

Scrutiny Review – Engaging with hard to reach communities
Draft Minutes from meeting held on Monday 16th November

Present: Cllr Bull (Chair), Cllr Amin, Richard Milner, Chris Giles, Dilo Lalande, Ibiliola Campbell, Ify Adenuga, Jocelyn Sekibo, Mohammed Dirshe, Margaret Fowler, Keith Elliott, Melanie Ponomarenko

tem	Minutes
1 – Apologies for absence	Cllr Gina Adamou Cllr Aitken
2 – Urgent Business	None
3 – Declarations of interest	None
4 – Minutes from the last meeting	Deferred
5 - Cabinet Member for Community Cohesion and Involvement	<p>Cllr Amin</p> <p>Community engagement is at the heart of what the Council aims to do, it is at the heart of policies.</p> <p>Examples of work in this are:</p> <ul style="list-style-type: none"> ○ Living Under One Sun ○ Meet the Neighbours ○ Eid Event

- Nevros

All Haringey Strategic Partnership organisations have signed up to the Community Engagement Framework, which sets our clear principles of engagement:

- Work in partnership to join up our engagement activities
- Engage where it will make a difference
- Be clear about what we are asking
- Be inclusive and aim to engage with all communities
- Communicate the results of engagement activities
- Build capacity of communities to take part in engagement activities

Haringey Compact - an agreement between public sector agencies and local voluntary and community sector organisations.

- Recognises the role of the voluntary and community sector in supporting Haringey's residents, and gives them a voice in decision-making.

Consultation toolkit: the Council's Consultation Toolkit sets out practical advice and procedures for all Council staff carrying out consultations.

Training: The Council recognises that in order for engagement to be effective, its staff need to be trained in effective engagement methods. The Council runs a course in consultation and engagement which can also be attended by staff from other organisations working in Haringey.

Area Assemblies – engage with people in different ways.

Community activists input into policy formulation.

The Council's Equalities Team engages with Haringey's different communities:

- World Mental Health Day
- Holocaust Memorial Day
- International Women's Day
- World Aids Day

- Black History Month events
- Lesbian, Gay, Bisexual and Transgender Month events
- Eid event - attended by 127 people

Query as to how groups are followed up once they are identified?

If a group is identified at an Area Assembly they are included in the minutes and contact details are followed up. The Chair also follows the contact up and ensure that they are included on the distribution list for future events and meetings.

Discussion around the existence of groups that do not want to engage at all or only want to engage on a particular issue of topic/piece of work.

Noted that the Selby centre receives a circular grant for its rent. Seen as an important base for community organisations.

Discussion around money not always being the answer and that sometimes the provision of support is beneficial. Particularly around the business side of running a voluntary organisation. Groups need to be realistic when setting up an organisation e.g. would it be better as a project run within another organisation?

The third sector mapping exercise has identified 1700 voluntary and community organisations within the borough. Before the exercise there was approx 900 known to the authority.

Discussion around the need to join up the voluntary sector and analyse what is being done where.

Noted that some organisations don't actually know how to get funding and that these organisations should be supported as well.

	<p>Action – short briefing on the criteria that voluntary organisations need to meet in order to qualify for a voluntary sector grant.</p>
<p>6 - Neighbourhood Management</p>	<p>Jocelyn Sekibo and Mohammed Dirshe</p> <p>Please see attached presentation</p> <p>Help to Get Residents Involved in Their Community By:</p> <ul style="list-style-type: none"> • Identify and define local need and priorities • Get involved in designs of small improvement projects • Get involved in local residents groups and association • Get involved in local residents groups and associations - e.g. residents' associations, neighbourhood watch schemes, Friends of Parks groups • Join local boards and forums – e.g. Police Safer Neighbourhood Panels, Area Assemblies, school governance boards, • Participate <i>in local projects</i> – e.g. homework clubs, healthy eating schemes, home help, mobile and book libraries. <p>Support groups by providing office space, helping formulate constitutions, financial procedures etc.</p> <p>Who We Think Are Hard To Reach Groups</p> <ul style="list-style-type: none"> • Refugees and Asylum Seekers <ul style="list-style-type: none"> ○ Kurdish, Somali, Congolese, Angolan, etc • New Arrived Communities (Especially from the EU) <ul style="list-style-type: none"> ○ Polish, Romanian and other Eastern European Countries • Religious Groups

- Charedi Jewish
- Elderly and Disabled

Suggested Improvements

- Better Information Sharing and Communication between Homes For Haringey and the Council
- Better and More Outreach In the Neighbourhoods
- More Resources and Funding to Empower Individuals and Community Groups

Overview of barriers from a neighbourhood management perspective including information sharing between voluntary and statutory agencies, distrust of the council, language/jargon used etc.

Access to Service days

Examples of ones done: Somalian, Kurdish, French, Greek Elderly, Charedi.

Neighbourhood Management work with Community Groups, the Police and NHS Haringey to look at what services should be there for each community for example breast feeding, chiropody, healthy cooking, Mental Health, dentistry, CVD etc.

Each stall holder has a form to log what types of information people are asking for. This is the used to identify gaps to follow up.

NHS Haringey is beginning to work more with Neighbourhood Management for example with GP Practice surveys.

Discussion around Area Assemblies as a useful tool for engaging and how these could be used more holistically by organisations across the partnership.

Discussion around the benefit that could be gained by NHS Trusts inviting community organisations into meetings to share information and gain their perspective on issues.

