

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

**Thursday, 20th June, 2019, 6.30 pm - Civic Centre, High Road,
Wood Green, N22 8LE**

Members: Councillors Pippa Connor (Chair), Nick da Costa, Mike Hakata, Felicia Opoku, Eldridge Culverwell, Patrick Berryman and Matt White

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. **FILMING AT MEETINGS**

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

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

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

2. **APOLOGIES FOR ABSENCE**

3. **ITEMS OF 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 as noted below).

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 Members' Register of 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 interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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 approve the minutes of the previous meeting.

7. SUICIDE PREVENTION UPDATE (PAGES 9 - 16)

To update the Panel on recent progress on suicide prevention, including on improving support for construction workers following a previous recommendation of the Panel.

8. DEVELOPING A PLACE-BASED APPROACH - NORTH TOTTENHAM (PAGES 17 - 32)

To inform the Panel about a plan for a 'place-based approach' in North Tottenham which aims to develop more integrated public services.

9. FINANCE UPDATE

Report to follow.

10. CABINET MEMBER Q&A

An opportunity to question the Cabinet Member for Adults & Health, Cllr Sarah James, on developments within her portfolio.

11. WORK PROGRAMME UPDATE (PAGES 33 - 36)

To consider potential issues for inclusion within the work plan for 2019-20.

12. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

13. DATES OF FUTURE MEETINGS

- 5th Sep 2019 (6:30pm)
- 14th Nov 2019 (6:30pm)
- 12th Dec 2019 (6:30pm)
- 25th Feb 2020 (6:30pm)

Dominic O'Brien, Principal Scrutiny Officer
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Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Wednesday, 12 June 2019

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON MONDAY 4TH MARCH 2019, 6.30 -
8.45 pm**

PRESENT:

**Councillors: Pippa Connor (Chair), Nick da Costa, Mike Hakata,
Felicia Opoku, Sheila Peacock, Yvonne Say and Eldridge Culverwell**

Co-opted Member: Helena Kania

45. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

46. APOLOGIES FOR ABSENCE

Cllr Opoku was present but gave apologies for needing to leave the meeting before the end.

47. ITEMS OF URGENT BUSINESS

None.

48. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared an interest by virtue of Dr Peter Christian being a GP at her local GP practice.

Dr Peter Christian, Chair of Haringey CCG, declared an interest by virtue of his practice currently being involved in a bid for central NHS funds to merge three practices onto a new site.

49. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

50. MINUTES

Cllr Connor referred to a number of points in the minutes of the previous meeting relating to item 41 (Mental health services) that required further action:

- A bullet point in the minutes mentioned that the Haringey Wellbeing Network is available as a front door to a range of services. Having checked the website there appeared to be an assessment fee of £25 for counselling so Cllr Connor queried why fees were being charged. (ACTION)
- Another bullet point referred to section 136 suites. This related to a discussion at the meeting about a potential new specialist centre in Highgate which people with certain mental health needs could be treated as an alternative to A&E. Further clarification was requested on whether physical health assessments would also be done here. (ACTION)
- An action point under item 41 specified that a summary list of new projects and initiatives be provided to the Panel in writing. The Scrutiny Officer to the Panel confirmed that this request was currently being actioned and it was expected that the list would be circulated to Members shortly. (ACTION)

AGREED: That the points above be noted for further action and that the minutes of the Adults & Health Scrutiny Panel meeting held on 29th January 2019 be approved as an accurate record.

51. ADULTS & HEALTH UPDATE

Charlotte Pomery, Assistant Director for Commissioning, gave a short update on Osborne Grove Nursing Home feasibility study. The Frederick Gibberd Partnership had been appointed as the design team, they've come to the Osborne Grove co-design steering group chaired by Cllr James and the Community Options group chaired by Gordon Peters and a wider stakeholder event is being planned. A number of other studies are taking place alongside this including on sustainability and carbon management and ideas on what is possible in terms of the architecture based on the surrounding environment. In response to questions from the Panel, Charlotte Pomery said:

- That on the background of the Frederick Gibberd Partnership, they had recently redesigned an inpatient mental health unit in Harlow which had been redeveloped with the inpatients on-site which is clearly very pertinent to the work that the Council aims to do with Osborne Grove.
- That the membership of co-design group includes a Ward Member, the Cabinet Member for Adults & Health, the Cabinet Member for Finance, the CCG, family stakeholder members of those at Osborne Grove, members of the Planning

and Oversight group with a direct interest in older people, Healthwatch, Unison and officers.

- That the relevant stakeholders that the Frederick Gibberd Partnership had been engaging with include the members of the co-design steering group, the community links steering group, the Older People's reference group and other previously mentioned stakeholder such as Healthwatch and Unison.
- That Haringey Council's 'Caldicott Guardian' for Osborne Grove is Beverley Tarka.
- That the guiding design principles of the approach to the redesign include the primacy of nursing care, that it will be a community-facing asset and good quality care.
- That the preferred option is to develop a long-term plan rather than an intermediate plan as it is possible that an intermediate plan could slow down the long-term plan which is undesirable given the pressures on capacity.
- That according to the data there would be a need for a multi-use facility to support older people with frailty, dementia, complex needs, learning disability/autism and rehabilitation.
- That a set of options would be brought forward but the final decision is for Cabinet.

Charlotte Pomery, Assistant Director for Commissioning, provided a short update on the Making Every Adult Matter (MEAM) approach which aims to develop joint working for people with complex needs around homelessness, mental health, drug and alcohol dependency and criminal justice. This requires a more flexible way of working, such as ensuring that people without an appointment are not turned away and that people just below the eligibility threshold are supported. The work was partly prompted by a spike in deaths of people in supported housing and it was recognised that there was a gap in support available. This work has a high level of support from the Health and Wellbeing Board and a broad range of stakeholders is involved through a strategic steering group.

Work was ongoing to engage people with lived experience to help shape the approach.

The Panel requested that the draft terms of reference, the draft information sharing protocol and the membership of the steering group be provided. (ACTION)

In terms of timescale it was suggested that the Panel could look at this in more detail towards the end of the year.

52. IMPROVING PRIMARY CARE IN HARINGEY

Dr Peter Christian, Chair of Haringey CCG, introduced this item noting that the Panel had read the paper supplied with agenda pack and that the key themes that should be

highlighted included the workforce, the estate and the escalating demand for primary care. Clare Henderson, Director of Commissioning at Haringey CCG, highlighted the long term plan which included developing more services and skills around primary care such as primary care mental health services for example.

