

# **MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON MONDAY, 12TH JUNE, 2017, 10.00am**

## **[ Meeting in Common of the Community Safety partnership and Haringey Health and Wellbeing Board]**

### **PRESENT:**

Cllr Claire Kober – Leader of Haringey Council[Chair]  
Cllr Eugene Ayisi – Cabinet member for Communities, LB Haringey  
Cllr Jason Arthur, Cabinet Member for Finance and Health, LB Haringey  
Cllr Elin Weston, Cabinet Member for Children and Families, LB Haringey  
Sharon Grant, Chair, Healthwatch Haringey  
Dr Peter Christian, Chair, Haringey CCG, John Everson, Assistant Director for Adults, LB Haringey  
Jon Abbey, Director of Children’s Services, LB Haringey,  
Geoffrey Ocen, Chief Executive, The Bridge Renewal Trust.  
Catherine Herman Lay CCG Member.  
Helen Millichap, Borough Commander (Co-chair), Haringey Metropolitan Police  
Andrew Blight, Assistant Chief Officer, National Probation Service - London for Haringey, Redbridge and Waltham Forest  
Douglas Charlton Assistant Chief Officer, London Community Rehabilitation Company, Enfield and Haringey  
Simon Amos, Borough Fire Commander, Haringey Fire Service  
Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group  
Geoffrey Ocen, Chief Executive, Bridge Renewal Trust  
Stephen McDonnell, AD Environmental Services and Community Safety  
Nigel Brookes, Superintendent, Haringey Metropolitan Police  
Eubert Malcolm, Head of Community Safety & Regulatory Services  
Tracie Evans, Interim Deputy Chief Executive, LB Haringey  
Rachel Lissauer, Acting Director of Commissioning, Haringey CCG  
Stephen Lawrence Orumwense, Assistant Head of Legal Services, LB Haringey  
Dr Jeanelle De Gruchy - Director for Public Health, LB Haringey  
Susan Oti - Assistant Director for Public Health  
Gill Gibson - Assistant Director for Early Help and Prevention  
Patricia Durr –LSCB Business Manager  
Charlotte Pomery – Assistant Director for Commissioning.

### **1. FILMING AT MEETINGS**

The Leader referred to agenda item 1, as shown on the agenda in respect of filming at this meeting and participants noted this information.

### **2. WELCOME AND INTRODUCTIONS**

The Leader welcomed those present to the meeting and the Health and Wellbeing Board and the Community Safety Partnership members introduced themselves.

### **3. APOLOGIES**

Apologies for absence were received from:

- Joanne McCartney
- Dr Dhorajiwala
- Mark Landy
- Cllr Newton

### **4. URGENT BUSINESS**

There were no items of urgent business.

### **5. DECLARATIONS OF INTEREST**

There were no declarations of interest put forward.

### **6. QUESTIONS, DEPUTATIONS, PETITIONS**

There were no deputations, petitions or questions put forward.

### **7. Young People in Haringey – Safety, Resilience and Wellbeing**

The Leader of Haringey Council opened the joint meeting of Haringey's Health and Wellbeing Board and Community Safety Partnership, which was an opportunity to bring together system leaders to think collectively about a common and shared priority.

The focus on vulnerable young people in this session was to:

- develop a better and shared understanding between partners /agencies of a range of local approaches, as well as the complexities and challenges of these.
- Focus partners' thinking about solutions that aim to strengthen co-ordinated approaches in local provision that focus on prevention and early intervention in order to reduce risks to vulnerable young people.

Members had received background reading, supplied in the agenda pack, which was extremely useful and had been compiled to inform the discussion. Gill Gibson, Assistant Director for Early Help and Prevention and Susan Otiti, assistant Director for Public Health would be focusing on the presentation, at page 61 of the agenda pack.

The Assistant Director for early Help and Prevention would begin by setting out the agenda and context for the discussion, which would be in three parts and include contributions from the LSCB, MAC UK and the Team around the School.

**Part 1: Context, intelligence, learning – Gill Gibson, Susan Otiti, Patricia Durr**

The above listed officers began part 1, by describing the journey to this meeting in common of the Health and Wellbeing Board and Community Safety Partnership. This included considering the number of children which were the victim of a violent crime and how not all the victims had been known to services, along with considering the number of incidences, fatalities, and life changing injuries of young people due to knife crime in the borough.

