wellbeing – HaringeyStat presentation

9. Local Government (Access to Information) Act 1985

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Haringey Council

MENTAL HEALTH AND WELLBEING

May 2013

HaringeyStat

Public Health and Business Intelligence
Haringey Council

Outline

Welcome and Introduction to HaringeyStat
Why mental health matters? – local impact and national context
Mental health in Haringey – wider determinants that impact on mental health, assessing the overall need and describing demographics, current service use and activity
Next steps – what actions we are going to take in the short term and in the longer term

Haringey Council

Why mental health matters

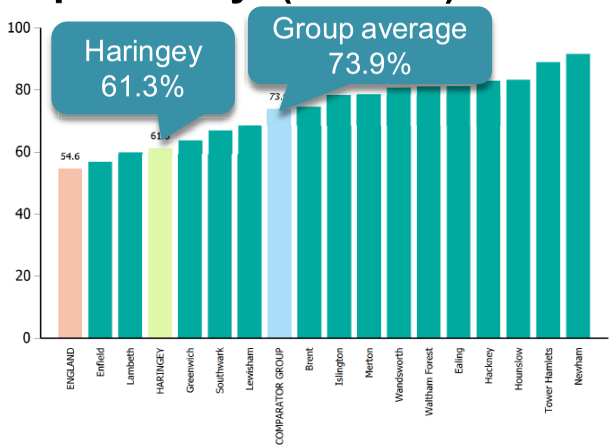
Haringey Council

Burden of mental illness locally

Children and young people | Working age | Older people

HaringeyStat

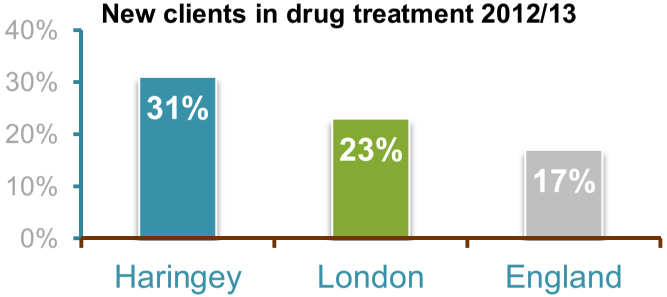
% Adults in contact with secondary mental health services living independently (2011/12)



Haringey's 2012/13 outturn (unvalidated) is 76.3%

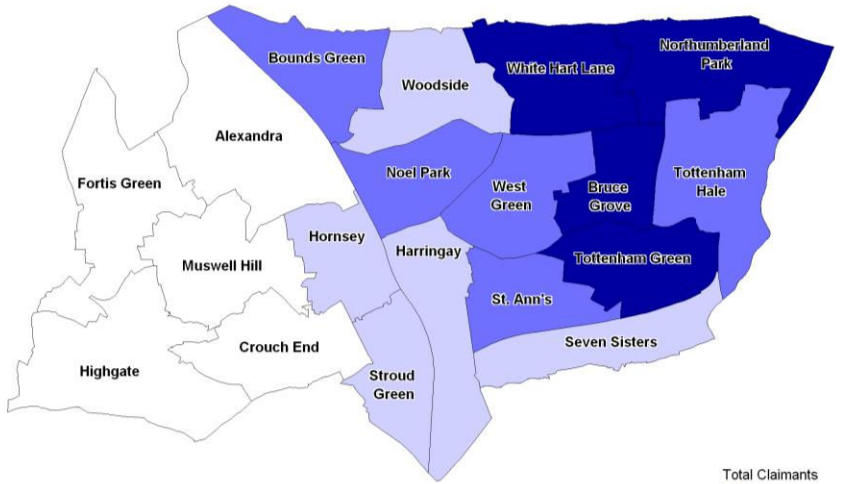
% clients in drug treatment with dual diagnosis

New clients in drug treatment 2012/13



Source: National Adult Social Care Intelligence Service http://nascis.ic.nhs.uk

Employment and Support Allowance claimants whose condition is "mental and behavioural disorders"



Haringey Council

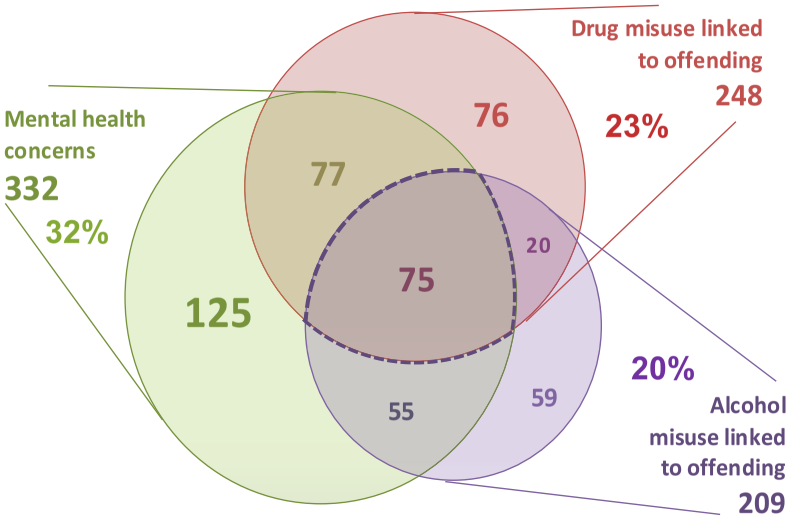
Burden of mental illness locally

Children and young people | Working age | Older people

HaringeyStat

Key issues linked to offending

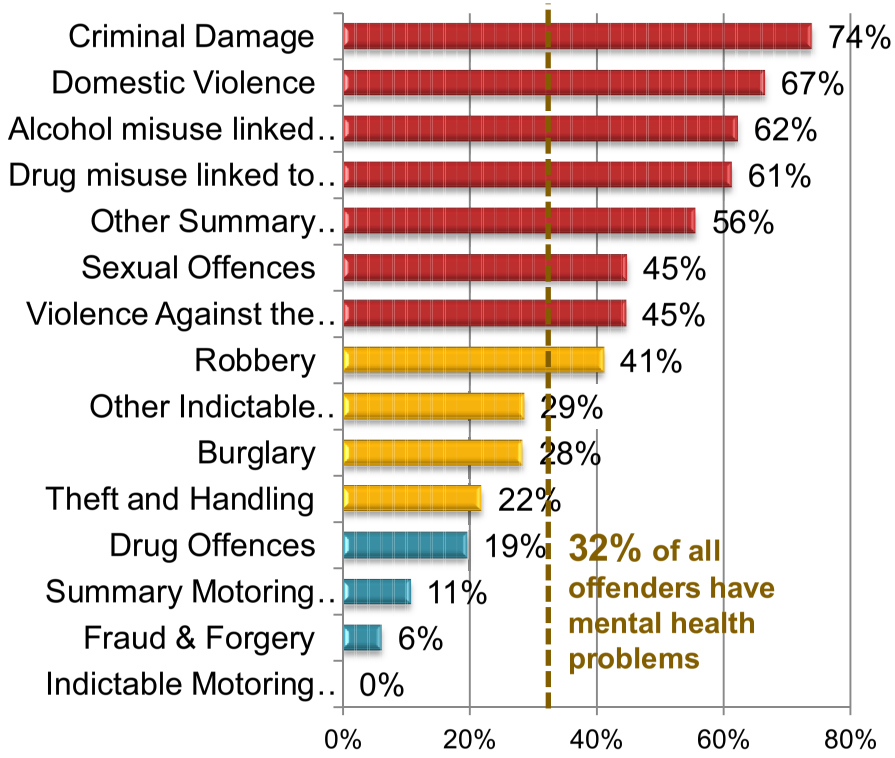
(of the 1062 statutory offenders commencing probation Sep-Aug 2011/12)1



207 offenders (19.5%) had mental health problems *and* substance misuse problems

Source: London Probation

Percentage of offenders with mental health problems (probation commencements Sep-Aug 2011/12)



Haringey Council

Anti-social behaviour

Children and young people | Working age | Older people

HaringeyStat

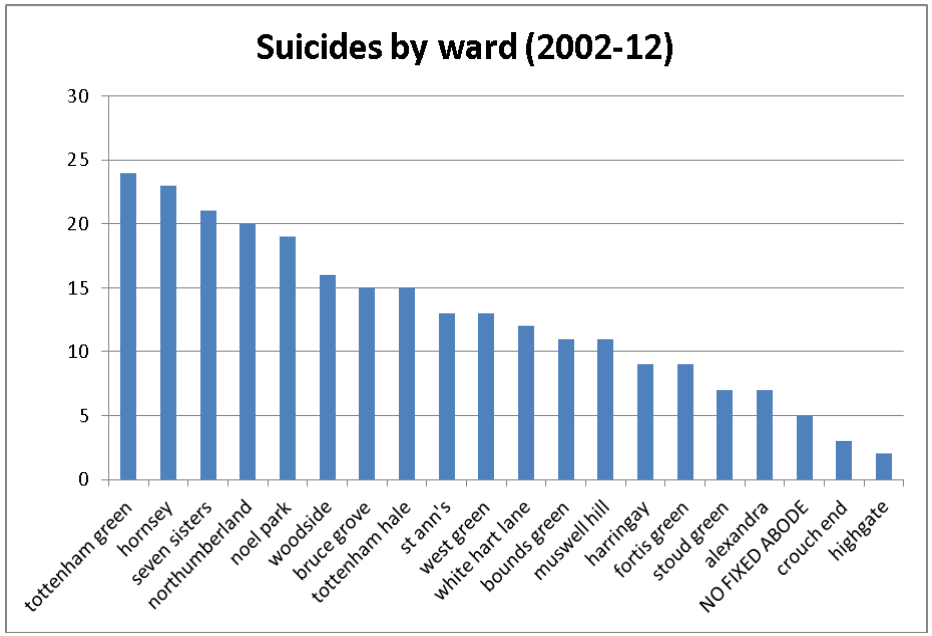
The Haringey Community Safety Partnership has improved the identification and management of vulnerable victims, including those with mental health issues, to ensure they receive the extra support necessary. This has lead to:

- → significant reductions in ASB in some locations, specifically by those identified with mental health issues.
- → One location recorded 352 fewer calls, down to 41 this year. Another location with a similar issue has seen 81 fewer calls for the same period.
- → Substantial reductions have also been seen from St. Ann's Hospital
- → Closer liaison between the Trust and the Police Mental Health Team has resulted in call volumes falling significantly from 218 to 47 this year.