In response to questions from the Panel, Dr Peter Christian and Clare Henderson said:

- That with regards to online booking systems and patients with limited internet access or computer skills, what is needed is systems that can operate in parallel. There had been huge demand from people who wish to interact with primary care in new ways including telephone consultations, which are popular, and online bookings. The development of systems that use new technology can't just move at the slowest pace but it is important to pay regard to people who find that the new systems don't work for them. There are never going to be enough appointments to meet demand in primary care and so meeting demand for need and ensuring that people who are acutely ill are seen promptly is the priority. Each practice therefore needs to design its own appointments system built around achieving this.
- That with regards to whether the rating by patients of GP practices as outlined in the report had been affected by difficulties in getting an appointment, it is likely that this had been a factor. The NHS 10-year Plan refers to drafting more staff into primary care who are not doctors and there is a challenge to communicate to the public in the coming years the concept of a primary care team, that the GP may not always be the right person to see and that it could sometimes be, for example, a pharmacist or nurse.
- On what action commissioners can take to ensure good performance from GP practices, firstly performance is managed through the contractual route via the contracts team at NHS England. Secondly, at a CCG there are primary care facilitators who engage with the GP practices and there are also annual board link visits. Practices work together in networks to learn from one another and there are practice manager forums.
- On patient satisfaction surveys, there can often be huge variations in the feedback on the same GP practice due to the subjective nature of the answers and because those you are dissatisfied can sometimes be more vocal than people who are satisfied. Cllr da Costa commented that it might be useful to cross-reference the patient satisfaction results with the CQC ratings. (ACTION)
- On whether the improvement plan focused mainly too heavily on the east of the Borough, there are also significant plans in the west including a business plan for the merger of three GP practices which aimed to improve the quality of services, a wider range of services and longer opening hours.
- On the accessibility of new practices after the various mergers, given that this leaves some wards without a GP practice, there is a balance to be struck between the benefits of larger practices which is increasingly becoming the preferred model, particularly by the younger GPs coming through who often prefer to be salaried GPs rather than operating a practice as a small business, and the practical arrangement such as the transport links available in the area.

There are also challenges involved with smaller practices closing down when GPs retire. The CCG works with public health on future population forecasts when developing proposals for sites. There had also been engagement with patient groups regarding the proposals. Cllr Connor commented that the point of transport links need to be flagged up as an important issue when these proposals go through Planning and also that Healthwatch are ideally placed to have further conversations with residents about transport.

- With regards to ongoing technological developments and new ways of working the use of unified electronic patient records could help to deliver significant improvements in patient care, and the increased use of Skype/video-based consultations may be beneficial for some patients but it is important to bear in mind that this does not necessarily enable GPs to do more in the limited time they have available. With all new ways of working need to mitigate against digital exclusion of patients who find it difficult to use technology.

Cllr Connor commented that some residents felt that the communications with them on what to expect from the process when their GP practice has received a poor CQC rating could be improved as the wording of the letters was unclear in parts.

53. PHYSICAL ACTIVITY FOR OLDER PEOPLE - SCRUTINY REVIEW UPDATE

Andrea Keeble, Commissioning Manager for Active Communities, introduced this update report noting that the previous Adults & Health Scrutiny Panel took a lot of evidence which led to a series of recommendations that were agreed by Cabinet in March 2017 and had been worked on by the team since then.

Physical activity is incredibly important to wellbeing and this becomes more important as people get older but paradoxically as people age they tend to do less physical activity.

On policy the People theme and the Place theme in the new Borough Plan really emphasise the importance of physical activity. This is also much more prominent in commissioning including through care home contracts which now require monitoring on physical activity.

The recommendations referred to getting more money in for physical activity projects and there had been progress on this in several specific areas:

- A small amount of money had been provided for a project called Oomph, part funded by Sports England. This involves training practitioners and care workers at places such as the Haynes centre to deliver fun and innovative physical activity sessions.
- There is an initiative by the Mayor of London called the Laureus Model City project where Haringey is one of three London boroughs selected for funding to support bottom up working with community on what they want in order to generation ideas on how to increase physical activity, including among older people.

- The Wembley National Stadium Trust has provided a small amount of funding to support walking football and netball.
- The Silverfit programme was also continuing at Lordship Rec which involve older people coming to do activities such as yoga and badminton once a week.
- Some Comic Relief funding had been obtained to start a new project called Silver Sports to engage about 300 people in sheltered housing accommodation to do more physical activity.
- The CCG has been doing some work on “GP gyms” where GPs send people to specific classes in the local area and there is ongoing funding for this next year.

On communications, a booklet on the opportunities for physical activities for older people has been produced and distributed to GP practices and libraries which has proved to be popular.

Finally Fusion have been taking action to make their programmes more suitable for older people, more details are included under recommendations 5 & 6 in the report.

In response to questions from the Panel, Andrea Keeble said:

- On recommendation 21, the Panel had asked for a letter to be sent to the CQC to recommend that enabling access to physical activity should be regarded as part of the inspection process. This letter had been sent but it was not known what response has been received so it was requested that details about this should be obtained. (ACTION)
- In response to a query about the funding for the sheltered schemes at Palace Gates Church Andrea agreed to find out more about the current status of this. (ACTION) Cllr Connor commented that similar funding for the Priory in Muswell Hill had been provided by Ward Budgets but these were now unfortunately unavailable.
- On the lack of information about older people activity on the Fusion website, the information about classes are on the website but Andrea meets with them on the monthly basis so she would raise the need to get more specific information about activities for older people on the website at the next opportunity. (ACTION)
- On working with other departments to build a more joined up approach, the team works closely with Regeneration on issues such as, for example, to encourage people to be more physically active through positive changes to the public realm.
- On the Mayor’s Laureus Model City approach, the idea is that the community itself decides the approach and the vision to use sport to create change. There is a steering group with strong representation from the local community, a specific vision and objectives are being developed and there is a strong theme around reducing social isolation.
- Fusion have signed up to the Dementia Alliance, some of the staff have had training but the aim is to get more of them involved.
- On a suggestion that there should be more activity sessions for people with disabilities there are some available that are not advertised because they are

aimed at a specific population (such as at the Haynes Centre) but some of these are chair-based activities so there could perhaps be more activities aimed at other disabled groups.

- On the monitoring of communication materials there is a small team which gets out around twice a year to do some spot monitoring of the places where they should be available.
- With regards to the funding for Silverfit there is an ongoing discussion with public health and the CCG about the social prescribing model but the funding for next year is currently covered.

54. WORK PROGRAMME UPDATE

Cllr Connor provided a short update on the ongoing Day Opportunities scrutiny review. There had been some really interesting meetings with carers forums. The first service user engagement had been carried out and there had been some interesting discussion with service providers. A further session with commissioners was also planned.

The rest of the Work Programme was noted.

55. NEW ITEMS OF URGENT BUSINESS

56. DATES OF FUTURE MEETINGS

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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Report for: Adults and Health Scrutiny Panel, 20th June 2019

Title: Haringey Suicide Prevention Action Plan Update

Report authorised by: Dr Will Maimaris, Interim Director of Public Health

Lead Officer: Dr Chantelle Fatania, Consultant in Public Health
Chantelle.fatania@haringey.gov.uk

Ward(s) affected: All

Report for Key / Non Key Decision: Non Key Decision

1. Describe the issue under consideration

- 1.1 The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities, as well as an economic cost. Each death from suicide seriously affects at least 10 people.
- 1.2 A paper was presented to the Adults and Health Scrutiny Panel in November 2018. This paper provides a further update on key successes over the past 6 months.
- 1.3 The Haringey Suicide Prevention Group (HSPG) is an inter-agency partnership that has been established to guide the Borough's suicide prevention strategy. It aims to shape and strengthen community-based suicide prevention planning and implementation. The Group, which is chaired by Mind in Haringey, meets on a quarterly basis and has broad membership from statutory and non-statutory organisations including: Haringey Public Health, the Clinical Commissioning Group, Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police and local charities.
- 1.4 The HSPG annually reviews the Haringey Suicide Prevention Action Plan and identifies areas on which to focus, using the Preventing Suicide in England, Public Health England and National Institute for Health and Care Excellence guidelines as frameworks for best practice. The Plan identifies targeted actions of specific agencies to deliver priority areas of intervention, which are:
 - Reduce the risk of suicide in key high-risk groups
 - Tailor approaches to improve mental health in specific population groups
 - Reduce access to the means of suicide
 - Expand and improve the systematic collection of and access to data and research on suicide

Key successes for suicide prevention over the past 6 months

Table 1 summarises Haringey’s Suicide Prevention Actions over the last 6 months. The HSPG has actively contributed to existing work streams and implemented actions that correspond to pertinent issues that need to be tackled.