Services had looked at current systems leadership and the important dimensions of facilitating leadership and working to provide a resilient community. To facilitate this understanding, there had been a deeper dive of the youth justice information with a range of knife crime related cases considered. The statistics highlighted were: young people with an identified need, young people who were still in education when involved in the knife crime or where there was a member of the family with a mental health issue. Issues for consideration were also the number of children not in education, and the contacts made as a result of acute stress caused by homelessness issues, the vulnerabilities of looked after children, and young people with SEN which were disproportionately represented in both victims and offenders.

There were also wider issues associated with the increase in knife injuries, including young girls involved in gang culture with data and issues to consider in this area. Also the increase in criminal activity to support gang members, often around the country, was evident and there were an identified group of individuals identified as at risk.

There had also been an analysis of past published SCR's, from around the country, spanning over 10 years, involving knife crime. The Board and Partnership noted the similar histories and characteristics of young people's involvement in knife crime, this included both the victim and perpetrator:

- Violence at home
- Uncertainty for the family i.e. housing issues, emotional abuse, and neglect,
- Criminality
- Mental health issues in the family
- Association with sexual offences against women
- Lots of agencies involved with the family

Learning points from the analysis of the SCR's included:

- Reflecting on how we help young people and whether changes are needed in the child protection system.
- The challenges being faced as a result of young person's perspective
- [ putting ourselves in young people's shoes] services considering more fully the young person's perspectives and ensuring their basic needs are met.
- of the risk and the consequences of getting involved in a gang and tackling the perception of 'safety' in gang membership
- Partnerships Acting as an advocate, challenging the realities and promoting resilience.
- Understanding that a young person maybe coping but may not be resilient.

It was recognised, in this analysis, that there was a lot more to do, building on early service responses to deter bad influences.

Reflections on this part of the meeting from participants were:

- Working harder to improve outcomes for looked after children.
- Early intervention was key and understanding what this looks like and what actions can be taken by the Partnerships sooner.
- Considering how the trauma of a violent incident is experienced by a young person, and the issues that they will be considering. This is in order to build a different level of understanding and response amongst the Partnership and Board.
- Working with vulnerable young people about what are good and bad attachments and doing more to provide understanding of a positive attachment.
- Schools concerned about the support for mental health for young people and providing that mental health support before students reach the trauma stage.
- Recognising the over representation of BME young people's involvement and realising that there needs to be culturally appropriate interventions which will have maximum impact.
- Focussing on tackling domestic violence which is often prevalent in the early years of the young person's life.

## **Part 2 – Rising to the challenge: two case studies**

There was a presentation on the system response with schools and the meeting noted the work on the campus school as an alternative to custody.

There was information shared about the Team Around the School, an Early Help led service, which involves the team meeting with young people in the school and providing wider support to schools to help deter involvement in gangs.

The work with Park View academy was described, which involved a two-pronged approach taken forward. The case work element involved wrap around support to individuals and a whole school approach, involving the team around the school to deal with safety needs of pupils and deter gang membership. There was emphasis on targeting interventions which relied on staff identifying issues at an early age, offering support around the issues being faced at school. This included: Child Sexual Exploitation [CSE] Awareness workshops delivered to all Year Groups, a 2 day CSE Awareness course targeted at Year 9 students, a 10 week intensive CSE programme for their highest risk students, funded by the Healthy Schools Programme and CSE and Gang Awareness workshops delivered to staff at their inset day

The school was pleased with the progress made and felt that this was an important service for helping identify children at risk of gang involvement and in need of early help.

There was further information shared about the Northumberland Park Project - 'Project Future' which was for 16-25-year-old young men and aimed at improving mental wellbeing, reducing offending. This involved a multi-agency approach with a number of agencies involved in the solution.

It was important to note that 1 in 3 young people have a mental health need and there was a need to increase resilience in order to increase outcomes.

The project was a psychologically safe place and enabled young people to think about issues that they were experiencing and there was also a peer referral system in place to encourage young people to speak to their friends about accessing the service. The project had engaged a number of young people with a majority from a BME background who were not previously accessing help.

There was qualitative and quantitative data shared, along with the learning from the project.

Two young people who had been supported by 'Project Future' attended the meeting and were invited to share their experiences with the Partnership and Board members. They set out their own personal experiences of gang involvement and how 'Project Future' had provided support and understanding about having choices for the future and providing them with confidence that there was a system in place to help.

