



Haringey Council

Adults & Health Scrutiny Panel

THURSDAY, 6TH NOVEMBER, 2014 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22 8LE.

MEMBERS: Councillors Connor (Chair), Adamou, Bull, Beacham, Mann, Patterson and Stennett

CO-OPTEES: Helena Kania (HFOP)

AGENDA

1. APOLOGIES FOR ABSENCE

2. 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 below)

3. 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.

4. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

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

5. MINUTES (PAGES 1 - 34)

To agree the minutes of the Adults & Health Scrutiny Panel meeting held on 29th September 2014.

6. CABINET Q&A

An opportunity to ask questions of Cllr Morton, Cabinet Member for Health and Wellbeing in relation to his portfolio.

7. VOLUNTARY SECTOR IN HARINGEY

To receive a presentation from Charlotte Pomery, AD Commissioning on work being undertaken with the Voluntary Sector in Haringey.

8. MENTAL HEALTH ADVOCACY (PAGES 35 - 38)

To gain an understanding of how the advocacy needs of mental health service users are being met and how they will be met in the future.

9. ADULTS & HEALTH SCRUTINY WORKPLAN

To consider an updated work plan for the Panel and any additional items the Panel feel would be beneficial for Scrutiny involvement.

10. NEW ITEMS OF URGENT BUSINESS

11. DATES OF FUTURE MEETINGS

Thursday 11th December (Budget Scrutiny), 6.30pm

Thursday 22nd January, 6.30pm

Tuesday 17th March, 6.30pm

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**MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL
MONDAY, 29 SEPTEMBER 2014**

Councillors Connor (Chair), Adamou, Bull, Beacham, Mann, Patterson and Stennett

Apologies Helena Kania (Co-optee)

LC1. WEBCASTING

LC2. APOLOGIES FOR ABSENCE

Helena Kania, Co-optee (HFOP)

LC3. URGENT BUSINESS

The Haringey Mind advocacy service was raised as an Urgent Item.

Cllr Morton informed the Panel that the Mind Advocacy service contract was originally due to expire in March 2014, this was then extended twice. The Panel was also informed that the mental health advocacy service was due to be re-tendered taking into consideration requirements and changes from the Care Act.

Representatives from Mind raised concerns about the ending of the Mind advocacy contract in Haringey, specifically with regards to the reasons for the contract expiring in December with no new service in place until April and the impact that this would have on current and future mental health service users who were in need of this service.

The AD for Commissioning informed the Panel of the following points:

- A workshop was held for the voluntary sector before the summer, this included informing organisations that changes would be needed in order to meet the requirements of the Care Act.

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- The intention was to better align advice and information with advocacy.
- There needed to be more of a focus on prevention and early intervention, and also equipping people with the necessary information via different means.
- There was a link with the Customer Service Transformation project.
- There was a need to bear in mind the financial constraints currently on Haringey Council.
- There had been communication with the Chief Executive of Mind in Haringey.
- There are two other providers of mental health advocacy across Barnet, Enfield and Haringey, and it is not believed that there would be a gap in service provision.

The Panel raised a number of queries and concerns:

- The confusion as to why the Mind Advocacy contract was not continuing.
- How the link with the Customer Service Transformation programme would work.
- Whether the other providers had capacity to take on the work.
- The apparent mis-communication with Mind as to the reasons why their contract was not continuing.
- The impact of the change on mental health service users in the borough.

The Panel agreed:

- To write a letter to the Cabinet Member outlining their concerns.
- Include an agenda item on mental health advocacy at their next Adults & Health Scrutiny Panel on 6th November to enable wider discussion.

LC4. DECLARATIONS OF INTEREST

None received

LC5. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None received

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**LC6. OVERVIEW AND SCRUTINY COMMITTEE AND SCRUTINY PANELS -
CONSTITUTIONAL TERMS OF REFERENCE AND PROTOCOL**

Noted

LC7. INTRODUCTION TO KEY AREAS COVERED BY THE PANEL

Cllr Morton introduced the item noting three priorities currently being worked on:

- Improving the lives of residents e.g. ensuring good quality of care and good access to GPs.
- Health & Wellbeing strategy re-fresh – getting it right
- Health and social care integration and the Better Care fund – the opportunities these present.

Adult Social Service

Beverley Tarka, Interim Director for Adult Social Services, gave a presentation to the Panel covering an overview, recent developments and key themes of her Directorate.

Presentation attached.

Public Health

Tamara Djuretic, Assistant Director, Public Health gave an overview of Public Health including wider determinants, key objectives, domains and remit of public health, budget overview, issues and opportunities.

Presentation attached.

Haringey Clinical Commissioning Group

Sarah Price, Chief Operating Officer, Haringey CCG presented to the Panel including an overview of the NHS reforms, role of CCG's and NHS England, key providers of Haringey CCG and an overview of their spend.

Presentation attached.

Priorities for Haringey CCG include:

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- Providers working better together
- Considering how they can contract to incentivise
- Integration to ensure seamless support for service users
- Improving primary care e.g. the quality of care provided
- Prevention and playing a part in early help and intervention.