Table 1: Actions over the last 6 months

Area for action	Description
Post Vention Service Across North Central London	A business plan for a 5-borough Suicide Liaison Service was submitted to the NCL STP and was endorsed by the board on 25 July 2018. The service would make available immediate practical and emotional support to the 100 or so families/social networks affected by suicide each year in NCL. Directors of Public Health have all contributed funding and other partners – notably Barnet, Enfield and Haringey Mental Health Trust have agreed in-kind support will be provided for this initiative. A bid has been made via the North London Partners for funding from NHS England’s suicide prevention funding, and we are currently awaiting a decision from them as to whether they will provide the additional funding needed.
Archway Bridge	Haringey Council has obtained Listed Building Consent for erection of stainless-steel anti-suicide fencing along the bridge in front of the existing fence and in front of the bridge parapets, and removal of the previously installed wire mesh along the bridge fence and spikes on the end and central plinths. These have been fabricated and work on the installation of these measures will start on 11th June 2019. Interim measures including cameras have supported the prevention of two potential deaths.
Adult Mental Health And Wellbeing Support	The Haringey Wellbeing Network was launched in 2018 and is a service providing mental health and wellbeing support services for adults in Haringey. Led by Mind in Haringey, the service aims to empower people towards better self-care in their mental and physical health.

Area for action	Description
Adult Mental Health And Wellbeing Support	<p>By alleviating issues such as stress, anxiety, low mood, loneliness and isolation the service enables individuals to build resilience and reduce or prevent the onset of mental health problems.</p> <p>Designed as a single point of access to support services, the network's key partners are Mind in Haringey, Bridge Renewal Trust and Tempo. Each of these specialist organisations provides a different part of the service and has a wealth of expertise in working with Haringey's different communities.</p> <p>People aged 18 and over, a resident of Haringey or registered with a Haringey GP can access the Haringey Wellbeing Network. The service accepts self-referrals, referrals from healthcare professionals, friends and family members. Referrals are also accepted from young people aged 16-17 who are transitioning from children's care or health services.</p>
Prevention And Raising Awareness Amongst Construction Workers	<p>The chair of the HSPG attended the construction partnership meeting in April 2019. Discussion centred on suicide, the work of the HSPG, the range of initiatives which are available across the borough to support suicide and collaborative working with partners.</p> <p>Currently there are several initiatives present for construction workers around mental health awareness and suicide prevention, however delivery and uptake is varied and it is unclear what the overall picture is. The construction partnership is working with the HSPG and will feedback regarding future initiatives.</p>
Good Thinking Digital Wellbeing Service	<p>Good Thinking is a digital wellbeing service designed to support Londoners who are looking for personalised new ways to improve how they feel every day. It is funded by public health. It offers safe, proactive, early intervention tools to help with the four most common wellbeing concerns: anxiety, depression, stress, sleep.</p>

Area for action	Description
Good Thinking Digital Wellbeing Service	<p>There are over 120 resources available including mobile apps, websites, downloadable guides and more information about health services to consider.</p> <p>Most resources are free, some have a small charge, and some are made free if they are accessed via Good Thinking. Good Thinking is anonymous and all resources have been reviewed by a Consultant Psychiatrist.</p> <p>Good Thinking began its test phase in November 2017 and is now being widely promoted across London. It is made possible by London's boroughs, the NHS, and Public Health England. It has based its approach on substantial user testing and an evaluation is underway.</p>
Increase Membership From Key Groups	<p>Over the last 6 months several community organisations have joined the HSPG, there is now representation from LGBTQ, Turkish, Kurdish and Jewish communities. Members regularly report new initiatives.</p>
Maternal Mental Health	<p>All Health Visitors in Haringey use the Hospital, Anxiety and Depression scale (HADS) tool to assess maternal mental mood. HADS facilitates the early identification of both anxiety and depression simultaneously, whilst giving a separate score for each – helping aid the referral to appropriate services. The pathway the person follows depends on their score.</p> <p>The HADs assessment is completed with clients at pregnancy visit 5 and repeated at 6 weeks post-delivery. This assessment is, 'as reported by self'. The limitation of using this tool in isolation is recognised so the Family Nurses (FN) will often, through observation of and in discussion with clients, and other professionals, identify low mood and anxiety, despite the client having a low HADs scores.</p>
Maternal Mental Health	

Area for action	Description
	A copy of all completed HADs, irrespective of the score, is sent to the clients GP. Where high scores are noted, then additional information, to the GP, is included on planned interventions, such as; referral to talking therapies, support to access GP for further assessment, and follow up plans.
Mental Health First Aid Training	Mental Health First Aid (MHFA) is an internationally recognised training course, designed to teach people how to spot the signs and symptoms of mental ill health and provide assistance. As part of the Mayor of London's Young Londoners Fund, Haringey Council has had the opportunity to train staff and partners to deliver the Youth MHFA course to schools in the borough. Four professionals were identified and trained from Haringey Council and Whittington NHS Health Trust in early 2019, who will roll out the training offer to schools from June 2019. The course covers information about mental health, depression, anxiety, suicide, psychosis, self-harm and eating disorders. This work builds on existing work already occurring across the borough.

In the next 12 months the HSPG will continue its role as a forum for sharing experience and knowledge on suicide prevention. It will broaden participation, especially to representatives of different communities in the borough, as well as to relevant agencies not currently involved. HSPG will work to increase awareness of the issue of suicide locally, and actively seek to contribute to initiatives to improve mental health and wellbeing in the general population and within high risk groups.

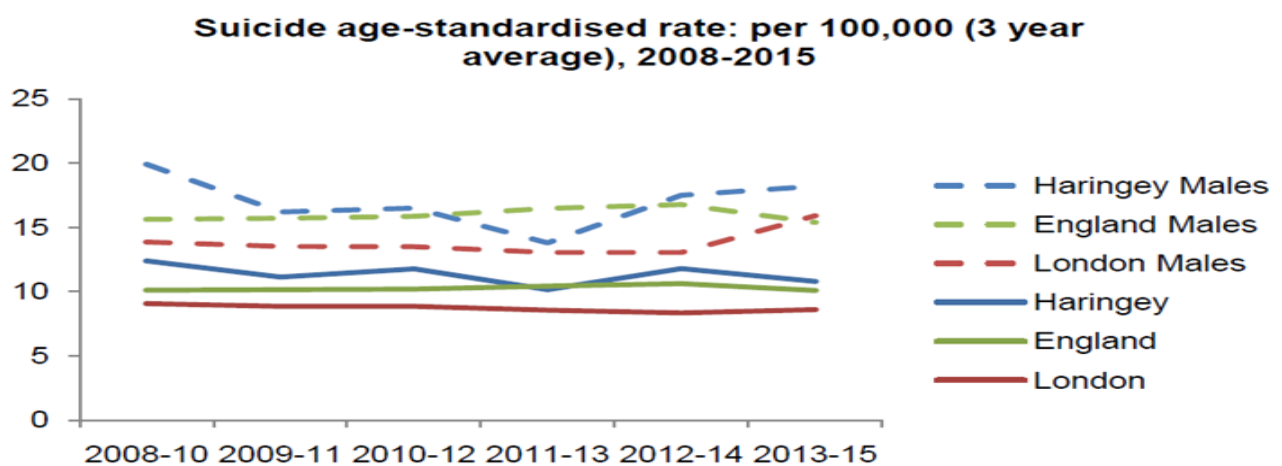
In partnership with Public Health, the group will prepare the next suicide prevention plan to start from April 2020, when the current plan expires.

