NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 4th November, 2020, 2.30 pm - Remote Meeting - MS Teams (watch it here)

Members: Please see list attached under item 2.

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

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

2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 16 below).

5. DECLARATIONS OF INTEREST

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

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

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

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

6. QUESTIONS, DEPUTATIONS, PETITIONS

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

7. MINUTES (PAGES 3 - 24)

To consider and agree the minutes of the meeting held on 10 June 2020 and the minutes of the meeting in common with the Community Safety Partnership held on 21 September 2020.

8. COVID-19 OUTBREAK UPDATE AND PLAN (PAGES 25 - 44)

To consider and note the update on the Covid-19 outbreak and response.

9. COVID RESPONSE AND WINTER PLANNING (PAGES 45 - 64)

To consider and note the changes to service delivery in response to the Covid-19 pandemic and the winter and Covid-19 planning undertaken by Adult Social Care.

10. STRATEGIC THEME: HEALTH IN ALL POLICIES (PAGES 65 - 84)

To agree to establish a strategic partnership forum, to agree to establish a senior strategic group to look at Health in All Policies and how this is embedded in the work of the Health and Wellbeing Board, and to agree that key outcomes will be developed through the senior strategic group.

11. STRATEGIC THEME: LIVE WELL (PAGES 85 - 90)

To note the report and to agree the Live Well programme's five thematic priorities as Work, Inclusion, Crisis, Community, and Home.

12. THE IMPACT OF COVID-19 ON BLACK, ASIAN, AND MINORITY ETHNIC COMMUNITIES

To receive an update on the impact of Covid-19 on Black, Asian, and Minority Ethnic communities. **(Report to Follow)**

13. ESTABLISHING A COMMUNITY HEALTH ADVISORY BOARD FOR HARINGEY

To consider and agree the report about establishing a Community Health Advisory Board for Haringey. **(Report to Follow)**

14. MODERN SLAVERY PLAN (PAGES 91 - 128)

To consider and agree the strategic focus set out in the Modern Slavery Plan.

15. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT (PAGES 129 - 158)

To consider and note the Local Safeguarding Children Board Annual Report.

16. NEW ITEMS OF URGENT BUSINESS

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

17. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

To suggest future agenda items and to note the dates of future meetings as follows:

10 February 2021

Fiona Rae, Principal Committee Co-ordinator
Tel – 020 8489 3541
Email: fiona.rae@haringey.gov.uk

Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 27 October 2020

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Agenda Item 2

Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member for Communities and Equalities	Cllr Mark Blake
			* Cabinet Member for Children, Education, and Families	Cllr Kaushika Amin
			* Cabinet Member for Adults and Health – Chair	Cllr Sarah James
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Interim Director for Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
NHS	Haringey Clinical Commissioning Group (CCG)	4	* Chair	Dr Peter Christian
			Vice Chair	John Rohan
			Chief Officer	Tony Hoolaghan
			* Lay Member	TBC
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

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MINUTES OF MEETING HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 10TH JUNE, 2020, 2.00 – 3.35 PM.

Present: Cllr Sarah James (Cabinet Member for Adults and Health – Chair – Voting Member), Cllr Mark Blake (Cabinet Member for Communities – Voting Member), Tony Hoolaghan (Chief Operating Officer CCG), Dr Peter Christian (Chair Haringey CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Beverly Tarka (Director of Adults and Health), Dr Will Maimaris (Interim Director for Public Health), Ann Graham (Director of Children's Services), and Geoffrey Ocen (Chief Executive Bridge Renewal Trust).

Officers: Charlotte Pomery (Assistant Director of Commissioning), Rachel Lissauer (Director NCL CCG), Cassie Williams (Assistant Director, Primary Care).

Also present: Siobhan Harrington (Chief Executive – Whittington Health NHS Trust), Maria Kane (Chief Executive, North Middlesex NHS Trust), Richard Gourlay (Director, North Middlesex NHS Trust), Tim Miller (Joint Assistant Director, NCL CCG), Andrew Wright (Director of Planning and Partnerships Barnet, Enfield and Haringey Mental Health NHS Trust), Rakshita Patel (Healthwatch), Jonathan Gardner (Director, Whittington Health Trust).

91. FILMING AT MEETINGS

The Chair referred to agenda item 1, which provided the details of filming and streaming at meetings and participants noted this information.

92. WELCOME AND INTRODUCTIONS

The Clerk shared a note of the attendance for the meeting and the following was noted:

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	*Leader of the Council	Cllr Joseph Ejiofor
			*Cabinet Member for Children,Education and Families	Cllr Kaushika Amin
			*Cabinet Member for Adults and Health – Chair	Cllr Sarah James
	Officers' Representatives	4	Director of Adults and Health	Beverly Tarka
			Director of Children's Services	Ann Graham

			Interim Director for Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
NHS	NCL CCG	4	*Governing Board Member	Dr Peter Christian
			*Governing Board Member	John Rohan
			Chief Officer	Tony Hoolaghan
			*Lay Member	TBC
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

Attendees

Charlotte Pomery – Assistant Director for Commissioning - Haringey Council

Siobhan Harrington – Chief Executive Whittington NHS Trust

Rachel Lissauer – Director NCL CCG

Maria Kane - Chief Executive North Middlesex NHS Trust

Cassie Williams – Assistant Director - Primary Care

Richard Gourlay – Director North Middlesex Trust

Tim Miller – Joint Assistant Director NCL CCG

Andrew Wright – Director of Planning and Partnerships Barnet, Enfield and Haringey Mental Health NHS Trust

Rakshita Patel – Health Watch

Jonathan Gardner – Director Whittington Health Trust was representing Siobhan Harrington, Chief Executive of the Whittington Health Trust.

Cllr Mark Blake, Cabinet Member for Communities and Equalities

93. APOLOGIES

Apologies for absence have been received from the Leader, Cllr Ejiofor, the Chief Executive Zina Etheridge, and Frances O'Callaghan, NCL CCG.

94. URGENT BUSINESS

There were no items of urgent business.

95. DECLARATIONS OF INTEREST

There were no declarations of interest put forward.

96. QUESTIONS, DEPUTATIONS, PETITIONS

There were no deputations, questions and petitions put forward.

97. MINUTES

RESOLVED

To approve the minutes of the meeting held on the 12th of February 2020.

98. NCL CCG MERGER UPDATE

The Chair outlined that the merger to become a single NCL CCG [North Central London Clinical Commissioning Group] took effect from the 1st April 2020. Haringey Clinical Commissioning Group employees now worked for the NCL CCG. The Chair invited Tony Hoolaghan, Executive Managing Director, Haringey & Islington North Central London CCG to outline how, operationally the NCL CCG, were working with the Council and the infrastructure in place to respond to the pandemic.

The following was noted:

- Francis O'Callaghan was the new accountable officer for the North Central London Commissioning Group and had arrived in February 2020, just before the pandemic had started. Francis was aiming to attend the Health and Wellbeing board meetings as part of her induction but was at an annual management event for this meeting. She was keen to attend and speak about the work of the CCG services going forward.

- There was a modification to the CCG members attending the Health and Wellbeing Boards in the respective 5 boroughs due to the leaner governing body arrangements now in place. It was clarified that, going forward, Dr Peter Christian, the North Central London Governing body GP representative and the Executive Managing Director for the CCG would continue representing the Haringey and Islington, CCG at the Health and Wellbeing board meetings. On occasions when Dr Peter Christian could not attend the HWB meetings, Dr

John Rohan would substitute as he was also a GP member of the North Central London Commissioning group.

- Rachel Lissauer would be attending the HWB meetings as Director for Transformation for Haringey and Islington North Central London CCG when the Executive Managing Director was unable to attend. The North Central London CCG would be writing to the Chair to confirm these attendance arrangements.

- A summary of the actions and events to enable the merger of the 5 borough CCG's [Haringey, Barnet, Enfield, Camden and Islington] to become one North Central London CCG was provided This was a prescribed process which required meeting the requirements of the NHS England Regulator and demonstrating that the merged CCG can fulfil required statutory functions.

- Despite the pandemic, the merger had completed and single CCG status was achieved and went live on the 1st of April. This meant that all the staff employed by Haringey, Barnet, Islington, Enfield and Camden CCG's transferred to the North Central London CCG.

- The Haringey CCG staff were called part of the Haringey Partner directorate of the North Central London CCG and remained in Haringey, located in River Park House. There would be staff located, centrally, in NCL CCG and working in the 4 other CCG boroughs.

- The entire NHS and CCG's [Clinical Commissioning Groups] continued to be working at level 4 of the national incident emergency operating mode because of Covid 19 pandemic. It was noted that the infrastructure was in place to respond to the pandemic in North Central London as a CCG.

- Partner organisations had set up a number of work streams to deal with the pandemic, focusing on key areas such as primary care, hospital services and were working closely with the Council and the voluntary sector at NCL level.

- There were transformational achievements of working together as partners, concerning care homes, stepping people out of care in hospitals and into their homes.

- To support the CCG merger and, due of national requirement to reduce their running costs by 20% but the end of this financial year, there was already a significant management restructure taking place in the North Central London to enable a move towards a single CCG management restructure. It was noted that the restructuring process had paused in March because it was not feasible to continue with this exercise and respond to the pandemic. However, the North Central London CCG would need to resume this exercise and were considering the appropriate time to do this.

- There were positive outcomes as a result of the broader partnership working together in the borough. The integrated system partnership allowed partners to work together to respond to the health and care needs of residents. The Integrated care system and borough partnership was a key piece of work and a

central part of plans. Rob Hart who was the Chief Executive of the Royal National Orthopaedic Hospital had become the executive lead for the Integrated care system in North Central London. Mike Cooke, a previous CE of Camden Council was also the Chair of the Integrated Care System Board.

In response to questions from Sharon Grant, Chair of Healthwatch, Cllr Blake, Cabinet Member for communities and Equalities, the following information was noted:

- Concern on lack of representation, for Healthwatch and, in turn, residents in the new CCG governance arrangements. It was questioned who would be challenging partners and representing patients and the public. Currently, the position was unclear with only one Healthwatch representative on the new governing board, representing 5 boroughs. The Chair of Healthwatch underlined the importance of patient involvement in the policy process and this was also key issue in the response to Covid and transformation of the NHS. In response, Tony Hoolaghan referred to the previous meetings held with Healthwatch to discuss this issue, and advised that there was official public participation in the subcommittee of the governing body. The meetings of the North Central London CCG would take place in public and Healthwatch were welcome to participate in these meetings. The governance structure was approved by the NHS England regulator and the new merged NCL CCG would keep the governance arrangements under review. Healthwatch were welcome to put forward their views on what was working well in the new governance arrangements and what could be improved going forward.

- The Chair of Healthwatch underlined the statutory function of Healthwatch and how this could not be shifted. The organisation had an obligation to the public to be the voice of patients and would be making representations at the senior levels.

- Cllr Mark Blake was concerned about decision making processes of the NCL CCG and questioned how the Council would be involved in the commissioning process. He further sought understanding of how the Council can work effectively as a community partner in this structure. In response, it was noted that there would not be a lot of decisions made in the borough at the top level of the NCL .There would be a small thin layer at NCL level to allocate the funding, considering the outcomes that were expected at borough levels. This was not top down approach to governance. There was also in place the Borough Partnership board and the Chief Executive of Haringey was co- chair of this with Siobhan Harrington, CE of Whittington Health Trust with representative from Healthwatch and the voluntary sector and there will be decision making by this partnership on a range of issues such as primary care, mental health, community health services, section 75's.

- It was noted that the CCG is a statutory organisation and they will make some decisions at a North Central London level. Tony Hoolaghan offered to provide a note setting out the decisions that are expected to be made at the borough level and those to be made at the NCL level. It was also important to note that the borough can have an influence on the NCL CCG but there would also be decision making at the borough level by the new Borough Partnership.

- In terms of the elected councillor involvement in the process and big decision taken by officials and input of elected officials, The Chief Executive of Haringey was talking to elected members about the role of the Borough Partnership and governance arrangements.

- The Chair of the Board, supporting the points made by Sharon Grant and Cllr Blake, understood the exceptional circumstances that partners had been operating under in the past few months and looked forward to considering future decisions on changes in health and social care being made jointly by partners. There was concern that councillors were not aware of the first meeting of the new merged meeting of the NCL CCG governing board and there were no published papers for this meeting. Although, the current circumstances were taken account of, the Chair of the Board, felt it was important, going forward, to build trust in the wider community and part of his was to ensure that the NCL CCG governing body meetings were accessible to the public and minutes were available on request. The Chair suggested that, in future, it would be useful to have a written update on the NCL CCG merger and implementation instead of the verbal update to support the transparency of working between the Council and NCL CCG.

- In response, it was noted that the change to the way meetings were facilitated was temporary and as part of the current pandemic response. Tony Hoolaghan agreed with the Chair about going back to the way the CCG worked previously with an open and transparent process with all documents available online. Tony Hoolaghan highlighted the good working partnership between the Council and CCG and wanted to maintain this.

- The Chair of Healthwatch responded further on the need to respond to the challenge of inequality as was expected by the BAME communities in the borough and was concerned that, in this context, it was more important than ever for the Healthwatch network, across North Central London, to be involved in policy making. Healthwatch was established in the community and had insights that should be taken forward to policy making to help solve the challenges.

99. COVID-19 RESPONSE AND RECOVERY

The Chair wanted this meeting to have a specific focus on Covid 19 recovery and renewal. When planning the content and meeting with officers, the Chair felt it was important to contrast where the Borough was, pre – Covid 19, with the impact of Covid 19 on communities and examine how this influences the work of the Board going forward.

The Chair referred to the Public Health England report on the disproportionate number of BAME deaths and infection rates. This document was disappointing as it ignored the findings of the community consultations and made no recommendations on preparations for a second wave.

The Chair continued to outline that this meeting would hear from a range of stakeholders and agencies. It was noted that Geoffrey Ocen, Chief Executive of the Bridge Renewal Trust, would be sharing the findings from the meeting held with the Council in the last month which involved a range of BAME organisations. It was really important to have discussion on the wider context and refocus attention on structural inequalities in society.

The Chair referred to the tragic death of George Floyd and the resurgence of the Black Lives Matter movement which demonstrated the pent up frustrations not just in America and the UK but globally of the inequality and injustice faced by black communities. It was important, as a Board, to address these issues. There was an increase in local community tension and complaints of heavy handed policing and the borough was conscious of the difficult circumstances that were being operated in.

The Chair spoke about Covid 19 highlighting the systemic inequalities which required focus to address working in partnership with communities.

The Chair invited Dr Will Maimaris to facilitate this item which included presentations to the Board on experiences, impact and next steps.

Part 1 presentations from council and partner representatives would be on the impact of Covid 19 and discussing the learning from response to the pandemic.

Part two would be considering organisational perspectives.

1. Introduction, cases & impact: Dr Will Maimaris -Interim Director for Public Health

Dr Will Maimaris started this part of the session which would be considering:

- the local response to Covid 19,
- the key learning points during the outbreak,
- and what the key priorities will be going forward.

It was also important to explore how the Board was going to work together in partnership to tackle the challenges. Dr Will Maimaris advised that the partner representatives of the Board, further shared the sentiments of the Chair on working with communities on tackling racism and discrimination.

Dr Will Maimaris reflected on the progress and position of the Board pre Covid 19 which included: significant leadership role in health and wellbeing, strong links in local communities, draft health and wellbeing strategy compiled with consultation about to start. This draft strategy would need to be updated in light of the Covid priorities of: living well, age well, integration, and mental wellbeing and considering how the place we live in affects health.

Dr Will Maimaris provided an update on the health impacts of Covid 19 in terms of diagnosis and deaths. At the end of May there had been 595 diagnoses of Covid in Haringey but these were predominantly in hospitals where there had been testing and this was likely to be an underestimate at this stage as the testing services had not been in operation for long. The peak of cases was seen in April. At this present time,

the number of cases were lower compared to the peak and there was now a good opportunity to plan and prevent future outbreaks. It was noted that up to the 15th of May, there were 253 deaths recorded and a majority of these were in hospitals and a small number in care homes. Analysis of figures demonstrated that the borough was strong in recording deaths as Covid 19 related and the borough did not see a significant number of deaths from other causes.

The biggest risk factor for Covid 19 was age and frailty and long term health conditions. There was as link between deprivation, certain occupations, and the Bangladeshi and Caribbean communities had an increased risk. The risk to healthy young people below 50 was low and overall the risk of death of this disease was slow. There was work with the care sector to prevent outbreaks and there had not been any outbreaks in the in the last period.

2. Mental health: Tim Miller - Joint Assistant Director for Vulnerable Adults and Children Haringey Council and NHS Haringey CCG – summary of powerpoint presentation

Pandemic and lockdown had caused increased anxiety and feelings of isolation and this was more widely felt across the population. In particular increase in loss and bereavement support services accessed including by frontline staff affected by loss of people working with them.

Seen significant fall off in activity of some mental health services across the NHS, both self-referrals and talking therapy services for depression, anxiety, through to more specialist complex secondary mental health services. The services were now moving back to pre Covid levels of use. Mr Tim Miller commended the borough partners for rapidly reconfiguring their work practices to keep services going for people who need it.

Work with Connected Communities and supporting welfare and co-ordinated work. Bereavement framework was in development with third sector and working with faith communities leading to a commissioning response.

A 24/7 crisis call service had been established and this was doing proactive work in supporting people and continuing advice on advocacy services.

Mental health services were working through backlog to create some capacity and to respond to the anticipated surge of increased mental health support in coming months. Other additional new services planned had been expedited to open such as ‘Safe Haven’ a non-clinical crisis service which was being set up between Haringey Mind and Haringey Council. It was noted that rough sleeping services had been mobilised and working across primary and secondary care to support homeless residents more widely.

3. Shielded groups: Charlotte Pomery – Assistant Director for Commissioning – Haringey Council – summary of powerpoint slides

The clinically vulnerable group were particularly at risk of infections, there were 4600 identified by the government in the borough and this figure doubled when the GP

practices identified further patients in this group. It was noted that 41% were over 65 and 20% of this percentage were living alone. Data was displayed on the information held on the shielded cohort, low income family database, in east of the borough, predisposition in the east of the borough,

Support for this cohort was a mix of health and social care support and support around access to food. The Council would be discussing with partners taking forward a holistic model that met the needs of the shielded and vulnerable people, not just in their medical and health terms, but related to wider determinants including social isolation. There was planning on how partners develop this model as a future integrated service and this would link into how the Health and Wellbeing board were considering support to this group prior to Covid 19.

4. BAME: Geoffrey Ocen – Chief Executive Bridge Renewal Trust – summary of presentation

There was a meeting on the 14th of May with over 60 Voluntary Sector groups to consider the impact of Covid on BAME communities and for the Council and partners to further understand need on the ground level.

Geoffrey Ocen expressed that, prior to the death of George Floyd, there was understanding being established that minority ethnic groups were more affected by Covid. However, after the death of George Floyd, the racial element to the inequality of deaths came to the forefront and the deep stated discrimination that was experienced for many years also being highlighted and decision making structures challenged. Good meeting held between communities and diverse representation of Voluntary Sector groups at this meeting which had compiled a nine-point action plan to address :

1. Data evidence - need to know more to support communities - disappointing report from PHE and lack of recommendations. Pleased that Maria Kane looking at impact on BAME staffing.
2. Funding to build resilience -
3. Bereavement and mental health services
4. Domestic Violence
5. Communication and awareness raising
6. Prevention and resilience building
7. Shielding of BAME staff and communities
8. Equitable access to services
9. Digital Exclusion

Geoffrey Ocen shared the following further information from this meeting with the Voluntary sector:

- Providing funding to the voluntary sector as important to maintain capacity and provide services and reach the communities that need to be reached.
- Voluntary Sector pleased on access to Council funding coming through in June Cabinet. However, responsibility of all statutory partners to do more, especially NHS . He had seen in other boroughs that that the NHS had come up with a package of support and Bridge Renewal Trust was hoping to do more with charitable arm of the NHS. Geoffrey Ocen was working with the Tim Miller on

mental health support and arrangements for a framework of training and support.

- There had been a rise in domestic violence against women and girls and VSC had also seen intergenerational conflicts in families and older children.
- Improving communications – understanding how to practically and meaningfully target services and reach the people we need to reach and developing some tools and mechanisms to do this.
- Prevention and reliance building - lacking in BAME communities and needed support
- Shielding of BAME communities, staff - risk assessment of BAME staff welcomed.
- Rapid trace and test system - explore how this is communicated in BAME communities and helping people who will have to self-isolate.
- Equitable access to services and this is where racism and structural inequalities lie and this manifests in certain groups not accessing certain services or communities may not be ware of these services. This maybe a structural issue or unintentional.
- Repair Trust between police and communities - needs to be reflected in the services
- Digital exclusion – agreed having an online capacity and presence but also having practical ways of reaching people on face to face capacity

Follow up to the meeting - community expects urgent actions. The oversight of these actions should be through HWB and CSP board. Geoffrey Ocen was taking work forward - small core groups of partners and engagement on this.

3.CYPS: Ann Graham Director of Children's Services Haringey.

Ann Graham presented on the impact the pandemic on of children and young people. Core messages of the presentation were:

- Partnerships have remained strong and done good work to protect children and young people, to look after their outcomes.
- Food poverty - Connected Communities addressed this and family in need supported this with cohorts that they knew in the borough.
- Digital poverty already knows but the extension of this poverty was seen with children and young people. government offered laptops.
- Working closely as a partnership and working with Haringey local safeguarding board to consider the safeguarding and protection issues that have emerged during this time. Increased meetings from quarterly meetings to fortnightly meeting and this had been instrumental in making sure that the relationships in the partnership were as strong and that issues were being addressed as quickly as possible. Benefits are routine to families to ensure safe and well.
- Referrals to the MASH had dropped and this was immediately acted upon with benchmarking in the local area and this was taken forward as a national issue. It was noted that the case s that did come forward warranted swift intervention.
- Worked closely with schools to ensure joint consistent messages to families.
- Digital helped social workers access families but this was also found to be intrusive by some families.

- Work with CAMHS rearranged to serve children and young people more swiftly.
- There was a crisis line open 24/7 which is well received. Noted that due to schools opening in June, some referrals to the crisis line had escalated.
- Evidence of poverty was stark, tackling the educational deficit would be critical and should be considered by the board in their work going forward.
- Some children supported in home learning by schools and others have not been able to take up this opportunity and the impact of this will be seen in the coming years.
- Need concerted effort on raising aspirations for young people in the borough to give them hope for the future, to have jobs, identify and feel safe in the community and have the security of housing.
- The longer term impacts on children and young people were not yet known as they were just returning to school.

Due to the lack of time remaining in the meeting, discussion would include organisational perspectives as part of this item. The PowerPoint slides provided by partners would also be shared with participants after the meeting.

Board members were asked on the information received above, and think about what the key issues were and what the board should be focusing on:

The following observations/ comments were put forward:

- There was some anxiety in Primary Care community contracting Covid, and the recovery process. Patients were concerned about going to hospital and there was late presentation of symptoms.

- Board need to consider the evidence link between ethnicity, poverty, deprivation and, the concern about contracting Covid in the community and the health outcomes this could have. Noted that, locally, there had been 12 cases of Kawasaki syndrome and important to explore why more experienced in NE London.

- Recovery of severe Covid – locally taking forward a follow up service to understand impact on respiratory needs.

- Late stage presentation of severe illnesses seen and need to look at how to address this.

- Some clinics had moved offsite from hospitals and, now look at moving back these services safely and reassuring people.

- Consider, as a Board, the continuing effects of bereavements and long term effects this will have on communities and mental health.

- There was zoning of hospital to make them feel as safe as possible, and encourage public to use services. AE had seen a reduced demand.

- Paused community services but will look at how work in the community settings so as comfortable coming back.

- BAME staff and public cautious with risk assessments needed to provide assurance.

- Impact of Covid on Prevention agenda highlighted, and the challenges for immunisations and vaccinations, screenings, supporting people with long term conditions such as diabetes that need consideration.

- General Practice impact has been significant. This will be an ongoing challenge with older and BAME staff often working at these settings who will need confidence that safe to work. It will be difficult to open, some services even with social distancing.

- Access to services impacted, at the moment cannot get access to usual triage services and means patients sent to hospital. Need to reassure staff operating local services.

- Access and link to local authority services difficult with reduced staffing working in local settings and doctors having to facilitate access. Example of dementia service access highlighted and working with families to try and access local support.

- Introducing single point of access, available 24 hours, brought forward a year early.

- Expecting to see a surge of demand for mental health services by 30% because of increased conditions such as anxiety, PTSD.

- Health watch phone line identified confusion of access to services, hard to reach groups getting harder to reach. Digital exclusion with patients deprived of services and impact on health inequalities getting wider. This is affecting residents from BAME backgrounds who do not have English as their first language, people who are deaf and also unpaid family carers.

- A lot of issues around interruptions to mental health services and cannot access new methods of delivery.

- Health representatives were aware of digital exclusion and working on this. Noted that there most consultations were taken forward by phone instead of through digital access. There were bids for funding of digital booths at community access sites for hospital appointments.

- With regards to Primary Care e -consultations, the thinking was to help improve access for those who can use digital means, then allowing other patients more access who cannot.

- Digital exclusion was a key area of focus for local authority and there was recognition of this as an issue going forward.

Organisational impact of Covid 19

In the local authority, there had been new spend on additional services and funding provision for new services as a result of Covid 19. There had been response to the homelessness situation in boroughs with some funding from the government but not enough to cover the whole cost.

Loss of income for the local authority and voluntary sector and need to be mindful of the narrow financial impact for individual partner organisations and even more critical to consider the wider economic impact on the borough. The partnership also could not take for granted the 500% increase in Universal Credit applications, unemployment increase rates, loss of hours.

Conclusion

Summary of discussion was provided by Dr Will Maimaris. This focused on impact of Covid on the borough with some of the populations affected and the real issues around BAME groups and more broadly health inequalities and access to services. The services were not felt to be running as smoothly as they could be, with some positive transformation of services taking place by providers in the room.

Emphasis on mental health, bereavement and preventative services was needed.

Cllr Blake spoke about BAME equalities and young people demonstrating in the Black Lives Matter movement. As a local authority, there was a need to question how the organisation responds to these issues. He spoke about acknowledging that there was a problem, as partner,s and highlighted the importance of considering community perceptions and responding to the long term challenges. He felt that there were practical actions to commit to and work towards as a partnership to improve perceptions and working relationships with communities.

The Director of Adults and Health, highlighted the significant outputs related to the 9 point recommendations, included in the presentation slides, that had been compiled by Bridge Renewal Trust working with the Council and voluntary sector community groups. The Director recommended that the Board adopt these recommendations. Partners could then work out how to take these forward and with support of the subgroups.

It was further important to review the Health and Wellbeing strategy in the light of Covid. The governance for the Borough Partnership arrangements would be updated and reflect on the feedback from the sessions today

Support agreed for the 9 point recommendations

The Chair reflected on the discussion and expected the economic situation in the borough to worsen in the coming months with more homelessness, redundancies, high rents and loss of working hours. There was a need to focus on resources and

help people through this period. The work on making sure people had food was an indication of how significant the health inequalities were in the borough.

The Chair thanked contributors to the discussion.

100. NEW ITEMS OF URGENT BUSINESS

None.

101. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were as follows:

14th of October 2020
10th of February 2021

CHAIR: Councillor Sarah James

Signed by Chair ……..

Date ……

MINUTES OF MEETING HEALTH AND WELLBEING BOARD IN COMMON WITH THE COMMUNITY SAFETY PARTNERSHIP HELD ON MONDAY 21ST SEPTEMBER 2020, 4.05 - 5.35 PM

Present (Health and Wellbeing Board):
Cllr Mark Blake – Cabinet Member for Communities and Equalities*
Cllr Kaushika Amin – Cabinet Member for Children, Education, and Families*
Cllr Sarah James – Cabinet Member for Adults and Health
Dr Peter Christian – Haringey Clinical Commissioning Group (CCG) Chair
Sharon Grant – Healthwatch Haringey Chair
Geoffrey Ocen – Bridge Renewal Trust Chief Executive*
David Archibald – Interim Independent Chair Local Safeguarding Board
*Member of both groups

Present (Community Safety Partnership):
Treena Fleming – Borough Commander
Ian Thompson – Borough Fire Commander
Cllr Julia Ogiehor
Rachel Lissauer – Director of Commissioning, CCG

Officers:
Tracey Downie – Executive Director of Housing Management
Ann Graham – Director of Children's Services
Sarah Hart – Senior Commissioner, Public Health
Dr Will Maimaris – Interim Director of Public Health
Eubert Malcolm – Assistant Director, Stronger Communities
Stephen McDonnell – Director of Environment and Neighbourhoods
Charlotte Pomery – Assistant Director for Commissioning
Beverley Tarka – Director of Adults and Health
Frankie White – Executive Assistant to Assistant Director of Commissioning
Felicity Foley – Committees Manager
Emma Perry – Principal Committee Co-ordinator
Fiona Rae – Principal Committee Co-ordinator
Ayshe Simsek – Democratic Services and Scrutiny Manager

Also present:
Cllr Joseph Ejiofor – Haringey Council Leader

The Chair of the Health and Wellbeing Board, Cllr Sarah James, noted that this was a meeting of the Health and Wellbeing Board and the Community Safety Partnership and that she would be passing the role of Chair to Cllr Mark Blake who was a voting member of the Health and Wellbeing Board and the Chair of the Community Safety Partnership. This was moved by Cllr Sarah James, seconded by Cllr Kaushika Amin, and agreed by those present.