In response to questions from the Panel the following points were noted:

- The recommendations from the two mental health reports which were undertaken by the Panel in 2013/14 are being incorporated in the Joint Mental Health Framework which is currently being written.
- The draft Joint Mental Health Framework will come back to the Panel before being agreed by the Health and Wellbeing Board to enable the Panel to comment and feed into the document.
- The two priority strands of the Health and Wellbeing Strategy re-refresh are mental health and child health.
- The Better Care Fund is not new money and there are government targets tied up with the release of funding.
- Neighbourhood Connect is a good example of building community resilience. This is currently being evaluated and has some good qualitative evidence feeding into it.
- Referrals to Day Centres – this is done following a Community Care Assessment to consider what needs are eligible to be met - a support plan is produced e.g. care needs, social isolation etc.
- The challenge around community resilience is in getting the community to develop mechanisms to meet need and reach a greater mass of people e.g. befriending. There is a need to ensure that good outcomes are available to everyone and not just those who are eligible for services.
- There is no funding available to establish services like luncheon clubs. Instead the Council is pump-priming to develop volunteering schemes which just cover expenses. The response to date has been very good.
- The teenage pregnancy rate is higher than the London average but it is going down. Work being done includes mainstreaming sexual health programmes in schools and having a dedicated sexual health school nurse.

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- Childhood obesity is high and not reducing.
 - Prevalence is higher in the East of the Borough.
 - Data is captured at reception and Year 6. Year 6 is more of an issue than reception.
 - There is a need to look at different environments around children that we can influence and have conversations with parents on the issue.
- Public Health take over the commissioning of Health Visitors from October 2015 and opportunities around this are being explored. There is a Health Visitor workforce issue in Haringey which is being worked on.
- There is an issue with number of GPs in the area. The Health and Wellbeing Board have an item on their next agenda (the day following this meeting). NHS England are also due to respond to the issue.
 - The role of the Health and Wellbeing Board in relation to GPs is a leadership role and it is therefore looking at taking a strategic view over the next 5, 10 and 20 years.
- Air pollution/the quality of air is an issue in London and this is monitored by Environmental Health Officers. In relation to respiratory health – smoking is a bigger issue and therefore Public Health is focusing efforts on smoking.
 - On a wider basis public health is encouraging people to walk and cycle more and use cars less. This approach is also being linked into Tottenham regeneration.
- Public Health is the lead directorate for the Joint Strategic Needs Assessment (JSNA) but it is developed across the partnership. The intention is to widen this partnership approach and share data so that the JSNA becomes more timely and less retrospective.
- There are 9 projects currently looking at different aspects and approaches in public health in the acknowledgement that one size does not fit all. These projects include some work commissioned locally in the Turkish & Kurdish community on mental health as Turkish and Kurdish men have a higher suicide rate.
- Out of a £320m CCG budget approximately £2m is spend on private companies. There is a need to remember that this includes spend on very specialist care packages for people. Evidence suggests that there has been

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little appetite nationally for use of private companies under the 'any willing provider' legislation, as CCG's do not have control.

- Continuing Healthcare criteria is set nationally. CCG and Adult services have been working together over the past year to improve the process ensuring it is robust and clinically led.
- There is a London wide issue around recruitment and retention of approved social workers. ADASS has recently done a survey about this, which Haringey has responded to.

Healthwatch Haringey

Gordon Peters, Board Member, Healthwatch Haringey gave the Panel an overview of their work and key aspects of their role. Key points noted include:

- Information and communicating advice and support – focusing on the most vulnerable and looking at dialogue as opposed to just providing information.
- Critical friend – through their Enter and View programme. This started with a visit to the Osborne Grove Nursing home, which appears to represent good practice.
- Mental Health – Healthwatch Haringey have concerns around St Ann's hospital and feel that good practice should feed in more to developments around mental health. There are also concerns around what will happen to people on Wards during the redevelopment and the need for more supported Housing.
- Children & Families Act
- GP access and inequality – especially around Tottenham Hale as can be seen from their recent report.
- Healthwatch Haringey have concerns about the tighter eligibility criteria.
- Integrated Care – examples of best practice from elsewhere are being sought.

Adult Service Presentation_AHSP_29th Sept

LC8. WORK PLAN

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The proposed Panel work programme was agreed and referred to the Overview and Scrutiny Panel

AGREED:

- Cllr Connor and Cllr Morton would meet to discuss aspects of the work plan yet to be scheduled and have a conversation about other areas which the Panel could add value.
- Where there is a cross over between a topic on the Adults & Health Scrutiny Panel and the Children & Young People's Scrutiny Panel then a joint meeting or section of a meeting would be scheduled.

LC9. ADULTS & HEALTH SCRUTINY PANEL PROJECT

The Terms of Reference and Objectives of the Panel Project were agreed as follows and referred to the Overview and Scrutiny Committee.

Terms of Reference

"To review the Child and Adolescent Mental Health Service transition pathway from child to adult mental health services in order to make recommendations to improve the transition pathway and experience for young people."

Objectives of the project

- To gain an understanding of the CAMHS transition pathway process from child to adult mental health services including commissioning and budgetary arrangements
- To gain an understanding of the CAMHS transition pathway from the perspective of young people and their families
- To compare local practice with identified areas of good practice and national guidance
- To make evidence based recommendations to improve the pathway

LC10. NEW ITEMS OF URGENT BUSINESS

None received

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LC11. DATES OF FUTURE MEETINGS

Noted

Clr Pippa Connor

Chair

DRAFT

Adults & Health Scrutiny Panel

29 September 2014



Key Messages



- Haringey: a borough of great opportunity
- Ensure all residents are able to make the most of the potential that Haringey and London has to offer
- We are faced with challenges but also great opportunities
- We are committed to ongoing transformation of our services, delivering continued improvement and change for the residents of Haringey