Source: London Probation

Haringey Council

Burden of mental illness locally



- Haringey's suicide rate is higher than London and England and especially for men;
- About 26 Haringey residents commit suicide each year;
- The highest numbers of deaths by suicide are in men aged 25-44
- In the last 10 years, 62% of suicides were people born in the UK compared to 34% born abroad (Afro-Caribbean, Eastern European) ;
- The majority of those who committed suicides were employed followed by 11% retired; 47% were single and 17% were divorced;
- 4.8% cases for whom information was available were known to a GP. Around three quarters had no contact with mental health services in the previous 12 months but 11% had diagnosis of mental disorder

Source: Coroners Suicide Audit data
Produced by Public Health Directorate

Haringey Council

Why mental health matters - nationally

HaringeyStat

Mental Illness cost society about 100bn, 30bn is work related

1 in 6 people will experience mental health problems at some point, 1 in 100 will have severe MH problems

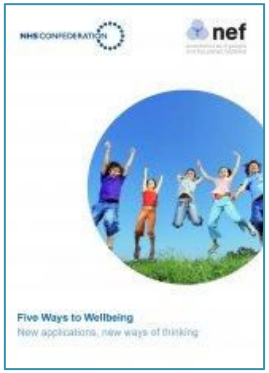
MH is the largest single cause of disability, it presents 23% of the total burden of ill health

Improved mental health and wellbeing is associated with: better educational achievements, employment rates, improved life expectancy, reduced crime and violence, positive economic regeneration

9 out of 10 people with MH problems reported being stigmatised

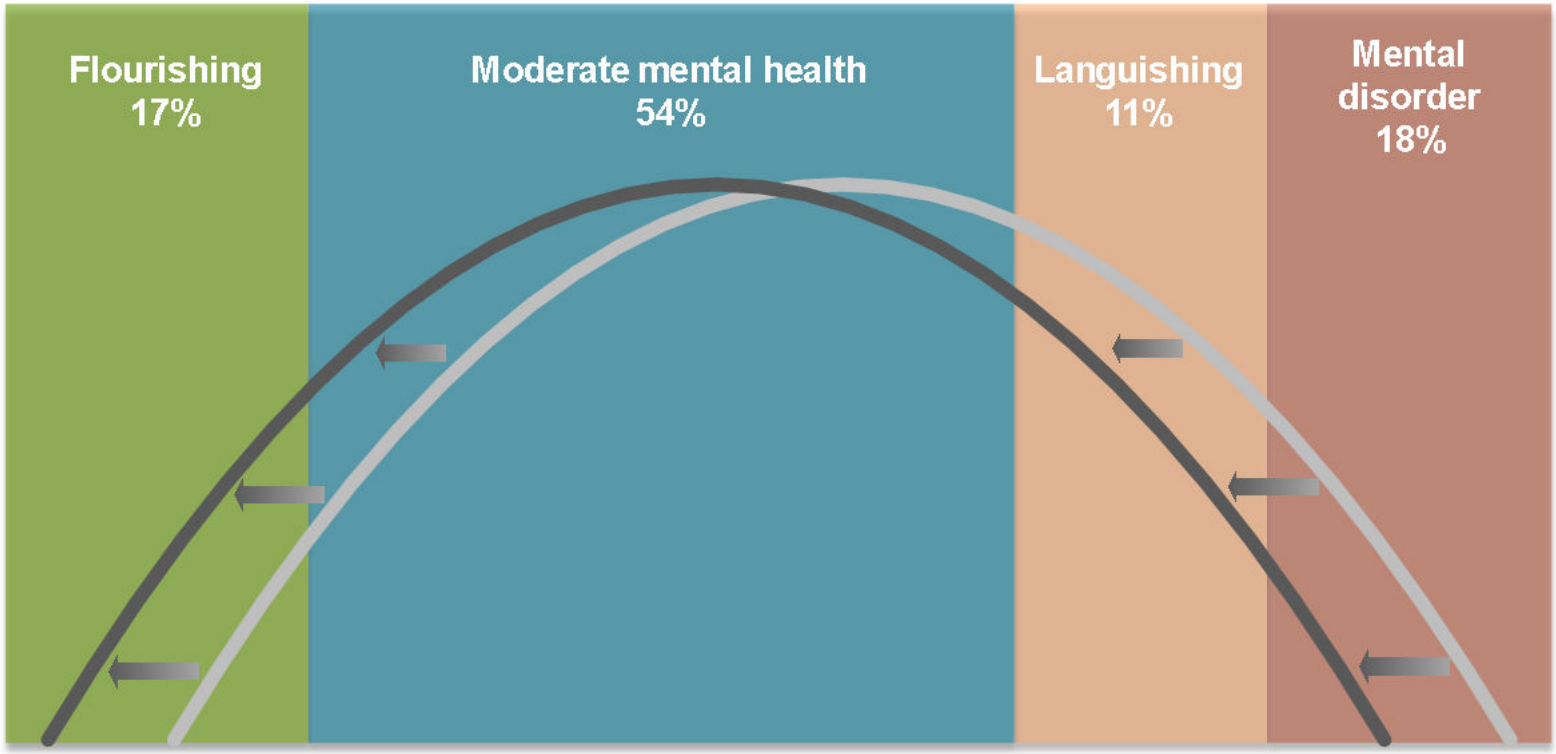
50% with lifetime illness experience symptoms before age of 14, ¾ by their 20s