1. FILMING AT MEETINGS

Cllr Mark Blake referred those present to agenda item 1 in respect of filming at this meeting, and the information contained therein was noted.

2. WELCOME AND INTRODUCTIONS

Cllr Mark Blake welcomed the Health and Wellbeing Board and Community Safety Partnership. He explained that this meeting brought two key partnership bodies together to address issues of racial discrimination and inequalities that had been highlighted by the Black Lives Matter (BLM) movement and brought into sharp focus following the killing of George Floyd in the USA and by the effects of the Covid-19 pandemic on black, Asian, and minority ethnic communities.

3. APOLOGIES

Apologies for absence were received from Siobhan Harrington, Whittington Trust Chief Executive, Maria Kane, North Middlesex University Hospital Trust Chief Executive, and Zina Etheridge, Haringey Council Chief Executive.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

No declarations of interest were received.

6. QUESTIONS, DEPUTATIONS, PETITIONS

It was noted that a question had been submitted by Cllr Eldridge Culverwell in relation to item 7 of the agenda, Working in Partnership to Address Racial Discrimination and Injustice. It was agreed that, as Cllr Eldridge Culverwell was not present, a written response from Dr Will Maimaris would be provided in the minutes.

Question: *Covid-19, by all accounts has affected the black communities the largest. If this is the case, WHY? Is it dietary, life styles, accommodation, alcohol/drug consumption, weather patterns, and or work environments? There must be a common denominator that the medical experts have found, or analysed, and if there is, what precautions or implementations are being garnered as a means of a cure or a precautionary guide, to address and or, reduce this stigma, dilemma or whatever phraseology is required understand this endemic?*

Response: Public Health England have published the report ‘Beyond the data: Understanding the impact of Covid-19 on Black, Asian, and Minority Ethnic (BAME)

groups', which covers the issues set out in this question https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

This is a follow up report to the report published earlier in June which found a statistical association between increased risk of death from Covid-19 and some ethnic groups. The risk of death from Covid-19 was found to be 2x higher in people from Bangladeshi and Pakistani ethnic groups compared to the white ethnic group, and 10-50% higher in other ethnic groups including Black Caribbean and Black African.

The 'Beyond the Data' report explored some of the possible reasons for worse impacts of Covid-19 in BAME groups. Their reasons included:

People of Black, Asian and other minority ethnic groups may be more exposed to Covid-19, and therefore are more likely to be diagnosed. This could be the result of factors associated with ethnicity such as occupation, population density, use of public transport, household composition and housing conditions, which the currently available data did not allow us to explore in this analysis.

The review also reports that 'once infected, many of the pre-existing health conditions that increase the risk of having severe infection (such as underlying conditions like diabetes and obesity) are more common in BAME groups and many of these conditions are socio-economically patterned. For many BAME groups, especially in poor areas, there is a higher incidence of chronic diseases and multiple long-term conditions (MLTCs), with these conditions occurring at younger ages'.

Qualitative findings in the report included that pre-existing economic and health inequalities experienced by people from BAME groups were exposed and exacerbated by Covid-19.

The report also found that racism and discrimination experienced by BAME communities was a factor influencing background health and also may be a barrier for people accessing testing and prompt treatment for Covid-19, leading to worse outcomes.

The report also made a number of national recommendations to address the issues highlighted. Recommendations include:

1. Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification.
2. Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of Covid-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
3. Improve **access, experiences and outcomes of NHS, local government and integrated care systems commissioned services** by BAME communities

including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.

4. Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of Covid-19, especially for key workers working with a large cross section of the general public or in contact with those infected with Covid-19.
5. Fund, develop and implement **culturally competent Covid-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
6. Accelerate efforts to **target culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
7. Ensure that **Covid-19 recovery strategies** actively **reduce inequalities caused by the wider determinants of health** to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

A number of these actions are being taken forward at local level.

7. WORKING IN PARTNERSHIP TO ADDRESS RACIAL DISCRIMINATION AND INJUSTICE

Cllr Mark Blake noted that the context of this piece of work was very politicised, that there were some who did not want to see progress made on racial inequalities, and that it was important to be aware of this. He added that racial prejudice existed on both an individual and institutional level.

Charlotte Pomery, Assistant Director for Commissioning, introduced the item and explained that the reason for this joint meeting was to recognise that no single agency could tackle the issues alone and that the Council wanted to work with key statutory bodies, the Voluntary and Community Sector (VCS), and local communities. The paper aimed to set up a process and structure to tackle the issues and, as this was the first joint meeting, a discursive approach was envisioned which would allow some reflection and direction.

It was explained that a Partnership Co-Ordinating Group, co-chaired by the Bridge Renewal Trust and the Council, had begun to meet and it was anticipated that this Group would report to the joint meeting. The Group had explored some of the issues of racial discrimination and injustice facing residents and communities in Haringey and had proposed eight key priority strands:

(i) Policy and strategy;

(ii) Community safety, social justice, and policing;
(iii) Health and Wellbeing;
(iv) Education, attainment, out of school activity;
(v) Faith and identity;
(vi) Arts, culture, heritage, and place;
(vii) Economy and employment; and
(viii) Workforce.

It was noted that there were a number of key, emerging principles surrounding this work programme. This included acknowledgement of the fact that there was an issue and that there was a desire to change it, a recognition of the role of leaders in effecting change, understanding racial bias, committing to setting targets and to action and investment, viewing staff as sum of many parts rather than a single entity, recruiting for potential, and valuing lived experience.

It was also noted that proposed ways of working would include working with communities to co-produce solutions, investing in prevention and early intervention, not shying away from difficult conversations, targeting and re-directing resources, and improving equity of treatment.

It was explained that the joint meeting was asked to consider how often they wanted to meet, whether all members would attend meetings, whether it would be appropriate to invite other parties, how the joint meeting would oversee and add to existing areas of work, how to prioritise key actions, and how to enable organisations' policies and resources to support key strategic aims.

Geoffrey Ocen, Bridge Renewal Trust Chief Executive, noted that having this joint meeting was a good first step which acknowledged the importance of these issues. Having spoken with local residents, he understood that there were significant, long term issues and a low level of expectation about progress; he stated that it was therefore important to have practical implementation. He suggested that it would be appropriate to have a general discussion on the questions raised in the presentation.

Cllr Julia Ogiehor noted that there were a number of existing strategies, such as the Young People At Risk Strategy, which were ongoing; she enquired how the current proposal would be different and how it would link with existing strategies. Charlotte Pomery, Assistant Director for Commissioning, noted that there was a balance between what was already in place and the need to bring everything together into a framework which could be shared by partners to align approaches and create some consistency. It was acknowledged that there were systemic inequalities and that the joint meeting would provide opportunities to access and tackle the systemic element.

Sharon Grant, Healthwatch Haringey Chair, noted that the paper lacked contextual information; she explained that Haringey had a proud history of tackling some of these issues and that it was important to reflect on and build on previous actions and experiences from the local authority, health service, and VCS. She stated that policing and inequalities had been a serious issue in the borough where a lot of previous work had been undertaken and, as a new generation was feeling marginalised, it was particularly important to review why and how this had recurred in order to address the issues.

Cllr Sarah James echoed the importance of the context of Haringey. She added that it was important to have evidence-based policy but that it was difficult to obtain reliable, qualitative, and locally researched data. It was noted that a recently held VCS forum shared some information about the Turkish-Kurdish experience during the Covid-19 pandemic which was very useful. Geoffrey Ocen, Bridge Renewal Trust Chief Executive, noted that the North Central London boroughs had recently agreed for officers to gather ethnicity data which would make a difference and added that any support for community research models would be helpful. Cllr Sarah James also noted the importance of equality of access, namely looking at where and how people were employed, how they progressed, and the equality of representation. She added that resources were stretched and that there would need to be careful consideration of how to resource key priorities for meaningful change. She noted that, as poverty and class contributed to differentials of outcomes, it may be necessary to target resourcing in areas that would result in practical improvements.

Ann Graham, Director of Children's Services, noted that some changes were needed to challenge systemic issues, such as the ability to help families to support children through the education system or criminal justice system and the ability to gain meaningful employment. She explained that some practical actions had been discussed at Executive Youth At Risk Strategy Meetings; this included a parenting officer in the Youth Justice Service and funding for this was being investigated. It was noted that it was possible to help young people gain aspiration but that they would still face housing, employment, and wellbeing challenges; work was underway to tackle these challenges.

Beverley Tarka, Director of Adults and Health, welcomed the presentation, the eight key priority strands, and the joint meeting of the Health and Wellbeing Board and Community Safety Partnership. She highlighted that this proposal was significant as it would create a structure which would enable the groups to build on existing work and would create a framework for accountability.

Rachel Lissauer, Director of Commissioning – CCG, noted that there was agreement in the health service that there was a need to progress this agenda. Challenging conversations had begun and different approaches to governance, recruitment, commissioning, and partnership working were being considered within individual organisations. She explained that the next stage would be considering resourcing and delivery given that all organisations had stretched resources. She added that it would be important to establish key outcomes and progress indicators, recognising that it was not possible to tackle everything.

Geoffrey Ocen, Bridge Renewal Trust Chief Executive, noted that all organisations were struggling to find resources but that resourcing was linked to the confidence of the community in a project. He stated that it was important to give some resourcing to communities.

Sharon Grant, Healthwatch Haringey Chair, commented that the BLM movement had been established as a result of the negative relationship between the police and the black community, both here and in the USA. She noted that there had been a number of very difficult incidents in the last few months, including the tasering of black men.

She explained that the difficulty was the lack of an effective interface between the police and the community; she stated that the Independent Police Group was ineffective, had recently received a number of resignations, and was no longer functioning. She highlighted that issues would continue without an effective interface, particularly when there were police operations from other areas.

Cllr Mark Blake noted that the police representative had needed to leave the meeting early but that it would be appropriate to discuss these issues with them. It was acknowledged that the Mayor of London was working on the relationship between the police and black communities specifically and that the police were engaging with the council. It was added that there were upcoming meetings between the Council, Mayor of London, and Borough Commander; Cllr Mark Blake stated that he would note these issues and would feed back.

Charlotte Pomery, Assistant Director for Commissioning, thanked the joint meeting for feeding back and noted the points made. She stated that an outline paper would be produced to set this proposal in context. It was noted that some ideas had been shared but it was enquired whether there were any further opinions about what the priorities for this piece of work might look like, how priorities would be decided, whether the joint meeting was the appropriate vehicle, how often the joint meeting would convene, whether it was appropriate to include the full memberships, and whether other groups or voices should be invited.

Dr Will Maimaris, Interim Director of Public Health, suggested that the joint meetings should include the full membership of both groups. He stated that it would be important to have clear aims and priorities, to know when aims were or were not achieved, and to have data. He added that other community voices should be included but that, as it might be difficult to change memberships, it may be appropriate to invite relevant community voices when required.

Sharon Grant, Healthwatch Haringey Chair, noted that all members of the groups should be expected to attend and to be driving the programme and that there may need to be rules about a quorum. She added that the joint meeting would need to be able to obtain data, identify issues, and direct resources and partners' resources. She suggested that the joint meeting would need research capacity which could be achieved through links with universities. She highlighted that it was important to get local politicians and key figures around the table to achieve results.

Eubert Malcolm, Assistant Director – Stronger Communities, stated that it was excellent that the joint meeting could focus on community-identified issues. He felt that two meetings a year seemed appropriate and welcomed the ability to tackle these issues and to work jointly.

Ian Thompson, Borough Fire Commander, noted that the London Fire Brigade (LFB) would be very supportive of the measures discussed today. He explained that the LFB was sharing a new, refined strategy with staff at the moment, called 'Togetherness', and that he would send this to Zina Etheridge, Haringey Council Chief Executive, and Geoffrey Ocen, Bridge Renewal Trust Chief Executive.

Charlotte Pomery, Assistant Director for Commissioning, noted that a position statement would be produced as a starting point to set out the programme plan and this would be based broadly on the eight key priority strands that had been identified. She acknowledged that the point raised about the need for data threaded through the priorities and that it would be important to know when the programme was achieving outcomes. She noted that some things may change quickly and others may be longer term and that the partnerships and the programme would be a key interface for joint working, consistency, and resourcing issues.

Cllr Sarah James noted that Cllr Mark Blake had needed to leave the meeting and reassumed the role of Chair. She enquired whether there were any final comments.

Sharon Grant, Healthwatch Haringey Chair, enquired whether there would be a Communication Strategy for the proposal and joint meeting discussions; she stated that this would need to be put together carefully. Charlotte Pomery, Assistant Director for Commissioning, noted that this meeting was being webcast to ensure transparency and acknowledged that it was important to make public statements as well as taking action; it was noted that this point could be included in the programme plan. Cllr Sarah James enquired whether staff from Communications were present. Charlotte Pomery, Assistant Director for Commissioning, noted that the meeting had been recorded and this could be taken forward. It was also noted that there was a general consensus that having two joint meetings a year would be appropriate.

8. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

9. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings would be confirmed and circulated in due course.

CHAIR: Councillor Sarah James

Signed by Chair ……..

Date ……

COVID-19: Update for Haringey

Health and Wellbeing Board
October 2020

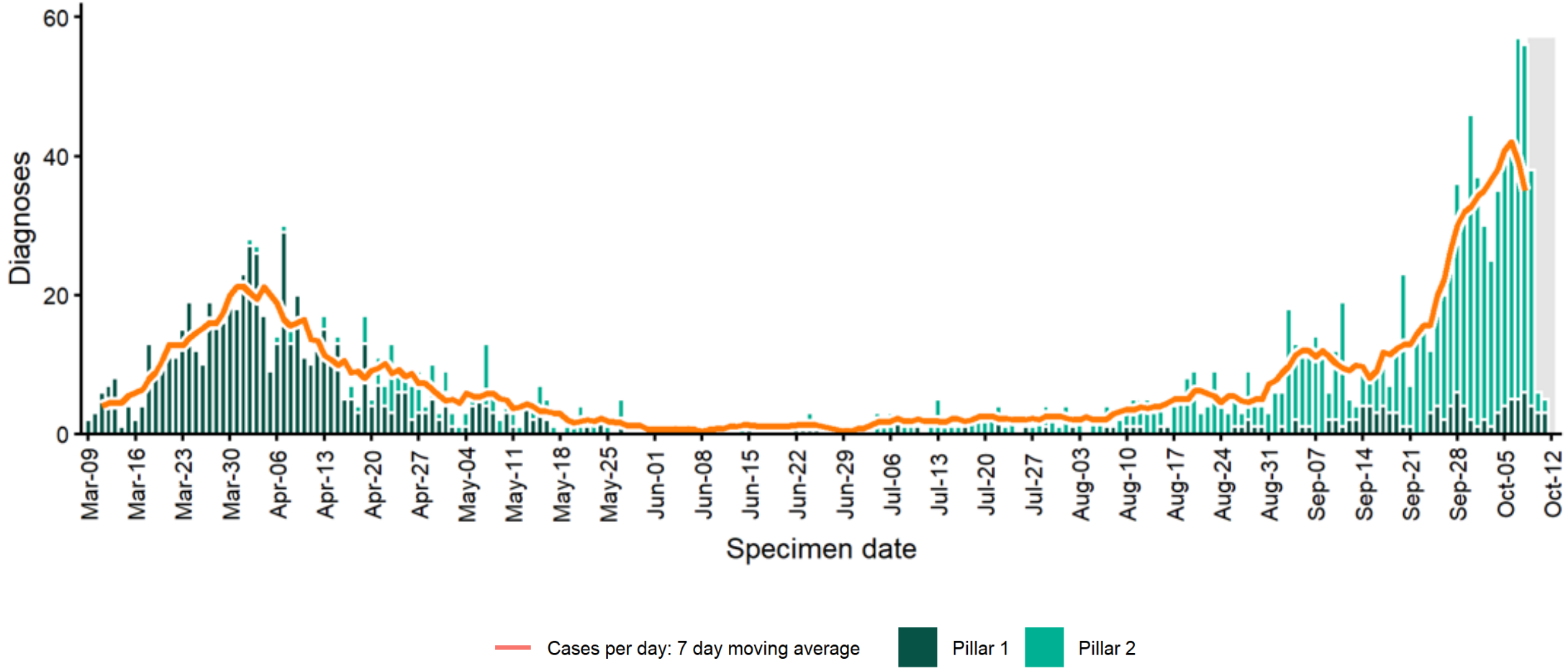
Compiled by Haringey Performance & Business Intelligence Team

Overview

- COVID-19 in Haringey – cases, deaths and current situation
- Testing
- Contact tracing
- Outbreak management
- Inequalities impact
- Communications and community engagement
- Shielded population
- Schools
- Care homes
- Enforcement
- Governance
- Lessons learned – scenario workshops

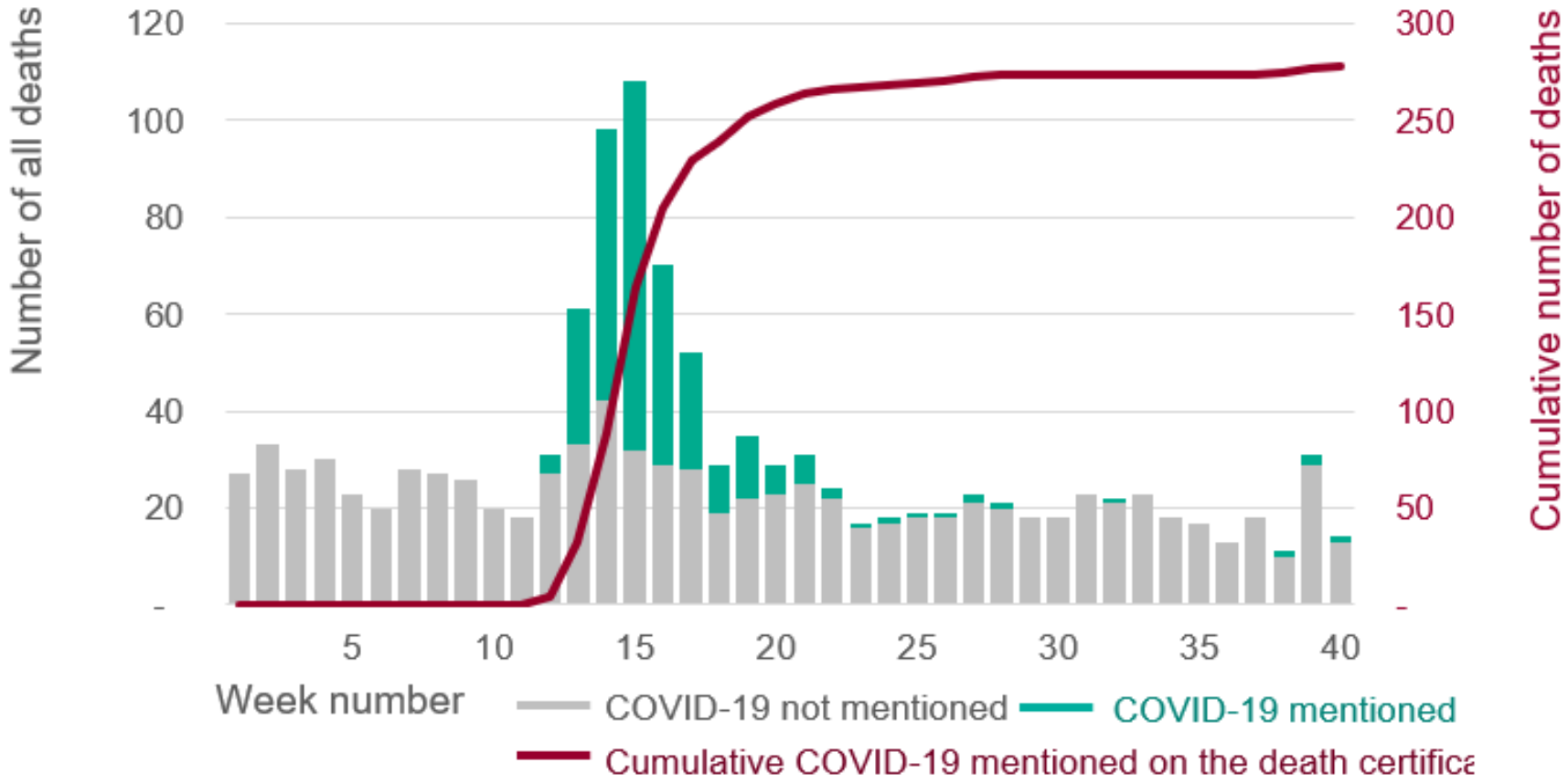
COVID-19 in Haringey: Cases

Epidemic curve of daily confirmed COVID-19 cases over time in Haringey, by specimen date
(*4 most recent days subject to reporting delay - indicated by grey background)*



COVID-19 in Haringey: Deaths

Deaths by cause of death (weekly numbers and cumulative), for deaths that occurred up to 2 October 2020 but were registered up to 10 October 2020 by week, Haringey.

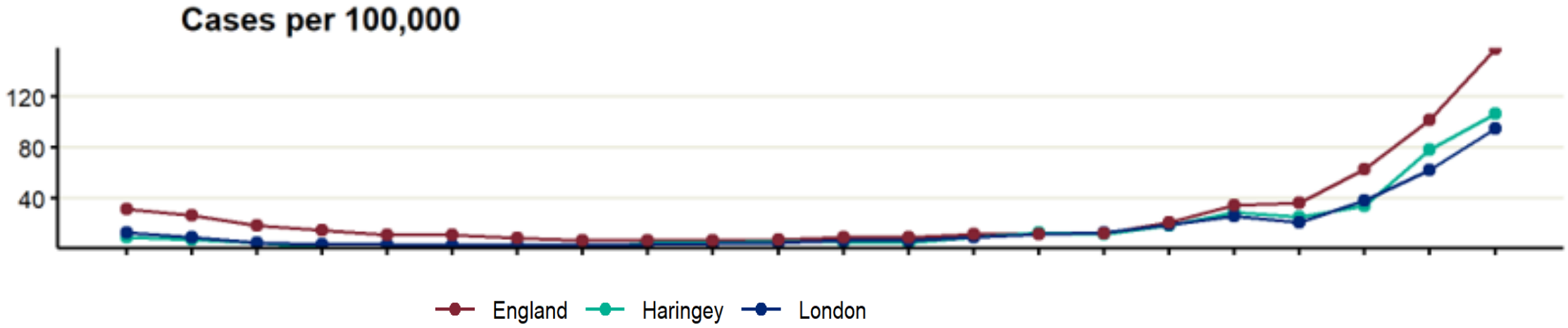


COVID-19 in Haringey: Current situation

Case rate and Incidence rate for the most recent week

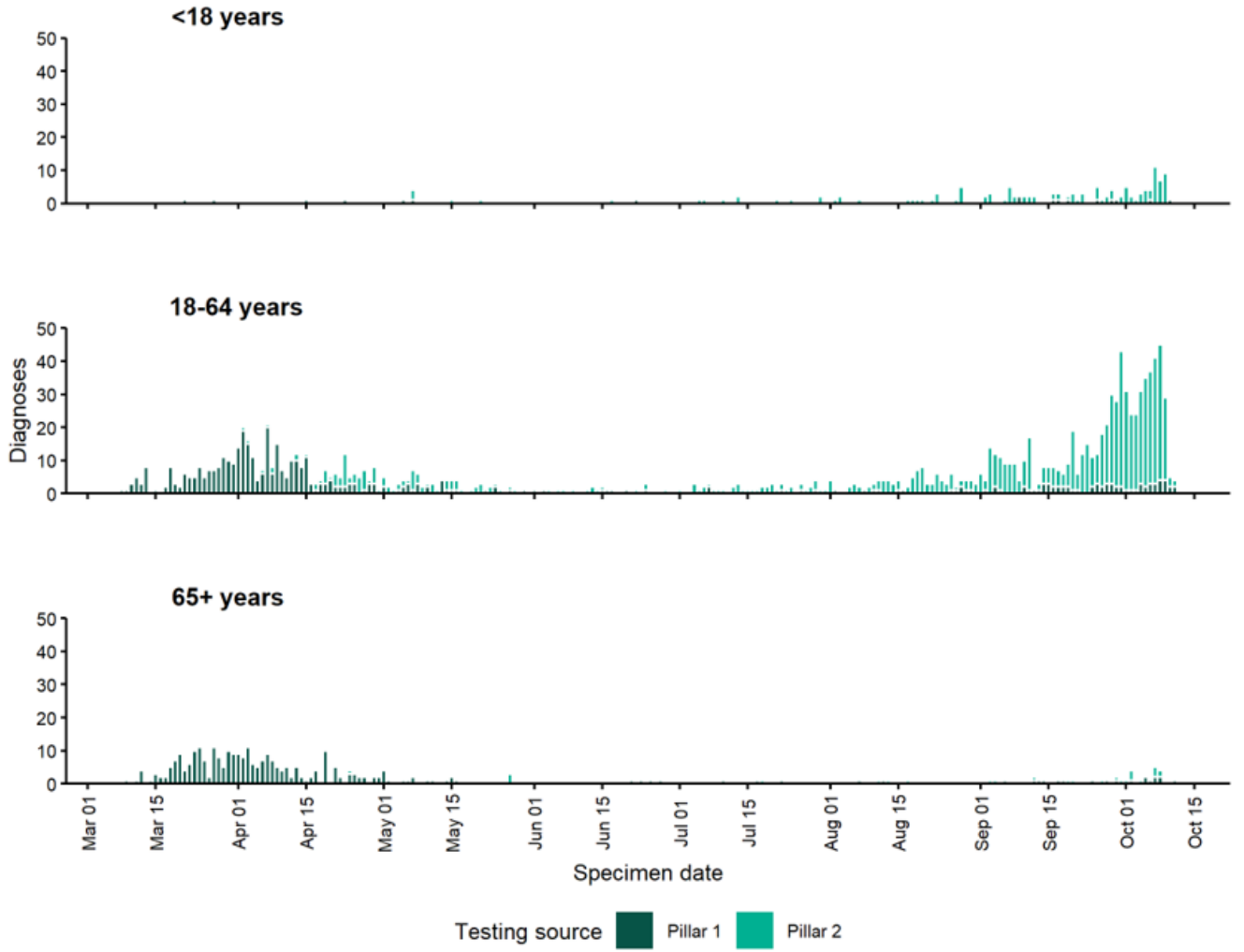
- The number of new reported cases per week in Haringey has continued to rise, with 191 cases in the latest week (5th to 11th Oct).
- In the week 7th to the 13th October, 106 new cases per 100,000 were identified in Haringey, which is slightly higher than the London average. Haringey's rate of new cases is about four times higher than it was a month ago.