Key Messages ... cont'd



- Our priorities:
 - **Outstanding for all:** Enabling all Haringey children to thrive
 - **Safety and wellbeing for all:** Where everyone feels safe and has a good quality of life
 - **Opportunities for all:** A successful place for everyone
 - **A better council:** Delivering responsive, high quality services and encouraging residents who are able to help themselves to do so
- Council Members and Officers work to deliver these priorities, ensuring we meet our potential as an organisation and as a place

Adult Social Services – Key Facts



- Adult Social Care enables vulnerable people to feel safe and to receive the personalised support they need to live independent and healthy lives
- **4,100** people using Adult Social Services
- 412 FTE staff in Adult Social Care
- Adults Social Care budget for **2014-15** is circa **£73m**

Adult Social Services (1)



- Provides a range of services (in partnership with other statutory agencies, such as the NHS, the third sector, independent providers and internal partners
- Services to residents at risk (over age 18) – (e.g. provides support to older people; people with problems relating to mental health and learning difficulties; substance use; people with disabilities; people with HIV/AIDS and to carers)

Adult Social Services (2)



- Information, advice and support
- Lead role in safeguarding vulnerable adults and protecting people from harm
- ‘Out of hours’, 24 hours 365 days a year, community alarm and an emergency duty social work team - which also covers Children’s Services

Recent Developments



- Winterbourne
- Care Act
- Better Care Fund
- Health and Social Care Integration

Key Themes



- Health and Social Care integration to deliver improved outcomes
- Close working with Public Health
- Adult Social Care as enabler, supporting development and capacity of the community to self-manage
- Promotion of independence and inclusion
- Cross-Council priorities and joined-up working
- Partnership working

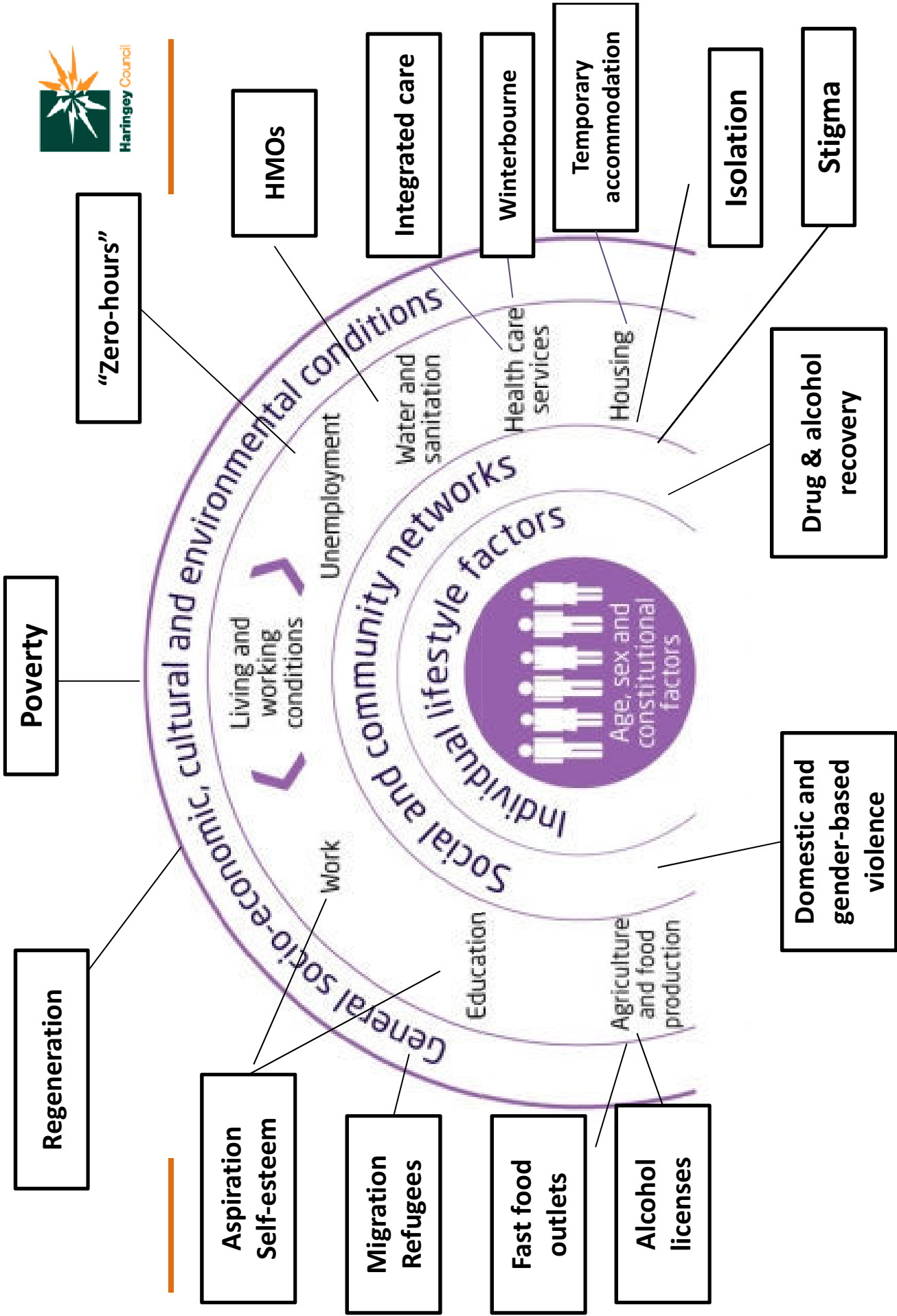
Public Health – an overview

*Adults and Health Overview and Scrutiny
29 September 2014*

Public Health is.....