	<p>Discussion around Translation services and the fact that the majority of publications are in English with translation panels on the back. Query as to what the turn around time is for this service? How many languages are supported in this service? How much does the service cost?</p> <p>Noted that translations are expensive and there are resource issues involved. Noted that not everyone can read their own language and that it is sometimes better to work with organisations to disseminate this information.</p> <p>Action – briefing to be requested from Translation service on above points.</p> <p>There are around twenty Somalian organisations in the borough which have come together to form an umbrella organisation/forum.</p>
<p>7 – Haringey Link Forum/Crucial Steps</p>	<p>Presentation received by Ify Adenuga</p> <p>Please see attached.</p> <p>Crucial Steps represents children up to the age of 17 years. This often includes juveniles who are disaffected from the mainstream, often in trouble with the police. Also represents vulnerable adults who are unable to protect themselves.</p> <p>Examples of where young people have been bailed but are refusing to go home as they don't feel comfortable there e.g. if a family is religious and the young person isn't. Crucial Steps would assist in this type of situation.</p> <p>Organisation is able to steps in and help/signpost families who would otherwise not know how to get help, or not feel able to for cultural reasons. An example given was that of a woman who suffered from domestic abuse. Her husband then gained custody of the children as in the culture she came from the male keeps custody of the children. Crucial Steps was able to signpost the lady to Victim Support.</p>

	<p>Areas for improvement: More common working across the partnership. This may happen with the third sector mapping exercise being undertaken by HAVCO. Capacity Building – HAVCO are due to do some training in this area. Areas where smaller organisations need assistance include accountability and understanding their responsibilities. Feels that more consortiums would be beneficial.</p>
<p>8 – North Middlesex Hospital University Trust</p>	<p>Richard Milner</p> <p>Please see attached presentation</p> <p>The North Middlesex Hospital is keen to learn from community organisations.</p> <p>The North Mid has a majority of staff who live in the local area – if the hospital reputation is not good with these then this will feed out into the community and have a negative impact.</p> <p>The majority of work undertaken by the North Mid is via Accident and Emergency.</p> <p>Redevelopment work is currently taking place. If anyone would like to have a tour of the building works in progress then please contact Richard Milner. Contact details can be provided by the Scrutiny Officer of this review, Melanie Ponomarenko.</p> <p>There is a lot of gang related violence which comes through the hospital – young males.</p> <p>The North Mid has ten objectives, three of which relate directly to engaging with hard to reach communities: “1. That the patient experience is improved 5. That we become the hospital of choice for local people, providing access to the full range of health services</p>

	<p>10. That the Trust's role as a socially responsible "corporate citizen" is improved" These objectives are reviewed on a quarterly basis.</p> <p>Areas where work is taking place:</p> <ul style="list-style-type: none"> ○ Skills – the North mid doesn't necessarily have the right skills to engage with hard to reach groups. ○ There has been a culture of 'you get what you're given' but this is now changing ○ Networks – reaching out to voluntary and community groups. ○ 'Noise' - looking at how 'quieter' groups and individuals can engage as opposed to the groups which are very empowered and vocal. It is often the quieter groups who need more resources. <p>Have linked up with BME Carers due to discussions arisen in the review process.</p> <p>Discussion around community engagement and community representatives on boards and the existence of user groups. Query as to how organisations can tell whether these people are truly representing the views of people that they claim to.</p> <p>North Mid has links with the Local Involvement Network who take information back into the community.</p> <p>There is a need to consider how we work with new communities and help them to understand that accessing services in community settings will provide them with as good care as in hospital.</p> <p>Discussion around training being provided by communities to statutory organisations e.g. the Charedi community has provided some training in Hackney Council.</p>
9 – Whittington Hospital	Chris Giles

Please see attached presentation

13% of inpatients do not want to provide their ethnicity. There is therefore a knowledge gap.

Acknowledgement that the Whittington do not engage with patients as well as they should, let alone with hard to reach groups.

Community representatives sit on the Trust Board.

The 2008 Patient survey received 387 responses – this is a small proportion of the patients which were seen at the Whittington.

Moving to getting feedback at the point of delivery.

- Touch Screens have recently been introduced where people can give feedback in a number of languages. These give monthly qualitative feedback.
 - 1300 people have given feedback via these screens in the last two months.
- Target – to receive feedback from 10% of patients.

Focus Groups

The Whittington is using data from the Touch Screens to ask people to join focus groups. Five focus have been formed in this way so far for example, midwifery.

Increasing number of community based services offered, for example cardiology, diabetes and dermatology – this enable Whittington Consultants to be seen in the community.

Anti-coagulation services are also running out of places in the community e.g. pharmacies which make them more easily accessible for people.

All complaints go through the Chief Executive and the causes of complaints are analysed. The number of complaints has gone down since the touch screens were introduced – this is

	<p>possibly due to people having a point to express their view on hand and so do not feel the need to submit a complaint through more traditional means.</p> <p>The Whittington has 5/6 on site interpreters, which is believed to be quite unique in the acute setting. These interpreters are Somali, Punjabi, Turkish, Albanian and Greek. These interpreters also act as advocates.</p> <p>Young males, particularly those ages 16-24yrs are especially hard to reach. Young white males are again more particularly hard to reach. Discussion as to the reasons for this: Lack of formal structures e.g. groups, religious organisations etc which can be tapped into. Where do young white males and other ethnic groups congregate?</p> <p>Noted that some self management courses which are provided are over-represented by ethnic groups on a proportional basis.</p> <p>Also noted that clinically there are some illnesses which are more prevalent in some ethnic groups.</p>
10 – Homes for Haringey	Deferred
11 – Date of Next meeting	Monday 7 th December 10-12 Northumberland Park Resource Centre
12 – New items of urgent business	None