Cases diagnosed per 100,000 population per week in Haringey, London, and England (May 5th 2020 to September 16 2020) (*4 most recent days subject to reporting delay.)*



COVID-19 in Haringey: Age breakdown

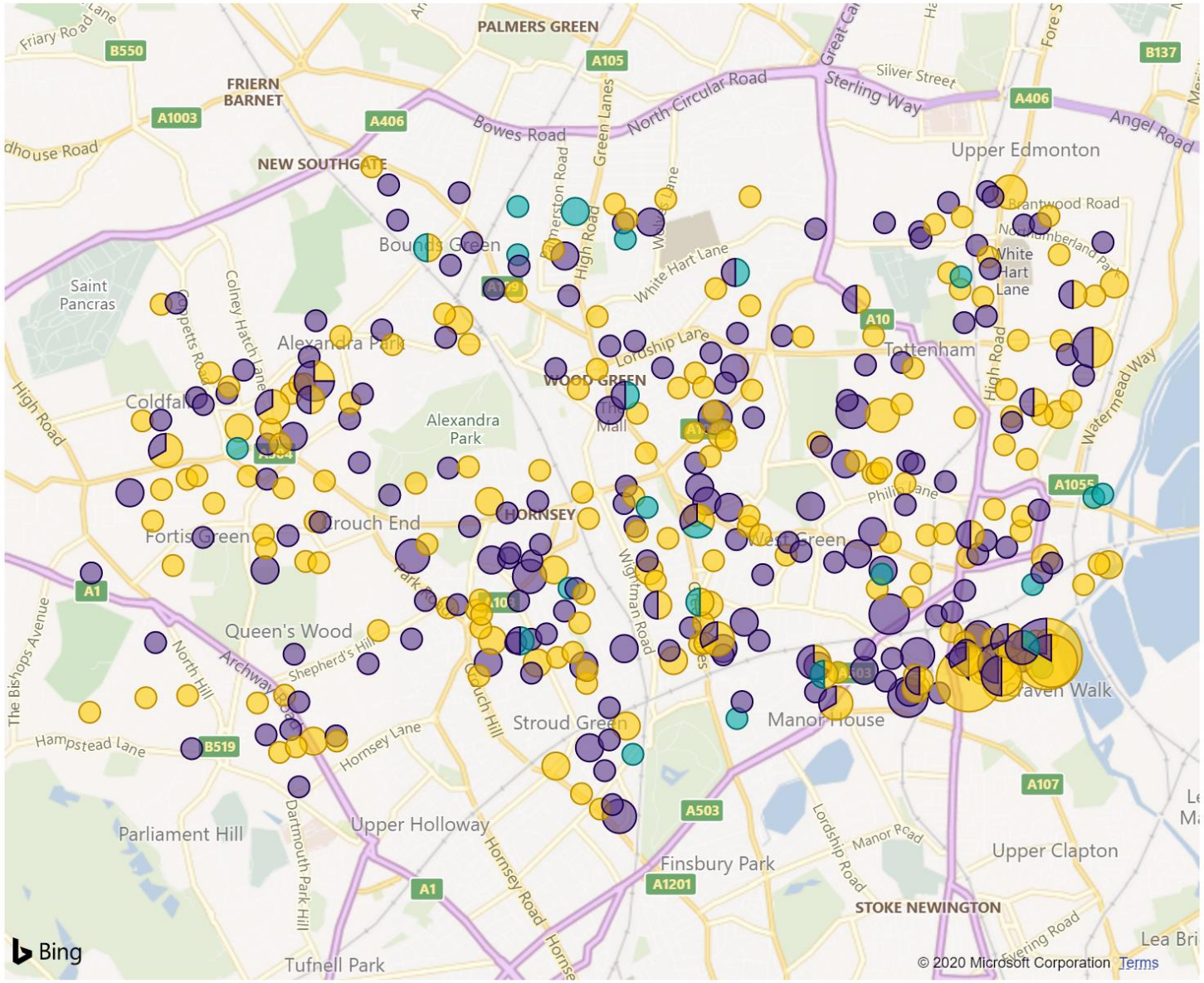
Epidemic curve of daily confirmed COVID-19 cases over time in Haringey by age group (March 8 2020 to September 20 2020)



27th September – 11th October

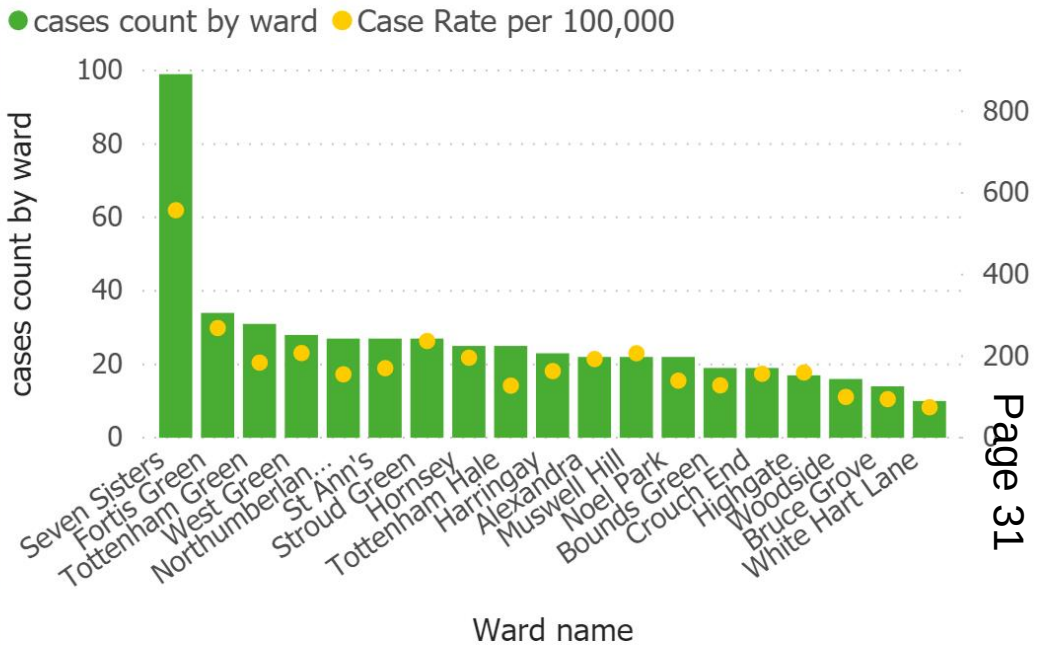
Number of cases, mapped by week of test

Legend 05/10/2020 21/09/2020 28/09/2020

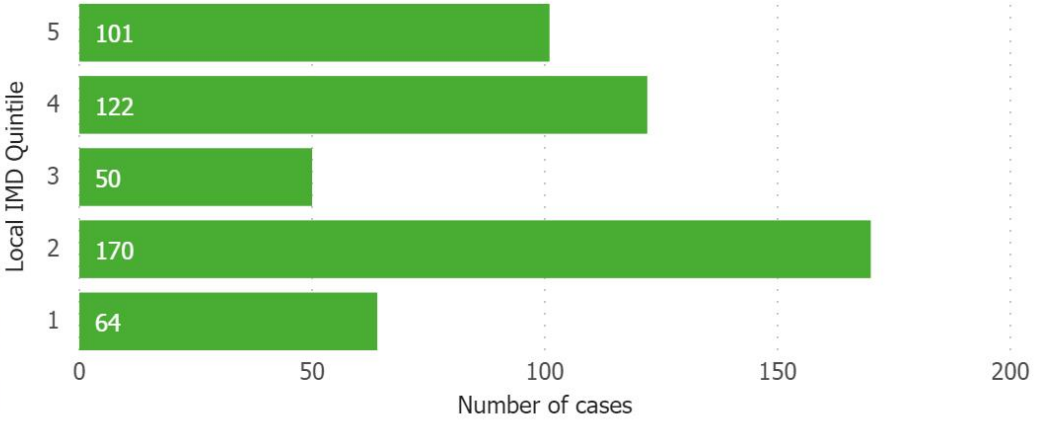


9/27/2020 10/11/2020

Number of cases and case rate per 100,000 population by ward



Number of cases by Local IMD Quintile



Testing rate and % of positive tests (up to 7th October)

- The total number of Haringey residents taking test was **261 per 100,000**
- The latest weekly testing rate in Haringey is **lower** than the London average (**286.4 people per 100,000**) and the England average (**366.6 people per 100,000**).
- **6%** of tests carried out by Haringey residents are positive which is higher than the **London average (4.6%)**

Accessing tests

- Nationally, there have been issues accessing tests and getting the results back. This issue also affected Haringey residents
- Access to test is now improving, but our testing rate is still lower than the London and England average.
- Haringey LA are working with partners to increase testing capacity in the borough

Testing Update

North Tottenham	• Irish Centre, Pretoria Road • Live • 400+ tests per day
South Tottenham	• Site confirmed: Stamford Hill Primary School • Preparatory work in progress • Expected live date 26th October
Central / Wood Green	• Considering sites
West	• Alexandra Palace – now a walk-in site 7 days a week • Site on hold due to technical issues – Deloittes/Vodafone to resolve • MTU continuing until resolved

Contact tracing

Cases and contacts identified and contacted

- Since the NHS test and trace service was launched, **835** confirmed cases have been identified in Haringey. Of these, **67.2%** (561) have been successfully contacted.
- In the latest week (2-8th Oct) **69.3% of cases** were successfully contacted in Haringey, compared to an average of **74.5% in London and 77.7% in England**.

Local contact tracing

- Local authorities have been invited to set up their own contract tracing systems to follow-up local cases.
- This is not a requirement, national contract tracing will continue regardless.
- In Haringey, a group has been created with members from across the council to begin setting up a process locally. Support materials have been provided by PHE and the ADPH.
- Any cases that cannot be contacted by NHS test & trace will be passed on to the council for enhanced follow up.
- We are will pilot this in the borough in the coming weeks.

Outbreak management

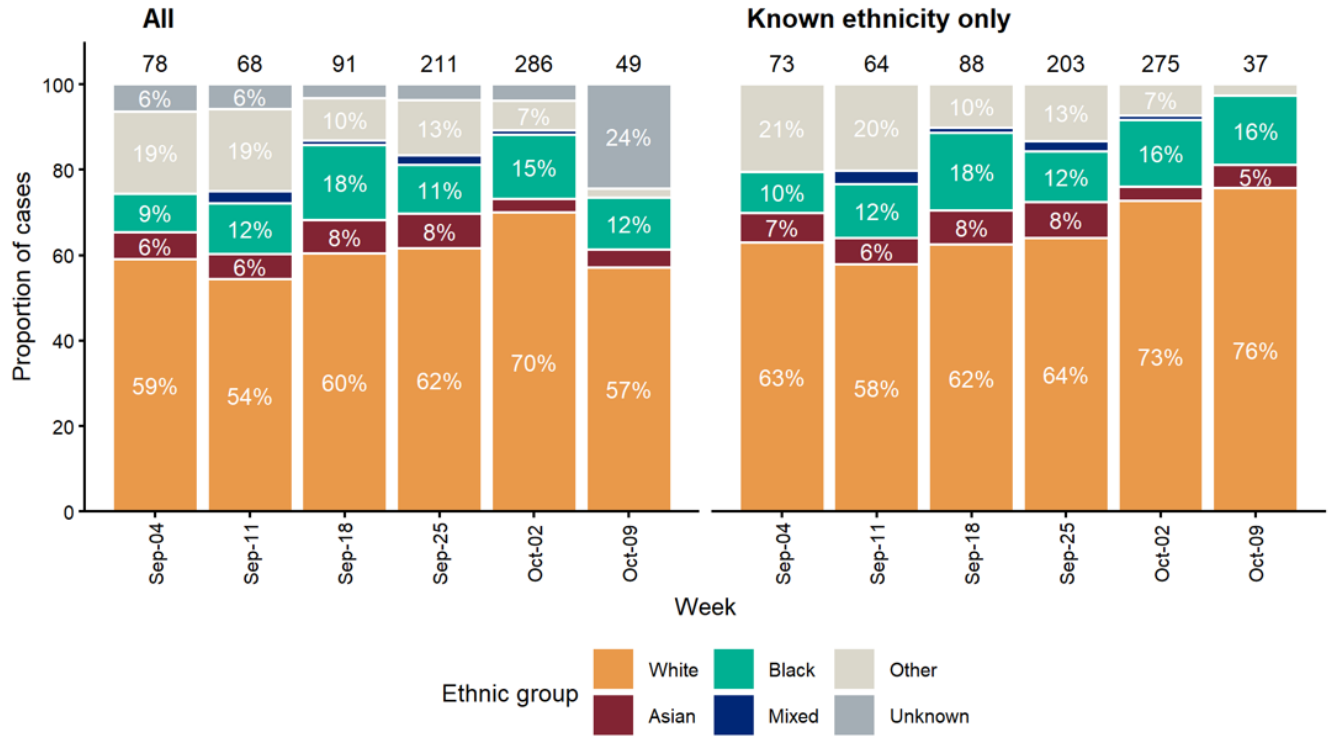
Managing COVID-19 outbreaks in Haringey

- In the case of an outbreak, Haringey's Local Outbreak Management Plan is put into action, as published on the council website.
- An incident management team (IMT) is convened, with the purpose of:
  - Ensuring information about the outbreak is correct and shared between organisations
  - Assessing the risk of the outbreak to others and understanding the source of the outbreak
  - Putting control measures in place, including expanding testing, ensuring identification and isolation of people with COVID and their close contacts, and any further control measures such as closures of schools or workplaces
  - Ensuring effective communication with the public as required
  - Continuing to meet as necessary to monitor and respond to the outbreak
- The IMT includes members from across the council, PHE and other partner organisations as the situations dictates.

Impact on BAME populations (PHE report, June 2020)

- People from Black ethnic groups are most likely to be diagnosed with Covid-19.
- Death rates from COVID-19 are highest among people of Black and Asian ethnic groups.
- Pre-existing health inequalities within the BAME community are likely to cause increased risk from the virus.

Weekly distribution of ethnic groups among confirmed cases in Haringey, last 6 weeks (from13th Oct)



Community engagement and communications

Several hard to reach groups have been identified. These include but are not limited to:

- Turkish/Turkish speaking (Kurdish, Turkish-Cypriots, Bulgarians)
- The Homeless
- Jewish community (particularly the Orthodox Jewish community)
- BAME (particularly African and Afro-Caribbean communities)
- Older people
- Eastern European communities (particularly Polish and Romanian)

We are working with our VCS partners to understand the specific challenges and identify the best way to engage with each community. These include:

- Social media posts with the various Public Health and Government messaging
- Nextdoor.com both for general messaging across the entire borough and to target particular wards
- Translations into the most common languages spoken in Haringey
- Articles in the local press targeted at different communities
- Video messages from local religious leaders for our Jewish and Muslim communities
- Letter to every household from the Director of Public Health, outlining the concerns and offering advice. This is particularly useful for those communities for which digital poverty has been identified as an issue
- The comms team has also produced a number of posters (which are currently being translated) to go up in several homeless hostels

Shielding population

Council support for residents at high risk

- During the first wave, approximately 9000 residents were classified in the NHS extremely vulnerable **'Shielded Group'** in Haringey.

- One third said they were in need of essential supplies as of July 2020. This group were a priority for Connected Communities to triage and they received food parcels up to the end of July although the Government's registration system for support to shielding patients closed on 17 July.

- Currently, **9,791** residents are in the 'Shielded Group', and **4,012** are registered for support or essential supplies should shielding restart

- **428** residents who registered also reported that they needed help with their **basic needs** (i.e. people to talk to, help to bathe, other domestic chores etc. Connected Communities called these residents to ensure that care needs of our community were being met.

- Nearly **11,000** people contacted the Connected Communities helpline and were spoken to and offered information, advice, guidance and direct support (excluding Shielders)

COVID-19 impact on schools

- As of 14th October, there has been 68 confirmed cases of COVID-19 in schools - 41 students and 27 staff members
- The cases have been spread across the borough, with 26 schools having had at least one confirmed case (currently one school has had 9 cases – which is the highest reported)
- Within nurseries, there has been three confirmed cases of COVID-19 (all in staff members)
- There has not been any outbreaks in our settings, with majority of cases being isolated incidences

Challenges faced by schools

- Families continue to struggle getting access a test when a child is symptomatic
- Long wait time for test results means schools sometime isolate the remaining bubble up to a week after symptom onset in the positive case
- Schools have been given 10 testing kits by DfE (funded by Deloitte) but they are unable to order 10 more till 21 days after first delivery – and most schools have used these kits at present
- Anxiety among staff in education and childcare settings is high due to the increasing number of cases
- Schools are reporting that an increasing number of parents/carers with vulnerable children (who have previously shielded) are removing their children from school until a vaccine is available

Care homes

Summary of COVID-19 in Haringey's care homes

- There are 33 care homes with 490 beds in Haringey, with 46% older people residential, 24% nursing, 21% learning disability and 9% mental health beds
- Between March and June, there were 10 outbreaks declared in Haringey Care Homes and 61 deaths.
- There have been no care home outbreaks since June
- Care homes experienced challenges accessing PPE, implementing Infection Prevention and Control measures, stopping visitation and managing staffing
- Council and NHS provided extensive support across a range of areas, and the picture in Haringey has been one of high levels of trust and support across the sector at such a challenging time
- We are continuing to build on the learning and are working with the care home providers to collaboratively plan for the winter and a potential second wave

Enforcement

Enforcement Actions being undertaken to support business to be COVID safe

- Business Engagement Group created to advise reopening of the high streets and business on being Covid secure.
- Undertaken street walks coinciding with the various phases of reopening in June, July and Aug- advising traders on queue management /social distancing /Covid secure risk assessments
- Provided guidance to specific businesses.
- Working with CCTV to monitor the high streets and keep the public safe.
- Updated Haringey webpages with guidance for a wide variety of settings.

Enforcement outcomes

- Responded to 451 complaints related to Coronavirus.
- This has resulted in multiple visits to businesses. 26 businesses have been restricted from opening and 12 have been served with improvement notices to ensure businesses are COVID Secure.

Governance of the COVID-19 response in Haringey

- An officer led **Health Protection Board** has been set up, chaired by the Director Public Health, with representation across council, NHS, VCS and Healthwatch rep
- This board steers development of the outbreak management plan with a focus on preventing spread and protecting high risk settings (e.g. care homes and communities)
- Incident management teams are held as and when needed to deal with specific clusters or outbreaks
- Engagement is through the Health and Wellbeing Board

Key learning from outbreak scenario workshops

- In August, Haringey conducted three scenario planning workshops.
- Generally these sessions went well, key learning included:
  - The need for improved communication across different organisations
  - A clear protocol for managing outbreaks that occur across borough boundaries
  - Further work needs to be carried out across the sub-region to identify opportunities, processes etc. as to when and how mutual aid should be deployed
  - Sharing data and insight across the sub-region will also be important. Further work is underway to clarify and address any identified gaps.
  - Local outbreak management plans are not generally designed to address a widespread rise in community transmission of COVID without a specific focus of infection.
- We are working to understand and address these issues

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Report for: Health & Wellbeing Board – 4 November 2020

Title: Covid Response and Winter Planning

Report authorised by : Beverley Tarka, Director of Adults and Health

Lead Officer: John Everson, Assistant Director, Adult Social Care
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1. Describe the issue under consideration

1.1 This briefing provides an overview of changes made to the delivery of services in adult social care following the implementation of lockdown arrangements by government, on 23 March 2020, in response to the Covid-19 (C-19) pandemic. It also describes work currently being undertaken terms of planning for a second wave.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to note:

(a) The changes in service delivery within adult social care made during lockdown in response to the Covid-19 pandemic outlined in the report.

(b) How performance and risk have been monitored and managed during this period.

(c) How adult social care is building on lessons learnt and positive changes made during lockdown and planning for a second wave.

3. Background information

(a) Overview – Approach to Service Delivery During Lockdown

At the outset of the pandemic our principle priority was establishing arrangements that would enable services to continue to function effectively. In order achieve this, **resources were reviewed and where possible flexed**, **creating capacity to meet any new demand created by Covid**.

Work to re-configure services was developed at pace and overseen by the **Adults and Health C-19 Response and Resilience group.**

A number of changes to the way services are delivered were made swiftly following the implementation of lockdown arrangements:

- **Day services reconfiguration**
  In response to social distancing guidelines issued by the government in March, and the high health risks associated with those who attend day services, physical attendance at Day Services was stopped. Services flexed accordingly and following careful analyses of all service user support needs, moved to an **outreach model** whereby the daytime needs of clients were met.

  Community team staff also played a key role in supporting the delivery of food to shielded residents and the delivery of Personal Protective Equipment (PPE) supplies across Haringey and in assessing new referrals, reviewing and providing support to people with complex needs, their families and carers via regular phone calls.

- **Hospital discharge**
  Supporting our most vulnerable residents' home from hospital was a key priority to support the health system to respond to the pandemic. New national hospital discharge guidance was issued and we rapidly reconfigured Hospital Discharge Teams to create **new discharge hubs at the North Middlesex and Whittington hospitals, operating on a 7-day, 8am to 8pm service model, enabling us** to meet the surge in patients and enable fast discharge.

  At the peak of the pandemic, **double the number of discharges usually seen per week** were being managed by ASC.

- **Intermediate care**
  In response to the need created by C-19, new intermediate care options were put in place, to support people who did not need to be in hospital but who were not ready to go home, were developed swiftly and implemented with Health partners at Osbourne Grove Nursing Home and Protheroe House. These provided additional intermediate bedded care capacity people discharged from hospital care, who were not well enough to return home.

- **Community Reablement Service (CRS)**
  The CRS was remodelled to increase capacity and meet increased demand during the pandemic with, with the **hours available increasing from 600 to 1,300,** which was achieved by rapidly recruiting new carers and changing rotas.

  Our front-line reablement care workers led the way in supporting Haringey's COVIC-19 patients to return safely to home from hospital and supported to recover.

- **Mental Health Services**
  Our Mental Health teams worked in **close partnership with the BEH Trust, CCG and voluntary** sector to offer people support. Cross borough arrangements were established at pace, where feasible, for ensure mental health assessments for Haringey residents were undertaken. Locality based Mental Health teams introduced an '**Attend Anywhere' online platform offering secure video consultations for those living in the community**,

helping to reduce unnecessary travel and making it easier for people to stay at home.

The **Clarendon Recovery College and locality teams** also reached out to offer support by regularly telephoning people, throughout lockdown. Another initiative led by the college was **development of a virtual Safe Haven.**

- **Community Alarm Service (CAS)**
  New shifts patterns were implemented to provide additional coverage across the team and the service maintained full delivery throughout lockdown.

- **Safeguarding**
  During lockdown ASC Safeguarding teams have flexed to meet demand and have used pooling arrangements to provide continuous cover.

- **Supporting Family Carers**
  In April, a group of volunteer staff, supported by the ASC First Response Team, **contacted over six hundred family carers to carry out welfare check**s and advice and guidance were published on the Council's website.

- **Connected Communities**
  The pandemic and lockdown arrangements have had particular impact on our most vulnerable residents. The local authority as whole flexed to provide humanitarian assistance to those most in need.

  Protecting residents shielding during lockdown was a key priority and staff from our community teams helped facilitate the delivery of food parcels to vulnerable residents during lockdown.

  Development of our Connected Communities model was accelerated during lockdown. As we move away from the initial humanitarian assistance response, the Connected Communities model is focussing on building community resilience and strength. As the model evolves, Adult Social Care services will be aligned to it.

(b) Impact on ASC Service Delivery and Risk Management

The impact of rapidly flexing our services to meet demand and of re-configuring services within short timescales has been **mitigated through risk management and business continuity arrangements** overseen by the Adults and Health C-19 Response and Resilience group. To enable the group to monitor how services were performing and the impact of lockdown, **a set of KPIs and dashboard, were created** and reviewed by the group on a weekly basis.

Additionally, the **Association of Directors Adult Social Services (ADASS)** developed a Market Insight Tool, which provided an overview of bed occupancy rates, availability of PPE and an overview of capacity within the market at both a local, sub regional and London level. This was also drawn on in terms of performance monitoring.

Indicators monitored included:

- Hospital capacity and bed occupancy rates
- Reablement team capacity
- Capacity in care homes & Homecare capacity
- PPE % of Care Homes in Haringey with Less than 5 Days' Supply (and comparison with London average)

(c) Current Work – Building on Positive Change

Whilst this period has been challenging, positive new ways of working have been identified and these will be retained and developed. There are several channels for this work including the ASC service improvement planning and quality and assurance arrangements and transformation programme.

Key themes to build on and reflect within approach to ASC services include:

- **New ways of working**
  Greater use of IT communication platforms has enabled staff to work away from an office environment without a reduction in performance and in some areas with marked increased performance. We will review how these changes can be suitably sustained and embedded where appropriate.

- **Integration and partnership working**
  Moving towards greater integration of practice, systems, finance arrangements and sharing of data. Building on the work of the Haringey Borough Partnership we have new opportunities to create seamless health and care services for our residents to ensure they get the right support, at the right time in the right place.

- **Skills, creativity and agility of staff and teams**
  Building on and fostering the outstanding behaviours, skills and competencies of staff who have demonstrated more creative and agile ways of working in a time of crisis**.**

(d) Planning at NCL Level and Preparation for a Second Wave

Since the gradual easing of lockdown arrangements, planning and work around preparation for a second wave has been taking place at local and at a North Central London Level. This includes:

- **Care Sector Support Workstream**

  Practical interventions, in partnership with LBH and the Clinical Commissioning Group (CCG), including PPE, advice and guidance and testing.

- **Support those more vulnerable, including shielded patients, as we move into autumn and winter**

  This includes information about flu vaccinations, that the NHS 'is open for business' and reaching out to vulnerable communities and groups.

- **Business Continuity arrangements to support responsiveness**

  Adult Social Care and Community/Acute Health Partners are all currently reviewing and updating.

- **ASC Covid-19 Response and Resilience Group**

  Provides weekly scrutiny and oversight on KPIs, planning, risks and actions required to enable this and escalate as required to relevant workstreams, local and NCL partners and LBH Gold.

- **Hospital Admissions and Discharge**

  Ensuring that the health and social care arrangements are in place to reduce unnecessary hospital admissions and support people home from hospital when they are ready to leave. Areas of focus include:

  - **Nursing Rapid Response** to avoid hospitalization
  - N**ursing and social care input into acute SPAs** and to support people at home
  - Short-term **intermediate care beds**
  - Additional intensive **24-hour packages of care** to facilitate timely discharge.
  - Maintaining increased **Re-ablement Capacity**
  - **Flexibly use of workforce** to 'turn-up' capacity when required in key areas

4. Contribution to strategic outcomes

Adult and Health services are measured under Outcomes 7 and 8 of the Council's Borough Plan:

- **Outcome 7:** All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities
- **Outcome 8:** Strong communities where people look out and care for one another

All planned work within ASC takes into account these objectives and our KPIs in all areas are aligned to these.

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

Finance

Changes since lockdown has created additional pressures above and beyond business as usual levels as Adult Social Services has had to meet greater demand and expand it's capacity. Specific grant funding has been provided by NHS England as part of the C-19 support scheme to cover a portion of these costs, the remainder of which will fall within Adult Social Services. The Council has received additional C-19 funding that will be apportioned towards the service.

The materialisation of a second wave will bring renewed pressures in areas similar to those we have seen, which presents a financial risk going forward.

Procurement

The contents of this report are noted, there are no procurement implications.

Legal

There are no legal implications arising from the recommendations in the report.

6. Equality

Any changes in service delivery, updated and new policies, within ASC, will be subject to a full EQIA, in line with the Council's policy and statutory requirements.

7. Use of Appendices

Appendix: ASC Response to Lockdown and Changes in Service Delivery

8. Local Government (Access to Information) Act 1985

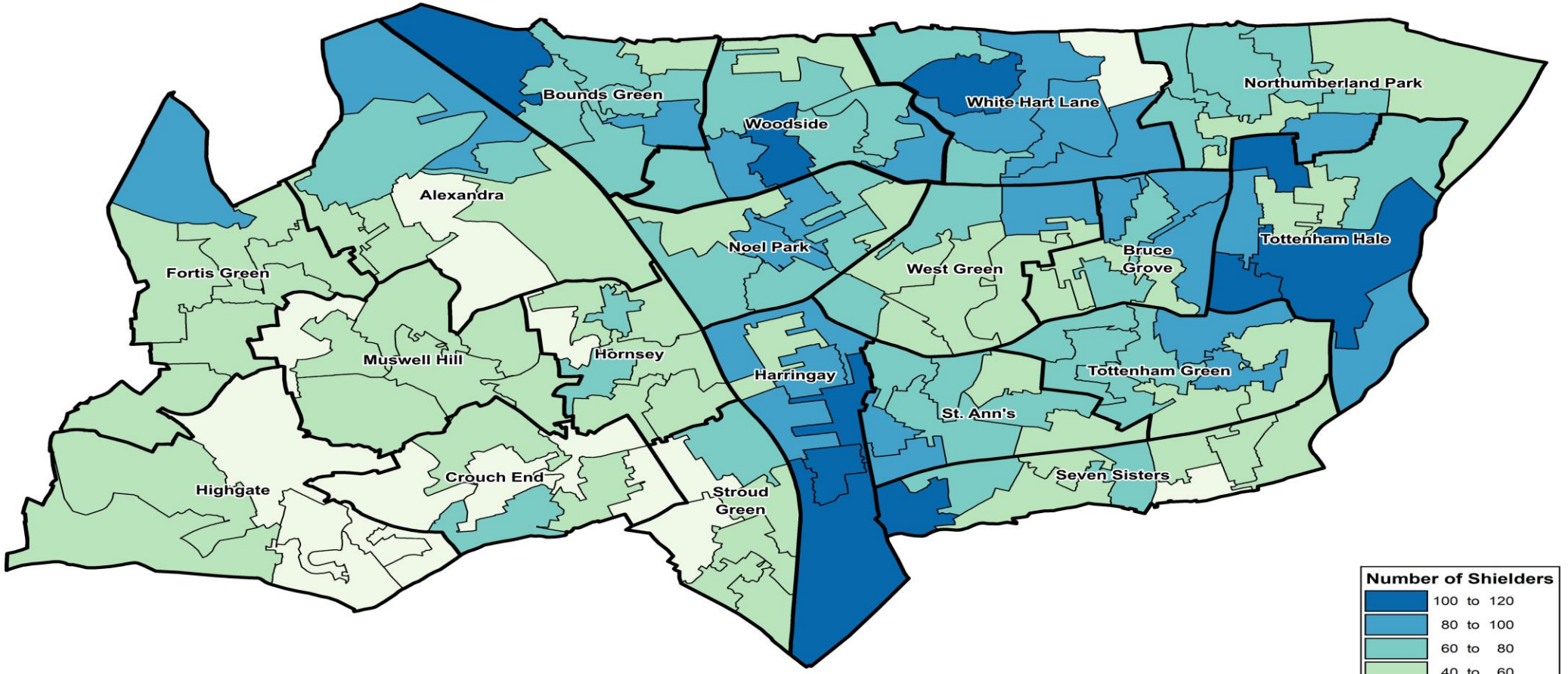
N/A.

Adult Social Care:
Responding to Covid Wave 1
Preparing for Winter and Covid Wave 2

Responding to Covid Wave 1

1) Support for Shielded and Vulnerable Groups

NHS Shielded List (9,308 Individuals) – this map shows the number of households in the borough, by ward, with shielded residents.



1) Support for Shielded and Vulnerable Groups

Ensuring that shielded and other vulnerable residents were supported during lockdown was a key priority for the Local Authority and resource from across the organisation was flexed to meet demand. As part of this **ASC supported the Connected Communities team** fielded requests for support from shielding residents.