2. Background information

2.1 In 2014-2016, 55 people died by suicide in Haringey. The age-standardised suicide rate in Haringey was 10.3 per 100,000 people. This was the fifth highest in London, and higher than the England rate of 9.9 per 100,000. For Haringey's comparator boroughs in 2014-2016, the age-standardised suicide rate per 100,000 in Hackney was 8.1, Lambeth 10.2, Lewisham 7.2 and Southwark 10.6.

2.2 Figure 1 highlights the trend in age-standardised suicide rates from 2008-2015. In 2013-15 the Haringey rate was higher than both London and England. The male suicide rate in Haringey is also higher than in both London and England.

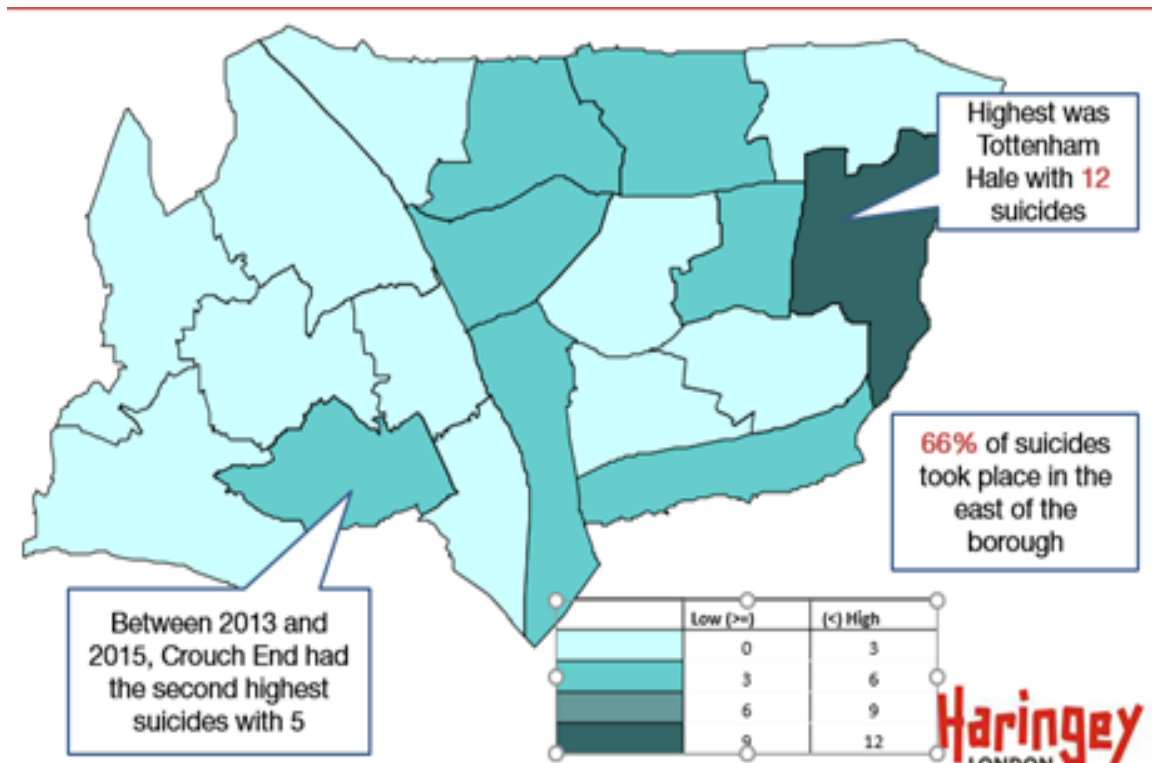
Figure 1: Age- standardised suicide rate 2008-2015 (ONS, 2016)



2.3 The Haringey 2016 suicide audit found several salient features of deaths by suicide including:

- 75% of deaths were men, the highest rate being among men aged 25-44 years
- Only half of those who died by suicide had a record of employment. Of those, 35% were amongst those in “higher managerial, administrator and professional occupations” e.g. financial advisor or head-teacher, followed by 24% in routine and manual employment
- 18% of people completing suicide were retired and a further 12% were students
- 66% of suicides in 2013-15 took place in the east of the Borough (Figure 2)
- The main method of suicide was hanging. The main places where people died from suicide were homes, followed by train stations
- Between 2013 and 2015, 36% of people who died from suicide were born abroad. Recording of ethnicity and nationality was very limited and not consistent. Despite this there was a noticeable prevalence of Eastern European migrants, Black African and Black Caribbean in the coroner's data.

Figure 2 Suicide rate 2013-15 by ward



2.4 Risk factors for suicide include previous suicide attempt(s), mental health problems and disorders (diagnosed or undiagnosed), problematic substance use, loss (relationship breakdown, job or financial loss, debt, housing), trauma or abuse, and chronic pain or illness. Mental ill health is one of the most important risk factors for suicide. The early identification and prompt, effective treatment of mental ill health has a major role to play in preventing suicide across the whole population.

3 Recommendations

3.1 That the Adults and Health Scrutiny Panel notes progress on the Suicide Prevention Action Plan and the ongoing progress made through multiagency working led by HSPG in Haringey.

4 Reasons for decision

4.1 N/A

5 Contribution to strategic outcomes

The Borough Plan 2019-2023, NHS Long Term Plan, Haringey's Community Strategy and the Better Care Fund.

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

6.1 Finance and Procurement

This is an update report for noting and as such there are no direct financial implications associated with this report.

6.2 Legal

This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

6.3 Equality

The Haringey Suicide Prevention Action Plan uses a multi stranded, multi-sectorial approach and will allow inequalities and isolation issues related to protected characteristics to be addressed. The implementation of the Action Plan will have a prevention-based approach to proactively identify high risk and hard-to-reach communities, in particular older people, those living with disabilities and people with long-term health conditions. A range of activities are occurring across the borough and in areas with high deprivation, health inequality and poor life expectancy.