Mental health currently does not get enough attention and funding



Haringey Council

Population approach to mental health

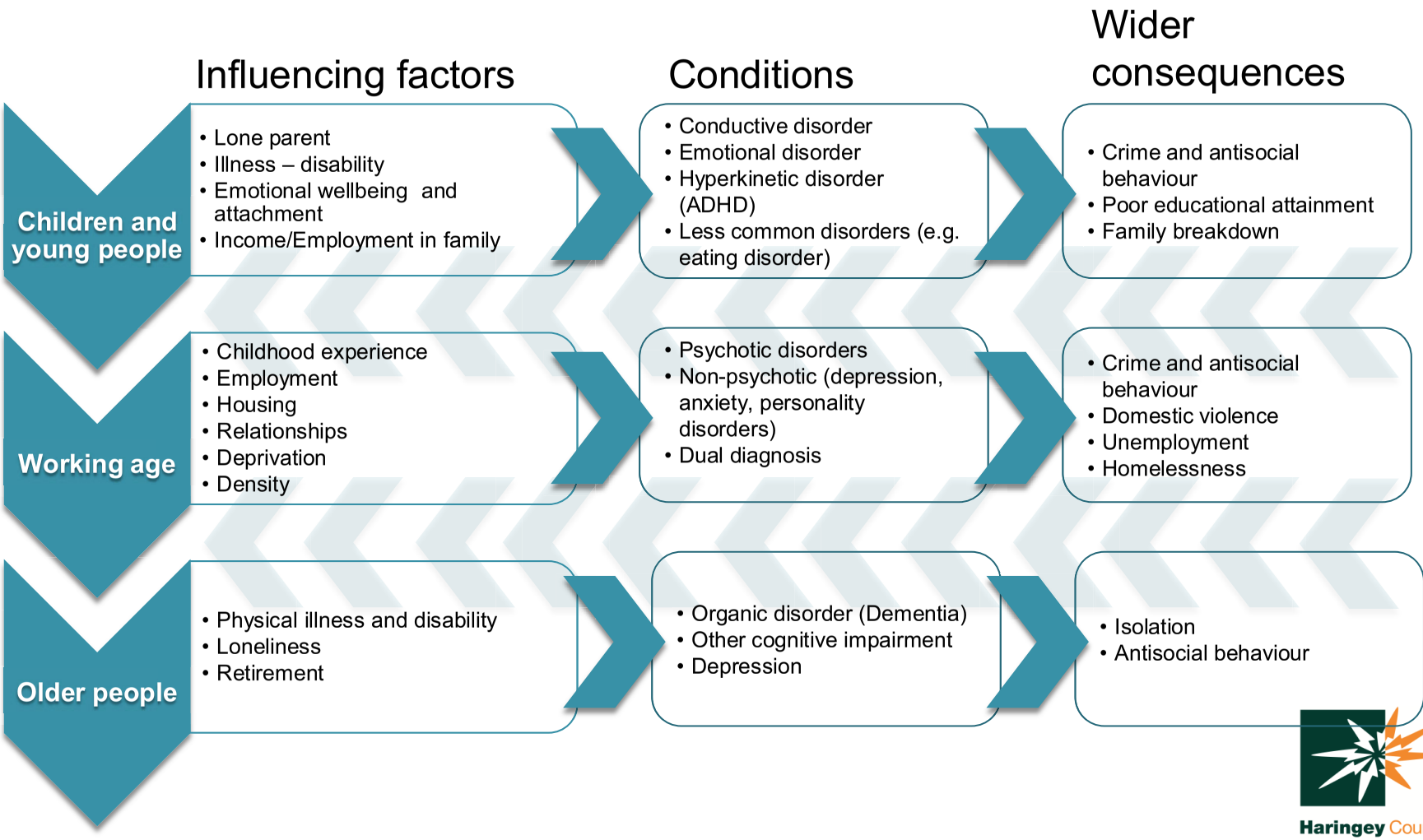


Source: Adapted from Huppert 2005: prevalence figures are from Keyes 2005

Haringey Council

From children to older people: impact across the life course

HaringeyStat



Haringey Council

Children and young people

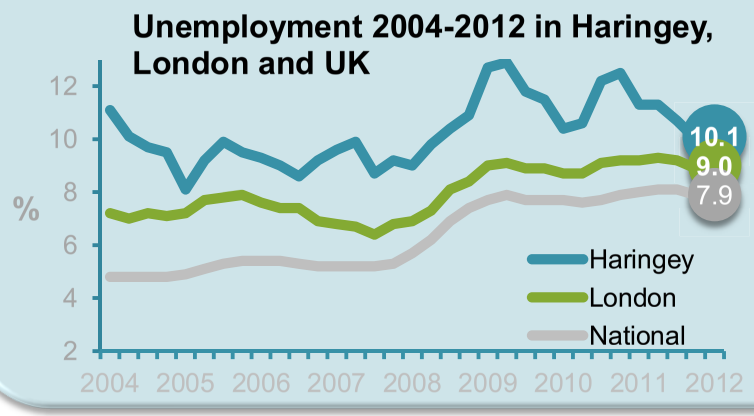
Haringey Council

Key influencing factors for mental health in children and young people

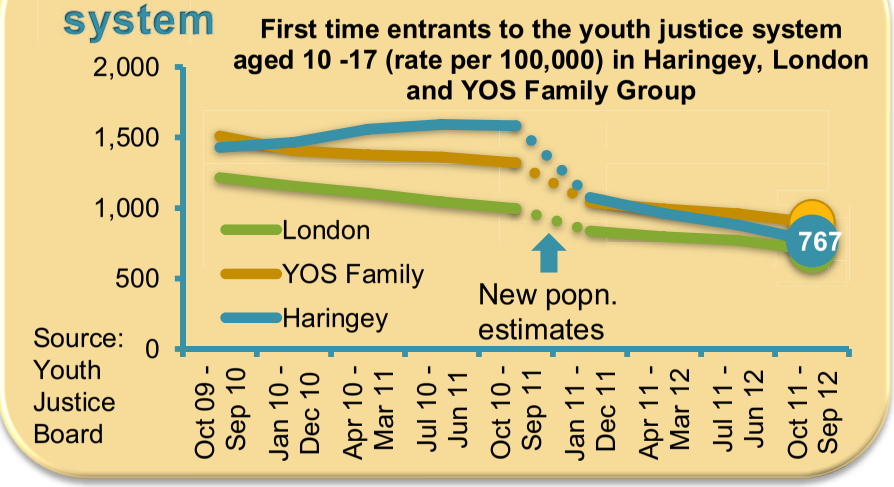
Children and young people | Working age | Older people

HaringeyStat

Unemployment



Involvement in the criminal justice system



Family environment

10,647 lone parent households with dependent children. Higher proportion of households with dependant children are lone parent households (34% compared to 28% in London)

7,338 households with dependant children with no adults in employment. Higher proportion of households with dependant children have no adults in employment (23% compared to 18% in London)

Source: 2011 Census

Disability

11,258 0-19 year olds have a long-standing disability (6,155 boys and 5,103 girls)

The level of need in Haringey (CYP)

Children and young people | Working age | Older people

HaringeyStat

Prevalence estimates of all children 5-16 years of age with mental health problems in Haringey (Inner London prevalence)

Condition	Prevalence	Estimate (3160)
Emotional disorder	3.1%	1139
Conduct disorder	4.5%	1653
Hyperkinetic disorder (ADHD)	1.8%	661
Less common disorder	0.7%	257

Source: Office for National Statistics, 2012. Green, H. et al (2004).

The number of young people in Haringey rose by over a tenth between 2001 and 2011 (12% , N=5012). However the proportion of CYP of the total population decreased (1%)

Boys are more likely to have conduct and hyperkinetic disorders and girls more likely to have emotional problems

575 children as of 31st March 2012

Prevalence estimates for Looked After Children 2012

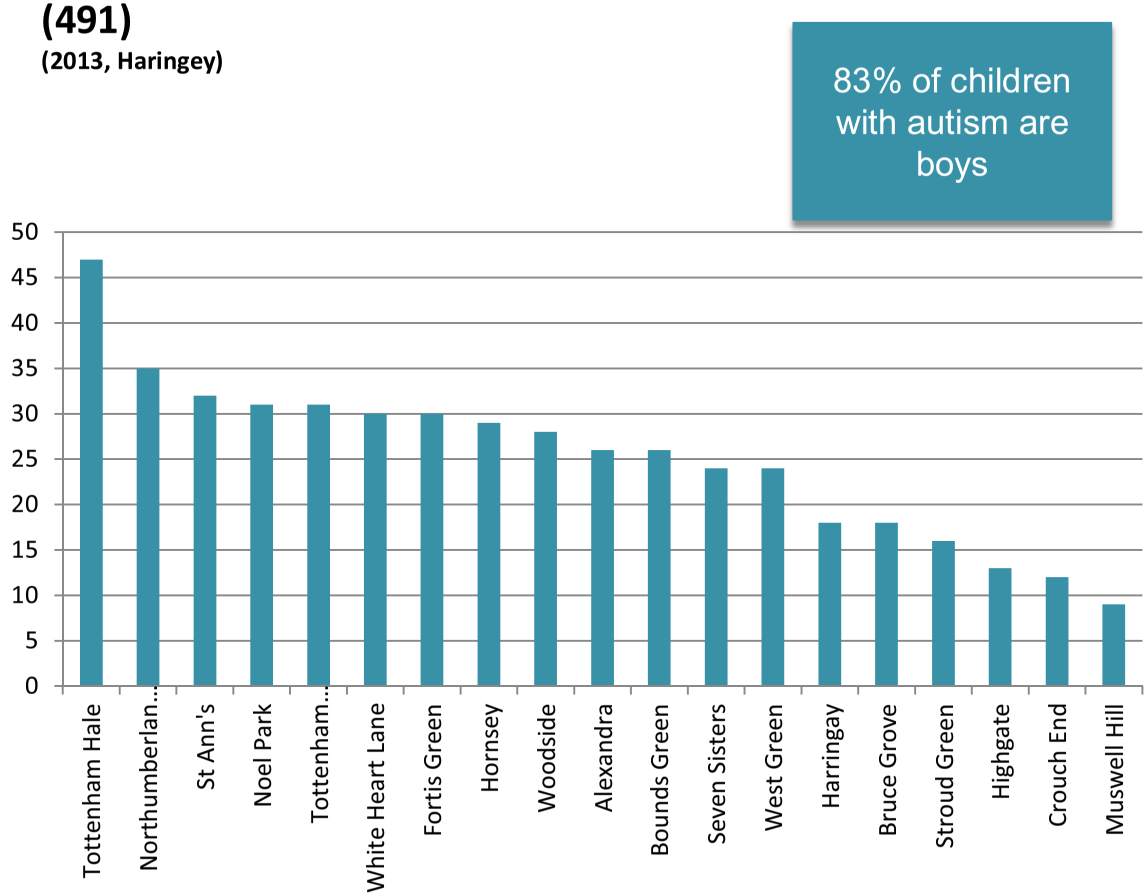
Condition	Prevalence	Estimate (255)
Emotional disorder	11.7%	67
Conduct disorder	37%	212
Hyperkinetic disorder	7.3%	29
Less common disorder	3.7%	21

Source: Meltzer et al, 2003

Haringey Council

Children with statement for special educational needs in Haringey

Autism in children with statement, by place of residence (491)
(2013, Haringey)



- The most common primary diagnosis was autism (35%) followed by moderate learning difficulties (21%) and emotional, behavioural and social difficulties (12%)

Source: LBH SEN Register

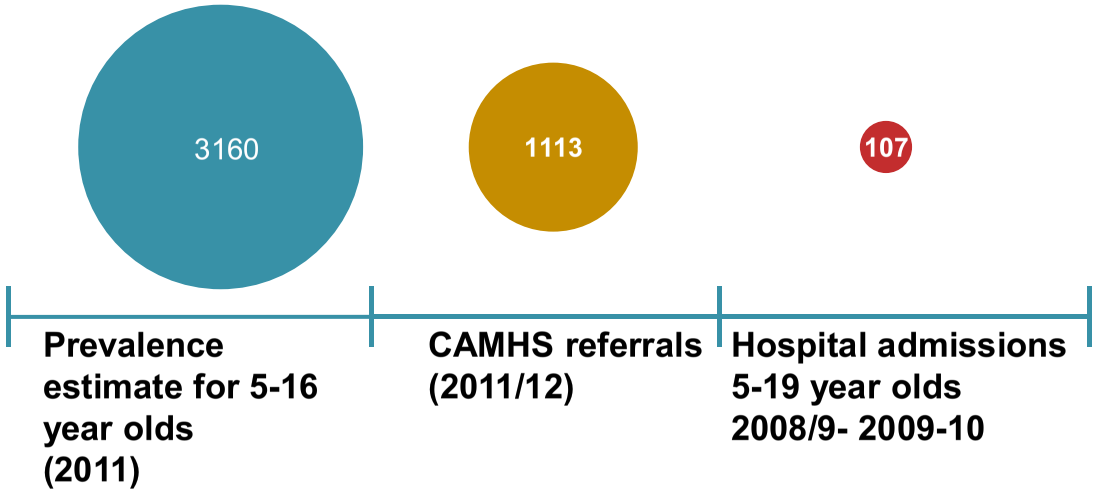
Haringey Council

Access to mental health services (CYP)

Children and young people | Working age | Older people

HaringeyStat

Prevalence estimates, CAMHS referrals and hospital admissions



CAMHS REFERRALS

27% were Black British followed by White British (15%) and Turkish (7%)

Largest group aged 14-17 (40%) followed by 5-10 (31%) and 11-13 (23%).
6% <5y

The majority of referrals come from the east of the borough (30% reside in N17, 19% in N15 and 18% in N22). There are higher numbers of young people in these areas, but they are overrepresented in referrals.