Over 2,400 Shielders have been spoken to, triaged and offered information, advice, guidance and support from Connected Communities workers. Over half (53%) don't require support, the remaining got the support they required (as at 17/7/20).

The number who say they are **in need of essential supplies** is updated daily in a file received from Government. Connected Communities phone **all** these **within 2 working days**.

In May, CC helpline received 364 (19%) calls from self-identified shielders. Nearly all of these had a **question about food** compared to 62% of all calls. Over 540 medication deliveries – all made by DBS checked local volunteers working with Community Pharmacy through Connected Communities and local organisations such as Public Voice

Age breakdown of those **self referrals** shielding who **needed supplies** at 19/6/20 was :

- **37% age 65+**
- **56% aged 18-64**
- **7% children**

100% of **those shielding** who were in need of supplies had a **food package delivered** by the next day latest or on the **same day.**

Proactive calls to people in the shielding list who said that their basic care needs were **Not being met.**

2) Adult Social Care – Response and Changes in Service Delivery

A number of changes in service delivery were made from mid-March onwards **to flex capacity to meet new demand** created by COVID-19 and lockdown arrangements. These included:

- **Reablement Service (CRS) led the way in supporting C19 patients back to their homes**.
- The reablement service remodelled to increase capacity (**they doubled the number of hours from 600 to 1300)** by recruiting new carers and changing rotas.

- **Intermediate Care: Developed and Implemented new models of care with Health Partners at Osborne Grove & Prothero House –** new intermediate bedded care capacity to support the surge in very poorly people leaving hospital admission who are not well enough to go home.

- **Hospital Discharge: Supporting Haringey's most vulnerable residents, who have had C19, home from hospital** - New hospital discharge guidance has meant ASC have had to totally reconfigure Hospital Discharge Teams, with Brokerage to create **new discharge Hubs at NMUH & Whittington** to meet the surge in patients and enable fast discharge – including moving to an **7 day service model**. **ASC were managing double the number of discharges they usually manage in a week.**

- **Supporting Family Carers;** A staff volunteer group supported by FRT, working in partnership with the CCG has contacted family carers to carry out **welfare checks** to **over 600 households**

2) Adult Social Care – Response and Changes in Service Delivery

- **Mental Health Services** worked in close partnership with the Trust, CCG and voluntary sector to offer people support. **The Recovery College and Locality teams** reached out and offered support by regularly telephoning people.

- **Wellbeing hub run by MIND** offered a more intense support to those who may be struggling on their own and feel very isolated.

- **Clarendon College** is leading on the developing a virtual Safe Haven (a virtual crisis café) and looking to develop on line courses for learners.

- Locality based Mental Health teams introducing **'anytime anywhere' an online platform to conduct virtual visits** to people. All MH teams are linking up with Community Connectors to ensure vulnerable people can receive regular food parcels.

- **Day Services Reconfiguration** – Day services have moved to an **outreach model** that not only support service users but have been instrumental in supporting **food deliveries**. Community team staff are assessing new referrals, reviewing and providing **support to people with complex needs**, their families and carers via regular phone calls.

- **Mental health reablement** is in development to facilitate hospital discharge using local MH providers.

3) Monitoring Impact on and Performance of Service During Lockdown

We use the London **ADASS Market Insight Tool** to monitor COVID-19 activities to produce Live daily SITREP reports on Capacity, Workforce, Clients and PPE stock from bed based and home care providers.

Adult Social Care – Covid-19 (Coronavirus) Metrics

Demand and Capacity – Increase in Duty Emergency Request for Additional Support

Safeguarding monitoring – numbers and abuse types trend e.g. Domestic abuse

Assessment and reviews – monitoring incoming numbers and completion rate

Council data sets linked to healthcare – **HealtheAnalytics** which supports admissions and discharges from hospitals – Transfer of care monitoring report. It also assists in identifying and supporting vulnerable individuals.

Capacity Tracker

Built in partnership with NHS, local authorities and care home providers

A jointly established **capacity tracker** provides daily monitoring reports on placement vacancies from care home, community, hospice and acute who accept Covid-19 patient's

Learning from Wave 1 and Preparing for Winter and Covid Wave 2

Learning & Improvement Focus following Wave 1

- **After Action Reviews** carried out with each **Integrated Discharge Team (IDT) across NCL** and the **Care Market** following the first C19 wave

- Acute, Community and LA partners an LGA/ECIST **gap analysis self assessment and** IDT leads **gap analysis returns from all partners.** (Focused around the high impact change principles for discharge – see slide 10)

- **Peer partner visits carried out within** Integrated Discharge Teams in Acutes to review and share good practice

- **Joint Action Plan** on areas for improvement drawing in all learning from AAR, Gap Analysis and peer review process.

- **Implementation of action plan and monitoring** at local IDT meeting in progress

NCL Discharge Principles – A Framework for Improvement

The NCL system rapidly mobilised the National Discharge Requirements for Covid and this has led to some variation in operating practices. NCL partners agreed that new ways of working across IDTSs should be underpinned by a common set of discharge principles that all IDTSs will meet. To build on existing best practice, the High Impact Change Model has been updated to reflect the current Covid priorities in NCL as outlined below (main Covid changes highlighted in blue). This approach was subsequently embedded as a requirement into the new national hospital discharge and policy guidance.

1: EARLY DISCHARGE PLANNING AND SAME DAY DISCHARGE

An expected discharge date should be set in 48 hours of admission and communicated to partners.
To maintain flow during the Covid period all patients are to be discharged on the same day from an acute or community hospital.

2: MONITORING & RESPONDING TO SYSTEM DEMAND AND CAPACITY

System partners provide real-time information on system demand and able to respond timely way. This data informs system demand and capacity modelling and future planning.

3:MULTI-DISCIPLINARY WORKING

MDTs work together to coordinate discharge around the person to maximise outcomes. Planning is based on joint triaging, processes & protocols, shared responsibilities and communication.

4: HOME FIRST

Should be the system mind-set. It means always prioritising and if possible supporting someone to return home before considering other options

5: FLEXIBLE WORKING PATTERNS

Where it will help to deliver the "right care, right time, right place". SPAs and Brokerage will be operationally 8-8pm 7 days a week as per current national guidance.

6: TRUSTED TRIAGING/ASSESSMENT

Partners should undertake holistic strengths-based triaging/ assessments to avoid duplication & speed up response times. so that people can be discharged in a safe and timely way.

7: ENGAGEMENT & CHOICE

Early engagement with people who are using services, their families/carers is vital so they are empowered to make informed decisions about their future care. During the COVID-19 pandemic, patients will not be able to wait in hospital for their first choice of care home. This will mean a short spell in an alternative care home and the care coordinators will follow up to ensure patients are able to move as soon as possible to their long term care home.

8: IMPROVED DISCHARGE TO CARE HOMES

Partners should work together to improve outcomes for care home residents and ensure smooth hospital discharge into care homes. All patients will be tested 48hrs prior to discharge to a care home.

9: LAST PHASE OF LIFE

Ensuring wherever possible patients die in their preferred place.

10: HOUSING & RELATED SERVICES

Effective referral processes and good services which maximise independence are in place to support people to go home. Housing needs and options are addressed early in discharge planning.

Care Sector Support - Key programme areas

- **Immediate/ongoing**
  - Implementing guidance
  - Operational issues
  - Work in progress
- **3 – 6 months**
  - Sustainable and long term support
  - Strategic proposals and decisions

NCL Covid+ Pathway: “bridging pathway”

In order to protect residents of care homes and other bedded care units (extra care and supported housing) from Covid outbreaks, **any patient on a P3 pathway (Nursing or Residential Care Home) who tests (or remains) Covid+ on day of discharge from the acute trust, will be temporarily moved to a P2 bed (intermediate Care Bed) until they are no longer infectious* and/or until a COVID- test is returned**. At this point they will be transferred to their Pathway 3 destination.

* Exceptions: Rarely, some patients will repeatedly test positive but no longer be infectious. This will be confirmed by clinical assessment in hospital or P2 unit in order to facilitate discharge to a care home.

Please note:

- As these patients will be on a **planned P3 pathway**, there should usually be a P3 destination agreed on discharge from the acute.
- We expect an average **length of stay** of 7 days in a P2 bed. Our modelling suggests there will be approximately 6 patients at any one time across NCL on this “bridging” pathway.

Haringey Plans for winter and a Second Wave

Summary of Demand:

- **Anticipate c. 10% increase in NEL demand into winter in hospital** without a 'COVID Wave II peak' – this is the normal winter variation compared to the summer
- If it occurs, **COVID Wave II may add up to a further increase to NEL admissions at 'peak COVID'** – but its effect is likely to be time-limited over several weeks. Modelling is evolving so it should be noted that working assumptions are developing.
- **This assumes there is no decrease in non-COVID NEL admissions** – although this is what happened in Wave I COVID

Plans for Winter and COVID Wave II

Plans for winter and COVID II are currently being agreed with partners, but are evidence based on previous winters and Wave

- **Nursing Rapid Response** to avoid hospitalization
- Additional **nursing and social care input into acute SPAs** and to support people at home
- Short-term **intermediate care beds**
- Additional intensive **24-hour packages of care** to facilitate timely discharge.
- Increased **Re-ablement Capacity**
- **Flexibly use of social care/OT workforce** to turn-up capacity when required in key areas
- **Enhanced Health in Care Homes model** in response to Government guidance

Haringey Plans for winter and a Second Wave

(Continued)

- **Care Sector Support Workstream -** practical interventions (in partnership with LBH & CCG): Inc PPE, advice and guidance, testing etc.
- **Support those more vulnerable, including shielded patients, as we move into autumn and winter.** This includes information about flu vaccinations, that the NHS 'is open for business' and reaching out to vulnerable communities and groups.
- **System-wide availability agreed for short-term intermediate care and rehabilitation bed needs across NCL** ahead of winter including for Covid positive patients.
- **Business Continuity arrangements to support responsiveness -** Adult Social Care and Community/Acute Health Partners in place.
- **ASC Covid-19 Response and Resilience Group** provides weekly scrutiny and oversight on KPIs, planning, risks and actions required to enable this and escalate as required to relevant workstreams, local and NCL partners and LBH Gold.

Report for: Health and Wellbeing Board – 4 November 2020

Title: Strategic Theme: Health in All Policies

Report Authorised by: Susan Otiti, Assistant Director of Public Health

Lead Officer: Marlene D'Aguilar, Health in All Policies Officer
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1. Describe the issue under consideration

1.1 The Public Health team incorporated 'Health in All Policies' (HiAP) into their work programme a few years ago to support population-level policy to tackle health inequalities and reduce the life expectancy gap in Haringey.

1.2 The primary focus was to:

- Create Healthier High Streets by maximising planning and licensing powers;
- Support the development of the Local Development Management Plan; and
- Support the development of policies with a focus on lifestyle and in particular smoking and alcohol.

1.3 A lot of good evidence-based work is taking place, but strategic partnership oversight is not there at present (see attached presentation).

2. Recommendations

2.1 The Health and Wellbeing Board is asked to:

(a) Establish a strategic partnership forum to take this forward like the Start Well, Live Well and Age Well group;

(b) Establish a small senior strategic group to look at Health in All Policies and how we embed this in the work of the Health and Wellbeing Board;

(c) Develop some key outcomes through this strategic group – e.g. improving environments around school, improving air quality, improving health outcomes for parks and green spaces and influencing the quality of housing and developments.

3. Background Information

3.1 The challenge of addressing health inequalities in the gap in life expectancy and the main diseases that contribute to this: heart disease, diabetes, stroke and cancer are socially complex, multi-causal, have no single solution and cannot be solved by any one agency.

3.2 Including a HiAP approach to tackling health inequalities in the gap in life expectancy is to therefore normalise good health and increase healthy life expectancy.

3.3 Over the last few years, the public health team has focussed on key policy areas, Planning, Regeneration, Environments and Transport. Further HiAP has been embedded through specific public health issues e.g. obesity, tobacco, and physical activity.

3.4 There have been several successes and good partnership working across the council and with partner agencies, however, partnership oversight not there at present.

4. Contribution to strategic outcomes

4.1 There are strong links to delivery of Haringey's Borough Plan and to the NHS Long Term Plan.

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

There are no legal implications arising from the recommendations in the report. The Board's function and operating principles includes advancing the health and wellbeing of residents of the borough and reducing health inequalities.

5.2 Finance

There are no direct resource implications for this paper to strengthen the strategic integration of Health in All Policies (HiAP). Financial implications of the impact any decisions made as a result will be managed and reported through the Council's established budget monitoring procedures.

6. Environmental Implications

6.1 Taking a HiAP approach to support population-level policy improves the environment for residents and therefore their physical and mental health. Areas include air quality, increasing cycling and walking, improving and increasing green spaces.

7. Resident and Equalities Implications

7.1 Engaging residents in the HiAP work leads to better plans, more tailored to our local communities' needs. Successes to date include the Schools Superzones. We will continue to work with residents.

8. Use of Appendices

8.1 None

9. Background Papers

9.1 None

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Healthy Place (health in all policies)

Health & Wellbeing Board

14 October 2020

‘What would you like to see on your walk to school?’
Primary school pupil in Tottenham
‘I don’t just want to see green, I want to see flowers’

Creating healthy places is underpinned by

- National and London legislation and policies
- Local policies and priorities eg The Borough Plan
- Best practice
- Recognised assessments and measurement tools e.g. NHS Health Impact, TFL Healthy Streets Approach

haringey.gov.uk

Why do we need a ‘health in all policies approach’?

As you travel across Haringey there is a 15 year gap in living a healthy life between the richest & the least well-off

Poverty, poor housing, unhealthy environments are major contributors to this heath gap

There is also a 7 year difference in life expectancy from west to east of Haringey

A difference of 16.3 years for men living in ill health within Northumberland Park to the men living the Highgate. Likewise, women in the East will spend on average 14.7 more years in ill health

Haringey Annual Public Health Report 2019

haringey.gov.uk

It is….
Recognising that **at least 80%** of our health is determined by behaviour, socio-economic circumstances and the physical environment.

What is Health in All Policies?

It is….
Considering the health impacts of policies across ALL sectors including education, housing, leisure and economic development.

It is….
Working together. We have many links in the community, all of whom can have a positive impact on health.

It is….
Including health considerations in ‘decision making’ **to avoid causing harm and to reduce inequity**.

It is….
Actively looking for **co-benefits** across sectors e.g. health and sustainability.

Haringey - strategic fit

The Borough Plan – transformational change in all priorities: Housing, Place, People, Environment and Economy

- Improving air quality, with a commitment to make walking and cycling the easier choice in Haringey.
- Tackle poverty is at the core of this approach – financial, digital and food insecurity.
- Encourage innovation, being agile and ambitious to tackle some of problematic areas especially when resources are diminishing and under pressure

- Work upstream to prevent long-term conditions by improving housing, education, access to employment, environment, children's access of safe play areas, - thereby, reducing the use and cost for NHS Medical & Mental Health & Social Care interventions
- Where possible use regulatory & legislation levers to bring about changes

- Use opportunities to promote system-wide actions
- Strengthen partnerships to avoid duplication of effort, changing from working in silos and saving resources

During the lockdown we have seen the positive effects of developing strong partnerships that enabled us to feed & care for our vulnerable residents

Public health and urban planning considerations

Mental health and wellbeing

- Housing density and outdoor environment (overcrowding, access to green spaces, social facilities, places to stop and chat, community facilities)
- Housing design (the look of the development)
- Housing quality (e.g. damp, noise)
- Fear of crime (feeling unsafe to go out) day and night
- Preventing flooding

Obesity and cardiovascular disease

- Walk and cycle routes connecting homes with schools, workplaces and shops (reducing car dependency)
- Access to play in park and sports facilities
- Removing environmental barriers to physical activity

Respiratory disease (and CVD)

- Total volume of traffic and very local congestion (air quality)
- Reduce the number of damp, cold homes
- Reduce overcrowding (also reduces TB and Covid risks)
- Prevent flooding

Extra deaths in different seasons

- Summer: reduce the way that heat is trapped
- Winter: ensure buildings are sufficiently insulated

Older people, babies, people with long-term conditions and major surgery post-op very vulnerable to extreme temperatures.

EQUITY AT EVERY LEVEL

START WELL * LIVE WELL * AGE WELL * HEALTHY PLACE

Haringey LONDON

Prevention

Mental health services

Culturally linguistically appropriate services

Housing

Neighbourhood safety/collective efficacy

Environmental quality

Health care

Child development, education and literacy rates

Food security/nutrition

Built environment

Discrimination/minority stressors

Health in All Policies is integral to the change and transformation Agenda

Some Early Achievements

Responsible Retailers' Scheme is mandatory for new licenced premises that are located in close proximity to schools.

Regeneration engaging with schools, parks and community safety to redevelop local parks and green spaces.

Closer work with **Planning** introducing Health Impact Assessments on large **planning** applications to improve health & wellbeing outcomes in housing and Urban development for the existing and new residents in Haringey

School Superzones Pilot Evaluation findings included in regeneration bids and involved in the Safer High Street Programme in Tottenham High Street

Superzones are included within the **Borough Plan** – Delivery Plan

London Mayor Air Quality audit in superzone 1 now includes also monitoring air quality within superzone 2. i.e. Air quality monitoring tubes

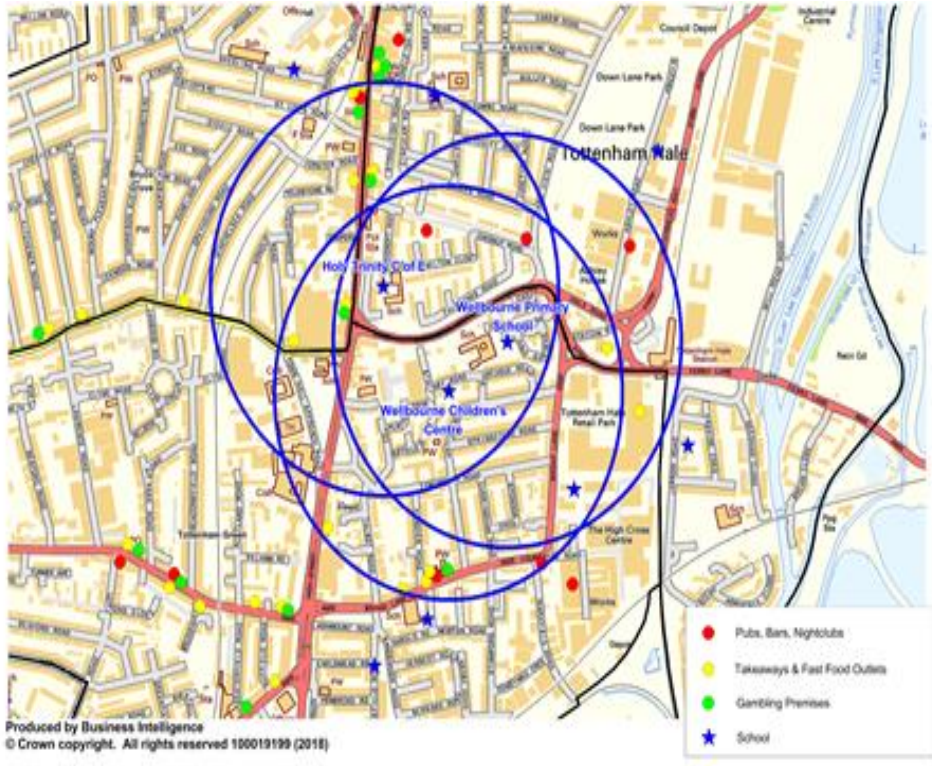
Haringey LONDON

PARTNERSHIP

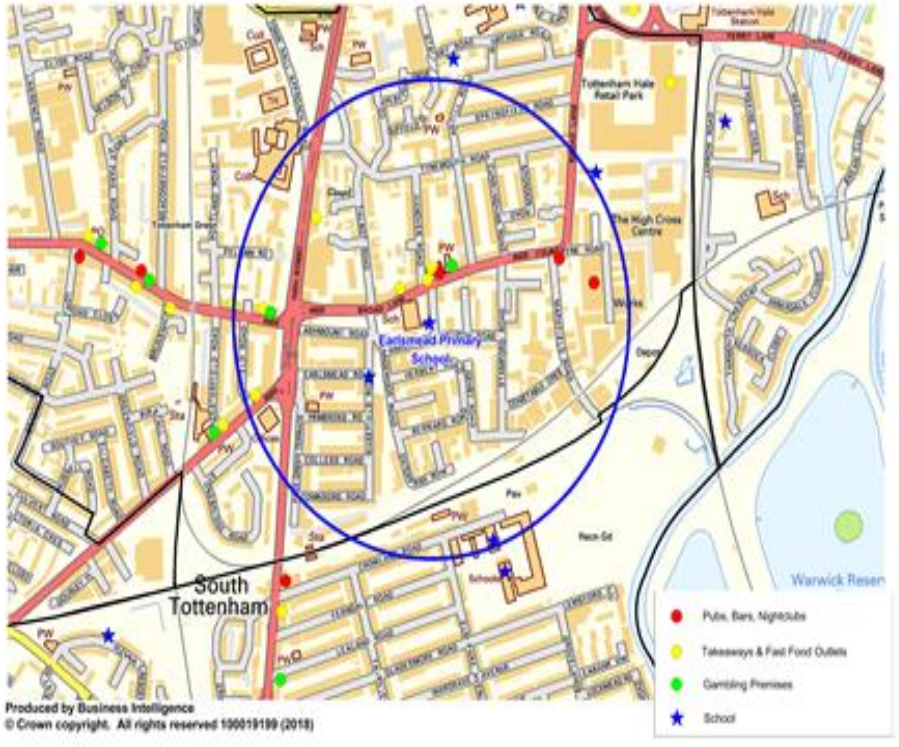
Building strong working **relationship** with internal partners with a commitment to monitor and evaluate the SuperZone programme.

Haringey was the first in the country to develop the new **Advertising and Sponsorship Policy** which includes the ban on high in Fats, Salt & Sugar products

Healthy Place (1) Schools



Superzone 1: Holy Trinity Primary, Welbourne Primary and Welbourne Children's Centre



Superzone 2: Earlsmead Primary

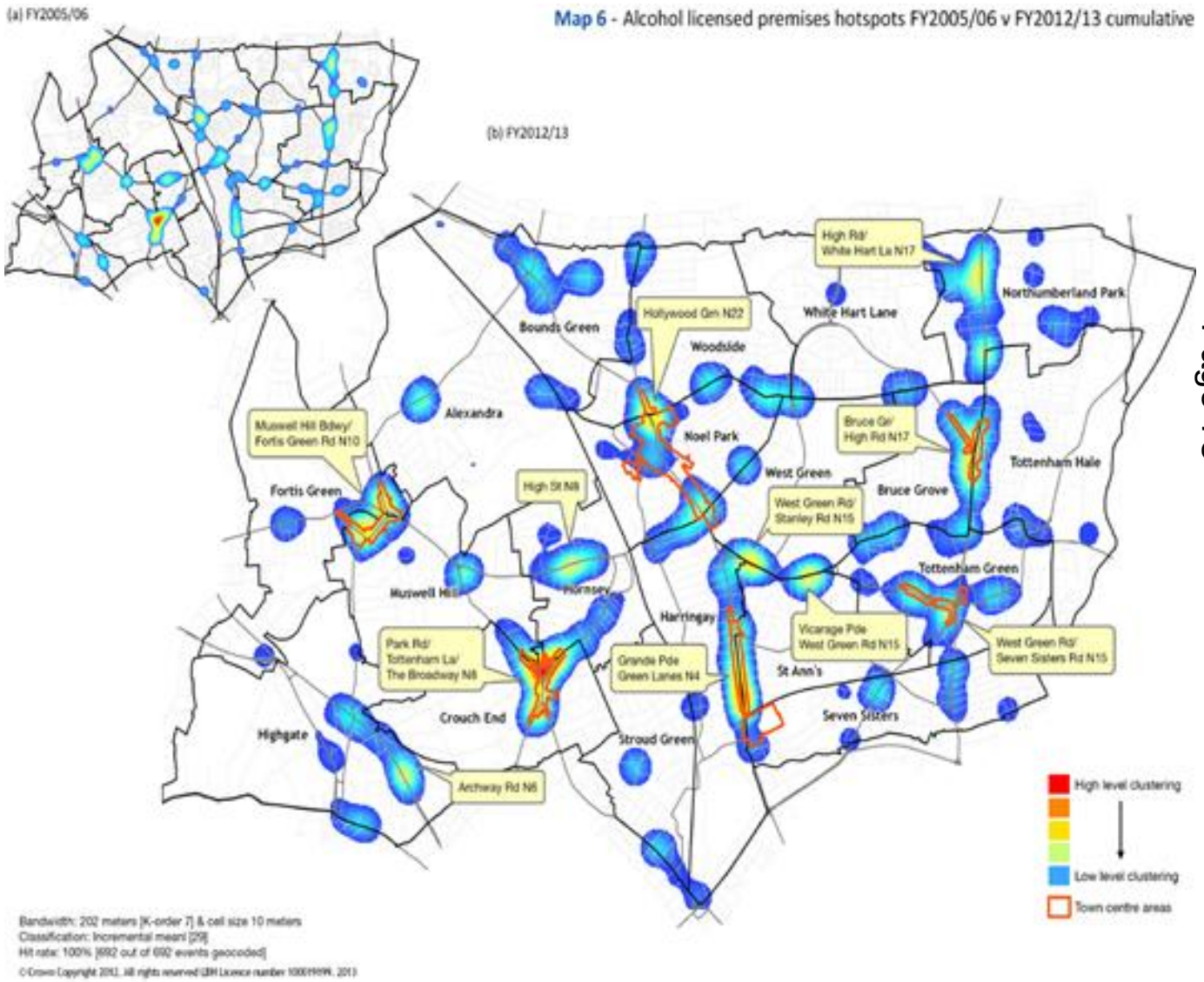
- Superzones are 400m health and wellbeing zones around schools – GLA/PHE
- Superzones are established to take action to protect children's health and encouraging healthy behaviours through targeted interventions

Focus on improving air quality, licencing, physical activity, obesity and unhealthy food – Additional issues mental health and community safety

Healthy Place (2) - Licensing

- The public health team as a Responsible Authority for gambling/alcohol licensing, review all incoming applications using available local public health data.

- Public health has had successes at sub-committee hearings. These include refusals to grant licenses to gambling premises, traders with a history of noncompliance, conditions not allowing retailers to sell super strength alcohol above 6.5% AVB, restricting price promotions



Healthy Place (3) Peacock Park, Tottenham, High Road West Regeneration Scheme

- 80% increase in open space including Moselle Square, White Hart Lane and Peacock Gardens
- Integration of child play areas
- Provision of allotments
- Clear routes to the Lea Valley Park & Bruce Castle Park
- Enhancing biodiversity and incorporate living roofs and walls.

Haringey Parks and Green Space Strategy
“people need parks”

Haringey LONDON

Documents supporting the PGSS

Biodiversity action plan
Trees and woodlands plan
Asset management plan
Watercourse and flood management plan.
Volunteer and community engagement plan
Parks Workforce development plan
Policy documents on:
- Dog control
- Licensed activities
- Park Safety
- Enforcement
- Barbecues
- Waste Management
- Sustainable design and planting
- Project development and prioritisation

Service Standards for the four different types of parks and green space
District parks (3 parks), Local parks and gardens (17 parks), Small parks and gardens (35 parks), Other green space (circa 100)

Natural Capital Account - a study using Natural Capital Accounting methodology in order to better understand the economic contribution made by parks.

Health Strategy - a pilot study to identify the health benefits currently accruing from 4 sites and how these health benefits could be identified and achieved at a boroughwide level, through a different design and programming approach.

Accessibility study –. The study will identity barriers to access for a range of users and make recommendations to be included in the strategy and action plan.

Funding Plan - To develop a plan for the future funding of the Parks Service revenue and capital expenditure needs.

A five-year action plan, plus medium- and long-term action plans.

Outcomes being sought from PGSS

- That residents’ lives are being improved by access to quality green space
- Communities take an active role in the decisions about the future of parks and green spaces.
- Civic pride and community ownership of parks are encouraged through a diverse range of volunteering opportunities.
- A diverse range of events is offered, providing a backdrop for communities to celebrate together and enhance the boroughs cultural offer.
- Wildlife flourishes and habitats are maintained, expanded and connected.
- Parks are contributing to carbon reduction and climate change
- Spaces are protected and future proofed for the next generation.
- Funding for parks is sustainable and sufficient to deliver the agreed service standards.
- Full advantage is taken of the health and wellbeing benefits.

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Key issues/challenges to address

- **1. Lack of access to parks and green spaces** (greatest deficiencies in Northumberland Park and White Hart Lane wards) Overall current for Haringey = 1.64H per 1000 pop of which 2.28H in west and 1.25 in east. By 2026 projected to be overall 1.47H per 1000 pop of which 2.03 HA in west and 1.09 HA in east. Lack of access to gardens
- **2. COVID 19 implications.** Increased parks usage, increased usage of parks for socialising (alcohol, litter, large groups, unauthorised events), design of facilities (playgrounds, outdoor gyms, ballcourts, pathway widths, toilet access, communication)
- **3. Climate Change.** Reduce carbon footprint to net 0, climate change mitigation, SUD's, air quality, carbon sequestration
- **4. Accessibility**. Pathways, seating, engagement, marketing
- **5 . Lack of capacity for engagement**. Focus on provision. **How to engage more effectively with internal and external stakeholders and work in partnership to provide an enhanced service**
- **6. Better marketing and communication.** Limited information available. Ideally, the Council is offering up to date information about facilities and activities as well as educating users about benefits and sociable usage
- **7. Waste/litter.** £500,000 PA cost for zero budgeted service
- 8. **Funding.** Need for ongoing capital funding to maintain and improve fabric and sufficient revenue funding
- **9. Enforcement.** Adequacy of enforcement resource/how best to use?