7 Use of Appendices

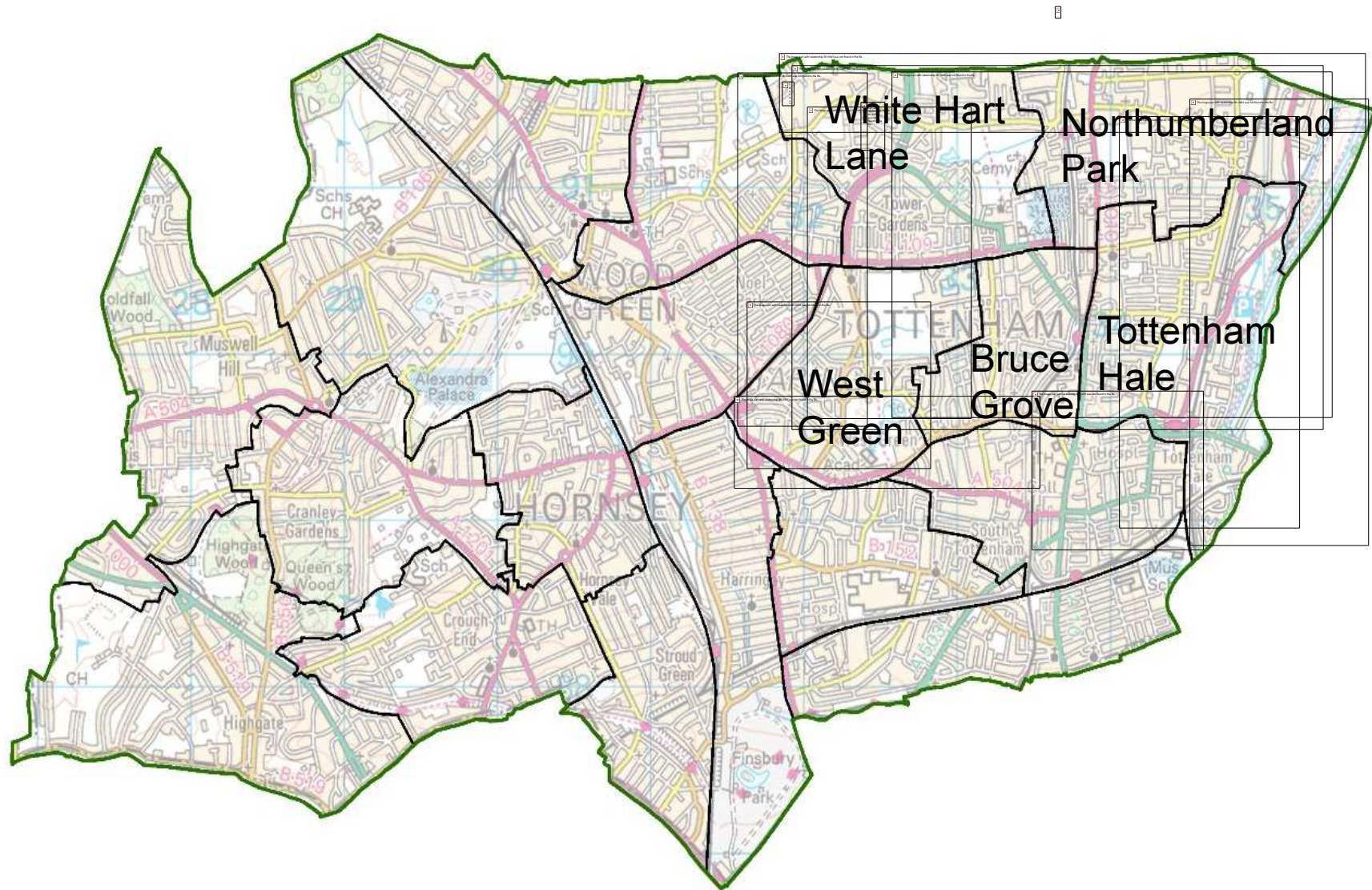
N/A

8 Local Government (Access to Information) Act 1985

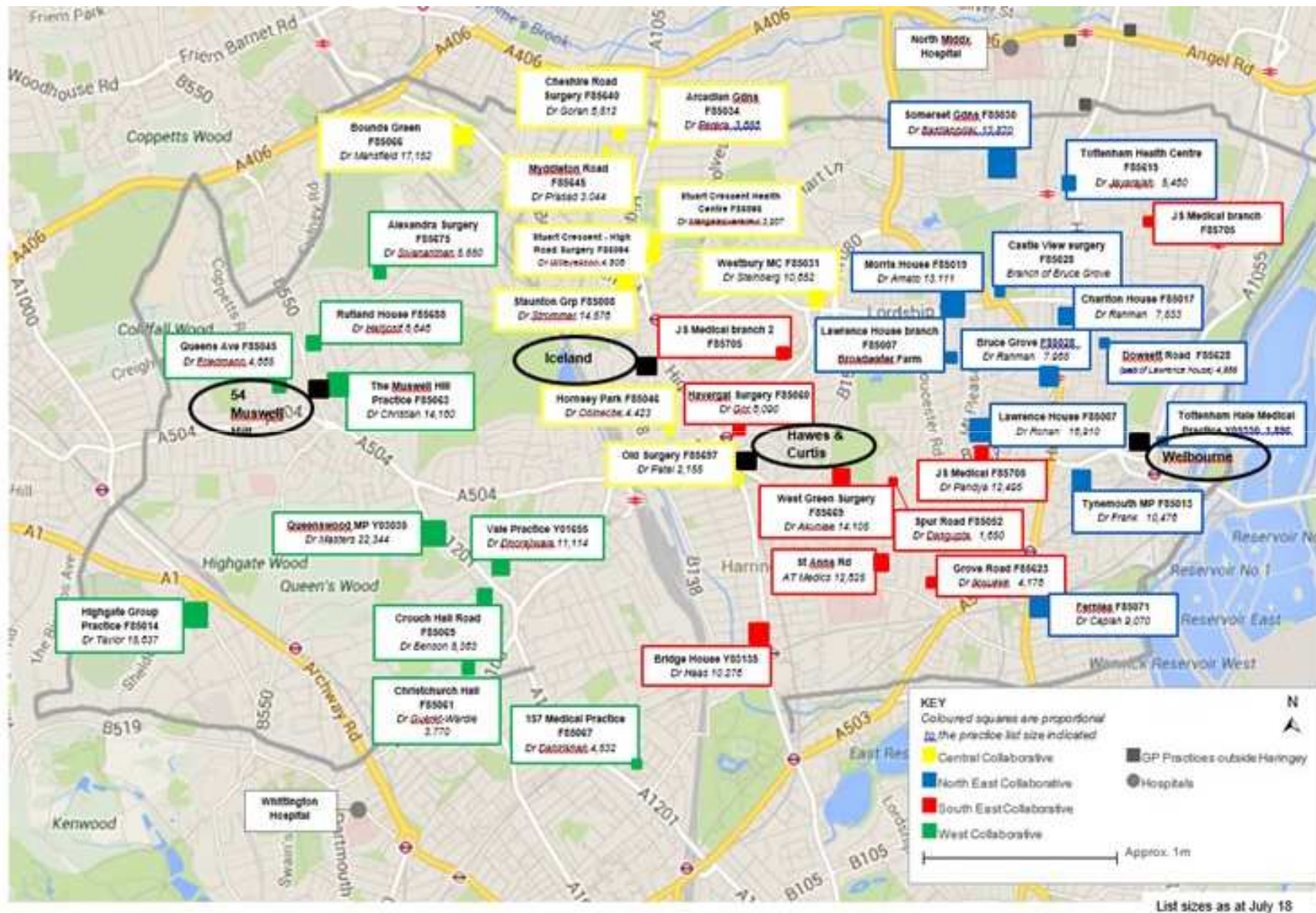
N/A

Developing a place-based approach in Haringey

North Tottenham



Haringey GP Practices



Timeline so far

Oct-Nov 2018 ● Community engagement led by Bridge Renewal Trust

Dec 2018 ● North Tottenham launch

Jan 2019 ● Integrated Localities Framework meeting

Jan-Feb 2019 ● Deep Dive; interviews with staff, services and organisations

Feb 2019 ● Haringey Intergreat event
Groundwork and North Tottenham Deep Dive feedback