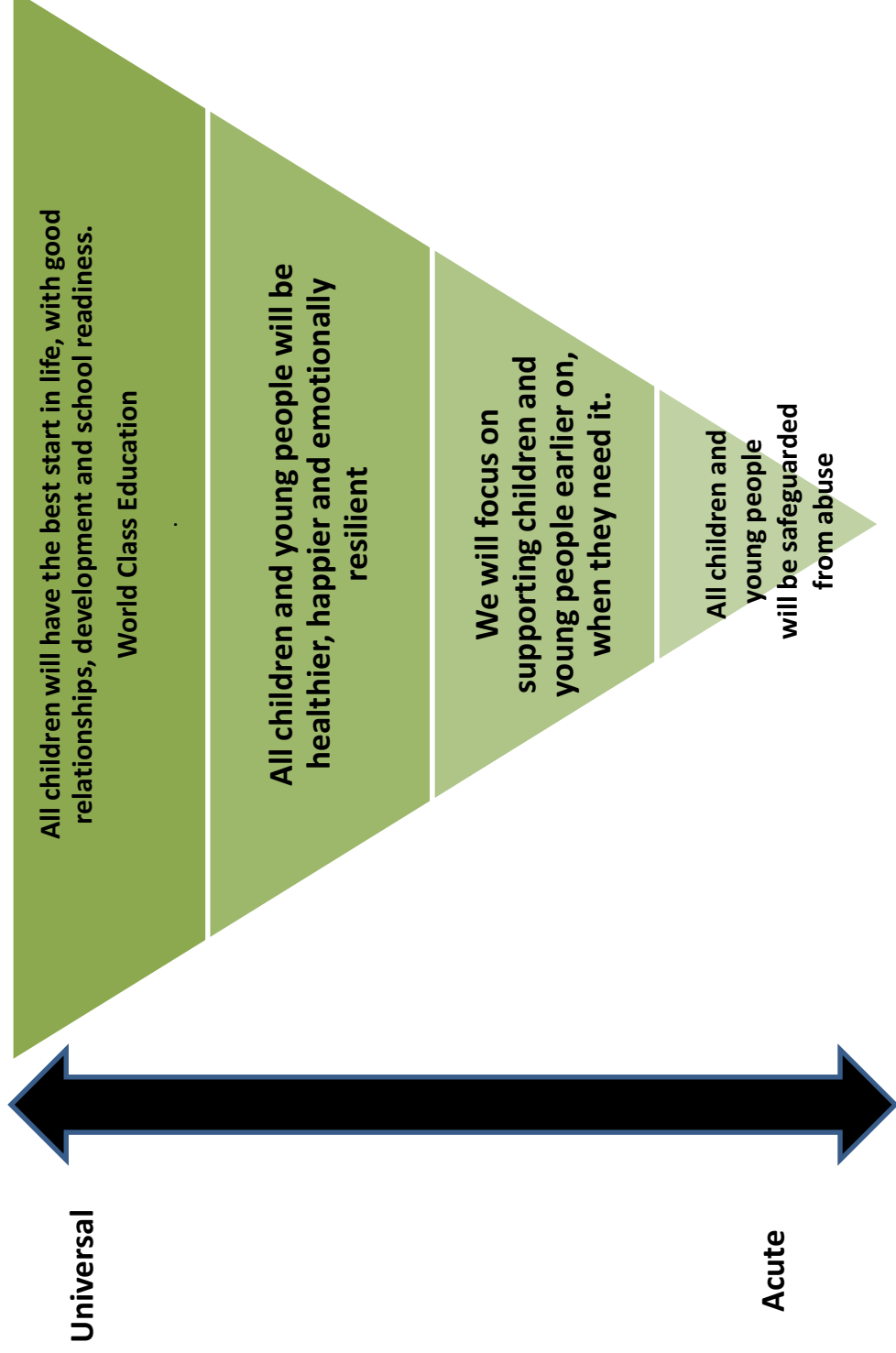


“The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.”



Objectives achieving our outcome

Increasing Prevention and Early Help Offer, Reducing Acute Need (e.g. children's health and wellbeing)



Our objectives can be directly linked to services to help and support families in line with the well embedded multi-agency Haringey 'Thresholds of Need and Intervention' Triangle

Three key domains of Public Health



HEALTH IMPROVEMENT

- Sexually Transmitted Infections (STIs) services*
- HIV prevention
- Smoking cessation
- NHS Healthchecks*
- National Child Measurement Programme*
- Substance misuse services
- Public mental health interventions
- Reducing infant mortality, teenage pregnancy, and childhood obesity

HEALTH PROTECTION

- Ensuring programmes are in place for immunisation and screening*
- Support for surveillance of infectious diseases
- Emergency planning and business continuity*

HEALTHCARE PUBLIC HEALTH

- Supporting clinically and cost effective commissioning
- Supporting health and social care integration (e.g. Evidence reviews, service evaluation)
- 'The Core Offer': LBH statutory duty to provide public health support back to the NHS*

* Mandated services

Joint Strategic Needs Assessment (JSNA)*

Supporting and influencing partners to improve populations health and reduce health inequalities

Haringey's public health functions and leads



Haringey Council

Jeanelle De Gruchy, DPH

Tamara Djuretic

'NHS Core Offer' and support to:
Health and social care integration (incl. mental health commissioning; primary care quality)

PH Intelligence

Health protection and emergency planning

Public mental health

Susan Otioti

Commissioning services to support healthy lifestyles – substance abuse & sexual health

Children and young people (incl. early years, healthy schools, school nurses, health visitors)