Recommendations

Lots of good work going on within Health in All Polices – however, partnership oversight not there at present

1. To establish a strategic partnership forum to take this forward like the Start Well, Live Well and Age Well group
2. To establish a small senior strategic group to look at health in all policies and how we embed this in the work of the Health and Wellbeing Board
3. To develop some key outcomes through this strategic group – e.g.
   - Improving environments around school
   - Air quality
   - Improving health outcomes from parks & green spaces
   - Influencing the quality of housing and developments

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Report for: Health and Wellbeing Board – 4 November 2020

Title: Strategic Theme: Live Well

Report Authorised by: Rachel Lissauer, Director of Integration, NCL CCG

Lead Officer: Tim Miller, Joint Assistant Director of Commissioning, NCL CCG and Haringey Council, tim.miller@haringey.gov.uk

1. Describe the issue under consideration

1.1 The Borough Partnership is a collaboration between the public sector organisations, community organisations and residents who plan, provide and use health, care and wellbeing services in Haringey.

1.2 Our aim is that decisions about health and care delivery in Haringey are made together across organisations, and with residents and patients.

1.3 It will have a shared set of priority actions to improve health and wellbeing and deliver the outcomes set out in the Health and Wellbeing Strategy, Borough Plan, and NHS Long Term Plan.

1.4 The Borough Partnership includes four central programme areas – three covering the whole population based on age (Start Well, Live Well and Age Well) and one focusing on how all organisations work together in 'localities' of the borough (Place).

1.5 This report provides an overview of Live Well.

2. Recommendations

The Health and Wellbeing Board is asked:

2.1 To note the report.

2.2 To agree the Live Well programme's five thematic priorities of Work, Inclusion, Crisis, Community, and Home.

3. Background Information

3.1 The Borough Partnership has been formed to deepen our health, care, and support collaboration across the partners in Haringey. It will be the vehicle for all agencies to work together to deliver shared priorities and outcomes, making the most benefit of our resources and capacity.

3.2 In terms of the reorganisation of the NHS, it is Haringey's 'Integrated Care Partnership'.

3.3 It has been developed through extensive engagement across the partnership, including a significant influence from the community work in North Tottenham led by the voluntary sector, Council and CCG.

3.4 *The Haringey Way* has been agreed as a set of principles that will drive how we work across the whole of the Borough Partnership. These are: -

i. **Wellbeing** – We will make sure that the places and areas where people live help them to stay healthy, safe and well.

ii. **Community** – We will build on community strengths, connecting people to local groups and resources in their area.

iii. **Partnership** – We will work together to deliver care and support based on people's needs.

iv. **Urgency** – We will make sure everyone knows what to do in a health or social care emergency.

v. **Strengths-based** – We will be positive and engaged and focus on what people can do, with or without, support.

vi. **Impact** – We will focus on what will deliver the best outcomes for our community now and in the future.

vii. **Information** – We will use the best information available to us to plan for our population.

3.5 The purpose of Live Well is to improve the health and wellbeing of adults in Haringey.

3.6 The Live Well scope is working age adults living in Haringey, or with rights to support from Haringey's services (i.e. including those who are homeless or living out of area).

3.7 Priority areas that affect the population health of adults and which are within the control or influence of Haringey's partners are within the general scope. Our approach has been to base it about how people and communities live, rather than to use diagnostic or service user groupings to shape the programme. We have therefore taken 5 thematic areas, which are shown in the table below with a summary of their focus and key areas of action. The objectives of Live Well have been defined as: -

i. To listen to and work with residents and communities, building on our collective strengths

ii. To define and deliver a work programme of thematic areas across the health, care and support to improve wellbeing and outcomes: -

1. **Work**: Improve employment related support for those at risk of the poorest health outcomes

2. **Inclusion**: Implement inclusion health; address key health and social inequalities; address racism and discrimination; adopt the aims of the Social Model of Disability
3. **Crisis**: Support people to prevent crisis and other harm; respond more effectively and quickly when a crisis occurs
4. **Community**: Support the strengths within communities, including carers
5. **Home**: Increase the numbers living safely and sustainably in their own home, connected to their community

iii. To oversee and assure the delivery of statutory provided / commissioned services for working age adults, including recommending borough priorities and strategic investment cases to decision making bodies and boards

iv. To deliver and drive change across partners, realising the benefits from an Integrated Care Partnership for all working age adults

v. To interface with other boards to achieve shared outcomes

3.8 The oversight and assurance referred to above is for NHS services, social care, public health and related support services for working age adults, specifically but not limited to: -

- Third sector community, support and advice projects/services
- Public, third and private sector social care and support services
- Public, third and private sector health care and treatment services
- Related provision in areas of social determinants of health, e.g. employment, housing

3.9 The scope is co-terminus with that of the Health and Wellbeing Board, so Live Well accordingly is not accountable for Community Safety strategic issues that would sit under the Community Safety Partnership despite the importance of that sector for the outcomes of adults in Haringey.

3.10 This is a new area of governance over a broad and complex area of activity. The programme is intended to develop over time as we work together and to be able to respond to the community and external factors.

3.11 The programme is sponsored by the Chief Executive of the North Middlesex University Hospital. The board is co-chaired by a joint Assistant Director of Commissioning and BEHMHT's Borough Managing Director. Membership of the board includes a range of Council, NHS and voluntary sector key staff, plus 3 resident representatives, all chairs from the Council's Joint Reference Group structure.

3.12 Critically, it is not a commissioning committee so does not have financial decision making powers. Recommendations for investment or reconfiguration of resources will go onwards to decision making boards and committees within the partner organisations and to a joint borough governance when one is established.

3.13 Alongside this thematic approach, it will also provide the oversight of existing programmes of work within statutory services, such as the implementation of the NHS Long Term Plan in Adult mental health services, and the new operational section 75 partnership agreement for the Haringey Learning Disability Partnership.

3.14 The key deliverables within the first year of the thematic programme are: -

Priority Areas	Deliverables
1. **Work** Integrating health, social care and employment	1. A single pathway for access to all commissioned services 2. A coherent commissioning plan which identifies interventions to address need and maximise impact of existing provision 3. Robust collaborative mechanisms for borough partners with shared accountability
2. **Equalities** Reducing health inequalities & improving access	1. Autism strategic plan 2. *Inclusion Health* self-assessment improvement plan (access and outcomes for homeless and marginalised groups inc BAME, LGBTQ+, Travellers).BAME action plan in mental health, linked to wider BAME 3. Primary care physical health service for people with severe mental illness launched 4. Digital inclusion programme in place.
3. **Crisis** Improving clinical and social pathways	1. Safe Haven (non-clinical crisis service) launched 2. Discharge to assess in mental health designed and trialled 3. Improved social crises offer, partnering with *Place* 4. Crisis prevention and early intervention
4. **Communities** Supporting carers and caring communities	1. Carers Strategic Plan 2. Coproduction throughout our ways of working 3. Asset based community support, including new models of care developed with Place, e.g. expansion of Shared Lives
5. **Home** More people safe in their own home	1. Specialist Housing Programme delivering range of new schemes and buildings 2. Home Care market retendered and supporting better outcomes, including reablement in mental health 3. Work with *Place* on Neighbourhood models of place-based support, including addressing e.g. overcrowding, hoarding.

4. Contribution to strategic outcomes

4.1 The programme is aligned with the strategic outcomes of the borough partners and builds on our long standing, shared priority of joint and integrated working between health and the Council, with the involvement of our resident community.

4.2 We are working with colleagues to agree a set of outcomes measures which will demonstrate our delivery and progress in this agenda. This will be complimented with qualitative information so we understand the experience of residents alongside the quantitative.

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

N/A

5.2 Finance

N/A

6. Environmental Implications

6.1 No direct impacts

7. Resident and Equalities Implications

7.1 Adults in Haringey experience high levels of health and social inequalities. These factors inter-relate and affect people's life experiences, opportunities and outcomes. Live Well explicitly seeks to address this, within its particular Inclusion and Equalities theme, but also in all areas of its work. For example, we know that there are inequalities in experience and outcomes from crisis services for black adults.

7.2 The work is built on our engagement and dialogue with the community within each of service areas and as partner organisations. The board itself includes resident representatives who are active and vital members. *Live Well* and *Place* are working together and the approach in Live Well reflects the priorities that have been identified from engagement through Place and Connected Communities.

8. Use of Appendices

8.1 N/A

9. Background Papers

9.1 N/A

Report for: Health and Wellbeing Board – 4 November 2020

Title: Modern Slavery Plan

Report Authorised by: Will Maimaris, Director of Public Health

Lead Officer: Nadia Burrell, Modern Slavery Co-ordinator
Nadia.burrell@haringey.gov.uk, 020 8489 1802

1. Describe the issue under consideration

1.1 The Modern Slavery Plan sets out the key areas for strategic development to tackle modern slavery in Haringey over the next two years.

2. Recommendations

The Health and Wellbeing Board is asked:

2.1 To consider and agree the strategic focus of the Modern Slavery Plan on the following areas:

i. Data and Intelligence. The key recommendations are:
   1. A modern slavery dashboard could be created to collect data on modern slavery;
   2. It is recommended that information should be shared with the Modern Slavery Coordinator upon the identification of a potential victim.

ii. Awareness and Training. The key recommendations are:
   1. Modern slavery awareness training to be delivered across all council services;
   2. Specific training to be available to officers who are responsible for referring potential victims to the National Referral Mechanism.

iii. Reporting Concerns. The key recommendations are:
   1. Modern Slavery Coordinator to produce toolkit of advice and guidance on identifying victims and reporting concerns;
   2. Appoint key specialists – Special Points of Contact (SPoCs) – to refer potential victims to the National Referral Mechanism.

iv. Support for Victims. The key recommendations are:
   1. Establish a clear referral pathway that covers a victims journey from identification, to referral into the NRM, and also post NRM support;
   2. Establish a Multi-Agency Case Conference to assess the needs of a potential victim upon identification and establish how these needs can be met.

v. Disruption, Prosecution and Procurement. The key recommendations are:

1. Publish a modern slavery statement, which will soon become a legal requirement;
2. Include a modern slavery clause in call Haringey Council procurement contracts that involve supply good and/or services.

vi. Engagement with the community. The key recommendations are:
1. Offer training to spotting the sings of modern slavery to key voluntary sector partners;
2. Consider a communications campaign to raise awareness of modern slavery throughout the borough once the referral pathway has been finalised;
3. Share referral pathway with voluntary sector partners;
4. Create clear network of services offered to victims throughout Haringey, allowing providers to direct victims to the services they require.

vii. Responding to Covid-19. The key recommendations are:
1. Raise awareness in business community of exploitative labour practices;
2. Provide modern slavery awareness training to the enforcement team;
3. Same as 2.1, v, 2.

3. Background Information

3.1 Modern slavery is the exploitation of people who have been forced, deceived or coerced into a life of labour and servitude.

3.2 Available data from 2019 shows that last year we identified and referred 17 potential victims of modern slavery to the National Referral Mechanism (NRM) in Haringey – we know this number is likely to be much higher. Data from the Met Police revealed that 150 victims of modern slavery were referred by police officers in Haringey last year. We want to work with partners to make sure we are identifying a supporting more victims of modern slavery.

4. Contribution to strategic outcomes

4.1 The Modern Slavery Plan contributes to the following strategic priorities of the Borough Plan 2019 -2023:

i. **Tackling serious violent crime.** Modern slavery is a serious and organised crime, the Modern Slavery Plan's recommendations on disruption and procurement will help to tackle modern slavery in the borough.
ii. **Reducing inequality and making Haringey a fairer place.** Those who are most likely to be victims of modern slavery are the poorest and the most vulnerable. The recommendations of the Modern Slavery Plan priorities those who are highly vulnerable by:
1. Raising awareness of modern slavery meaning victims are more likely to be identified and supported.
2. Improving support pathways so that potential victims are able to get the support they need to recover

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

N/A

5.2 Finance

N/A

6. Environmental Implications

6.1 No notable environmental implications

7. Resident and Equalities Implications

7.1 The Modern Slavery Plan acts to support all those, living and working in the borough regardless of settled status.

8. Use of Appendices

8.1 Appendix 1: Current Activity around Modern Slavery in Haringey
8.2 Appendix 2: Signs of Modern Slavery
8.3 Appendix 3: Reporting Concerns and the Role of Partners
8.4 Appendix 4: Haringey referral pathway
8.5 Appendix 5: Benefits and challenges presented by the National Referral Mechanism
8.6 Appendix 6: Responses for VCS engagement session

9. Background Papers

9.1 Modern Day Slavery in Haringey, Needs Assessment 2019

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Haringey Modern Slavery Plan
September 2020

Contents

Note:

All contacts and weblinks are correct at the time of publication. It will be important to refresh this as work develops with this led by the Modern Slavery Co-Ordinator.

- This symbol is used throughout the document to highlight information which relates to children and young people (under 18).

1. Purpose

Modern slavery is the exploitation and control of one person by another. It is a varied, international and often hidden crime which includes human trafficking, sexual exploitation and forced labour.

This plan sets out the current approach to tackling modern slavery in Haringey and identifies areas for development over the next two years.

The plan will focus on the following areas, which will form our strategic response:

- Data & Intelligence
- Awareness & Training
- Reporting concerns
- Support for Victims
- Disruption, Prosecution and Procurement
- Responding to Covid-19

Modern slavery is a complex and challenging issue and as such we want to involve our partners and communities in how we respond collectively. This plan has been developed through engagement with a wide range of stakeholders including the police, health colleagues and the voluntary and community sector (VCS).

The council is developing this plan because we want work with partners to make progress on this issue, fulfilling our statutory duties and improving outcomes for our most vulnerable residents. We want to ensure those living, working and visiting Haringey feel welcome, safe and free from harm[1] and are committed to working in collaboration to achieve this.

[1]Haringey Borough Plan 2019-2023. Haringey Council. 2019
https://www.haringey.gov.uk/sites/haringeygovuk/files/borough_plan_2019-23.pdf

2. Modern Slavery in the UK

What is Modern Slavery?

Modern slavery is an umbrella term encompassing human trafficking slavery, servitude and forced labour.

Someone is in **slavery** if they are:

- Forced to work through mental or physical threat
- Owned or controlled by an 'employer' usually through mental or physical abuse or threat of abuse
- Dehumanised, treated as a commodity or bought and sold as 'property'
- Physically constrained or have restrictions placed on their freedom[2]

Servitude, like slavery, involves a person being under an obligation to provide a service which is imposed on them, but unlike slavery, there is no element of ownership.

Forced labour is when a person is coerced to work using violence or intimidation, or by more subtle means such as debt bondage.[3] This form of modern slavery has been found in a number of different industries including manufacturing, agriculture, and hospitality.

Human trafficking is when people are moved and forced into exploitation. The movement could be international but also within the country. A person is a victim of human trafficking even if they have not yet been exploited but have been moved for the purposes of exploitation

Human trafficking is different from, yet closely linked to, **smuggling**, in which a person gives consent to be moved across an international border. However, people who have been smuggled sometimes go on to become victims of modern slavery.

- **Child labour** refers to any enslavement of a child, whether this is forced labour, domestic servitude or sexual exploitation.

Types of Modern Slavery

[2] Unseen, www.unseenuk.org/about/the-problem/modern-slavery

[3] International Labour Organisation, https://www.ilo.org/global/topics/forced-labour/news/WCMS_237569/lang--en/index.htm

Forms of modern slavery, many of which occur together, include:

SEXUAL EXPLOITATION

This includes but is not limited to sexual exploitation and sexual abuse, forced prostitution and the abuse of children for the production of child abuse images/videos. 34% of all reported trafficking victims in the UK are victims of sexual exploitation.[2]

DOMESTIC SERVITUDE

This involves a victim being forced to work in usually private households, usually performing domestic chores and childcare duties. Their freedom may be restricted and they may work long hours often for little or no pay, often sleeping where they work. 11% of all potential modern slavery victims in 2016 were subjected to domestic servitude.[3]

FORCED LABOUR

Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars). Often victims are housed together in one dwelling. 47% of potential victims of Modern Slavery reported to have been exploited in the UK are subject to forced labour. 18% of all reported forced labour victims in the UK are children – an increase of 62.5% since 2015. 81% of all reported victims of forced labour taking place in the UK are male.[4]

CRIMINAL EXPLOITATION

This can be understood as the exploitation of a person to commit a crime, such as pick-pocketing, shop-lifting, cannabis cultivation, drug trafficking and other similar activities that are subject to penalties and imply financial gain for the trafficker. In the UK in 2016, 34 potential modern slavery victims were also involved in fraud or financial crime whereby perpetrators force victims to claim benefits on arrival but the money is withheld, or the victim is forced to take out loans or credit cards.[5] Cannabis cultivation is the highest category of criminal exploitation with 33% of those being a minor at the time of referral, the majority being Vietnamese.[6]

OTHER FORMS OF EXPLOITATION

Organ removal; forced begging; forced benefit fraud; forced marriage and illegal adoption.

Figure 2: Types of Modern Slavery- UK Government Briefing[4]

National Context

[4] Types of Modern Slavery UK Government Briefing: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638368/MS_-_a_briefing_NCA_v2.pdf

It is estimated that 40.3 million people are in modern slavery worldwide, this includes 24.9 million in forced labour and 15.4 million in forced marriage.

In the UK this figure is estimated to be between 10,000 and 130,000, although this a conservative estimate and others estimate the figure is closer to 136,000[5]. The cost of modern slavery is estimated to be between 3.3 and 4.3 billion[6].

Table 1, The total costs of suspected victims of modern slavery by category[7]

Total costs	Anticipation	Physical and emotional harm	Lost output and time	Health services	Victim services	Law enforcement costs	Suspected victims
Labour exploitation	£0.14m	£181.2m	£27.2m	£2.4m	£8.4m	£39.7m	**£259.1m**
Sexual exploitation	£0.13m	£171.2m	£23.7m	£7.5m	£7.9m	£37.2m	**£247.6m**
Domestic servitude	£0.04m	£57.4m	£20.2m	£0.6m	£2.7m	£12.0m	**£92.8m**
Total	**£0.31m**	**£409.8m**	**£71.1m**	**£10.5m**	**£19.0m**	**£88.9m**	**£599.5m**

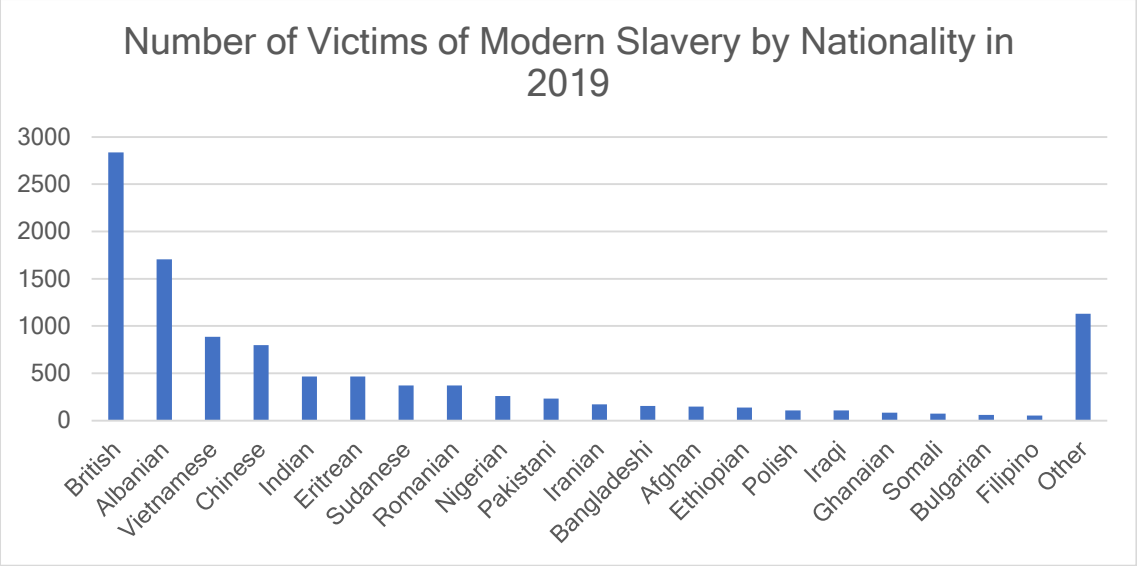
Some of the cost categories do not apply to unknown victims, so for estimating the overall costs to society of modern slavery, the heath and victims services and law enforcement costs are only scaled up for suspected victims and no further. When scaling up further to the estimates of all victims (where applicable), the estimated total costs are between £3.3 billion and £4.3 billion.

In 2019, over 10,000 people were referred to the National Referral Mechanism because they were thought to be victims of slavery. Just over half of the referrals were for adults, and two thirds were male. Most male victims are coerced into forced labour, and most female victims are coerced into prostitution.

One in four victims are British but many others come from countries across the world such as Albania, Vietnam and China.

Table 2, Number of victims of modern slavery by nationality in 2019 [8]

[5] The Global Slavery Index, United Kingdom, https://www.globalslaveryindex.org/2018/findings/country-studies/united-kingdom/
[6] The economic and social costs of modern slavery: Research Report 100. The Home office 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729836/economic-and-social-costs-of-modern-slavery-horr100.pdf
[7] Ibid, page 25
[8] Statistics taken from National Referral Mechanism statistics UK: End of year summary 2019 https://www.gov.uk/government/statistics/national-referral-mechanism-statistics-uk-end-of-year-summary-2019



There has been a substantial increase in those exploited as minors through criminal exploitation. This has been driven by the increase in the identification of 'county lines' cases. County lines is used to describe drugs gangs in large cities expanding their reach to small towns, through exploiting individuals to transport substances and mobile phone 'lines' are used to communicate orders.[9]

Local Context

Data at the local authority level on modern slavery in the borough is limited. Data is available on referrals to the National Referral Mechanism (NRM), from the police on offences and victims and from the modern slavery helpline. The true scale of modern slavery in the borough is unknown.

There has been a slow increase in the number of people referred as potential victims of slavery in Haringey. The table below illustrates this[10].

Table 3, Number of potential victims of referred in Haringey since 2014

Year	No. of adults	No. of minors	Total
2019	2	15	17
2018	2	4	6
2017	0	8	8
2016	0	0	0
2015	0	1	1
2014	Not recorded	Not recorded	1

In Haringey, more children are referred to the NRM than adults. This could mean that child exploitation in more common than adult exploitation, or that child exploitation is

[9] Home Office, National Referral Mechanism Statistics UK, End of Year Summary, 2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876646/national-referral-mechanism-statistics-uk-end-of-year-summary-2019.pdf

[10] Data from National Referral Mechanism, https://nationalcrimeagency.gov.uk/who-we-are/publications?search=&category%5B%5D=3&limit=15&tag=&tag=

more likely to be found and reported. The increase in 2019 of children referred is likely due to increased identification of county lines cases.

Data from the Modern Slavery Helpline (MSH) reveals that they were contacted by 15 potential victims with an exploitation location of Haringey in 2017, and four in 2018. The majority of potential victims were female (Table 4), with the most common type of exploitation stated as either sexual, domestic servitude or forced labour. Nine of the 19 cases reported in 2017/2018 were of unknown nationality, four were Ghanaian and three were Bulgarian.

Table 4, Potential victims of Modern Slavery that contacted the Modern Slavery Helpline and cited their place of exploitation as Haringey, by gender, 2017-2018

Year	Female	Male	Total
2017	12	3	15
2018	4	0	4
Total	16	3	19

Local police data shows a range of modern slavery offences in Haringey in the last two years (Table 5), although the offences are often not clearly linked to a specific borough

Table 5. Local police data showing numbers of modern slavery offences in Haringey, April 2017 to March 2019.

Crime type	April 2017 to March 2018	April 2018 to March 2019
Hold a person in slavery or servitude	4	3
Require a person to perform forced/compulsory labour	0	8
Arrange / facilitate travel of another person with a view to exploitation	2	1
Commit kidnap with intention of arranging travel with a view to exploitation	1	0
Total	**7**	**12**

Further information on modern slavery in Haringey can be found in the Modern Slavery Needs Assessment[11].

The National Referral Mechanism (NRM) In the UK, the National Referral Mechanism (NRM) is the national framework to identify, refer and record potential victims of modern slavery and provide government-funded support for victims.

[11] v4 Modern Slavery Needs Assessment.d

Only specific agencies, known as ‘first responder organisations’, can refer into the NRM. These include the police, local authorities and specific voluntary community sector (VCS) organisations. Those identifying a potential case of modern slavery who do not work for any of these would make contact with a first responder organisation in order to begin the NRM process.

The range of first responder organisations, as well as the many practitioners across the borough who may come into contact with and play a role in referring potential victims, reflects the many organisations that have a role to play in responding to modern slavery and the need for collaborative working. This makes a strong case for establishing a more developed partnership approach to modern slavery in Haringey.

A full list of first responders can be found here[12].

Legislation Context - The Modern Slavery Act 2015

The Modern Slavery Act, 2015 (the ‘Act’), is the UK legislative framework for the national response to modern slavery.

Prosecution is central to the Act, which was designed to send a clear message to perpetrators that modern slavery will not be tolerated. This Act saw the maximum term for modern slavery offences increase to life imprisonment.

Under the Act, local authorities have a ‘duty to notify’ the Home Office of any individual they believe to be a victim of modern slavery, through an anonymous MS1 form. Information and guidance on the duty to notify can be found here.

The Act requires some commercial organisations, who have an annual turnover of £36 million or more to publish an annual modern slavery statement. This should include information on the

3. Areas for Strategic Approach

a. Data & Intelligence

The Centre for Social Justice reports that: “the hidden nature of modern slavery means that building an accurate picture of the problem and its scale is a serious challenge”[13]. While we know that modern slavery is present in Haringey, we also recognise that there are significant gaps around our data and intelligence picture.

This presents a particular challenge when looking to understand the age, sex and ethnicity of victims, and impacts on our ability to identify victims and design appropriate support services.

What’s already happening?

The council’s Public Health team have produced a Modern Slavery Needs Assessment[14], which pulls together all available data on modern slavery in the borough.

Available data gives some insight into the sex and number of victims; however, gaps remain for age and type of exploitation.

The needs assessment identifies that there is a need to collate data more effectively across the council and partners.

As noted earlier in this plan , 17 suspected victims were referred to the NRM in 2019. Through engagement with staff across the council it seems the number of referrals (as well as victims) could increase.

There are several contributing factors to low NRM referral numbers.

1. Victims going undetected due to poor understanding of the signs of modern slavery.
2. Lack of understanding on the behalf of the first responder about the NRM and referral process.
3. Unwillingness on the behalf of the victim to be referred to the NRM.

How can we improve our data on modern slavery?

Improving our intelligence picture in Haringey is vital to developing a coordinated and appropriate response to modern slavery in the borough.

Over the next 2 years, we need to think through and develop a plan to:

- Collate and share intelligence between partners and across London Boroughs
- Use this intelligence to:
    - Improve the identification of victims and the places where modern slavery takes place
    - Design appropriate support services which promote recovery

[13] Centre for Social Justice, It Happens Here, London 2013, p.29. Available at: https://www.centreforsocialjustice.org.uk/library/happens-equipping-united-kingdom-fight-modern-slavery

[14] v4 Modern Slavery Needs Assessment.d

  - Inform training and communication, with the aim of raising awareness and improving confidence and capacity to respond
  - Use data and intelligence to inform potential Social Return on Investment of tackling modern slavery in Haringey
  - Develop a performance monitoring template to capture key indicators and performance which includes strategic input from partners

Proposed actions to improve data on modern slavery could include:

- The Modern Slavery Co-ordinator to become the key contact for partners and council staff who wish to share intelligence - with an associated dedicated mailbox
- The Co-ordinator to be notified of all referrals into the NRM and where possible be informed on the conclusion of this process. This process could be similar to duty to notify.
- Work with the charity Unseen, who run the Modern Slavery Helpline, to understand the calls they receive in Haringey and what we can learn from this
- Use the strategic and operational group for modern slavery as a forum for discussion and intelligence sharing
- Implement data sharing protocols to ensure that the correct procedures are followed when sharing sensitive information across multi agencies (e.g. referrals)
- Development of a modern slavery dashboard to illustrate key data and intelligence relating to e.g. number of cases and variations over time
- Use data and intelligence to inform where to target campaign work and communications such as posters to highlight where support is available to victims of modern slavery
- Improve the dialogue with the Home Office and better utilise their published data, applying this where possible to Haringey
- Work closely with the Police National Modern Slavery Investigation Team, which responds to all crime reports generated by the NRM.

b. Awareness & Training

To uncover more cases of modern slavery and reduce its incidence, we need more people to be looking out for it – and to know what to look for. That means improving our access to information and providing targeted training to the public, practitioners, and voluntary sector.

How to identify modern slavery?