Mar 2019 ● Framework Group meeting
Update to Councillors

April 2019 ● Framework Group meeting
Preparation for Sprints

May 2019 ● Adult Social Care and Locality Working Sprints
Borough Partnership Discussion

North Tottenham

Interviews of residents and staff:

- Need **low level support** for mental health, housing, employment and benefits
- Need to **prevent issues** as far as possible
- Information, advice, help should be easy and joined up
- Problems to be dealt with in the round
- Long-term support should be **holistic** and come together around the person or family



Public health data:

- Higher prevalence of **diabetes and hypertension**
- Higher proportion of **alcohol-specific hospital admissions**
- Highest prevalence of **overweight/very overweight children**
- 7.7% less young people achieve 5+ GCSE
- Household incomes are 25% less than the Haringey average

The socio-economic picture:

- Over a **100 community and voluntary services** working in the area
- Assets in the community - Children's Centres, Community Centres, Regeneration plans, Tottenham football stadium
- 78% of residents have **good friendships and associations** in their local area
- 83% say relations between ethnic and religious communities are good
- **Vibrant Economy Index** - sits within the top third on Resilience and Sustainability, and Community Trust and Belonging

The vision

We want to create a step forward in how well we prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.

This means:

- A **simpler, more joined up** local system that offers the right support at the right time that manages the growth in demand and to reduce duplication in the system
- **Integrated, multi-disciplinary** teams from across the public sector working together on the same geography and tackling issues **holistically**, focused on **relationship-building and getting to the root causes**
- A workforce who feel **connected** to each other and able to work **flexibly**, better able to meet people's needs
- A new system **partnership with the voluntary sector** to co-ordinate local activity, networks and opportunities – so that we make the best use of the **strengths and assets of our communities**

Locality
working
vision

A strategic and innovative focus on **culture and behaviour** among staff and residents
A joint approach to the **shared public estate** with services delivered from fewer, better buildings, enabling estate rationalisation and new social housing.

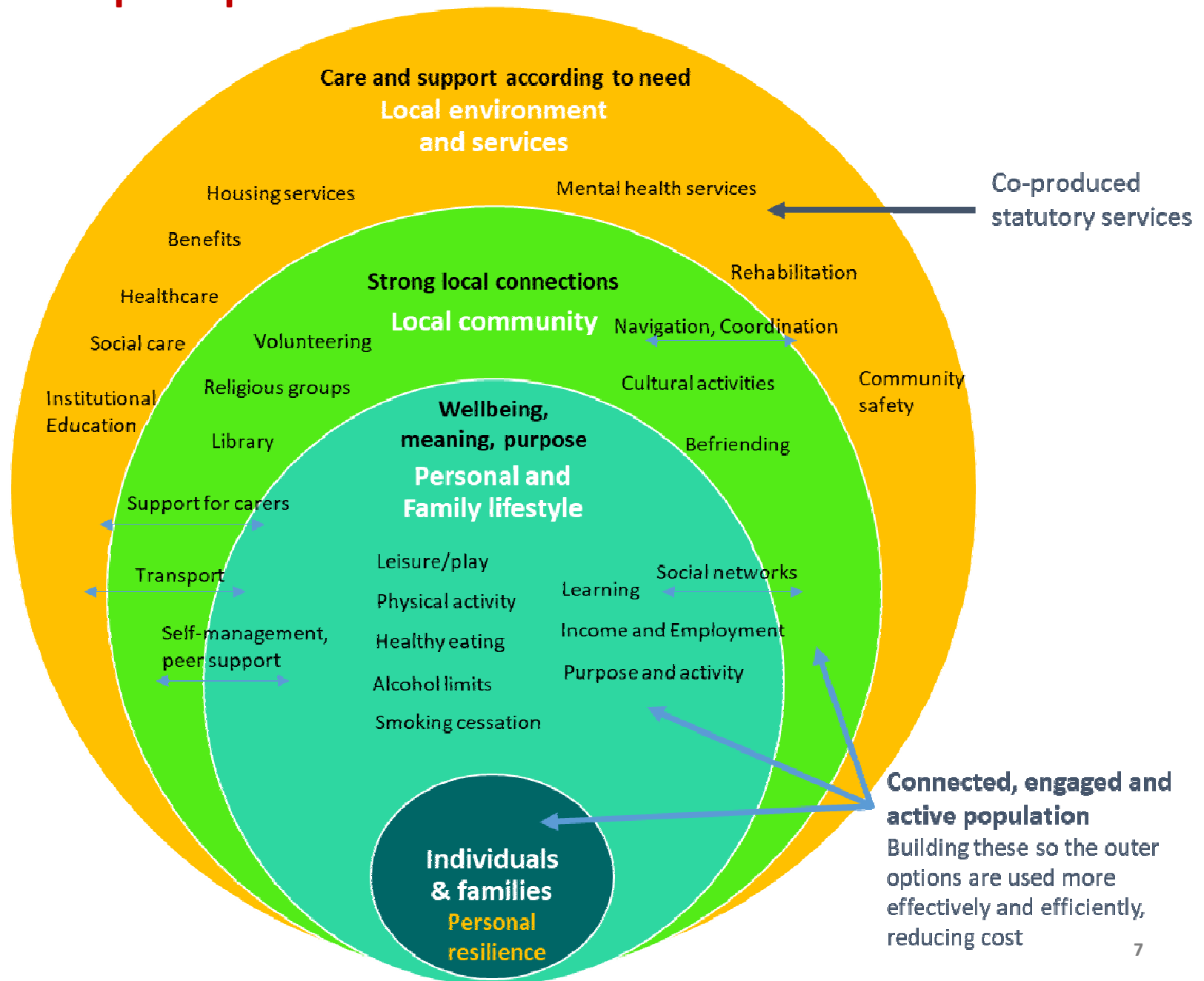
Integrated data and systems

A **mature approach to finance**, risk and reward across the local system.