Source: Public Health, 2011 Haringey Needs Assessment and Census 2011

Haringey Council

Economic case for early prevention

Children and young people | Working age | Older people

HaringeyStat

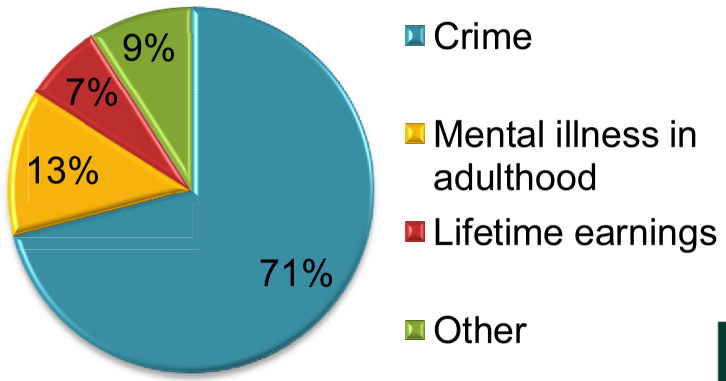
Long-term outcomes associated with conduct disorder

	Crime (OR)	Smoking (OR)	Drug (OR)	Depression (OR)	Suicide (OR)
No problem (50%)	1	1	1	1	1
Some conduct problems (45%)	1.95	1.24	1.51	1.24	1.69
Conduct disorder (5%)	4.13	1.59	2.59	1.57	3.00

Boys are more likely to have conduct disorders than girls

Lifetime cost of conduct disorders

Associated saving in lifetime cost is approx. £230,000 per conduct disorder case prevented



Source: Friedli L and Parsonage M (2007) Mental health promotion: building an economic case

Haringey Council

People of working age and older people

Haringey Council

Key influencing factors for mental health in working age and older people

Children and young people | Working age | Older people

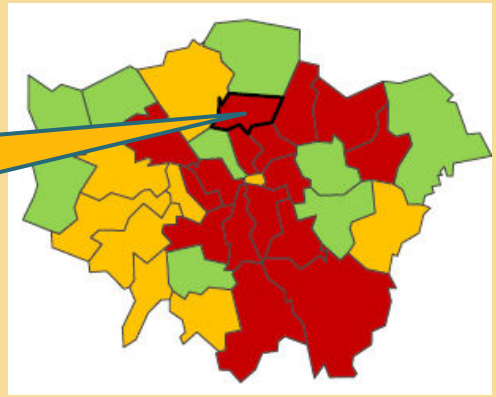
HaringeyStat

Marital status

33% of people are married compared to 39% in London and 46% in England and Wales.

Statutory homelessness

5.04 per 1,000



Source: DCLG

Living alone

A lower proportion of people over 65 live alone (7.8% compared to 9.6% in London)

However, a higher proportion of all people live alone in (24% compared to 22% in London and 18% in England and Wales)

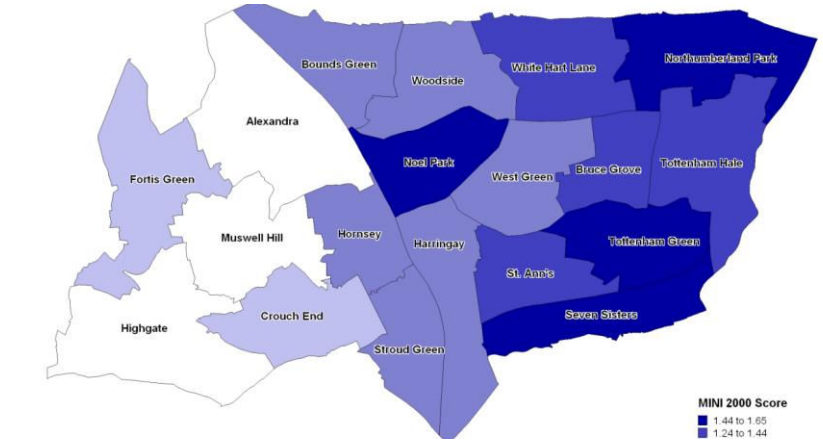
Unemployment

85 out of 1,000 people of working age in Haringey are unemployed compared to 59 per 1,000 in England.

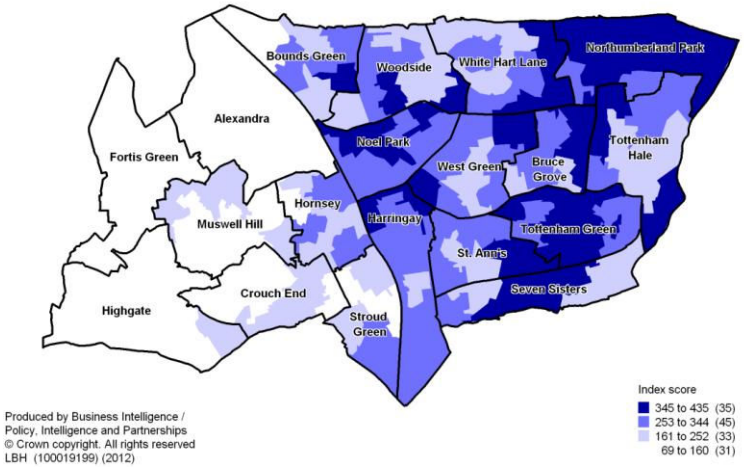
Haringey Council

The level of need in Haringey (Adults)

Mental Health Needs Index (Mini 2000)



Index score of how likely people are to suffer from Schizophrenia
100 = National Average, Higher score = More likely
Haringey Super Output Areas
MOSAIC 2010



Estimated prevalence of non-psychotic disorders in Haringey

Condition	Estimated number of people locally
Mixed anxiety and depression	15, 962
General anxiety	10, 072
Depression	6, 667
All phobia	4, 159
OCD	2, 941
Panic disorder	1, 593
Total	**34, 485**

Source: Mental Health Observatory, NEPHO

5 in 1,000 people over 16 years of age live with psychotic disorder. Estimated 1000 people locally

Haringey Council

Access to mental health services: non-psychotic disorders - depression

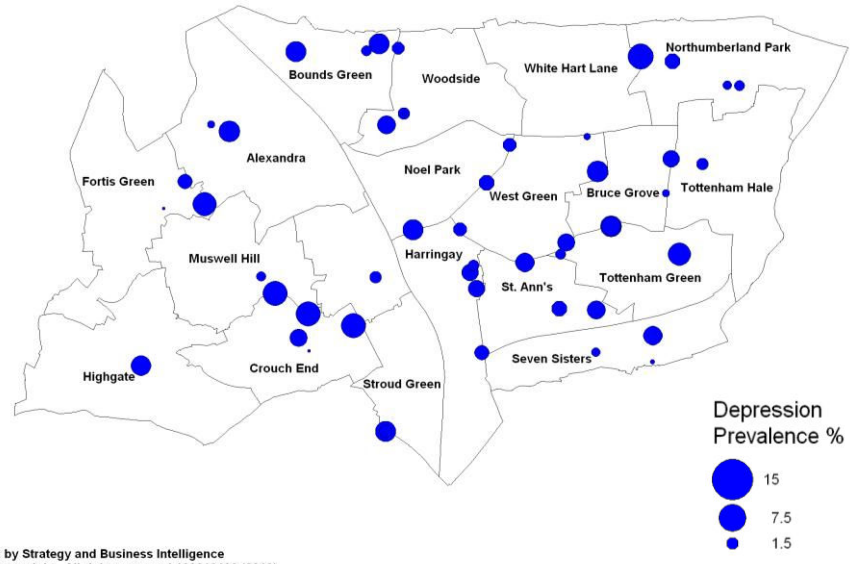
Children and young people | Working age | Older people

HaringeyStat

Diagnosed depression in primary care (15, 849)

% of registered patients, Haringey July 2012

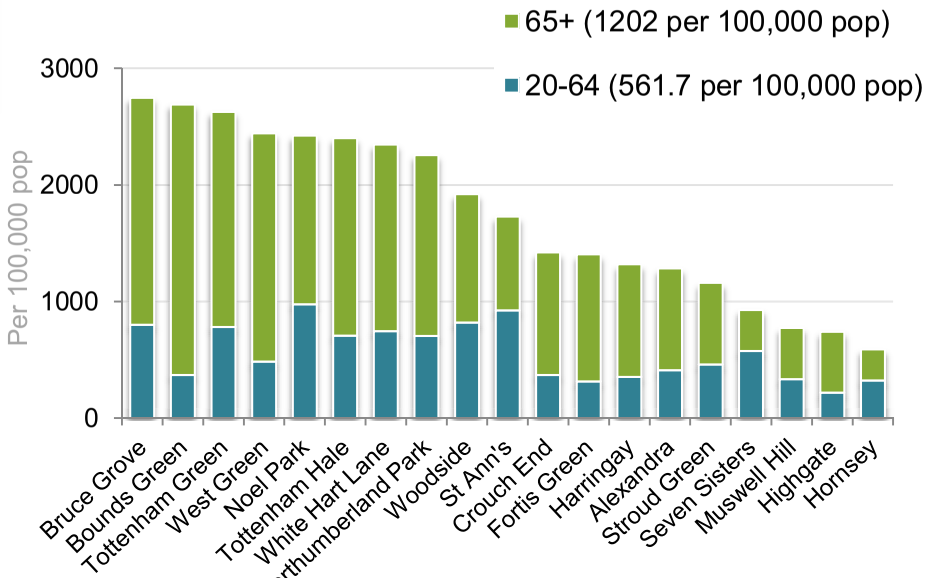
6,295 cases in west (9%)
9,540 in east (6.7%)



Source: QoF 2012

Depression related hospital admissions by ward (1,147)

Hospital admissions 2011/12 Haringey (Excluding BEH MH Trust)



Source: SUS (NHS Secondary Users Service)