Modern slavery is recognised as a serious safeguarding concern and as such the signs to look out for are similar to those for other forms of exploitation and abuse, as listed on the Haringey Council website[15]:

- Bruises, falls and injuries
- Signs of neglect such as clothes being dirty
- Poor self-care
- Changes in someone's financial situation
- Changes in behavior such as loss of confidence or nervousness
- Isolation
- Being withdrawn

Specific guidance on spotting the signs of modern slavery is published by the Human Trafficking Foundation[16], and Home Office[17] and a summary of signs for teams in housing, health and work can be found in Appendix 2.

What's already happening?

Haringey council currently offer modern slavery awareness training to all staff in the organisation. These sessions run on a quarterly basis and are delivered by the Principle Adults' Social Worker using the ADASS training module. To date, over 100 officers have received the training.

The Bridge Renewal Trust (the council's VCS partner), provide a modern slavery e-learning module to community organisations and volunteers in the borough and the MET police are delivering modern slavery training to police officers.

How should we develop the training offer in borough?

The training delivered within the council focuses on improving awareness and identifying the signs of modern slavery. While feedback is largely positive, it is recognised that training could be contextualised to different council areas, taking into account the different ways they may come into contact with victims and places were modern slavery takes place.

These areas include:

- Housing and homelessness
- Councillors (who may hear complaints from residents about housing/businesses in their area)
- Migrant support services
- Procurement

[15] Safeguarding Adults- What is abuse? Haringey Council.2020. https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults#howcanyoutell
[16] Adult Modern Slavery Protocol for Local Authorities. Human Trafficking Foundation. 2019. https://static1.squarespace.com/static/599abfb4e6f2e19ff048494f/t/5b164da11ae6cfbba8d27b36/1528188329682/LWG+Local+Authorities+Modern+Slavery+Protocol+%28adults%29+-+Identification+....pdf
[17] https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims

- Customer services
- Safeguarding services (children and adults)
- Community Safety
    - Trading Standards
    - Environmental Health
    - Licensing

It is also recognised that specific training is needed for officers who could be directly involved in supporting victims and completing referrals to the NRM. This is to improve the rate of detection, to ensure the best possible support for victims and to prevent NRM referrals being rejected on grounds of poor evidence.

Partners agree that training should be joined up to improve consistency in both understanding and approach. This is something for development over the next two years and will be led by the council's modern slavery co-ordinator.

It is important to raise awareness within the community of modern slavery; encouraging individuals to report concerns and challenge their own consumer practice. We need to consider a model for training the community, raising awareness and signposting to information. Plans to deliver this will be explored through the strategic and operational group for modern slavery and we will work collaboratively to develop different, learning from the experience of partners.

Proposed actions to develop our training offer in Haringey, could include:

- Modern slavery awareness training to be delivered across all council services (e-learning module or face to face)
- Specific training for officers, working to support victims and distribute the opportunity for modern slavery to take place
- Specific training for identified officers who will be supporting victims of work to disrupt the for modern slavery to take place
- Utilising the available free training offer through The Children's Society and Hestia, which can be adapted for specific teams and organisations

c. Reporting Concerns

While increasing the identification of victims is key to our approach, we also need to have clear plans and procedures to act on intelligence.

Key to our approach will be publishing clear, accessible, and up to date information on where and how to report concerns about modern slavery and communicating these messages with partners, practitioners and the public.

Where to report concerns?

In an emergency, where there is immediate risk to life, always call **999** and then follow up with a specialist agency.

To raise and record suspicions and for information, advice and guidance on next steps:

- Call the Modern Slavery Helpline on **08000 121 700** (this service can be used by victims, the

Current approach?

Modern slavery is a serious safeguarding concern, and as such when victims are identified the current response is to refer to the Haringey First Response Team in the case of adults, and Multi-Agency Safeguarding Hub (MASH) in the case of children.

The Modern Slavery Coordinator should be notified when a potential victim of modern slavery is identified.

How can we improve reporting?

It has been recognised that the response to modern slavery in Haringey varies significantly, depending who is identified and where.

Over the next 2 years, we need to develop a plan to improve access to information, which advises on where to report concerns. It is recommended that the modern slavery co-ordinator develops a toolkit of advice and information and clear pathways for sharing intelligence among partners. This will be available to download from the website and should be provided to and promoted among partners.

The Human Trafficking Foundation suggest that key specialists in each department with an understanding of the NRM process should be developed. It is common for NRM referrals to be refused due to mistakes in filling in the form. Having a dedicated specialist in each department would help reduce the number of unsuccessful applications.

It is also important to be aware of other available resources and the role they play in supporting Haringey's response. This includes the Modern Slavery Helpline and reporting apps delivered through Unseen and Stop the Traffik.

Training also has a key role to play in improving the reporting rate as well as general awareness raising of modern slavery.

d. Support for Victims

Victims of modern slavery are often deeply traumatised and vulnerable to re-exploitation, making the case for good and specialist support to promote recovery. This support should include safe accommodation, access to medical treatment and legal advice [18].

Whilst the Modern Slavery Act 2015 focuses largely on the prosecution of perpetrators, victim support is crucial to obtaining prosecutions. This is because victims may feel more able to give evidence against the perpetrators if they feel

[18] Survivor Alliance. 2020. Victim Support

supported and safe[19]. The Government have produced guidance on identifying and supporting victims (under Section 49) and may well produce regulations on victim support (under Section 50).

In terms of the accessibility and funding of support, there are distinct differences between adults and children and for those with different immigration status, including those with no recourse to public funds (NRPF). It is important to recognise this, continue to build our intelligence picture and offer support that reflects a range of different experiences.

Current approach

Across the UK and in Haringey, support for victims of modern slavery is provided through:

- Existing council and partner safeguarding procedures
- The National Referral Mechanism (NRM) and Victim Care Contract (VCC)
- Local and national charities

Over the next 2 years, there is a need to define a clear support offer for victims, considering a range of different needs and experiences, including for children, adults and those with no recourse to public funds (NRPF).

It is important that as well as a clear pathway into the NRM, there is a clear post-NRM pathway of support for victims in Haringey.

The National Referral Mechanism (NRM)

The NRM is the current process in place in the UK for victim identification and support. Haringey is a **first responder** into the NRM process and has a **duty to notify** the Home Office if anyone working within the council identifies a potential victim of modern slavery.

As a system of support the National Referral Mechanism (NRM) is recognised as having both benefits and challenges (summarised in appendix 5).

The below table outlines some of the challenges Haringey Council needs to address to support victims of modern slavery in the borough.

Need	Response
Referral to the NRM	Haringey will establish a Special Point of Contact (SPoC) in each department to refer potential victims (PVs) encountered by their department to the

[19] House of Commons, Home Affairs Committee, Oral evidence: Modern Slavery HC1460, 2018, Q115, http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/modern-slavery/oral/92346.pdf

	NRM. The Modern Slavery Coordinator should be notified of any referral and will assist with the process.
Recommending the NRM	**Adult.** Haringey will recommend the NRM to all adult PVs and explain the benefits of entering. **Child.** All child PVs will be referred to the NRM.
Support for those who do not consent to enter the NRM	**Adult.** PVs who do not enter the NRM can be extremely vulnerable. We will carry out a risk assessment of the PV's situation and ensure they have support and safe space to stay. We will complete an duty to notify form and send to the Home Office. (Note: one study found that three fifths of victims agreed to be referred to the NRM after 6 weeks of information, support and reassurance they were safe)[20]
Support for those after referral and before a Reasonable Grounds (RG) decision	**Adult.** A risk assessment should be carried out within the first 24 hours, and immediate needs of the PV must be met. Accommodation must be provided for the PV in which they feel safe. It can take on average 14 days for an RG to be made and the Salvation Army (victim care contract holder) has no obligation to provide accommodation. **Child.** At point of contact the child should be referred to child safeguarding services. Child protection processes should continue to take place regardless of subsequent decisions made though the NRM
Support for victims with a negative Reasonable Grounds or Conclusive Grounds (CG)	**Adult.** Haringey will conduct a risk assessment of the PV's situation and ensure they have support and safe

[20] Human Trafficking Foundation, Adult Modern Slavery Protocol for Local Authorities

	space to stay. The PV will still possibly possess some or all of the vulnerabilities they had prior to NRM referral. If we or the PV believe the negative decision made by the SCA is incorrect, we will submit a reconsideration request. If a reconsideration request has not been made and no extension request has been submitted, the PV will leave support provided under the Victim Care Contract within 9 working days. **Child.** Where a negative decision is reached, we will revert to our normal child protection assessments to identify what support is needed for the child.
Support for victims post NRM	**Adult.** If a victim returns to the borough post-NRM their needs should be re-assessed. Haringey will contact key agencies including Housing/Homelessness teams, Adult Social Care, Jobcentre Plus and GP surgeries so the victim can have fast-tracked access to financial support, housing and medical support. **Child.** The support we provide to child victims is not dependent on a child remaining in the NRM. As such, children will continue to be supported in their existing situation by Haringey under our statutory duty to safeguard and promote the welfare of looked after children in their area.
Ensure there is clear multi-agency communication	A Multi Agency Case Conference will identify the recourses and actions needed to meet the needs of victims of modern slavery in Haringey. Modern Slavery Coordinator is the link between different departments and agencies on modern slavery implementation and performance.

Learning and sharing information to understand and improve the NRM	Haringey will collect data on the support pathway of victims and support outcomes. This can be used to understand the suitability of the current process and where it can be improved. The Modern Slavery Coordinator will liaise with the Home Office and other Modern Slavery groups to ensure Haringey's victim support practice is up to date.

Alternative Support

There is a need to provide support to victims who do not enter the NRM, or who enter and are given a negative reasonable or conclusive grounds decision.

Over the next 2 years, the council will work partners to develop an agreed support offer, recognising the important vole the VCS have to play within this.

There are many specialist charities and support services in the UK where victims or those at risk from modern slavery can access advice and support. These have been mapped by The Human Trafficking Foundation[21] and it is recommended that a more localised directory of support services is developed.

e. Disruption, Prosecution and Procurement

The UK Modern Slavery Strategy emphasises the importance of disruption activity in responding to modern slavery and recognises the importance of close collaboration between the Home Office, police, and local authorities in achieving this.

The police and the council are already in dialogue about how we can work together to develop a coordinated response to modern slavery which supports victims and criminal investigations. We recognise that this conversation needs to include wider partners and work with both local police and national specialist police agencies.

The below table makes recommendations on how we can work together to disrupt opportunities for modern slavery to occur, recognising the important role the police play in prosecuting perpetrators and acting upon intelligence.

[21]Modern Slavery Support Services https://www.humantraffickingfoundation.org/support-services

A list of the available regulatory powers for councils which may prove useful in disrupting modern slavery can be found here[22].

Recommended Actions		
Housing	**Health**	**Work**
• For the council to create a mandate for Housing Enforcement Officers who are inspecting properties to look for signs of modern slavery and work jointly with the police and modern slavery co-ordinator to act upon this. • Community safety enforcement officers work with Homes for Haringey and the police to target properties that are suspected of being used for modern slavery. It is important that this work is aligned to services who offer support for victims found such as Brining Unity Back into the Community (BUBIC). • Licenses issued to Houses in Multiple Occupation (HMO) to be displayed and include a section written in Albanian and Vietnamese (the most common source countries for trafficking) making it clear that exploitation is illegal and which signposts to emergency services and the modern slavery helpline. • Housing associations to proactively look out	• Haringey to work with Islington and Enfield Clinical Commissioning Groups (CCG), to provide a consistent training and approach when responding to concerns identified at the North Middlesex and Whittington Hospitals. • Modern slavery co-ordinator to develop partnerships and share information with Haringey based GPs, ensuring there are clear communication channels to assist referrals into the NRM, where this is felt to be appropriate. • Information on modern slavery including available training to be shared via the Association Director of Public Health (ADPH)	• For the council to create a mandate, whereby trading standards officers look for signs of modern slavery and report any suspicious activity immediately to the modern slavery co-ordinator or police. • Proactive inspections should target high-risk industries and businesses, including construction, beauty and nail salons, car washes, and others. • Modern slavery co-ordinator to work with colleagues within regeneration and business network to raise awareness within this area.

[22] Tackling modern slavery, a council guide. Local Government Association.2017. https://local.gov.uk/sites/default/files/documents/22.12_Modern_slavery_WEB%202.pdf, p34

for signs of modern slavery in their properties and report concerns to the police or modern slavery co-ordinator	Network, who are co-located with Haringey Public Health.	

Council Procurement

Understanding the Council's supply chains and assessing the risk to those working within them is an important part of our response to modern slavery and requires support and collaboration from across teams and partners.

As a council, we are signed up to the Cooperative Party Charter Against Modern Slavery[23]. This enhances our responsibility to ensure that supply chains in the borough are free from modern slavery and formally recognises the important role businesses have to play in developing a borough wide response.

To develop this approach further, it is recommended that:

- The council publish a modern slavery statement, responding to best practice guidance from the LGA
- A modern slavery clause is included within all contract templates as standard
- We work with businesses in the borough to make sure they understand their role in responding to modern slavery and responsibility to publish a modern slavery statement

f. Community Engagement

To effectively tackle modern slavery in Haringey, partnership with the voluntary and community sector (VCS) is essential. Any partnership should be based on an understanding that the process of establishing a framework to identify and support victims of modern slavery will require communication and feedback. There is also recognition that the approach to responding to modern slavery in Haringey needs to take and agile and iterative approach, embedding flexibility into strategic and operation activity.

Engagement with a range of VCS partners, both local and national has help to shape the main priority areas community engagement should focus on these being; identifying victims, referring to the NRM, and providing wider support. A summary of engagement responses can be found in Appendix.6

Spotting the signs

[23] https://party.coop/local/councillors/modern-slavery-charter/

Through engagement with a range of VCS partners, it has been identified that confidence levels of identifying the signs of modern slavery vary significantly. Those organisations working specifically with victims of modern slavery are unsurprisingly more confident in identifying victims, whereas other organisations were less confident.

There was general sentiment that awareness throughout the borough was low, and more modern slavery training would be appreciated. This includes raising awareness of suspicious circumstances and how to report concerns. It is recognised that awareness needs to be raised across the partnership, including within the council.

Referring to the NRM and other support services

There is a need to provide VCS organisations and the wider community with the information need to offer support to a potential victim. Part of this work will be to share a clear referral pathway with key points of contact across the partnership.

Providing support to victims

Any partnership should make use of the services provided by voluntary sector organisations, and flag the services provided by Haringey Council. Organisations expressed that Haringey Council must work to ensure victims feel supported and welcomed.

Recommended actions

1. Offer training to spotting the sings of modern slavery to key voluntary sector partners.
2. Consider a communications campaign to raise awareness of modern slavery throughout the borough once the referral pathway has been finalised.
3. Share referral pathway with voluntary sector partners.
4. Create clear network of services offered to victims throughout Haringey, allowing providers to direct victims to the services they require.

g. Responding to Covid-19

The Coronavirus pandemic has had significant implications for global health and security, and these implications extend to modern slavery. There are major risks faced by both those currently being exploited and those vulnerable to exploitation.

Risks for those currently in modern slavery[24]

Victims of modern slavery are already at risk of exclusion from adequate healthcare, and the pandemic increases the risk of exclusion. Many victims will be forced to

[24] Delta 8.7, The Impact of COVID-19 on Modern Slavery https://delta87.org/2020/03/impact-covid-19-modern-slavery/

continue working in dangerous environments without access to Personal Protective Equipment (PPE) or adequate sanitation.

Survivors of modern slavery also face heightened risk, as they often rely on government and charity accommodation. There is a risk that with Government focus on Covid-19 and charities facing financial difficulties, that quality of survivor care could deteriorate.

Risk of those vulnerable to modern slavery[25]

The pandemic has exacerbated unemployment and job insecurity, leaving many vulnerable to exploitation. Poverty and financial problems are major contributors to modern slavery, as they push people towards risky labour market decision, which heightens the risk of exploitation.

Proposed actions for Haringey:

- Monitor developments, research, and data on the impact on Covid-19 on victims of modern slavery
- Ensure that support for victims of modern slavery remains a priority
- Work with enforcement to ensure strong regulation of working conditions in the borough
- Work with the Housing Related Support (HRS) team to ensure potential victims who are homeless or rough sleeping have access to clean, safe and secure housing

Governance and Delivery

Haringey prides itself on being a welcoming borough, which aims to ensure people feel safe, happy and able to fulfil their potential. While modern slavery is a complex issue often perpetrated across international boundaries, the council and partners have a crucial role to play in identifying, safeguarding and supporting vulnerable victims, preventing opportunities for modern slavery to occur and raising awareness of an often-invisible crime at local level. [26]

Our approach to modern slavery will be delivered in partnership, recognising that no one organisation has the knowledge, skills or resources to respond in isolation. A list of partner organisations include their role and can contacts can be found in Appendix.3

[25] Ibid
[26] Tackling Modern Slavery: A Council Guide. The Local Government Association. December 2017. https://www.local.gov.uk/modern-slavery-council-guide

Figure 3. Haringey Modern Slavery Partnership

Delivery

To support the delivery of agreed work, the council has recruited a dedicated Modern Slavery Co-Ordinator. The person in this role will be key to delivering this plan and working with partners to strengthen awareness of and responses to modern slavery across the borough.

Key responsibilities will include:

- Awareness raising
- Delivering information, guidance and training for practitioners and community groups
- Coordinating data from across the council and partners
- Developing relationships with partners
- Developing an action plan (from this plan) to implement work

Governance

- The multi-agency strategic and operational group for modern slavery, chaired by the Director of Public Health will provide the main governance structure for work on modern slavery over the next 2 years.

- Work will also report into the Haringey Community Safety Partnership and Health and Wellbeing Board.

4. Appendices

Appendix 1. Current Activity around Modern Slavery in Haringey

Haringey Council: Current Activity around Modern Slavery	
Modern Slavery Co-Ordinator	The Council has recruited a designated modern slavery co-ordinator. This role sits in Public Health and is closely aligned with existing work on ending Violence Against Women and Girls (VAWG). The role will be key in developing relationships with partners, delivering training to staff and practitioners and coordinating data to inform our intelligence picture in the borough. The role will work with partners to establish more defined referral pathways to improve victim support. The role will also improve

	community engagement to enhance understanding of modern slavery and increase referrals.
Strategic and Operational Group	The Council has set up a Strategic and Operation Group for Modern Slavery, which is chaired by Chantelle Fatania, Public Health Consultant. The purpose of the group is to oversee a partnership response to the issue of modern slavery in Haringey. The group has membership from across the council; housing, health, procurement, children's, adults, community safety and commission as well as partners form the VCS, Police and the NHS.
Training	Awareness raising training has been delivered by the Principle Social Workers to staff into Adult Social Care. This training has been developed by London ADASS, London MET and the NHS and follows a 'train the trainer' model. The training covers: - Human trafficking and modern slavery definitions and criteria including case studies - The Modern Slavery Act - Spotting signs of modern slavery (indicators and signs), - Identification and provision (including NRM), - Internal and multi-agency responses There is aspiration to scale up the Councils training offer, extending this to partners and community groups.
Member of the Co-Operative Charter Against Modern Slavery	In 2019 the Council is signed up to the Co-Operative Parties Charter Against Modern Slavery.[27] This commits councils to proactively vetting their own supply chain to ensure no instances of modern slavery are taking place and to report annually on process.

[27] Co-Operative Party: Modern Slavery Charter. 2020. https://party.coop/local/councillors/modern-slavery-charter/

	Work is needed to implement the charter and update on progress monitoring. This work will be led by the Modern Slavery Co-Ordinator.
Public Health: Modern Slavery Needs Assessment	Public Health have undertaken a modern slavery needs assessment, which outlines public health responsibilities and coordinated available data in the borough.
Member of the London Modern Slavery Co-Ordinator Network	Haringey is a member of the London Modern Slavery Leads Network. This is coordinated by the Human Trafficking Foundation and works to share best practice and coordinate a partnership response across London. The Modern Slavery Co-Ordinator will attend and feed into the group, using this as an opportunity to develop pan-London partnerships.
Online Information for Residents	Information from the Governments 'Modern Slavery is Closer than You Think' is available on the Haringey Website. Development of posters and flyers to support victims of modern slavery for dissemination in GP surgeries.

Appendix 2.

Signs of Modern Slavery- Adapted from Human Trafficking Foundation Guidance

Housing	Health	Work
• Crammed/rough sleeping conditions • Cars or minibuses picking up at unusual times • No private sleeping space • Lack of family photos or personal belongings • Post stacked up and discarded envelopes on the floor • Scripts by the telephone • Unable to show any autonomy over the accommodation, e.g. no bills or tenancy agreement	• Sign of physical or sexual abuse and/or has contracted STIs or has an unwanted pregnancy • Not registered with a GP practice • Late presentation to maternity services • Malnourished • Mental ill health occurs frequently in survivors of modern slavery[28]; e.g. trauma, PTSD, panic attacks • Work related injuries often through poor health and safety • Drug/alcohol dependency • Broken bones that haven't health properly	• Wearing unsuitable clothing e.g. flipflops in winter, no helmet of a construction site • Poor health and safety equipment, unhygienic and unsafe working conditions • (Perception of) debt bondage • Employers unable to produce the correct documents for migrant workers

[28] The Helen Bamber Foundation and the Freedom Fund, Addressing Mental Health Needs In Survivors Of Modern Slavery A Critical Review and Research Agenda, 2015 http://www.helenbamber.org/wp-content/uploads/2015/07/2015-Addressing-the-Mental-Health-Needs-in-Survivors-of-Modern-Slavery.pdf

Appendix 3. Reporting Concerns and the Role of Partners

Partner	Role	Key Contacts
Haringey Council	• NRM first responder • Bringing partners together through a modern slavery strategic and operational group • Identifying and supporting victims, through a robust safeguarding response • Raising awareness, both within the council and wider community • Disrupting opportunities for modern slavery to take place • Ensuring the council supply chains and those of businesses in the borough are free from modern slavery	• Modern Slavery Co-Ordinator, Haringey Public Health • Adults First Response Team: **0208 489 1400** • Children's Multi Agency Safeguarding Hub (MASH): **020 8489 4470** • **Chris Atherton:** Principle Adult's Social Worker and Modern Slavery Training Lead: **Chris Atherton** • **Pauline Morris:** Principle Social Worker Children's
Homes for Haringey	• NRM first responder • Identifying victims • Supporting victims, through access to emergency accommodation • Signposting to support services	• **Chinyere Ugwu:** Community and Customer Relations Director • **Beverley Faulkner:** Housing Needs Manager • **Hyacinth Foster:** Employment and Social Regeneration Manager
The Police	• NRM first responder • Leading on disruption and prosecution activity • Support victims • Sharing and coordinating intelligence • Delivering the pan-London Project Enterprise, modelled on Programme Challenger in Manchester[29]	• **Joe Derilo:** Haringey Police Safeguarding Lead 02071616669/07795845227 Joe.Derilo@met.police.uk • **Clare Barnes:** Vulnerability Assessment and Partnership Team, Central Specialist Crime Claire.Barnes2@met.police.uk 02072308148/07557 834247 • **Chirs Maby:** Police National Modern Slavery Transformation Unit Christopher.MABY@devonandcornwall.pnn.police.uk ModernSlavery@devonandcornwall.pnn.police.uk 07740 911729

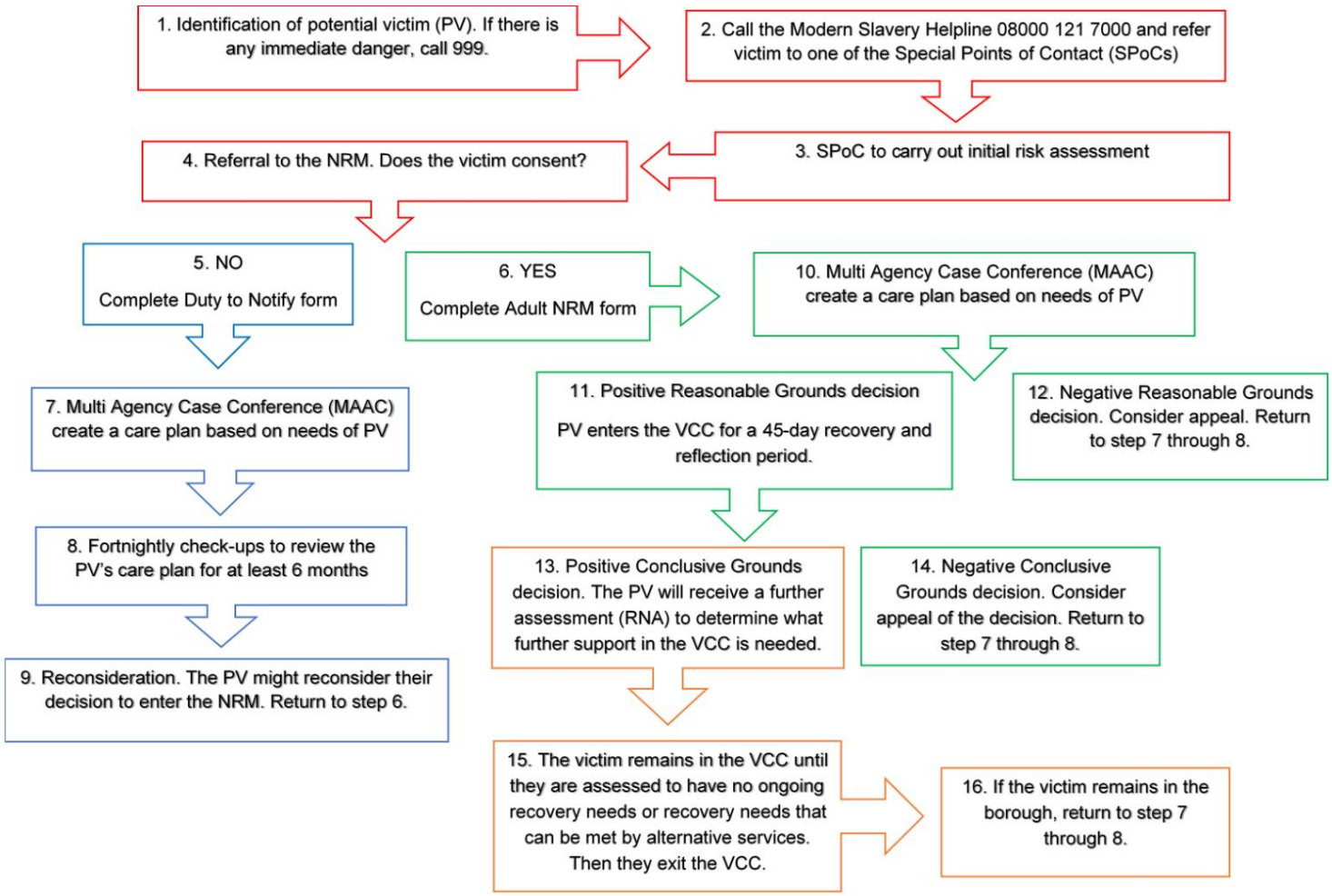
[29] Programme Challenger.2020. https://www.programmechallenger.co.uk/what_we_do/modern_slavery/

Third Sector/National Charities	• Providing support to victims, especially for those with no-recourse to public funds (NRPF) • Offer guidance, support and expertise for practitioners • Some charities are first responders into the NRM, these are: -Salvation Army -Migrant Help -Medaille Trust -Kalayaan -Barnardo's -Unseen -Tara Project (Scotland) -NSPCC -VAWSO -New Pathways -Refugee Council	The Human Trafficking Foundation have developed a national directory of support services, which can be found here.[30]
Local Voluntary Community Sector	• Raising awareness of modern slavery • Signposting to appropriate services and sources of information and advice (service directory)	https://www.bridgerenewaltrust.org.uk/
The Community	• Identifying victims and perpetrators of modern slavery • Limiting opportunities for modern slavery to take place through challenging individual consumer practice	
Businesses and Commercial Organisations	• Ensuring supply chains are free from modern slavery • Promoting ethnical consumer practice	https://www.haringey.gov.uk/business/advice-and-support/traders-groups
NHS	• Identifying victims who present to primary care settings • Supporting victims through the provision of health care	**Angela Sealy:** Safeguarding Lead, Haringey Clinical Commissioning Group (CCG) **Sarah Pope**: Safeguarding Lead, North Middlesex Hospital Sarah.pope5@nhs.net **Theresa Renwick**: Safeguarding Lead, Whittington Theresa.renwick@nhs.net
Home Office	• Responsible for running and referring into the NRM	

[30] Modern Slavery Support Services.2020. Human Trafficking Foundation. https://www.humantraffickingfoundation.org/support-services

	• Recording and collating national intelligence	
Local Government Association	• Sharing guidance and best practice to local authorities • Facilitating partnership working	Ellie Greenwood: Ellie.Greenwood@local.gov.uk Leading on work to explore how local authorities can best response to modern slavery.