Marion Morris

Commissioning services to support healthy lifestyles to reduce the LE gap (incl. smoking, physical inactivity, nutrition)

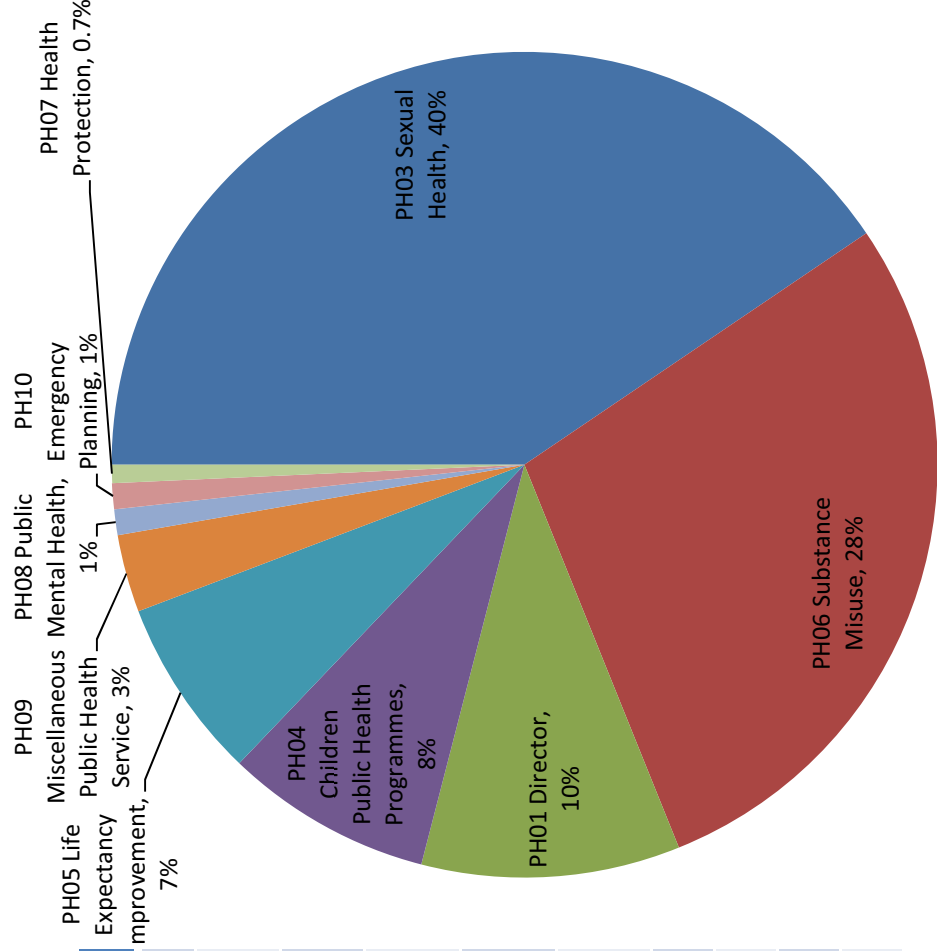
Supporting healthy public policy to influence the wider determinants of health (incl. socio-econ regeneration of Tottenham)

Community safety (incl. DV, offender health)

2014/15 Overall Budget Profile



Services	Budget
PH03 Sexual Health	£7,163,200
PH06 Substance Misuse	£4,701,100
PH01 Public Health Director	£1,986,088
PH04 Children Public Health Programme – S Otiti	£1,361,100
PH05 Life Expectancy Improvement	£1,277,500
PH09 Other PH Services	£310,500
PH094 Prescribing costs	£275,000
PH08 PH Mental Health	£197,300
PH10 Emergency Planning	£195,000
PH07 Health Protection	£125,000
TOTAL BUDGET	£17,591,800



Summary of highs and lows



- A marked reduction in teenage pregnancy
- Infant mortality is reducing
- Life expectancy is improving generally

BUT

- Childhood obesity is high
- The overall trend in life expectancy gap within Haringey for men and women has not changed substantially
- On average, women live the last 20 years of their life in poor health, mostly due to long-term conditions and mental illness
- 1 in 5 of all deaths are attributable to smoking
- Alcohol-related admissions to hospital remain high

Future opportunities (...and challenges)



- Redesign of public health services:
 - Re-tendering to promote integrated commissioning approach;
 - Reduce spend on treatment and shift focus on prevention (e.g. STIs) and recovery (e.g. Substance misuse);
- Transfer of health visiting workforce in 2015;
- Further developing healthy public policy to influence wider determinants of health.