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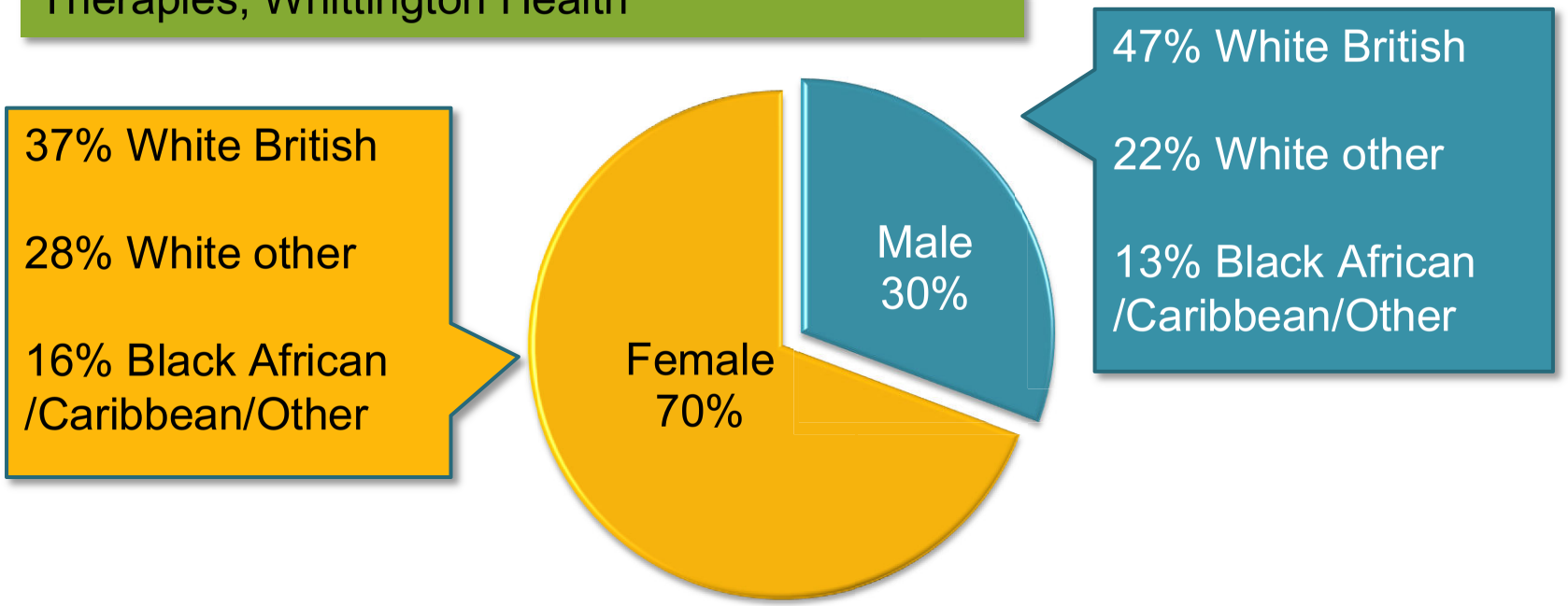
Access to services: IAPT services for mild to moderate depression and/or anxiety

Children and young people | Working age | Older people

HaringeyStat

IAPT = Improved Access to Psychological Therapies; Whittington Health



4112 people referred → **2271** received treatment → **1620** completed treatment

Haringey Council

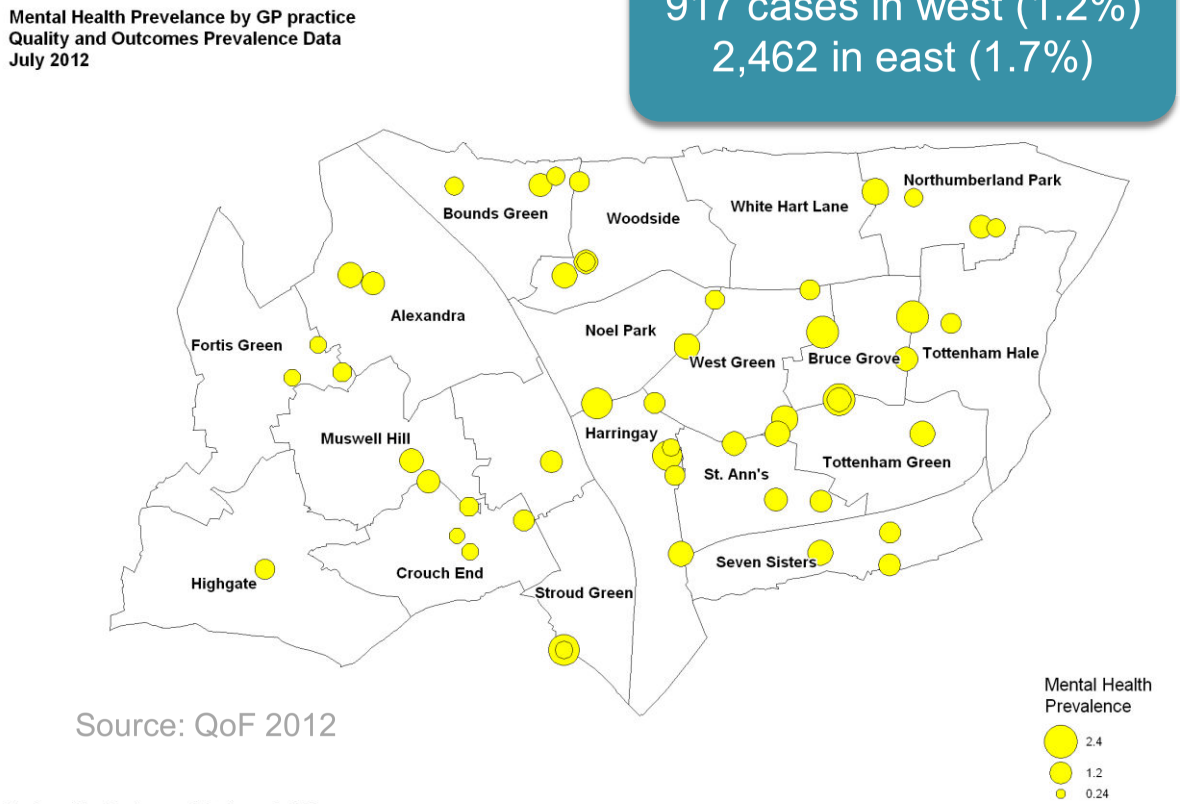
Access to mental health services: psychotic disorders

Children and young people | Working age | Older people

HaringeyStat

Diagnosed psychotic disorders in primary care (3,381) % of registered patients, Haringey July 2012

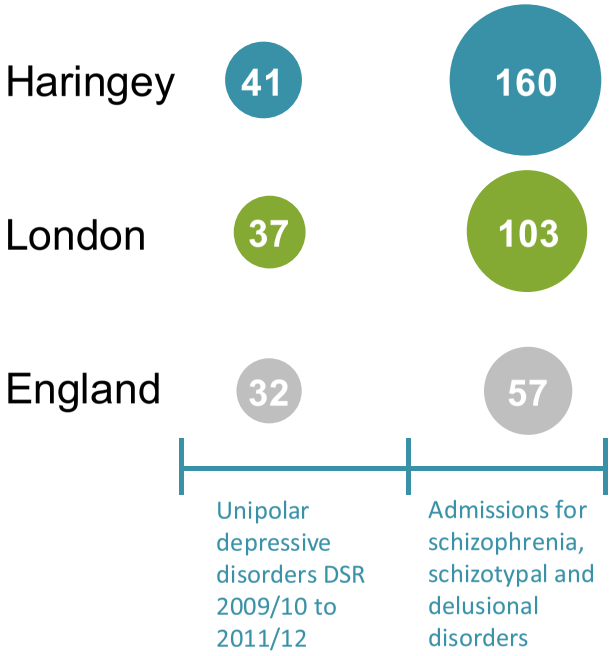
917 cases in west (1.2%)
2,462 in east (1.7%)



Source: QoF 2012

Hospital admissions (DSR)

2009/10 to 2011/12
Excluding BEH MH Trust



Source: Community Mental Health Profile 2013

Haringey Council

Access to BEH Mental Health Trust: hospital admissions

Children and young people | Working age | Older people

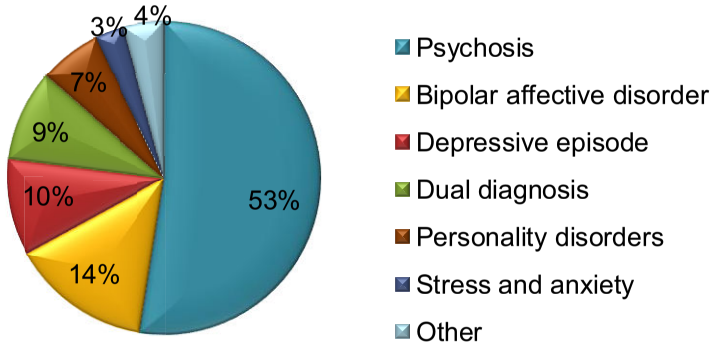
HaringeyStat

632 admissions for approx. 480 patients

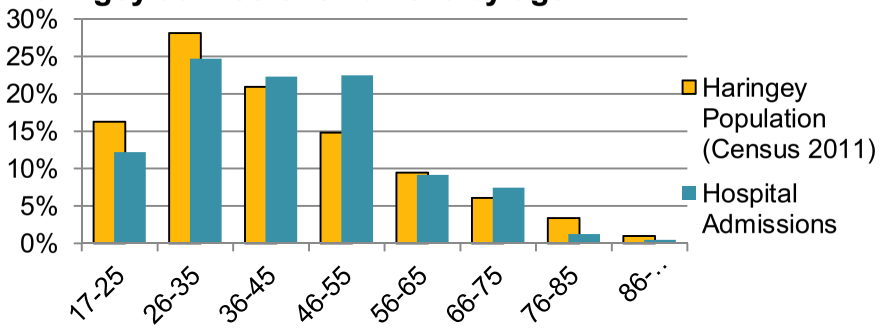
Average length of stay was 40 days

44% of admissions under MHA Section were for people from Black or Black British origin compared to 28% of other admissions