More **joined-up governance** of strategy and spend with the Council and NHS – so that we are jointly deploying our resources to achieve the most impact

Enabled
by

Resilient people and communities



Our Principles

Preventative approach

- Deliver on our priorities to create more immediate change on the ground
- Strengthen early intervention and prevention options
- Community-based, all age early intervention and support

Partnerships rooted in local communities

- Build on assets and initiatives already in the community
 - For example – Community First may operate a spoke from a school or GP office – taking the service to where people are
- Grow services from the bottom up

A learning approach

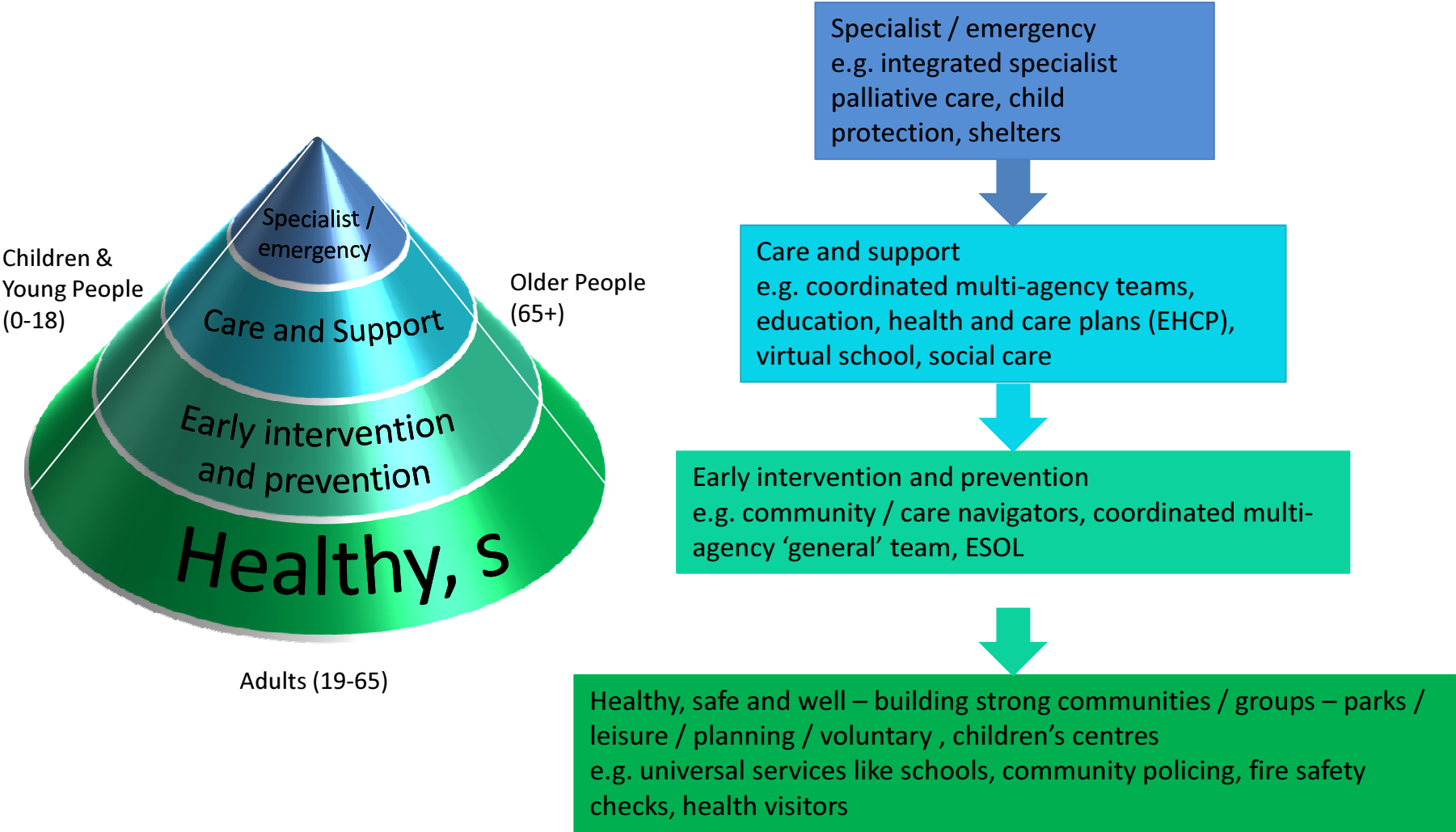
- Test and learn – so we can be creative, test different options, and be responsive to what we learn – adaptable and flexible
- Work out as we learn how this can be grown across the rest of the borough

Strength-based approach

- Strengths-based approaches, empowering residents to take ownership of their lives – building resilience, self-sufficiency
- Focus on the resident's own definition of a good life
- Focus on building support networks and capacity within the community
- Dealing with problems in the round – 'no wrong door'

Fundamentally we want to:
Recognise people's own assets and strengths and support them to be more resilient
Have strong and resilient communities
Prevent rather than manage the consequences

Care Cone



Scope

Specialist and Emergency services (borough-wide)

- Includes Complex Care Teams, Rapid Response, Specialist health or care services

Joined-up care and support

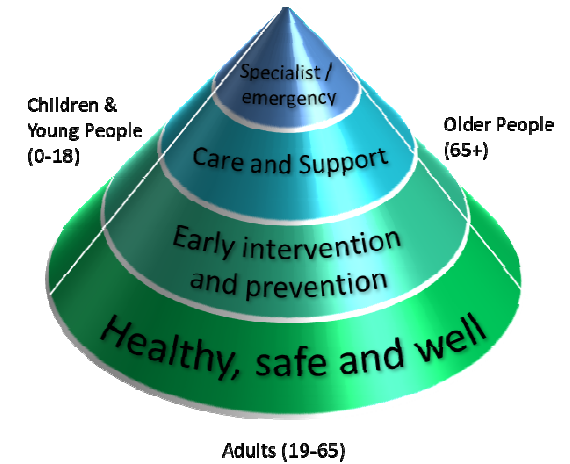
- Place-based coordinated working with Primary Care Networks
- Building trust and connections between staff across services and organisations
- A proactive and preventative approach

Strengthened early intervention and prevention

- Expanding Community First
- A coherent model for care navigation and social prescribing

Healthy, safe and well

- Building voluntary sector leadership
- Building community capacity
- Strengthening the public health offer for prevention



Place-based approach

Agreed priority areas for test and learn in North Tottenham

Enablers

Workforce development

- Adopt a strengths-based approach
- Build shared leadership within the locality
- Understand the role of the team and what they do to allow a joined-up and holistic approach
- Deal with problems in the round – ‘no wrong door’
- Training and development to facilitate and embed the approach