Appendix 4. Haringey response to support victims of modern slavery



Appendix 5. Benefits and challenges presented by the National Referral Mechanism (NRM)

Benefits	Considerations
• Formally recognises a person as a victim of modern slavery (on receiving a positive conclusive ground decision). ➢ This can support a Section 45 defence[31], which is becoming increasingly relevant for young people involved in county lines.	• The NRM provides no tangible support offer for children. Children need to be supported through existing safeguarding procedures and looked after children offer from within the local authority. However, there is a legal duty to refer all potential child victims into the NRM.
• Helps to improve the UK data and intelligence picture about modern slavery, with this helping to develop and define the support offer for victims.	• Once a referral has made into the NRM, there is an up to 5 day wait period for a reasonable ground's decision. During this time, there are no clear assurances to the potential victim about accommodation and support. Work is needed to define Haringey's support offer during this 5-day time period.
• For Adults the NRM provides a tangible support offer for victims who receive a reasonable ground decision after 5 days. The support offer may include: -Safehouse accommodation -Outreach worker support -Legal advise -Healthcare	• Those referred in to the NRM, who are not UK nationals are unable to work during time in support services.
• Starts a dialogue between the victim and perpetrators and provides a clear system for submitting evidence to the police to assist in the prosecution of perpetrators	• Some victims may not feel comfortable sharing data and intelligence with the police and entering a system run by the Home Office. This may be due to a lack of trust with the authorities and concerns over deportation where a victim does not have settled status.
• Initiates a Police investigation. Every submitted NRM generated a crime report which goes to the MET's central intelligence team.	• Lack of clarity over what happens when a person leaves the NRM
	• A lack of feedback on why a person may receive a negative reasonable or conclusive ground decision from the NRM, which prevents future learning and change to better support vulnerable victims.

[31] The Modern Slavery Act, 2015- Section 45. http://www.legislation.gov.uk/ukpga/2015/30/section/45/enacted

Appendix 6.

Responses for VCS engagement session:

Question	Response
In answer to the question 'how confident do you feel in recognising the signs of modern slavery?' the group answered as follows:	*Fairly confident 38%* *Completely confident 25%* *Somewhat confident 25%* *Not confident at all 13%*
In answer to the question 'If you identify a potential victim of modern slavery, who would you seek help form and refer this to?' the group answered as follows:	*Police 50%* *Local council 50%* *NRM 50%,* *National Charities 38%* *Other 25%*
In answer to the question 'In the past 12 months have you provided any of the following support service to potential victims?' the group answered as follows:	*Legal advice 38%* *Mental Health and wellbeing support 13%* *Education & Training 13%* *Other 13%* *None of the above 25%*

Report for: Health and Wellbeing Board – 4 November 2020

Title: Local Safeguarding Children's Board Annual Report

Report Authorised by: David Archibald, HSCP Independent Chair/Scrutineer

Lead Officer: Fatmir Deda, Strategic Safeguarding Partnership Manager
fatmir.deda@haringey.gov.uk, 020 8489 5837

1. Describe the issue under consideration

1.1 In finalising its work, the outgoing Haringey Local Safeguarding Children Board (LSCB) produced its final annual report as part of the Board's statutory duty under the Children's Act 2004. The report covers the period 1 April 2018 to 28 September 2019 which informed the work of the new Safeguarding Partnership. The LSCB ceased to exist as a statutory body on 29 September 2019 with the implementation of the Children and Social Work Act 2017, and the creation of the Haringey Multi Agency Safeguarding Arrangements, which operates as "Haringey Safeguarding Children's Partnership". A report will be published in due course by the Independent Chair/Scrutineer detailing the work conducted by partners in the new safeguarding arrangements, commenting on the standards achieved and where improvements may be required.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to note the report which provides an overview of the new arrangements.

3. Background Information

3.1 The main functions of the LSCB (as per Working Together to Safeguard Children 2015) were to:

- Develop policies and procedures for safeguarding and promoting the welfare of children in the local area
- Communicate the need to safeguard and promote the welfare of children, raising awareness of how this can be best done and encouraging all to do so
- Monitoring and evaluating the effectiveness of what is done by the local authorities and their Board Partners individually and collectively to safeguard and promote the welfare of children
- Participating in the planning of services for children in the local area
- Undertaking reviews of serious cases and sharing the lessons learnt.

3.2 Following the Wood Review, the Children and Social Care Act 2017, and publication of Working Together to Safeguarding Children 2018 there was a

requirement to replace LSCBs with new local multi-agency safeguarding arrangements to be determined by the local authority, CCG and the Police. The Council and its Statutory Safeguarding Partners have developed new local safeguarding arrangements for children in Haringey, as set out in the Multi-Agency Safeguarding Arrangements paper which was published on 29th September 2019.

3.3 This report reflects work undertaken in 2018/19 and provides both quantitative and qualitative information about safeguarding activity in Haringey including key partnership achievements. It identifies and summarises key issues for consideration and evaluates the partnership's ability to continue to drive change and improvement. The report also sets out the arrangements to safeguard and promote the welfare of children in Haringey and provides an assessment of those arrangements. The Haringey Safeguarding Children's Partnership completed its transition from the LSCB in September 2019, in line with Working Together 2018: Transitional Guidance. The shared and equal duty of the three safeguarding partners – Police, Clinical Commissioning Group, and Local Authority – is to make arrangements to work together to safeguard and promote the welfare of all children in Haringey. This included agreeing on ways to co-ordinate safeguarding services, acting as a strategic leadership group to engage and support others, and implementing learning from local and national serious child safeguarding incidents.

4. Contribution to strategic outcomes

4.1 The work of LSCB and the new Multi-agency Safeguarding Partnership are a statutory requirement of which Haringey is a Statutory Safeguarding Partner. The work of the LSCB helped to deliver a priority from the Borough Plan Vision (2019-2030) ambitions namely: Priority two(People) – 'our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential'.

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

There are no legal implications arising from the recommendations in this report.

5.2 Finance

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

6. Environmental Implications

6.1 There are no environmental impact arising from this report.

7. Resident and Equalities Implications

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard of the need to:

- Eliminate discrimination, harassment and victimisation and any other
- conduct prohibited under the Act
- Advance equality of opportunity between people who share those
- protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8. Local Government (Access to Information) Act 1985

Children Act 2004
https://www.legislation.gov.uk/ukpga/2004/31/contents

Children and Social Work Act 2017
https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted

Working Together to Safeguard Children 2015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

Working together to Safeguard Children 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

9. Background Papers

9.1 Haringey Local Safeguarding Children's Board Annual Report

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Haringey Local Safeguarding Children Board

ANNUAL REPORT

April 2018 – September 2019

Author	Fatmir Deda (Strategic Safeguarding Partnership Manager)
Consultation	Board Members
Agreed by:	Haringey Safeguarding Children's Partnership
Agreed date:	10th February 2020

Foreword – David Archibald LSCB Independent Chair

I am pleased to introduce the final Annual Report of the Haringey Local Safeguarding Children Board for 2018/19.

It has been a privilege to Chair the Children's Safeguarding Board in Haringey, since July 2018 until it transitioned to become the Haringey Safeguarding Children's Partnership on 29th September 2019. The three Statutory Partners agreed to retain the role of the Independent Chair, and currently I am chairing the Haringey Safeguarding Children's Partnership in the first phase of its work.

In establishing the new multi-agency safeguarding arrangements required by the 2017 Act, the Statutory Partners (Local Authority, Police, and the Clinical Commissioning Group) have recognised the continuing importance of maintaining a strong partnership body which will continue to focus on local needs and local accountability within Haringey.

It remains crucial that there is excellent joint working, communication, and information sharing, across all agencies. I am grateful to frontline practitioners, partners and all stakeholders for their commitment to achieving the best for the children and young people of Haringey. As Independent Chair, I would like to thank all Haringey Safeguarding Partners including front line practitioners across the partnership, for the important contribution they make to the vital work of keeping children and young people safe in Haringey.

1. Introduction

1.1 This report reflects work undertaken in 2018/19 and provides both quantitative and qualitative information about safeguarding activity in Haringey including key partnership achievements. It identifies and summarises key issues for consideration and evaluates the partnership's ability to continue to drive change and improvement. The report also sets out the arrangements to safeguard and promote the welfare of children in Haringey and provides an assessment of those arrangements.

1.2 This is the final report of the LSCB, which ceased to exist as a statutory body on 29th September 2019 with the implementation of the Children and Social Work Act 2017, and the creation of the Haringey MASA, which operates as "Haringey Safeguarding Children's Partnership". At this time next year, a report will be published by an independent scrutineer detailing the work conducted by partners in the new safeguarding arrangements, commenting on the standards achieved and where improvements may be required.

2. Overall LSCB Progress and Performance

2.1 A major focus of our work during 2018-2019 has been around the Implementation of the Joint Targeted Area Inspection (JTAI) Action Plan and developing our new multi-agency safeguarding arrangements (MASA). Please see our website https://haringeyscp.org.uk/p/about-us/welcome-to-haringey-multi-agency-safeguarding-arrangements

2.2 Children and young people in Haringey are safe and safeguarding arrangements are robust and well respected. Outline plans for a more streamlined structure and system were agreed by the three Statutory Partners during 2018-19. Since then, real progress has been made in strengthening partnership and collaboration across agencies in Haringey. We have developed a culture where constructive challenge and scrutiny were welcomed in order to improve service provision effectively. The new arrangements allow us to focus more directly on front line practice and build on the collaboration across agencies.

2.3 During 2019-20 further work continues on integrating functions across the Partnership. Considerable work has also been undertaken between LSCB meetings by our subgroups, task and finish groups and highly committed members.

2.4 This year the partnership has continued to work on Haringey LSCB priorities. Neglect remains a concern, and partners have developed a Neglect Strategy with the appropriate tools and guidance to enable front line professionals to identify cases of neglect and put resources in place to support and help families and children. There is evidence that progress has been made in this area as evidenced during the first Multi-Agency Practice Week. Neglect remains a critical area of Safeguarding in Haringey and there will be further partnership engagement in order to make further progress.

2.5 Preventing the criminal exploitation of children and young people has continued to be a priority for the LSCB. Haringey has a well-established Children's Social Care Exploitation Prevention Panel which works in partnership with a wide range of organisations, including the Police, Probation, Health and the third sector. In recent months the Panel, along with the Community Safety Partnership (CSP) Board, have been reviewing the delivery of services for a particularly vulnerable group of people involved and exposed to the risk from the context in which they live. There has been progress in the way partners are working together. In particular, the multi-agency group are able to identify vulnerable young people and put protection in place for them. While we have made progress in this area, preventing the criminal exploitation will continue to be a focus for all partners over the next year within the new arrangements.

2.6 In terms of Leadership, the JTAI implementation Action Plan demonstrated that we strengthened our partnerships to improve the visibility of the LSCB and ensured that safeguarding children is still a key priority for all agencies. As a Board, we were confident that we developed effective core training that responded well to LSCB priorities. Despite increasing pressures on partner agency staff we have a skilled pool of trainers who deliver a significant volume of our training "in house". However, we have also commissioned specialist sessions when appropriate. This includes the expertise of Professor David Shemmings (an expert in relationship based approaches to working with families) who delivered a full day multi-agency training for frontline staff across agencies. We continue to carry out work to ensure that our training has an impact on frontline staff to ensure that the sessions lead to improved outcomes and provide the Board with best value for money.

2.7 In preparation for new arrangements, the Board took the opportunity to reflect on how far we have travelled as a partnership over the last year. The implementation of the JTAI action

plan and the Multi-Agency Practice Week identified some significant strengths as a partnership. Senior Leaders across the partnership agreed that the commitment of partners to working together has undoubtedly increased. We have seen consistent attendance from key partners, at a suitably senior level, and a willingness to engage directly and honestly in any challenges and issues that have arisen.

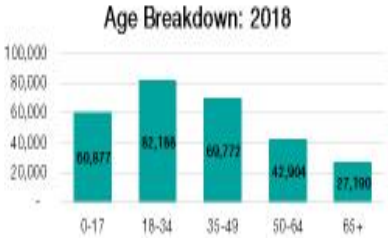
2.8 The outcome of the JTAI Ofsted report led to a range of concerns amongst partners. Strong Leadership from the Independent Chair has ensured that the levels of trust among senior Leaders across the partnership have improved. Partners are much more confident about raising issues, responding to challenges and taking seriously the need for us all to be accountable to each other.

2.9 We have improved the way in which we gather and analyse multi-agency data, though in common with much of London we still have challenges in receiving good data from some agencies. More importantly, we have become better at using data to review what is really happening within the services we jointly oversee. We have examples now of where data has alerted us to something which might be happening, giving us time to reshape our responses. Examples of this includes our response to MASH referrals.

2.10 LSCB has built very positive engagement with Haringey's schools. We have benefitted from consistent committed input from heads, who ensure the Board understands what the range of Haringey Heads are thinking, and who ensure messages from the Board are fed back. Haringey schools are very high performing (100% of Haringey schools are good or Outstanding), and we know that children tend to be safer if they are in good schools.

2.11 However, we have also been clear about further improvements required by the LSCB. This includes aligning our work with the Safeguarding Adult Board, strengthening the voice of Children and young people through the creation of the 'Shadow Children's Board', further developing our Training and Development core offer and improving our partnership performance data.

2.12 The Independent Chair is also working with the three statutory partners to equalise the LSCB budget contributions and reduce what is still seen as an unreasonable financial burden on the Haringey Council. These issues, and several others, will be addressed during the implementation of the Haringey MASA.

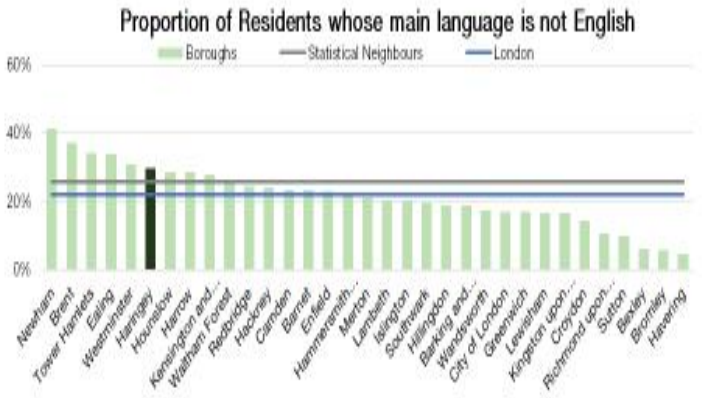


There are 60,877 children aged 0-17 in Haringey, representing 22% of the population. 63% of the Haringey population are from a BME group or Other White ethnic groups compared to 58% in London.

Deprivation

Haringey is one of the relatively more deprived authorities in the country, ranking 49 out of 317 local authorities, although this has improved over time with Haringey no longer in the top 10% most deprived authorities. Haringey was ranked 13th most deprived in 2010 and 30th most deprived in 2015.

Haringey is the 4th most deprived borough in London – Barking & Dagenham, Hackney and Newham are more deprived. In London Haringey was ranked the 4th most deprived in 2010 and 6th most deprived in 2015.



Over 180 languages are spoken by Haringey residents, and 30% of Haringey residents do not speak English as their main language.

16.9% of Haringey pupils from Reception to year 11 (aged 4 – 16) claim free school meals, compared to a national average of 13.1%.

CHILDREN'S SOCIAL CARE IN NUMBERS 2018/19

- We received 12,968 contacts (19% more) compared to 10,884 contacts received in 2017/18. The highest proportion of contacts came from the police (45%), followed by health services (16%) and schools (14%)
- 46.9% of contacts go onto referrals

↑ 12,968 Contacts

- 3,560 referrals were received in 2018/19 compared to 3,923 referrals received in 2017/18 (9% less)
- Of the referrals received, 21% were re-referrals. Higher in comparision to 2017/18 when the re-referral rate was 15%

↓ 3,560 Referrals

- 2,832 assessments were completed in 2018/19, 16% fewer assessments than in 2017/18 at 3,370
- 94% of assessments were completed within 45 working days; an increase from 2017/18 at 90%

↓ 2,832 Assessments

- There were 4,492 Children in Need who had received a service at any point within 2018/19 compared with 4,530 CIN in 2017/18
- Excluding CP, LAC and care leavers at the end of 2018/19 there were 3,538 CiN

↓ 4,492 CIN

- At 31 March 2019 there were 429 Looked After Children
- The rate of CLA was 71 per 10,000 children in Haringey, equal to the rate in 2017/18
- 219 CLA started and 224 CLA ceased during 2018/19

→ 429 CLA

- 187 children were the subject of a Child Protection Plan at the end of 2018/19; a 44.8% decrease from the number of children Subject to a CPP at the end of 2017/18 (339)
- 293 children started and 441 ceased to be subject of a CP

↓ 187 CP

- 1,582 new families engaged with Early Help services compared to 811 in 2017/8, a 95% increase.
- Of the 1,348 familes closed to Early Help services in 2018/19, 465 (34%) were closed with a successful and sustained outcome

↑ 1582 Early Help

- 1,096 children were the subject of a Section 47 enquiry during 2018/19
- This equates to a rate of 182 children with a S47 enquiry per 10,000 children in 2018/19, a 19% decrease on the rate for 2017/18 at 224 per 10,000 children

↓ 1,096 S47

- 391 Initial Child Protection Conferences took place during the year, 26% fewer than 2017/18 (529)
- Of the 391, 297 (76%) occured within 15 working days of the child's S47 start date. Better than Haringey's statistical neighbours (72%)

↓ 391 ICPCs

- 2,011 assessments were identified to have a Domestic Violence, Mental Health or Substance misuse factors at the end of the assessment
- 27% more assessments in 2018/19 had one or more of these factors compared to 2017/18

↑ 2,011 Toxic Trio

- The rate of first time entrants to the criminal justice system per 100,000 of the 0-17 year old population was 379 in 2018/19
- This is lower in comparison to the rate in 2017/18 at 403, a 6% decrease

↓ 379 FTEs

- 58% of care leavers aged 17-21 are in education, employment or training in 2018/19 a 3% increase on 2017/18 where 56% of care leavers were known to be in EET
- 95% of care leavers aged 19-21are in suitable accomodation, 83% last year

↑ 58% Care Leavers EET

- 276 Children had a Education, Health and Care Plan finalised in 2018/19, compared to 2017/18 when 108 children's EHC plans were finalised
- There was a 15% increase in the number of EHCP requests, 447 in 2018/19 compared to 388 in 2017/18

↑ 276 New EHCPs

- Looked after children acheivements have been in the top quartile nationally for some years. Their average attainment 8 score was 27.2 is better than the national position of 18.9
- Haringey's CLA average attainment 8 score ranks as the 3rd highest in the country

↑ 27.2 CLA Attainment 8

- Of the children who ceased to be CLA in 2018/19, 14 (6.4%) were adopted and 13 (5.9%) were suject to a Special Guardianship Order
- Haringey SNs acheieved 6% adoptions and 12% SGOs in 2017/18

↑ 27 Permanency Orders

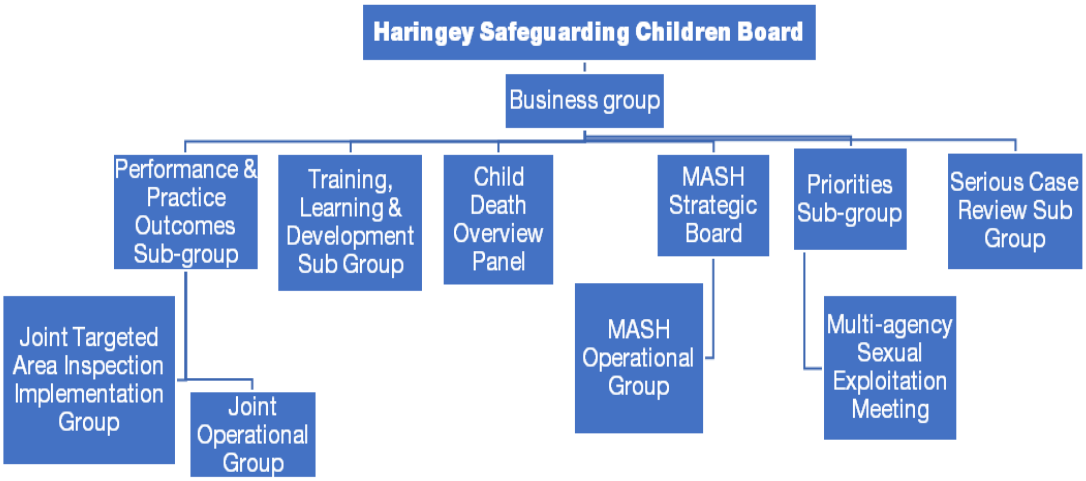
5. The LSCB Arrangements

5.1 Under the previous legislation, regulations and statutory guidance, the LSCB was required to co-ordinate work to safeguard and promote the welfare of children and to ensure that it is effective. The LSCB carried out the following functions:

a) the provision of policies and procedures covering a range of issues and approval of the Thresholds Guidance (Pathway to Provision);
b) communicating with persons and bodies in the area about the need to safeguard children and raise awareness;
c) monitoring and evaluating the effectiveness of safeguarding work by partner agencies and advising on ways to improve;
d) participating in the planning of services for children;
e) undertaking serious case reviews.

5.2 The LSCB structure had an Independent Chair and a number of subgroups chaired by a senior member from across the partner agencies. The partner agencies represented on the LSCB were drawn from a range of statutory and non-statutory organisations. They included Haringey Council representatives from relevant departments(Children's Social Care, Education and Learning and Early Help) Police, Clinical Commissioning Group (NHS), Health Providers, National Probation Service, Community Rehabilitation Company, CAFCASS, Homes for Haringey, Haringey Legal Services, London Ambulance Service, the voluntary sector (Bridge Renewal Trust) primary and secondary school head representatives and the Cabinet Member for Children's Services.

The following chart sets out the previous structure of the LSCB:



5.3 The full Board met quarterly until June 2019. Detailed work was undertaken during the transition process through the Shadow Executive Group, the Business Group and Sub Groups, reporting to the main Board. The Business Group, Chaired by the Independent Chair, provided strategic leadership to the LSCB. It scrutinised key areas of work in detail prior to consideration at the full Board, dealt with budget issues, set the agenda for board meetings, and co-ordinated the development of the new MASA arrangements.

5.4 In Haringey, there is a clear commitment from senior leaders across agencies to protecting children and young people and promoting their welfare. This commitment also extends to the strong political support and priority that the elected members of Haringey puts on safeguarding children.

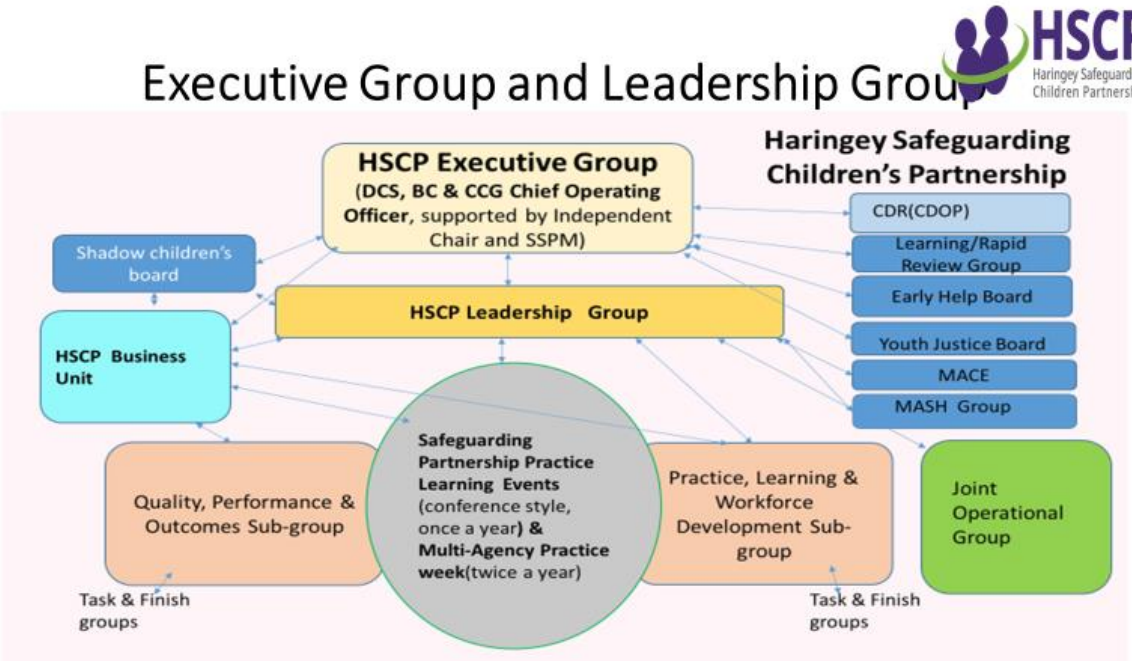
6.Haringey Safeguarding Children Partnership (HSCP) – New Arrangements

6.1 Children's Safeguarding arrangements have changed as a result of legislation and national guidance (the Children and Social Work Act 2017, and Working Together to Safeguard Children 2018). There is no longer a requirement to have a Local Safeguarding Children Board (LSCB), and there is a new responsibility for the Council, Police, and Clinical Commissioning Group to develop proposals for new multi-agency safeguarding arrangements. The Council, Haringey Clinical Commissioning Group (CCG) and the Police have agreed new local arrangements for safeguarding and promoting the welfare of children in Haringey. The new arrangements were published on 29thJune, and went live on 29th September 2019.

6.2 The Council and Haringey CCG was also required to make new arrangements for the review of each child death in its area. A parallel CDOP process, led by Haringey Public Health, sets out the direction of travel for the new Child Death Review System and how this is operationalised across North Central London.

The Structure

The diagram below describes the new Haringey Safeguarding Children's Partnership structure.



6.3 In consultation with stakeholders, the three statutory partners agreed to have an Executive Group on top of the tree, the Leadership group underneath and three subgroups. The number

of subgroups forming the Partnership is significantly reduced and the new subgroups will focus strongly on improving practice and ensuring an emphasis on learning, enabling a feedback loop across partner agencies and the front line. The statutory partners have agreed to retain an Independent Chair for at least the first year who will undertake the chairing responsibility of the new HSCP. A launch event of the new partnership was planned for early November 2019, was very well attended, and attracted very positive feedback.

6.4 The new arrangements have given us the opportunity for a 'cultural shift' review to change some of our ways of working, focusing on how we can make a real difference to multi-agency frontline practice to improve outcomes for children, young people and their families in Haringey.

6.5 Through our MASA implementation we will further develop our engagement mechanisms with children and young people through the establishment of a Shadow Children's Board by September 2020. There is likely to be considerable local and national learning and further development in 2020 and beyond, as new arrangements prove their effectiveness. The partners strongly support the continuing improvement of its multi-agency safeguarding arrangements (MASA).

7.Child Death Overview Panel (CDOP)

7.1 The CDOP was Chaired by the Assistant Director of Public Health and the Deputy is the Designated Doctor for Safeguarding. The remit of the group was to provide a review of all deaths of children who are under 18 and resident in the borough and to use the information gathered to develop interventions and recommendations to improve the health and safety of children in order to prevent future deaths.

7.2 During 2018/19, there were 19 deaths of children resident in Haringey. 4 rapid response meetings were held in relation to unexpected deaths of children. There were 5 meetings of the CDOP Panel. The new eCDOP recording and reporting system is in place across London including Haringey.

7.3 Haringey's children, local procedures and policies are now governed by the new multi-agency safeguarding arrangements in parallel to the new CDOP arrangements. Haringey designated professionals have been active contributors to the planning and implementation for both sets of arrangements.

8. Key Achievements of the JTAI Improvement Plan

8.1 Between 4th and 8th of December 2017, the partnership was subject to a Joint Targeted Area Inspection (JTAI) of the multi-agency response to abuse and neglect in Haringey. A combined multi-agency action plan was submitted to Ofsted in May 2018 and a JTAI Implementation Group with membership from senior lead agencies and Chaired by the DCS, was established in July 2018. The group met on a monthly basis until March 2019 to monitor, review progress and scrutinise evidence of all agency actions.

8.2 There was a strong focus on challenge between agencies, from the Independent Chair and the DCS. As a result, the JTAI Implementation Group has driven improvement which led to more effective multi-agency working. This was evidenced in many Sign-off reports/ progress updates during the JTAI Implementation meetings and recently in most agency JTAI progress reports. Agencies also reported that they had strengthened their internal quality assurance process and revised their quality assurance framework. Governance arrangements are in place to ensure that actions are taken forward via the relevant subgroups/Boards within LSCB and single agencies. Key JTAI partnership achievements include:

a. A clear focus on completing the priorities in the JTAI Combined Action plan
b. Partnership actions were monitored by the LSCB and single agency actions are monitored as part of individual agency Governance arrangements (please see appendices).
c. Professional challenge between partners has been effective and there is recognition of significant improvement across agencies.
d. The Sustainability Plan is a separate document to be revisited on a six monthly basis to ensure there is no drift.
e. New JTAI themes which are confirmed to 2021 have been adopted as priorities in our Partnership's MASA
f. LSCB and Single agency governance arrangements are in place to ensure that actions are taken forward via the relevant subgroups/Boards within LSCB and single agencies
g. There is a partnership acknowledgement that we need to evidence the impact on children and young people and the voice of the child
h. 100% Child and family assessments are completed within 45 days of the referral.
i. Safeguarding children KPIs are monitored at individual agency level and there is considerable progress of developing the HSCP KPIs data dashboard for implementation once we enter into the new safeguarding arrangements.
j. The response to JTAI in Haringey has brought about significant improvements within partner agencies through; service reviews, clearly defined roles and responsibilities, robust performance management and workforce development. It also helped partners to better prepare for other Inspections within their own organisation.