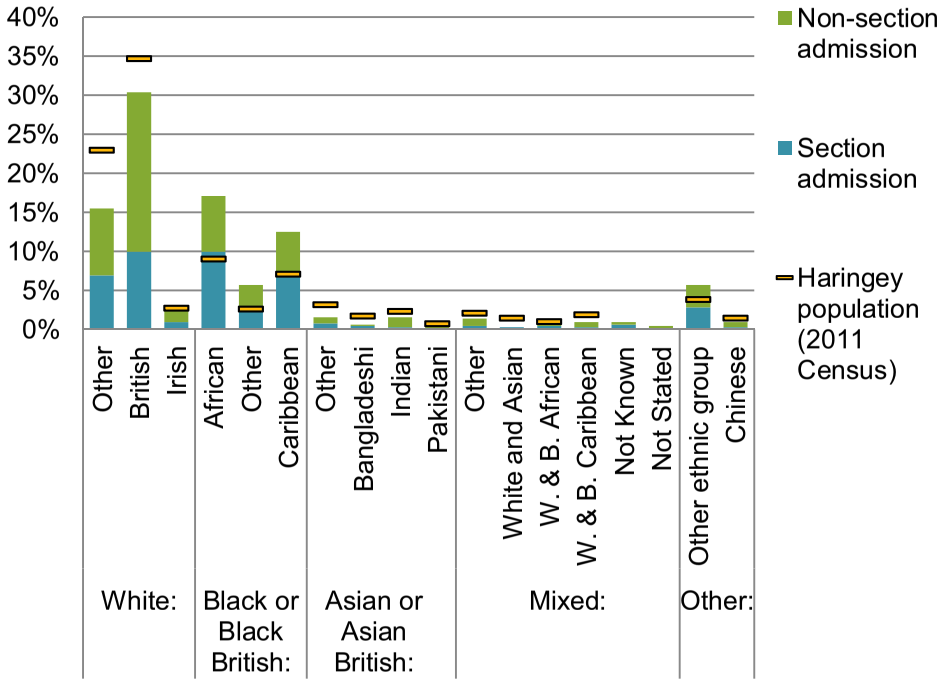
Most common diagnoses



Haringey admissions 2012/13 by age



Haringey admissions 2012/13 by Mental Health Act status and ethnicity



Source: BEH MH Trust, produced by Public Health Directorate

Haringey Council

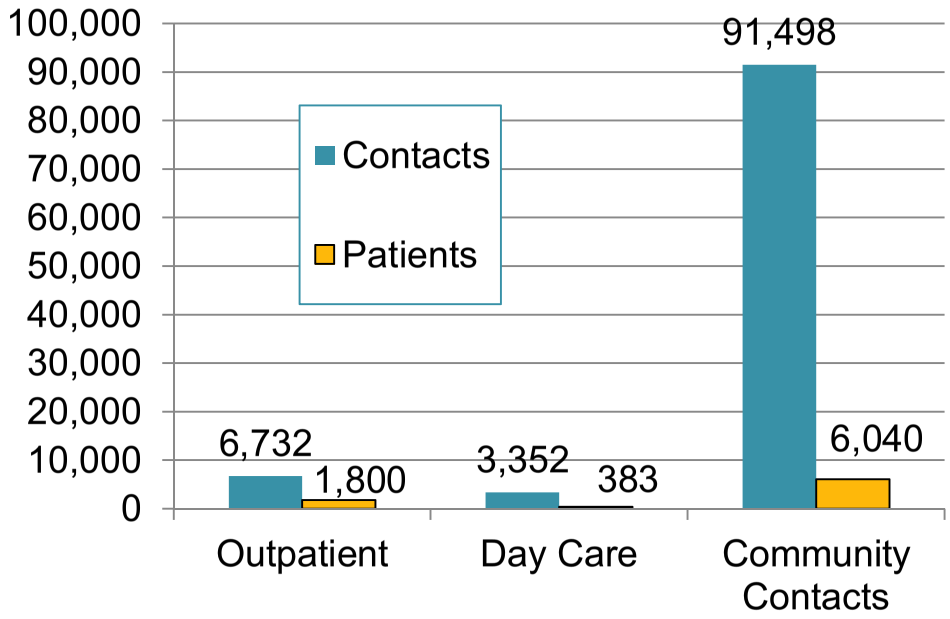
Access to BEH Mental Health Trust:

outpatient, day care and community activity

Children and young people | Working age | Older people

HaringeyStat

Number of contacts vs. number of patients



Contacts per patient:	3.7	8.8	15.1

Source: BEH MH Trust
Produced by Public Health Directorate

DAY CARE

9% new cases and 91% follow-up

Most common diagnoses were psychosis (50%) and depression (7%).

Large proportion (17%) did not have specific diagnoses

OUTPATIENT CONTACTS

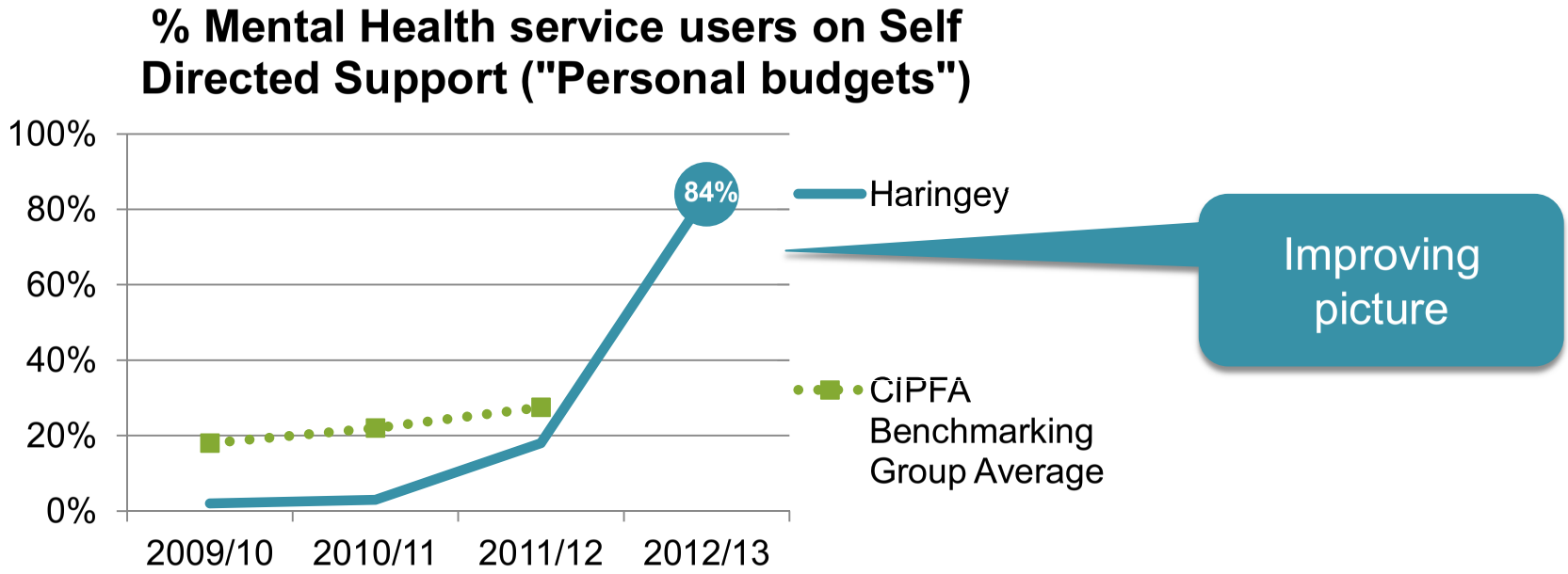
5% new cases and 95% follow-up

Most common diagnoses were psychosis (67%), dementia (7%), depression (6%) and dual diagnosis (4%).

Access to community care services

Children and young people | Working age | Older people

HaringeyStat



There were 309 MH clients aged 18-64 receiving self directed support in 2012-13 compared to 61 in 2011-12. This represents a 406% increase

Source: CIPFA Benchmarking Club, SDS 2012 & Haringey Policy and Performance

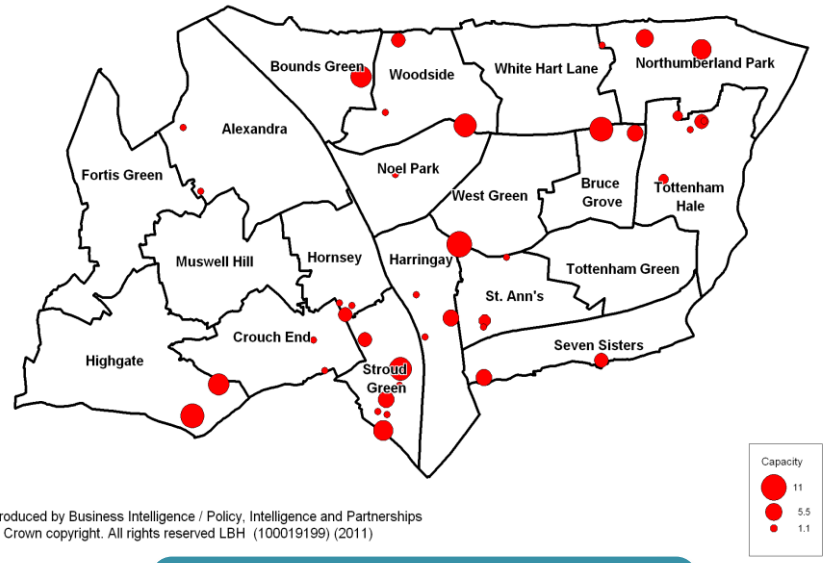
Haringey Council

Access to residential care and supported accommodation

Children and young people | Working age | Older people

HaringeyStat

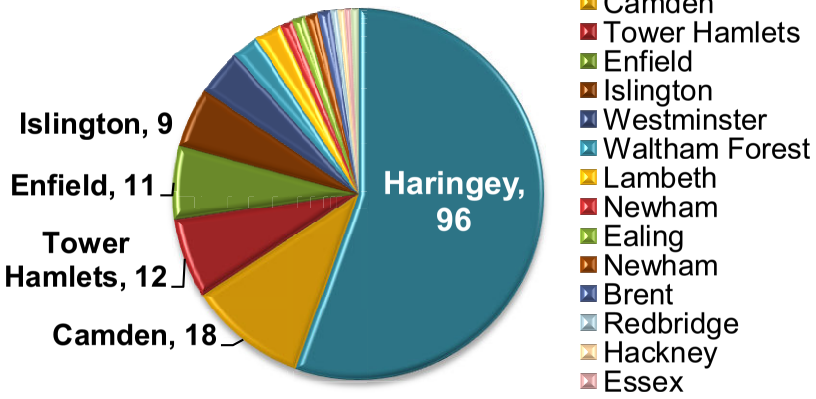
Mental health supported housing providers by capacity (2011)