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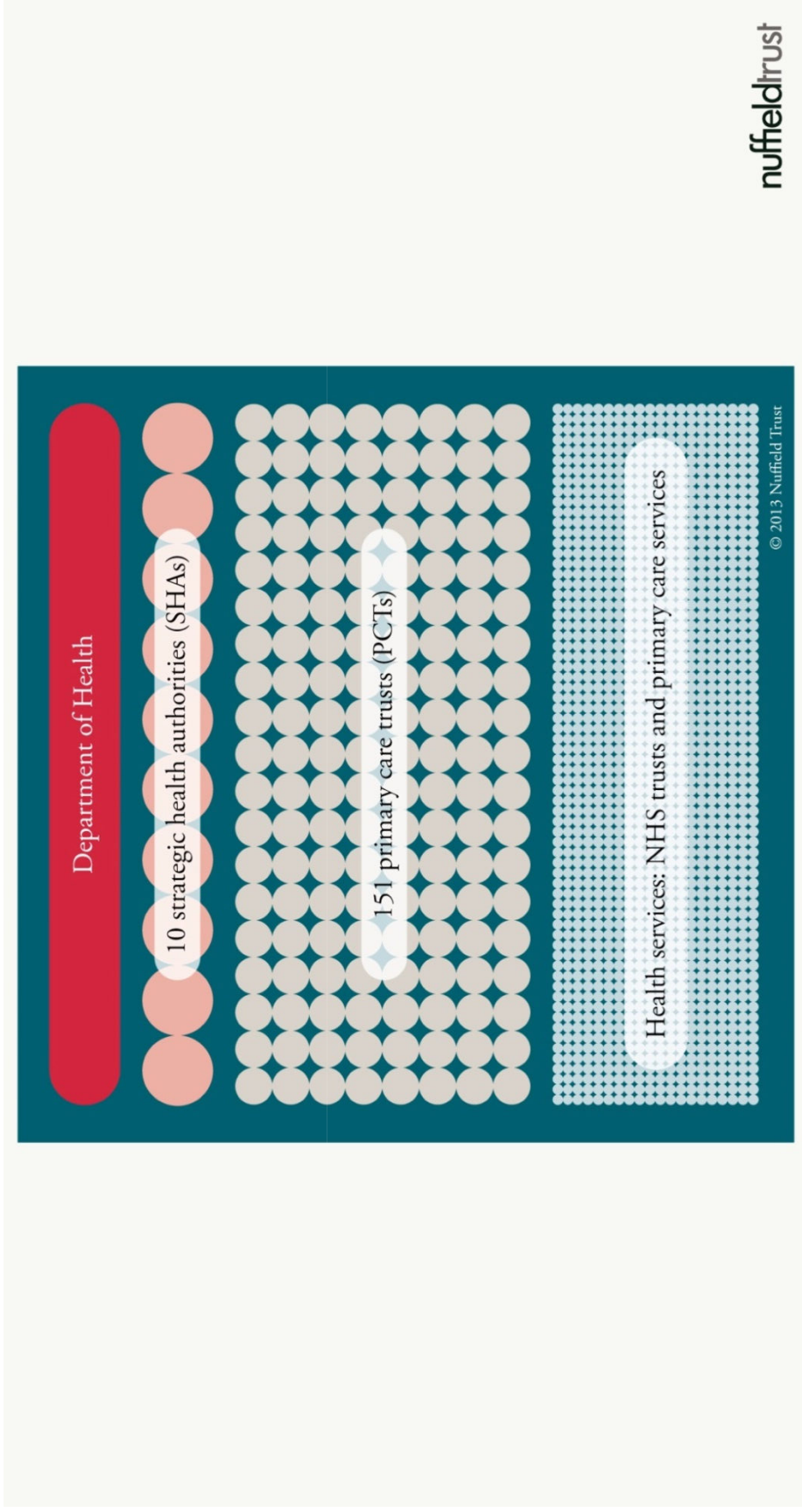


Haringey
Clinical Commissioning Group

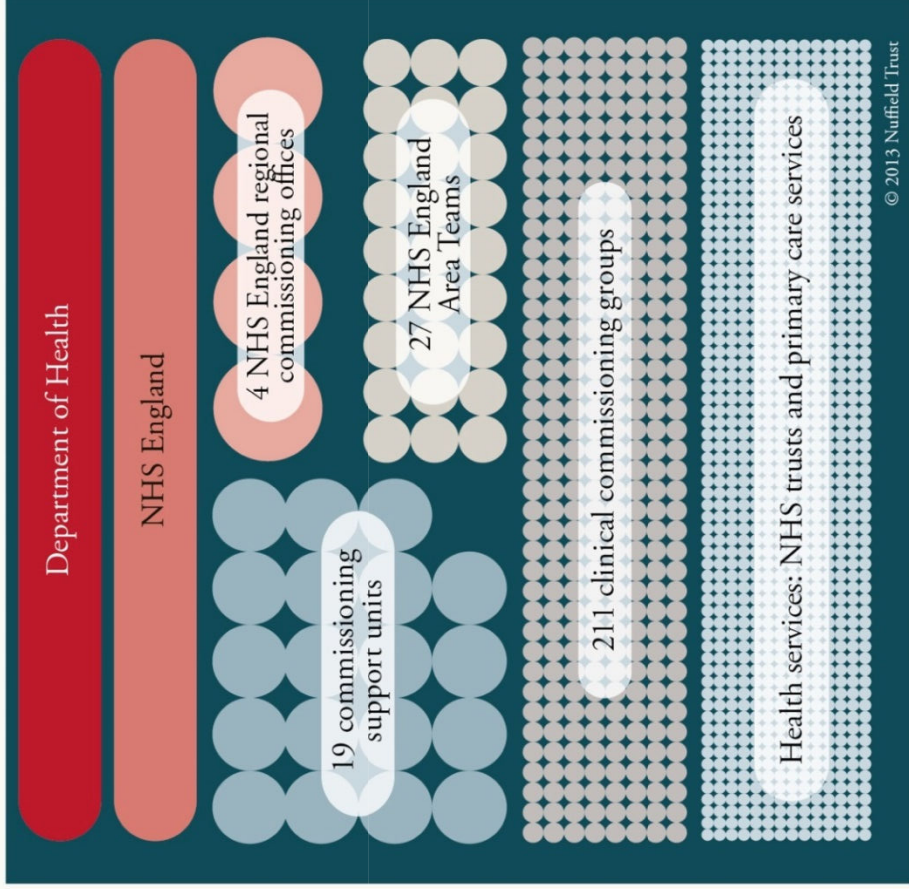
Introduction to Haringey CCG

Sarah Price
Chief Officer
Haringey CCG

The NHS in England before the reforms



The NHS: April 2013 onwards



CCGs

- There is CCG in each local area.
- All GP practices belong to a CCG, which include other health professionals, such as nurses.
- CCGs commission most services for their local populations, including:
 - planned hospital care
 - rehabilitative care
 - urgent and emergency care (including out-of-hours)
 - most community health services
 - mental health and learning disability services
- Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