9. Developments in the MASH

9.1 For the year 2018-19 significant work has been done to speed up progress in strengthening and improving the performance of the MASH as follows:

a. Combining the work of the MASH strategic group and MASH operational group to form a new streamlined governance arrangement under the MASH operational management group with new Terms of Reference. This has ensured that the partnership arrangements are effective, well understood and accessible across the Borough. This oversight includes the strategic monitoring and evaluation of the delivery and performance of the MASH. The group met for the first time on 10th October 2019 and thereafter meets quarterly.

b. Introduced a new workflow in line with an updated MASH protocol with managers screening from the initial point of contact. This system is more efficient, simpler and provides better management of risk where children at immediate risk of significant harm are fast-tracked by the MASH.

c. Established a dedicated consultation line to offer consistent advice and guidance to the public and professionals. An experience manager has been recruited to this post with consultations recorded to ensure there is clear audit trail with actions and necessary follow up. This has also created additional capacity for the MASH to work proactively with professionals to support them in understanding thresholds and increase confidence in how to manage risk.

d. Secured a room with telephone conference facility solely for the purpose of strategy meetings. This has improved attendance, engagement and contributions from all relevant agencies and not just between police and children social care as before. A dedicated minute taker ensures decisions and safety plans are prioritised and shared promptly so everyone is clear about their role.

e. Increased focus in providing better and quicker feedback to referrers on what has happened in relation to contacts they have made to MASH.

f. Created a learning environment with a strong programme of bite size learning to support the team plan to build up the practice and knowledge base. This learning time is interactive and protected providing a reflective space in the fast-paced, high-risk work of the front door.

g. Putting greater emphasis on tracking & monitoring performance every day through the daily MASH huddle, dataset and reports made accessible to the whole team.

h. Running threshold training and MASH team being more visible to wider safeguarding community. The MASH team have started to visit various safeguarding partners and forums to increase awareness of the service, consultation line and escalation policy.

i. Maximising opportunities to learn from other Front Door models starting with a visit to Leeds on 11 December 2019 to look at good practice and innovation.

j. Designing a practice and resource folder to support social workers in assessing risk and linking families to appropriate support out in the community.

k. Co-locating Early Help within MASH to maximise earlier identification of vulnerable children. This project has introduced Early Help Family Support Workers who are specifically tasked with undertaking rapid Early Help assessments in order to reduce delay in families receiving a service.

9.2 The MASH continues to receive a high volume of contact however, this number has remained relatively stable when compared to previous years. The above changes, at pace, have enabled the MASH to significantly improve its performance. The coming challenge will be to consolidate the improvements, maintain performance with focus on achieving quality that is consistently good.

10. Effective Safeguarding Governance

10.1 Section 11 of the Children Act provides a framework for organisations to self-assess whether they are meeting their responsibilities to safeguard children and promote their welfare. In order to fulfil this function, the LSCB has challenged partners both in terms of their response and any action plan that is developed through their self assessment.

10.2 The S11 support and challenge meetings took place between March and June 2019. Those meetings Chaired by the Independent Chair and the Strategic Safeguarding Partnership Manger took place for all partners; BEH, NMUH, CCG, Whittington, Police, Children's Social Care, Probation and CRC. It is clear that partners fully acknowledge the importance of ensuring compliance with Section 11 and have clearly demonstrated a journey of improvement.

10.3 Overall, the partnership demonstrated an inspiring commitment to safeguarding via dedicated safeguarding teams and officers' who provided very clear and accountable governance processes and procedures and excellent evidencing of safeguarding documentation. The S11 process illustrated a desire to deliver best practice around safeguarding. There is evidence of strong leadership and managerial oversight within the safeguarding teams who attend LSCB meetings and actively contribute to the partnership by

providing updates and completing actions that are required. The partners demonstrated an impressive capacity for challenging existing procedures within their organisation.

10.4 There is evidence that collating the voice of the children individually is happening. However, there was not enough evidence around how the views of children, young people and their families have influenced improvement in service delivery and the Haringey offer.

10.5 There are opportunities across the partnership to scope more interagency working. This includes strengthening the Partnership Training, Learning and Development core offer. There are also opportunities for sharing single agency audits for learning and looking for multi-agency/partner audit opportunities.

11. LSCB Learning and Improvement: learning from practice through thematic Audits

11.1 The multi-agency audit of practice is a key ingredient for learning and improvement in Haringey. Through multi-agency thematic audits we ensure that the partnership has a clear grip on the quality of practice at the front line. The LSCB recognises that it is important to get right by balancing the necessary rigour and creating the necessary opportunities for shared reflection, and engaging the expertise of front line practitioners in evaluating the quality of each other's practice, while not making unrealistic demands on very pressurised staff in all partner agencies.

Pre-Birth Audit

11.2 A thematic audit of Pre-Birth practice took place during 2018/2019. There were key practice themes that were evidenced in both health and social worker practice, and are summarised below:

What's working well

- Presenting risk was identified and responded to
- Case recording captures the risk to the unborn child
- The voice of the child was captured through predictive analysis
- All plans evidenced contingency planning
- Information sharing across the partnership was evidenced

Areas for improvement

- Chronologies were not always completed to capture the family history
- There was a lack of professional curiosity beyond the presenting need
- Prospective fathers were not engaged with as part of the assessment
- The use of assessment tools not evidenced
- Strategy meetings did not always have health input and were with Police and Social Care
- Supervision does not always support reflection and analysis

11.3 This audit identified key areas of practice improvement across Children's Social Care and Hospital Midwifery. Social care and Whittington Hospital have reported that since the audited was completed, they have:

- Child and family assessment amended to address shortfall in the quality of the pre-birth assessments – see appendix B
- Whittington Hospital is in the process of reviewing safeguarding supervision arrangements for midwives and health visitors.
- Enhanced section 47 process to include health colleagues in MASH for the initiation of the strategy meeting

Haringey Multiagency Children & YP Mental Health Audit

11.4 A LSCB Task &Finish group from the Practice, Performance and Outcomes Subgroup undertook a deep dive into four cases of children and young people's experience of mental ill-health. The exercise allowed the group time to have a closer look at the experiences of four children, focusing on their journeys. There were key practice themes that were evidenced in multiagency working and are summarised below:

Strengths

- Assessments identified key risks and were responded to.
- Impact of parental mental health on the child outcomes clearly articulated in records.
- Early identification of risk to the unborn and mother.
- Good communication with CAMHS and community health.

Areas for improvement

- Information sharing between CAMHS and Education.
- Evidencing the lived experience of the younger child.
- Initial consultation with "First Step" as part of care planning process.
- Completion of chronologies to capture the history and risk.
- Evidencing the role of the father and impact on family dynamics as part of assessments.
- Improved consideration given to impact of neglect on child's long term mental health and wellbeing by use of neglect tool.
- Supervision to support reflection and analysis in cases

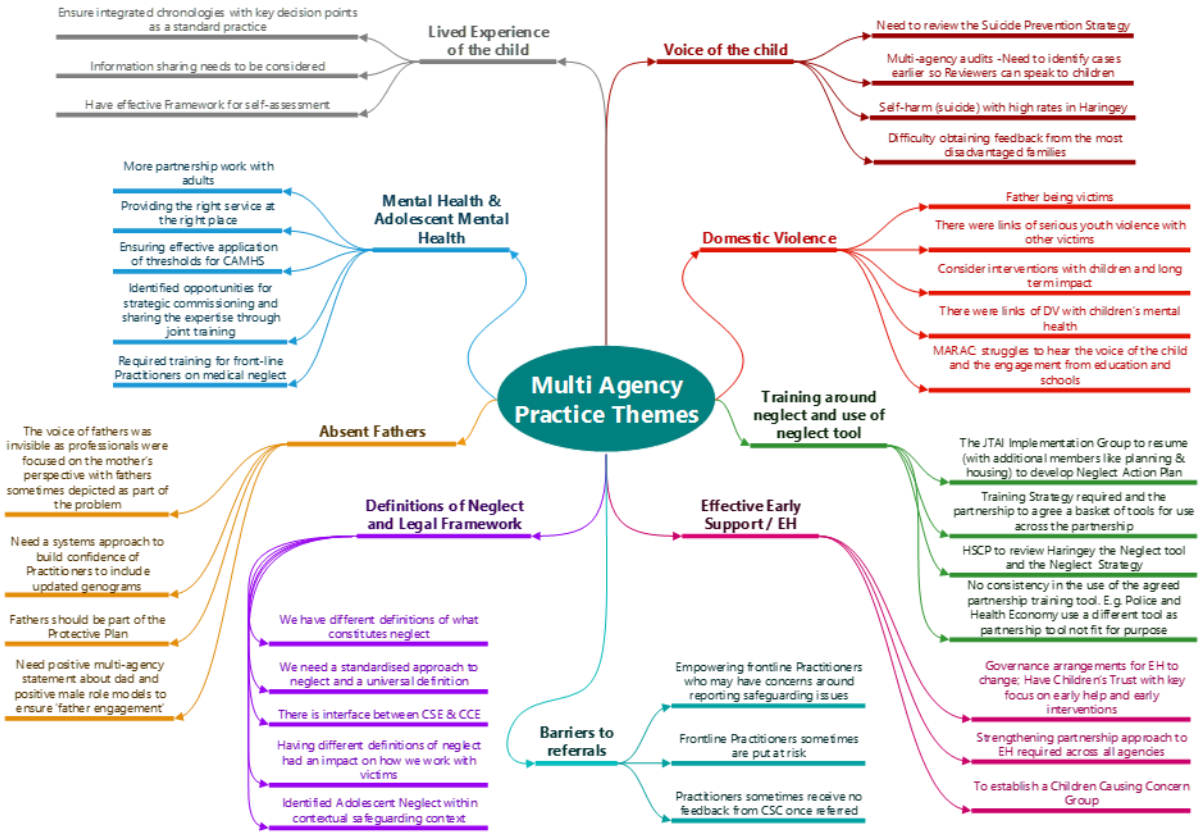
11.5 The audit identified key areas of practice improvement across BEH, (Mental Health Services) WH, (Community Health Services) and NMUH, (Midwifery/ A&E Services), Children Social Care, First Step and Education. The Quality, Performance and Outcomes (QPO) subgroup within the new arrangements will seek assurance from the partnership that the above areas for improvement have been embedded and there is evidence of improved practice.

12. Multi Agency Practice Week:

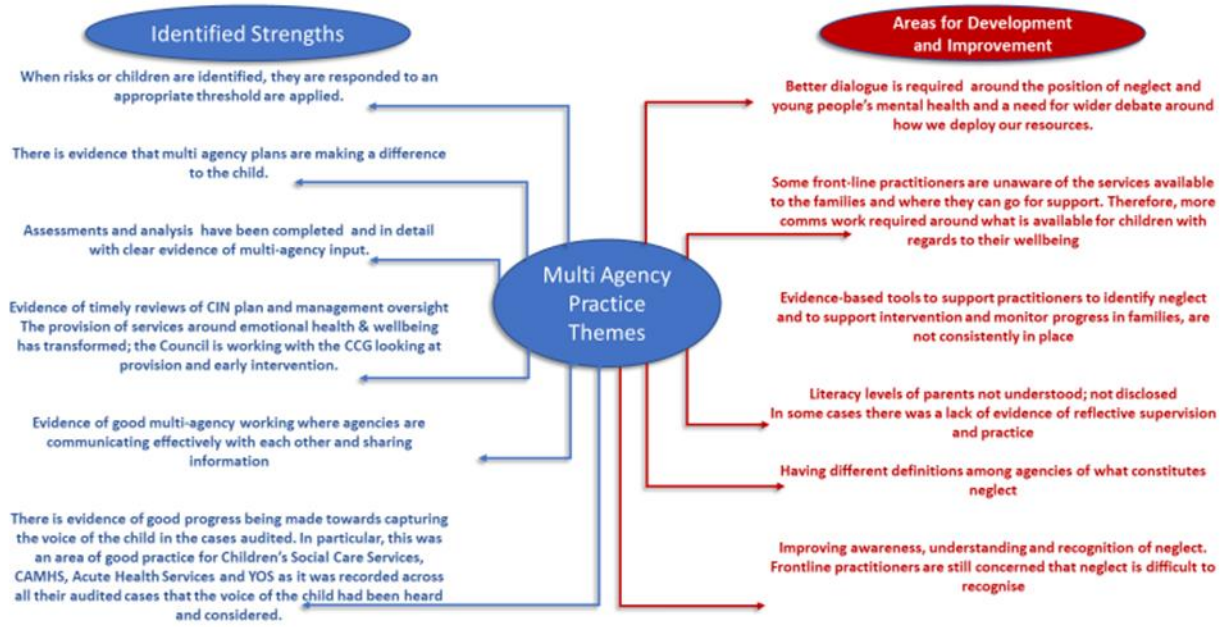
12.1 The Multi Agency Practice week which focused on Neglect took place 16th - 20th September 2019. The following agencies undertook a joint response to abuse and neglect in Haringey:

- Children's Social Care
- Early Help
- North Middlesex University Hospital
- Whittington Health
- Barnet, Enfield & Haringey Mental Health Service
- Community Safety and Environmental Health
- Public Health
- Schools
- Haringey CCG
- Housing
- Youth Offending
- Police

Identified Practice themes and actions:



Identified Strengths and Areas for Development and Improvement



12.2 The multi-agency practice was undertaken to review the current practice around neglect and to understand the impact of the improvements across the agencies since the Joint Targeted Area Inspection (JTAI) 2018. The Action Plan is aligned with the partnership actions identified in the Haringey Clinical Commissioning Group (CCG) neglect report presented at the HSCP Leadership Group meeting on 10th December 2019.

12.3 The Partnership wanted to understand the impact on multi agency practice of the neglect tool that was approved in July 2018 for use across all the partnership. In addition, the partnership wanted to gain a better understanding of practitioners' confidence and competence in working with children and families where neglect is a feature and to identify opportunities where agencies could work better together to meet children's needs and keep them safe.

12.4 The experience of the multi-agency approach to this practice week has been invaluable with extremely positive feedback from all who participated, whether they were senior leaders observing practice or indeed those being observed. The lessons learnt and findings have been pulled into an outcomes-based action plan. Throughout the week it has been evident that front line practitioners know their children and families well and are passionate about achieving the best outcomes for them. There is evidence of improved practice since the last JTAI Inspection, particularly in relation to multi-agency collaboration and a real opportunity to think and drive better practice together.

12.5 Compliance with standards for supervision and management oversight has also shown some signs of improvement. We have seen improvements in practitioners' determination to ensure that the child's voice is highly influential in getting the right help and support to children and families. This is and will continue to be a key driver for improvement.

12.6 There have of course been many lessons, one of the most critical lessons being that as a partnership group we have had an inconsistent use of the definition of neglect, resulting in a lack of proper joined up understanding and potentially avoidable barriers in place. For some practitioners this has resulted in a lack of confidence to make judgements about the impact of parental behaviour on their children's wellbeing. The partnership has also recognised the links

between neglect and child exploitation, and the impact of sexual and criminal exploitation of our children.

12.7 The strength of the partnership working demonstrated a very professional desire to do all we can together to support and protect the children of Haringey. For some reviewers this was their first opportunity to be involved in a multi-agency review.

13. The Management of Allegations regarding professionals: The Haringey LADO service - activity and impact

13.1 The Local Authority Designated Officer (LADO) is a well-established role in Haringey. The LADO is based within the Safeguarding & Quality Improvement Service and provides oversight of allegations against people who work with children as well as advice and guidance to agencies. Key data below shows contacts made with the LADO during 2018-2019:

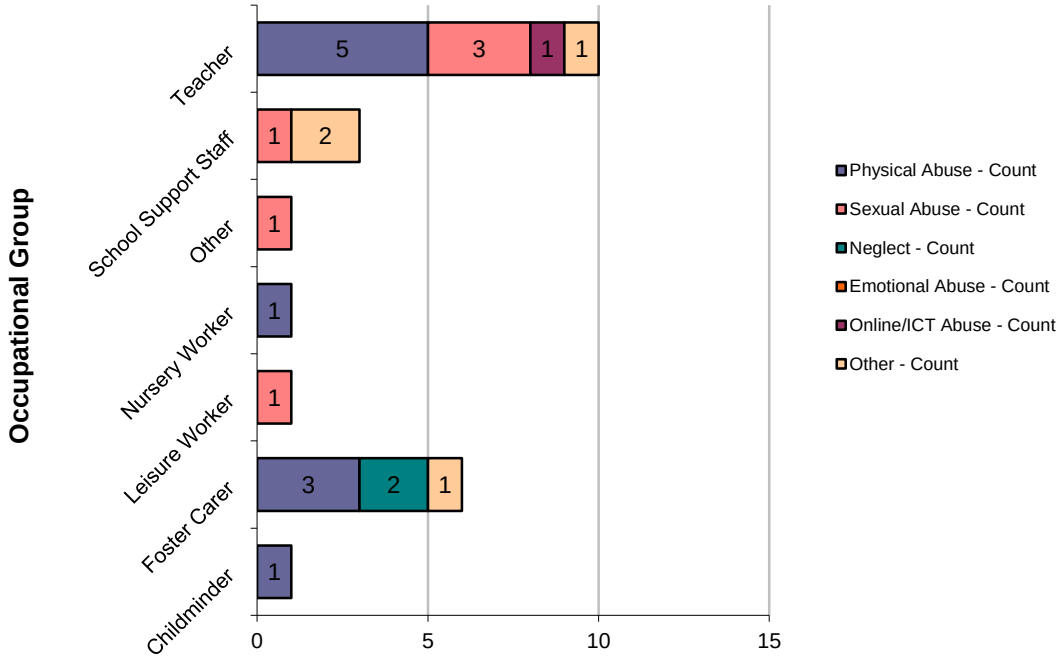
- 85 (29%) were from the education sector, usually from Head Teachers or Designated Safeguarding Leads.
- 110 (38%) were contacts for advice, consultation or referral from social workers either within the London Borough of Haringey, or in other neighbouring authorities.
- 12 (4%) of the contacts were from the Early Years Sector and 20 (7%) were from the police.
- There were 15 (5%) contacts from OFSTED. Most of them were parental complaints direct to Ofsted regarding schools and Early Years settings.

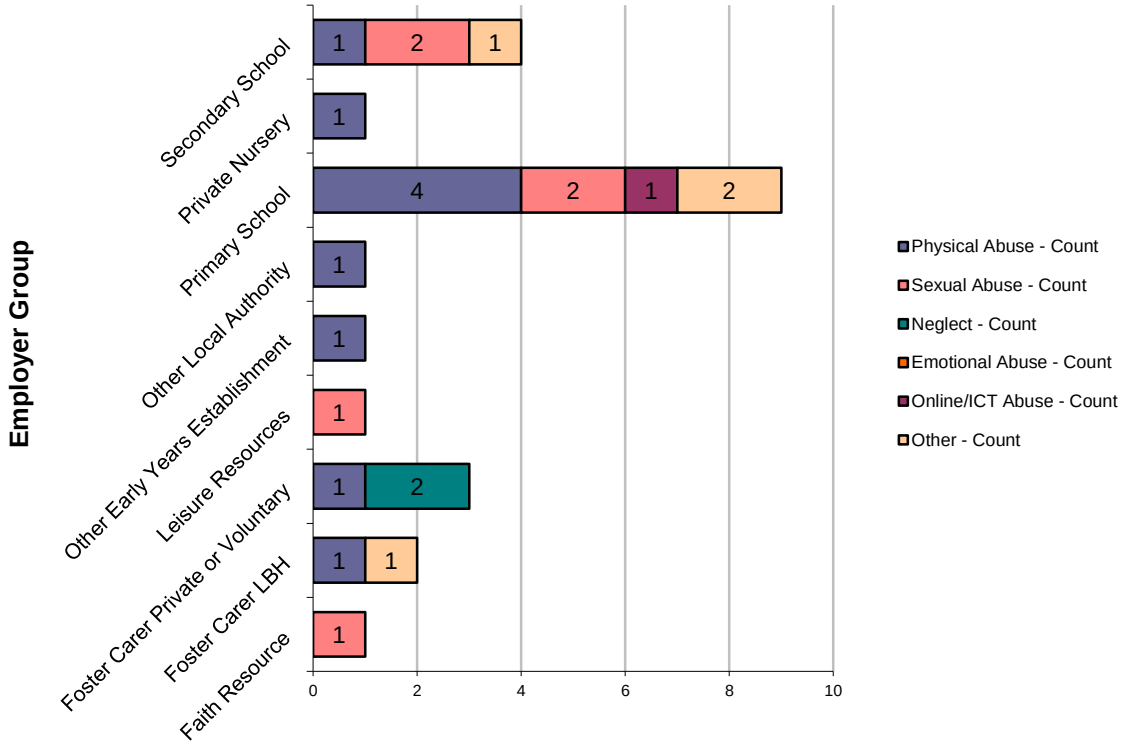
Professionals that were the subject of initial allegations in Haringey during 2018-2019

- 138 (47%) contacts were about staff working in the education sector. This total is the about same proportion as last year. This included allegations about teachers and school support staff. The allegations refer to current and historical situations where a concern has arisen in a person's home life as well as allegations that the staff member has behaved in a harmful way towards a child. About two thirds of these contacts were about primary schools and a third about secondary schools. Roughly two thirds of the contacts were about teachers and about a third concerned school support staff.
- 32 (11%) of the contacts were regarding staff in Early Years settings which includes nurseries, pre-school settings, and childminders.
- 41 (14%) were contacts about the care sector i.e. including foster carers, both in-house and from the PVI sector, and residential care workers.
- The rest of the consultations concerned professionals or volunteers involved in sports and leisure clubs, health professionals, transport providers, the charitable sector and the faith sector.

13.2 Of the 271 contacts 23 cases resulted in a formal meeting under Allegations Management in the London Child Protection procedures. This is a lower number than last year and reflects a review of thresholds in line with Data Protection regulations.

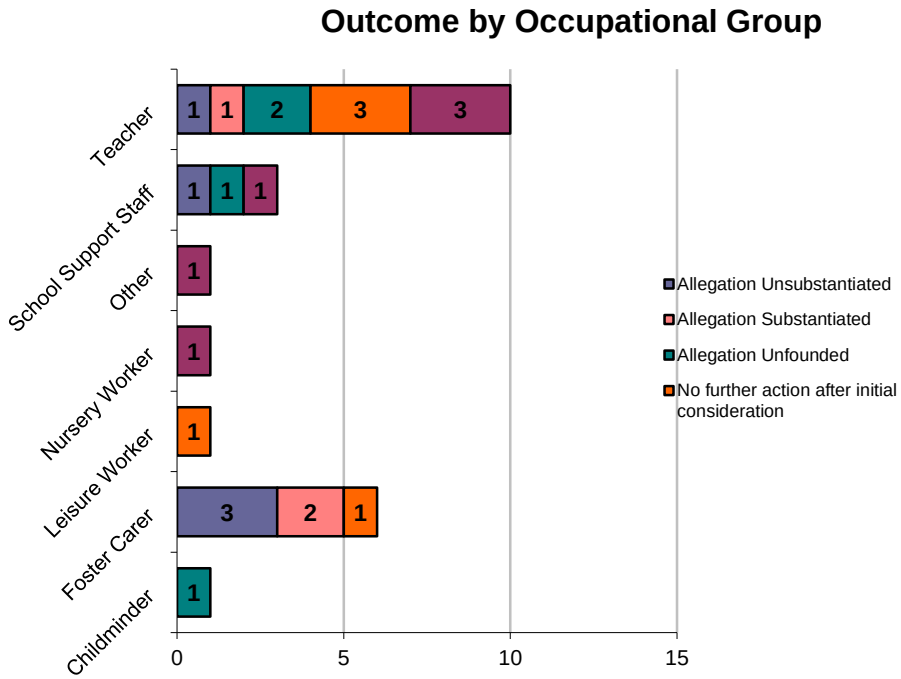
Category of abuse by Occupational Group then Employer Group

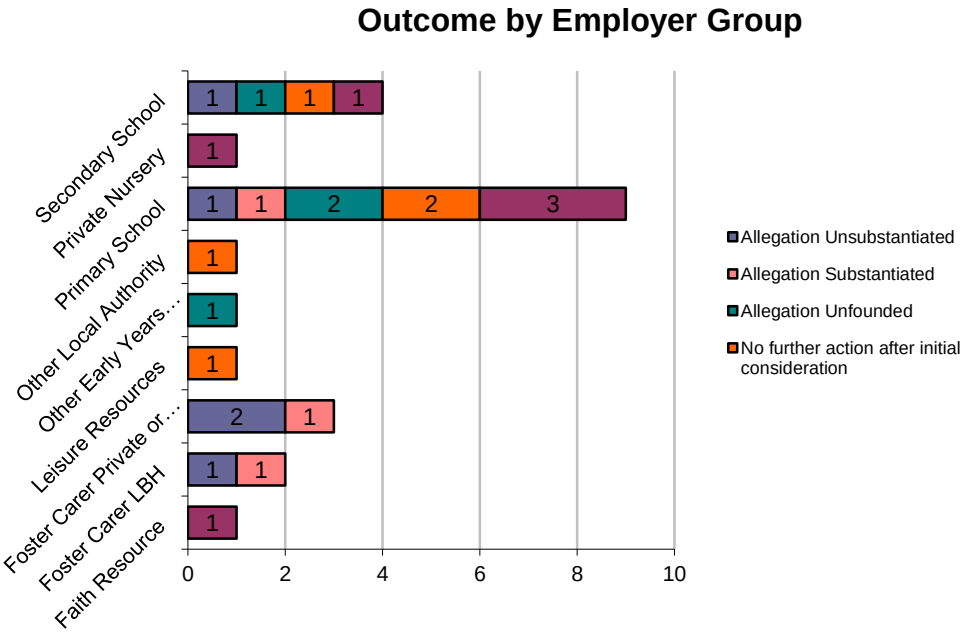

Occupational Group
Teacher
School Support Staff
Other
Nursery Worker
Leisure Worker
Foster Carer
Childminder
5
3
1
1
1
2
1
1
1
3
2
1
1
0
5
10
15
Physical Abuse - Count
Sexual Abuse - Count
Neglect - Count
Emotional Abuse - Count
Online/ICT Abuse - Count
Other - Count



The LADO management of allegations outcomes are shown below in the tables below:

Outcomes by Occupational Group and Employer Group





13.3 During 2018-19 an Ofsted inspection of Haringey provided positive feedback for the LADO processes in the borough. The LADO continues to work with partners and service colleagues to offer advice and training around the management of allegations against those who work with children.

Appendix 1

The table below shows the Haringey LSCB budget for 2018 and 2019

HARINGEY LSCB budget 2018-2019	
Contribution	**Amount**
Metropolitan Police	£5000
Haringey Council, CYPS	**£112998**
Cafcass	£550
Probation	£2,046
Tottenham Hotspur FC	£2,046
North Middlesex Hospital	£5,115
Whittington Health	£5,115
Barnet, Enfield & Haringey MHT	£5,115
Haringey CCG	£5,115
Grand Total	**£143100**

Appendix 2

List of LSCB agencies

AGENCY
CAFCASS
HARINGEY COUNCIL (CYPS)
Haringey Education Partnership
Health Services: **Clinical Commissioning Group** **North Middlesex University Hospital** **Whittington Health** **Barnet, Enfield & Haringey Mental Health Service**
LA Housing Department
Public Health
LBH Legal Services
Police
National Probation Service (NPS)
London Community Rehabilitation Company (London CRC)
Lead Member CYPS
Primary School Head rep
Secondary School Head rep
London Ambulance Service (LAS)
Adult Social Services
General Practitioners
Haringey Association of Voluntary and Community Organisations (**HAVCO) (Vol Sector)**
The Bridge Renewal Trust (Vol Sector)

Appendix 3

GLOSSARY

AD – Assistant Director

BC – Borough Commander

CAFCASS – The Children and Family Court Advisory and Support Service

CCG – Clinical Commissioning Group

CCO - CCG Chief Operating Officer

CDOP – Child Death Overview Panel

CDR – Child Death Review arrangements

CRC – Community Rehabilitation Company

CSC – Children's Social Care

CSP – Community Safety Partnership

CYP – Children and Young People

DCI – Detective Chief Inspector

DCS – Director of Children's Services

HoS – Head of Service

HSCP – Haringey Safeguarding Children Partnership

ILAC – Inspecting Local Authority Children's Services

JTAI – Joint Targeted Area Inspection

LA – Local Authority

LAC - Looked After Children

LBH - London Borough of Haringey

LSCB – Local Safeguarding Children's Board

HSCP – Haringey Safeguarding Children's Partnership

MACE – Multi Agency (meeting for) Criminal Exploitation

MASA – Multi Agency Safeguarding Arrangements

MASH – Multi Agency Safeguarding Hub

MOPAC – Mayor's Office for Policing and Community

MPS – Metropolitan Police Service

NCL – North Central London (Haringey/Enfield/Barnet/Camden/Islington)

NHS – National Health Service

Ofsted – Office for Standards in Education, Children's Services and Skills

SAB – Safeguarding Adults Board

SCR – Serious Case Review

SEND – Special Educational Needs and Disability

SOP – Standard Operating Procedure

SPR – Serious Practice Review

SSPM – Strategic Safeguarding Partnership Manager

WT 2015 – Working Together To Safeguard Children 2015

WT 2018 – Working Together To Safeguard Children 2018

YJB – Youth Justice Board

YOT – Youth Offending Team

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