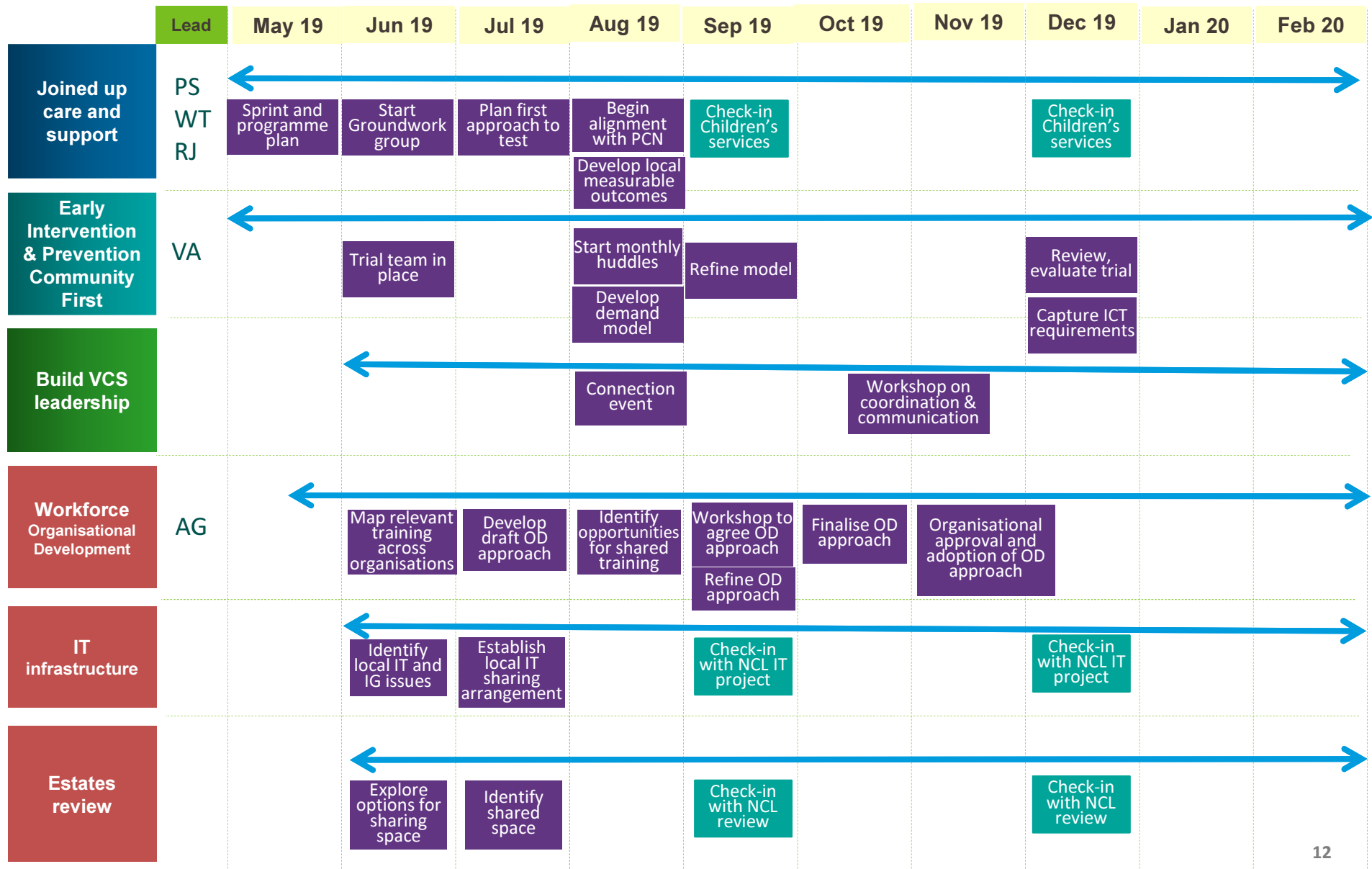
IT infrastructure

- Ensure access to IT across the locality
- Facilitate appropriate data sharing for joined-up care
- Use data and intelligence to design smart systems of early support

Estates review

- Share infrastructure and resources where possible
- Open up more spaces across organisations to allow for flexible working
- Identify spaces and opportunities for community participation
- Align with NCL estates review

Roadmap



Services in Haringey

		Haringey Council	Whittington Health	BEH MHT	MDTs	Other/Linked
Borough-wide	Specialist and Emergency	<ul style="list-style-type: none"> • First Response • Dementia Day Opportunities • Assistive Technology • Reablement • Carers support 	<ul style="list-style-type: none"> • Rapid Response • Podiatry • Specialist Teams (Heart Failure, Respiratory, Diabetes, Tissue Viability, Bladder and Bowel, Lymphoedema) 	<ul style="list-style-type: none"> • Older People Mental Health Service • Adult Mental Health team • Inpatient mental health • Children and Adolescent Mental Health (CAMHs) 	<ul style="list-style-type: none"> • Learning Disability • Locality Team • Bed-Based Intermediate Care • Care Home support team 	<ul style="list-style-type: none"> • Hospitals • Specialist Palliative Care • London Ambulance Service • London Fire Brigade • Police
	Care and Support	<ul style="list-style-type: none"> • Adult Social Care • Children's social care 	<ul style="list-style-type: none"> • District Nursing • Community Therapy • Increasing Access to Psychological Therapy (IAPT) 		<ul style="list-style-type: none"> • CHINs & Primary Care Networks • MDT teleconference 	<ul style="list-style-type: none"> • Housing-related support
Place-based and integrated	Early intervention and prevention	<ul style="list-style-type: none"> • Local Area Coordinator • Community First • Connected Communities • Early Help 	<ul style="list-style-type: none"> • Expert Patient Programme • Supporting Self-management 			<ul style="list-style-type: none"> • Home from Hospital (VCS) • Job Centre Plus • Navigators • Social Prescribing
	Healthy, safe and well	<ul style="list-style-type: none"> • Public Health commissioned services (smoking cessation, Physical Activity) • Children's centres 				<ul style="list-style-type: none"> • Schools • Voluntary and Community Sector

Resources

Area	Resource required	Source
Coordinating and driving forward	Programme Management	<ul style="list-style-type: none"> - PS (HCCG) - WT (WH) - RJ (LBH) - VA (LBH)
	Project support	TBC
Organisational development	Plan and coordinate OD across organisations	- AG (HCCG & ICCG)
	OD materials, administration, venues	TBC
Engaging with stakeholders	Communication materials	TBC
Starting off locality working	Staff operational backfill and admin support	TBC
	Local IT needs and arrangements	TBC
	Estates/space to start MDT working	TBC

Top 3 Risks

No	What is the risk?	How will it be mitigated?
1	Limited staff engagement and capacity with the new way of working	<ul style="list-style-type: none"> • Organisational development • Adopt a learning approach • Give permission to staff to lead the change • Consider backfill or administrative support
2	Enablers (IT, estates) limit the speed and scale of change	<ul style="list-style-type: none"> • Work with partners to share resources and IT infrastructure where possible • Link with NCL IT and Estates work
3	Outcomes not met	<ul style="list-style-type: none"> • Establish a set of joint outcomes that are measured at regular intervals • Ongoing review of operational progress and outcomes through existing governance

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Adults and Health Scrutiny Panel - Draft Work Plan 2018-20

1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.

Project	Comments
Care Home Commissioning	<ul style="list-style-type: none"> Final report submitted to Overview & Scrutiny Committee – June 2019.
Day Opportunities	<ul style="list-style-type: none"> Final report submitted to Overview & Scrutiny Committee – June 2019.

2. “One-off” Items; These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Potential Items
4 September 2018	<ul style="list-style-type: none"> Terms of Reference

	<ul style="list-style-type: none"> • Appointment of Non-Voting Co-opted Member • Performance Update • Cabinet Member Questions; Adults and Health • Community Well-Being Framework
4 October 2018	<ul style="list-style-type: none"> • Care Homes Review – Evidence Session
1 November 2018	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board Annual Report 2017-18 • Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2. • Suicide Prevention
13 December 2018	<ul style="list-style-type: none"> • Budget Scrutiny
29 January 2019	<ul style="list-style-type: none"> • Cabinet Member Questions; Adults and Health • Mental Health
4 March 2019	<ul style="list-style-type: none"> • Physical Activity for Older People – update

	<ul style="list-style-type: none"> • Improving Primary Care in Haringey
20 June 2019	<ul style="list-style-type: none"> • Cabinet Member Questions • Budget overview • Locality working in North Tottenham • Suicide Prevention update
5 September 2019	<ul style="list-style-type: none"> • Budget overview • Osborne Grove update • Community well-being update
14 November 2019	<ul style="list-style-type: none"> • Cabinet Member Questions • Budget overview • Adult safeguarding update • CQC update
12 December 2019	<ul style="list-style-type: none"> • Budget Scrutiny

25 February 2020

- Budget overview
- Canning Crescent update