NHS England

- Oversees the operation of Clinical Commissioning Groups
- Allocates funds to Clinical Commissioning Groups
- Commissions primary care (GPs, pharmacists, opticians)
- Commissions specialised services (e.g. rare cancers, HIV, secure mental health, burns)

Other changes

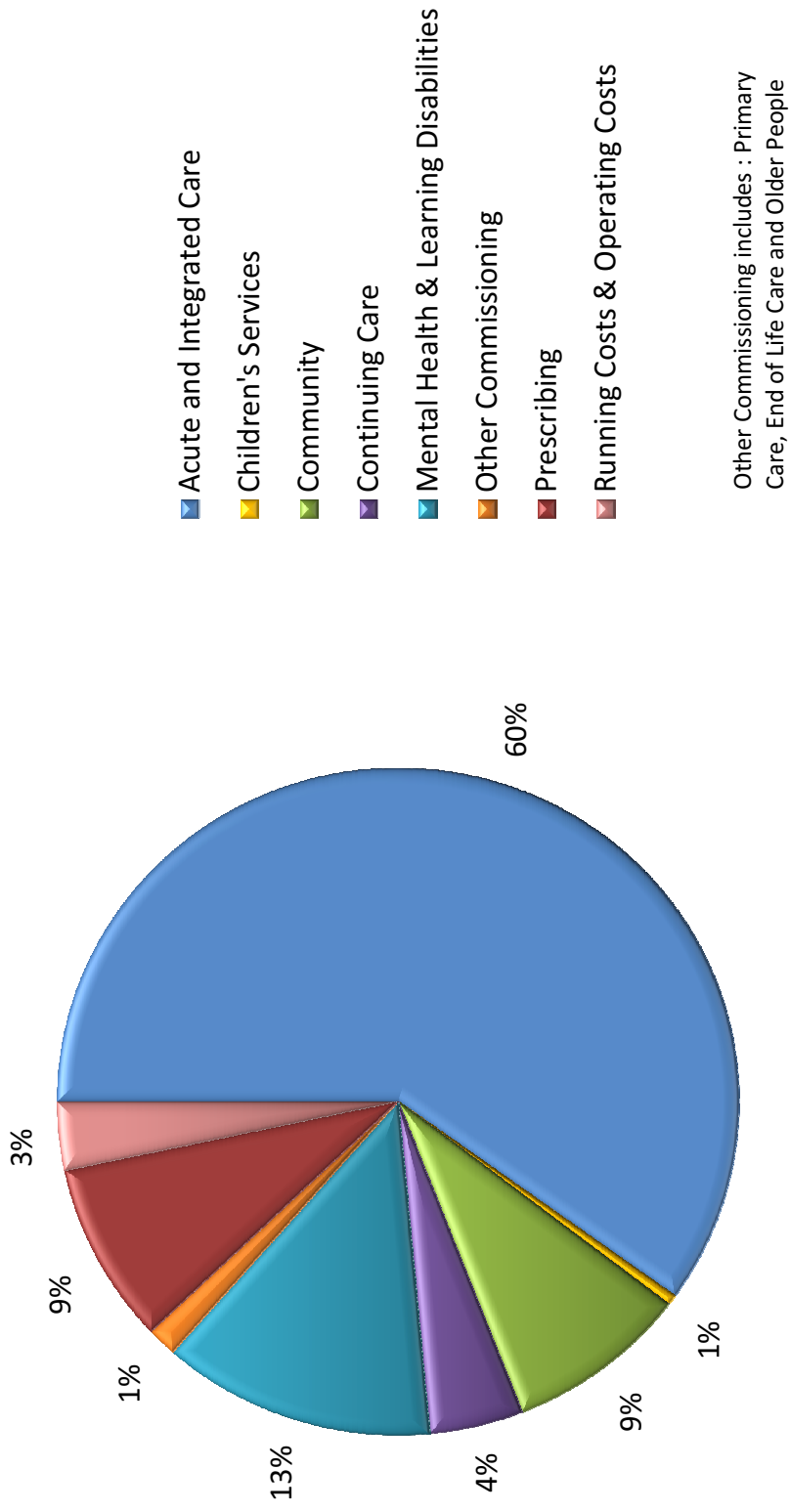
- **Public health** – the local public health function is now within local authorities.
- **Commissioning Support Units** – provide support to a number of CCGs e.g. contract management, back office functions
- **Health and Wellbeing Board** - every local authority now has a Health and Wellbeing Board as a forum for local commissioners across the NHS, social care, public health and other services

Our main providers



What we spend our money on

In 2013-14, the CCG's budget was £316 million and was spent on:



Corporate Governance
5th Floor, River Park House, 225 High Road, Wood Green, London N22 8HQ
Tel: 020 8489 2933
www.haringey.gov.uk



Assistant Director of Corporate Governance Bernie Ryan

Haringey Council

Your ref:

Date: 17th October 2014

Our ref: OSC/AHSP/Mind

Direct dial: 020 8489 2933

Email: Melanie.Ponomarenko@Haringey.gov.uk

Dear Cllr Morton,

Re: Mind Advocacy service

Many thanks for attending the Adults & Health Scrutiny Panel on 29th September, and for giving an overview of the reasons behind not renewing the Mind Advocacy contract. As noted at the meeting we have some concerns about the impact of the non-renewal of the contract on mental health service users in Haringey.