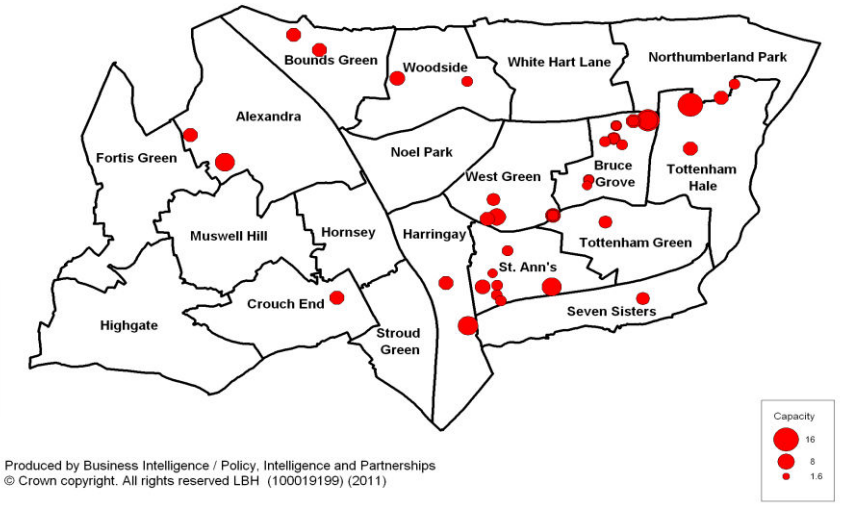
95% of known capacity utilised

225 beds available, only 100 used by LBH

Funding authority for mental health residential placements in Haringey



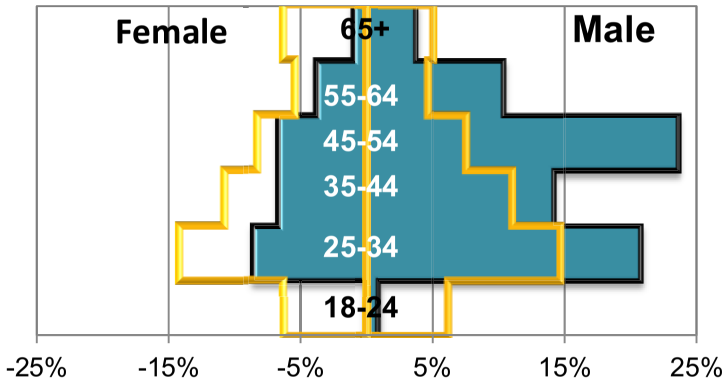
Mental health residential homes by capacity (2011)

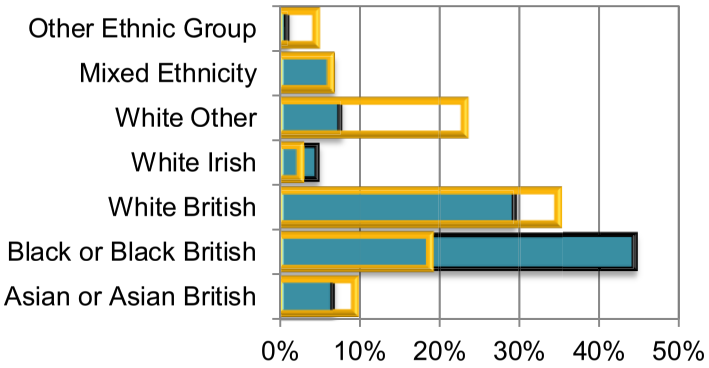


Supported accommodation

Supported Housing (Housing Related Support)

Over 100 units, running at nearly 100% capacity

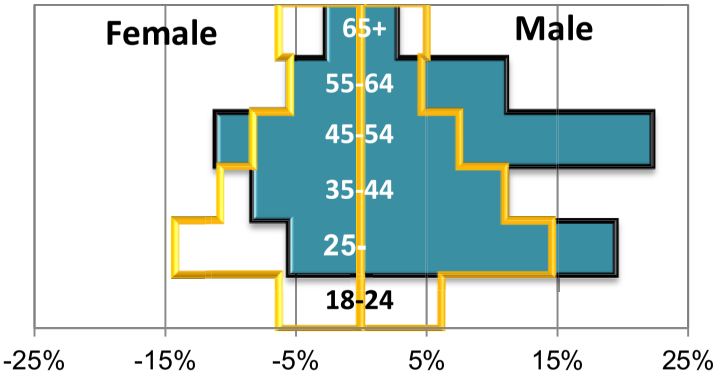


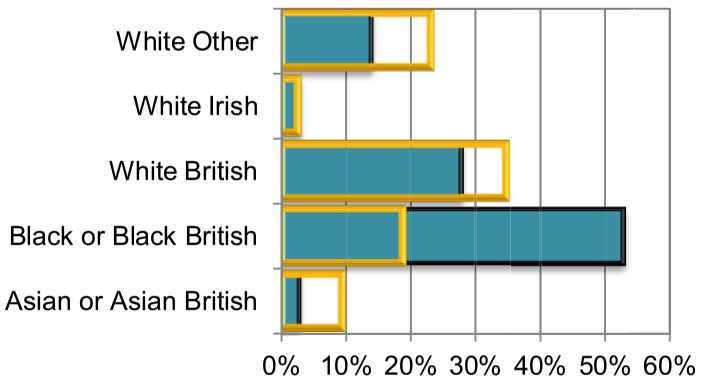


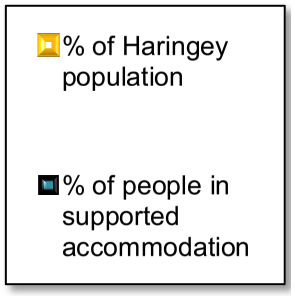
Source: Adult Commissioning Provider Survey July 2011

Supported Living (private providers, places funded by Haringey Adult Services)

77 units , Haringey Adult Services uses about 95% of known capacity.







Discussion & Action Points

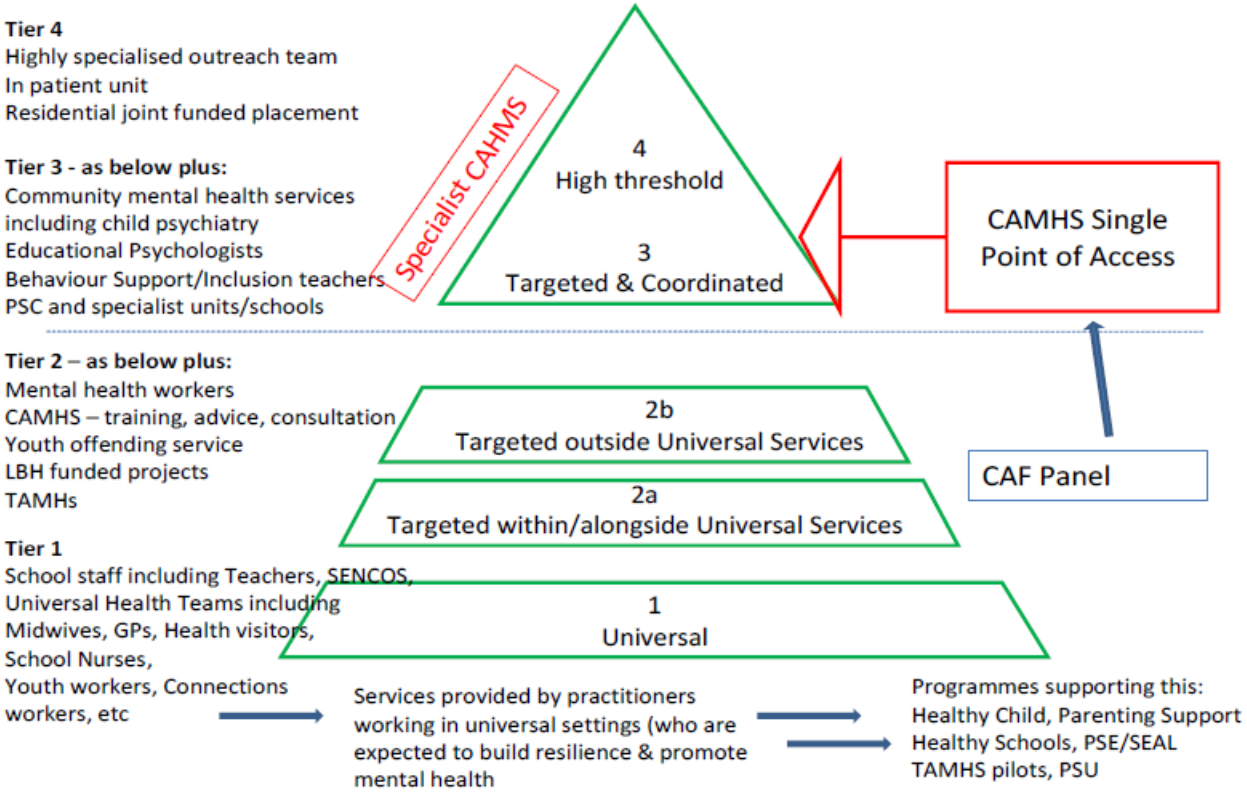
Haringey Council

Service landscape

Haringey Council

Services for children and young people

Haringey Continuum of Need (CAMHS)



Haringey Council

Funding for mental health services for children and young people

Children and young people | Working age | Older people

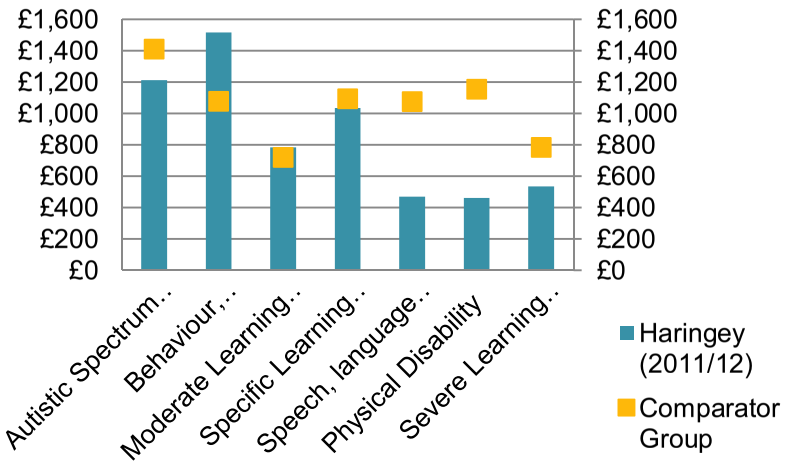
HaringeyStat

Haringey 2011/12 expenditure (£'000)

	NHS	LA	JOINT COMMISSIONING
BEH	2,900		200 (LD with mental health co-morbidity)
Open Door	116	46	
Tavistock & Portman	300	390 (LAC)	