We understood at the Panel meeting that the reason for the Mind Advocacy service contract not being renewed is that the service requirement has changed, in light of the Care Act. However, the letter sent to Mind on 11th September suggests that the contract is not being renewed due to the service not being good value for money. Are you able to clarify the reason for the non renewal of the Mind Advocacy service?

At the meeting on 29th September, the Panel heard that the intention is to align advice and information with advocacy, and that this would be in part done by linking with the customer services transformation programme. Our understanding of this programme is that there is a focus on digitalisation. Whilst we understand that this may be appropriate to enable residents to better access information we have concerns on how suitable this would be for mental health advocacy. We do not feel that mental health advocacy would be suitably provided online due to the specific issues that a person may be experiencing, and the need for help in navigating through an often complicated, and ever changing health system. We would be interested in knowing more about how this is envisaged to work and would appreciate some further information in this respect.

As a Panel we have concerns about the people who are currently being provided an advocacy service from Mind and what will happen to them once the contract has ended in December. As you will be aware those with mental health needs often have chaotic lives and the Panel is concerned that their known point of contact, which they may have an ongoing relationship with will no longer be there to support them.

Two other advocacy providers across Barnet, Enfield and Haringey were mentioned at the Panel meeting. Please could you let us know who these organisations are and what work has been done to ensure that they have capacity to deal with the cases which Mind will no longer be able to deal with, both in terms of new referrals and current cases? We would also be interested to hear whether they have the capacity to take on those clients who would usually go to the Mind advocacy service in Haringey.

Since the Panel meeting I have received further a correspondence from Haringey Disability First Consortium with regards to a non renewal of a Advice and Casework service (run by consortium lead Haringey Race and Equality Council, HREC). I have therefore asked for an item on the work being undertaken on the voluntary sector to be placed on the Adults & Health Scrutiny Panel agenda on 6th November 2014. I understand Melanie Ponomarenko has spoken to Charlotte Pomery about this, and Charlotte has agreed to attend the Panel meeting.

I look forward to hearing from you with regards to the concerns and queries raised above.

Best wishes,

Cllr Pippa Connor
Chair, Adults & Health Scrutiny Panel

C.C. Charlotte Pomery
Anita Hudson
Adults & Health Scrutiny Panel Members



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London N4 3QF
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Email: admin@mih.org.uk
Company limited by guarantee.
Registered in England and Wales
Reg No: 2125188

Reg. Charity Number: 801618

Cllr Pippa Connor

Chair Adults & Health Scrutiny Panel

22 October 2014

Dear Cllr Connor

Re: Advocacy Mental Health Contract Cancellation Mind in Haringey

Thank you for your support in this matter, we had a meeting with Charlotte Pomery and Peter White on the 20th of October and agreed the following actions:

That they would send us a word copy of the review report so that we could transfer the points under the headings so that they can address them individually.

We agreed to forward other documents to support our points of inaccuracy if they were unable to find the original documents that we sent. (They are claiming that we refused or did not supply adequate information. However we have email evidence of this being sent so this is an error on their part).

We showed them the letter which we have posted on our website and are giving to services user's and stakeholders letting them know about the wind down of the service and explaining our inability to signpost them elsewhere? (I believe you have had sight of this?)

It was agreed by Peter and Charlotte that they would send us a list of providers still offering advocacy so that we can amend the letter and signpost people looking for advocacy help?

However 2 days later this has still not been sent.

They were unable to explain to us why they have not kept our contract going until the new provider is in place to deliver Mental Health Advocacy in Haringey? However they could not answer this, they kept repeating that this contract had been extended twice since April 2014. Also there seemed to be a heavy/reliance emphasis by them that advocacy help/information would be accessible via Haringey Council Website whilst in the same breath admitting at the meeting that currently this site was not fit for purpose and needed a lot of work?

This leaves us to wonder whether there really is capacity and services to meet our mental health adult advocacy needs.

Our current advocacy contract has actually been rolled over year on year for the last 4 years since I have been in post, so this statement of extension is irrelevant and makes them seem as if they are doing us a favour? (It should be noted that we have delivered this service at a large deficit to

ourselves for many years because of the need expressed by our beneficiaries) It is us who have been doing them the favour and taking reductions on this contract.

We understand that there is another scrutiny meeting on the on the 6th November, can you let us know if we should attend as it is doubtful if the commissioners will have answered either your questions or our points of inaccuracy in the review report before this date?

We are asking that councillors ask for the contract to be extended until March 31st of next year until new provider is in place and we can do a proper seamless handover. Failing this we would like to ensure that a service of a similar standard and accessibility is provided by someone else so we can reassure and signpost service users?

Currently we offer 5 day service from St Ann's, The Tottenham Job centre, Wood Green Library and our centre in the west of the borough so we are possibly the most accessible advocacy service on offer in Haringey to vulnerable adults.

It is worth noting that many of our service users cannot read and write properly and do not have access to a computer or cannot access online advice without physical 121 mental health support to do so. We are really worried that they will suffer through digitalisation.

Please can you circulate this letter to Scrutiny Panel Members

Kind regards



Anita Hudson

Chief Executive Officer

C. Lynette Charles (senior operations Manager)

Diane Arthur (Advocacy Manager)

Dr Sarah White (Trustee)

Mind in Haringey