NHS spend per head in Haringey is £218 compared to £78 in London and £61 in England (2010/11)
Source: NHS Programme Budgeting

VFM – SEN Benchmarking; weekly cost per day pupil



Haringey Council

Services for working age and older people

Children and young people | Working age | Older people

HaringeyStat

INTAKE / Primary Care Mental Health Teams	Integrated community mental health teams – Adults	Early Intervention Service
Wellbeing Team	Substance Misuse services – including Dual Diagnosis	Improving Access to Psychological Therapies (IAPT) – Whittington Health
Complex Care Team	**Care in the community**	Community Support and Recovery Team
Memory Clinic and CMHT for older people	Community Rehabilitation Team	Residential care
Supported living services	Supported housing	Advocacy

Acute care beds (50)	Forensic Services – Forensic Service	Specialist beds for eating disorders (20)
Home Treatment Team	**Acute Care**	Recovery beds (7)
	Acute Assessment Centre	

Haringey Council

Funding of services for working age adults and older people

Haringey 2013/14 budget (£ '000)

	NHS	LA
BEH	29,000	1,790
Other MH Trusts	1,200	
Commissioned services		17,200
Provided services		1,300
IAPT	2,200	
Voluntary sector	150	1,100
MET Police	50	
Prevention		200

NHS spend per head in Haringey is £267 compared to £255 in London and £212 in England (2010/11)
Source: NHS Programme Budgeting

Haringey Council

BEH Trust benchmarking 2011/12

Children and young people | Working age | Older people

HaringeyStat

Inpatient beds benchmarking for **working age people** show that the Trust has:

- a low number of beds (22.4 per 100,000 population)
- high admissions (296 per 100,000 population)
- average lengths of stay above the national median (36 days)
- fairly high delayed transfers of care
- very low readmissions

What are residents telling us?
In a national survey of NHS MHTs, most scores for BEHMHT were similar to the national apart from low scoring on: user involvement, help with accommodation and benefits

Inpatient beds for **older people** show that the Trust has:

- a low number of beds
- low admissions
- low length of stay
- low delayed transfers of care
- low readmissions

Source: NHS Benchmarking Network Mental Health 2011/12. Data covers 75% of all MH Trusts in England

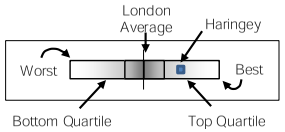
Haringey Council

Health and Wellbeing Partnership Board - Performance Summary (June 2013)

Produced by Public Health and Strategy and Business Intelligence Team

Health and Wellbeing's Key Service Measures

The table below shows the most recent benchmarking data available for Health and Wellbeing's key service measures. The 'Range' column shows where Haringey sits in comparison to the other London Boroughs. Anything left of the centre line is worse than the London average, anything right of the line is better than the London average.



	Outcome Indicator	2009/10	2010/11	2011/12	2012/13	Local Data: Haringey (most recent)*	Local Data: Target (2012/13)	Local Data: Trend	London Benchmarking
Outcome 1: Every child has the best start in life	**Infant mortality rate**	4.8	4.3			**4.3**	4.5	↓	
	Early access for women to maternity services(%)	73.9	67.2	69.2	76.9	**76.90**	80.0	↑	
	Under 18 conception (PHOF)	41.2	49.2	36.2		**36.20**	58.7	↓	
	Prevalence of overweight and obesity in 10 and 11 years old (PHOF)	38.6	35.4	39.3		**39.30**		↑	
Outcome 2: A reduced gap in life expectancy	**Male Life expectancy**	77.4				**77.40**		↑	
	Alcohol related hospital admissions (PHOF)	1,949	2,257	2,253		**2,253**	1,900	↓	
	Take up of health checks (PHOF)			6,047	6,464	**6,464**	5000	↑	
	Cardiovascular mortality (under 75)	78.7				**78.7**	76.5	↓	
Outcome 3: Improved mental health and wellbeing	**Mortality rate for suicide and undertermined injury (PHOF)**	9.9				**9.9**	8.0	↓	
	% successfully completing drug treatment (as a proportion of all adults in treatment	16.7	22.3	18.4		**18.4**	22.3	↓	

Health and Wellbeing Partnership Board Exception Report - Suicide and Undetermined Injury (June 2013)

- Data on suicide and injury of undetermined intent is provided by ONS. There is a considerable time lag between events and the publishing of the data. Following changes to the NHS structures data has been further delayed.
- More timely data is available from the local coroners reports. A recent audit of suicide in Haringey has been written which is available on request.

Suicide and Undetermined intent

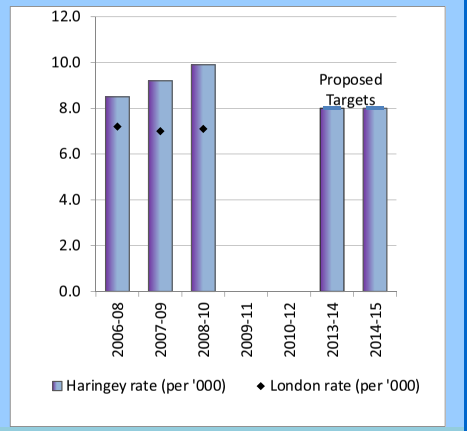
Good performance is... Low

Rate of deaths from suice and injury of undetermined intent per 100,000

Long term trend	2006-08	2007-09	2008-10	2009-11	2010-12	Performance	Proposed Targets 2013-14	Proposed Targets 2014-15
Haringey rate (per '000)	8.5	9.2	9.9			Worse	8.0	8.0
London rate (per '000)	7.2	7.0	7.1					

The mortality rate from suicide and injury of undertermined intent has increased in Haringey from 8.5 per 100,000 in 2008 to 9.9 per 100,000 in 2010. This is in contrast to the London figure which has stayed level around 7.1 per 100,000 in the reported 3 years. Targets have been set to narrow the gap between Haringey and London. The highest number of deaths from suicide are in men aged 25-44. In the last 10 years, 62% of suicides were in people born in the UK compared to 34% born abroad (Afro-Caribbean, Eastern European). The majority of those who committed suicides were employed followed by 11% retired; 47% were single and 17% were divorced.

Statistical neighbours rank (1st is best)
3rd (out of 5)



Rationale
Deaths from suicide are avoidable. A reduction in the suicide rate is a measure of the success of mental health services.

What's being done?
A suicide audit has been undertaken to give greater insight into which groups are at greater risk of committing suicide
Public Health is implementing a multi factoral campaign to address mental health stigma to encourage use of personal support networks and access to support services
Specific groups that are at risk of suicide are tragetted within the campaign
Enfield and Haringey Transformation Board is considering commissioning liason psychiatric services at the North Middlesex Hospital that will focus on support for people with physical and mental health problems, particularly in the context of self-harm
Planning permission has been granted to adapt "Suicide Bridge " in Archway to make it more difficult to jump from.

What needs to be done?
Re-establish the Suicide Prevention Group that reports to the Mental Health Partnership Board
The focus of the group should be to implement locally the Prevention in Suicide Strategy 2012, focusing on at risk groups identified by the recent local suicide audit

Agenda Item 14

Haringey Council

Report for:	Health and Wellbeing Board	Item Number:	14

Title:	Haringey CCG's Prospectus

Report Authorised by:	

Lead Officer:	Sarah Price, Chief Officer, Haringey CCG

Ward(s) affected:	Report for Key/Non Key Decisions:

Recommendations

The Health and Wellbeing Board are asked to note the Haringey CCG Prospectus.

Background information

CCGs nationally were required to publish a prospectus on their website by 31 May 2013. The intention of the prospectus is to be a very short guide which explains to the local community what the CCG is, and the ambitions we have for our local population's health and health services.

Haringey CCG published its prospectus on its website at the end of May 2013: http://www.haringeyccg.nhs.uk/about-us/strategies-and-publications.htm. Printed copies were also given out at the CCG's public meetings in June.

The prospectus introduces Haringey CCG and provides some information about:

- Who we are;
- The health needs of people in Haringey;
- Our plans and priorities;
- Who we work with;
- How we spend our money; and

Haringey Council

- How you can find out more and tell us what you think

The prospectus will be used as one part of our on going communications and engagement with members of the public.

Use of Appendices

The Haringey CCG prospectus is available on the CCG's website:
http://www.haringeyccg.nhs.uk/about-us/strategies-and-publications.htm

Hard copies will also be available at the meeting.

Health and Wellbeing Board Forward Plan					
Topic	Lead	Last meeting	next Meeting	Target Date	Seminar
HWB Strategic Oversight	Director Of Public Health		09/07/13		
JSNA	Asst Director Of Public Health		09/07/13		
HWB					
Safeguarding Annual Report	Chair of LSCB	26/02/13	07/01/14		
Homelessness/ Welfare reform					possible
Annual Local Account					
Adult Services	Director of Adult Services, LBOH	26/02/13	07/01/14	Jan-15	
C&YPs	Director of Children's Services, LBOH		09/07/13	Jul-14	
DPH Annual report	Director Of Public Health	21/05/13		May-14	
CCG - Strategy Plan and Operating Plan 2013/14	Chief Officer, Haringey Clinical Commissioning Group	26/02/13	07/01/14	Jan-15	
CCG - Commissioning intentions 2013/14	Chief Officer, Haringey Clinical Commissioning Group		08/10/13	Oct-14	
HealthWatch					
HAVCO					
Community Safety - Strategic Assessment					
Community Safety - Strategy and Strategy Delivery Plan	Interim Head of Community Safety		09/07/13		
HWB Account – Delivery Plan					
NHSCB Commissioning intentions					
NHSCB - Strategy Plan and Operating Plan 2013/14					
DAAT Board					
Long Term Conditions Group					
Sexual Health partnership Board					
Sports and Physical Activity Board					

Task and Finish boards as appropriate					
Domestic Violence Board					
Mental Health Improvement Plan (HaringeyStat)			09/07/13		
Integrated care					
Seminar ideas					
Troubled Families/Big Lottery Fund				Sep-13	Sep-13
BEH Clinical strategy/ Mental health improvement plan				Feb-14	Feb-14
Alcohol and CSP				Nov-13	Nov-13

Notes for capture

Learning Disabilities Partnership Board	In Adult Local account
Adult Partnership Board	In Adult Local account