The project supported a change in mind frame and having that awareness that the system cared about the young person. The young people explained that the project had far reaching effects as the good experience was helping educate wider younger family members not to grow up with negative ideals but to influence a change in mind frame.

The young people, referred to their own personal experiences of gang involvement and spoke about the importance of teaching young people basic skills like cooking and making food for themselves as this would deter them from going to the places where there would be bad influences. Also helping parents understand the importance of spending a bit of extra money on extracurricular activities to ensure that their children have somewhere enjoyable, social, and safe to go after school as when a young person has nothing to do, then proving a point to friends becomes the mentality.

They recommended teaching children from Year 4 [ 8 year olds] upwards about the effects of knife crime. It was also important for partners to understand children and young people's way of thinking given the current technological age and be one step ahead with their learning/support provision.

In Northumberland Park, the crime rate had gone down and it was important to learn from 'Project Future' which they felt was close to communities and culturally appropriate.

The Chair thanked the two young people for sharing their experiences and coming along to the meeting.

### Early Help

The meeting referred to page 68 of the pack which set out the early help approach and the outcomes that were important to reach at an earlier stage in a child's life. This included taking forward the mandatory 2-year-old checks and speech language access. It was important to access the support system earlier by primary schools.

Parenting support arrangements and the positive contribution this makes to a child/young person's outcomes were discussed. It was important to actively take forward integrating Partnership systems because using common approaches in the work with parents has good results for families. Family group conferences were also an opportunity to draw wider resources from partners and enable work to each earlier interventions and appropriate interventions.

This was an important time to have a co-ordinated approach and understand where there was a need to stop an intervention which was not working.

Agreed that a whole family approach was not just about dealing with parenting issues but providing more integrated support to the family to meet that early need. There would need to be one lead practitioner, to lead the support, and this did not have to be a Children services based practitioner as it was important to tackle the overarching nature of the support required and engage with a number of agencies.

### **Part 3 – Developing a system response**

Board participants considered the information provided in the presentations and representations of young people, and discussed a system response. The following information was noted:

- Need to be braver with strategic planning and know the difference between the east and west of the borough and to focus on how to build communities.
- Whole system approach needed – rethinking primary care model considering the locality based impact from the health sector in relation to mental health services. There was a need to have a strong agreement on how the Partnership use the CAMHS transitional work.
- Need to have a culturally appropriate service and this can also be discussed with the emerging Faith forum.
- Long term view needed on how Partnerships commission strategically and the need to be brave and have the courage to invest in this area and make sure the system listens to young people along with the Partnership being clear with advice to the voluntary sector.
- In relation to early access to services such as the speech and language therapy, health and local authority staff working on the ground with children and young people, had voiced concerns about the blocks in the system that deterred access to this early help intervention and it would be good to explore,

as Partnership, where these blockages were. This area could be focused on in the leadership settings.

- There were further comments about blockages in the system as the Community Safety Partnership and Health and Wellbeing Board services touch a lot of people in the community. Therefore, it was important to know where the blockages begin and where Partnership and Board need to assist in unblocking access.
- There was good support for a whole family approach. Although there was a good team around the school - the wider community needed to support itself and there was a need for more local management of resources to support this.
- Important to continue work on influencing young people's thinking and supporting positive thinking.
- Considering where to join up resources related to parenting support in the borough.
- In respect of the system approach, it would be difficult to understand making a difference without knowing the outcomes. The Borough Commander suggested officers, providing the Partnership and Board an example of at what point to apply the early support and whether this should be the same point of support
- The young person perpetrator of crime needs to be seen as part of the crisis as they have not considered another outcome to their situation.
- Young people experience the system positively and negatively and the borough addresses the cultural issues around this. With this in mind, the Partnership and Board services need to consider how they serve young people. For example, there was one victim's support worker in Middlesex hospital and one outcome of this discussion could be upscaling this service?
- Working in primary schools on early intervention to tackle CSE and support thinking about health relationships.
- It was important to follow prosecution procedures where crimes were being committed. The Partnership could look at where police leave out advocacy. However, it was important to emphasise that the role of the police was to enforce the law but in certain cases it was important to realise how the Police can contribute to another outcome and consider how they link up locally and utilise resources to enable this.
- Considering how well local services link up, and gaining a wider understanding of how schools in the borough use the facilities available to support young people in danger of getting involved in knife crime
- Following the introduction of the universal healthy child programme, there was a huge call on speech and language therapy service and there was a current

review of the service model including more group based therapy and training more frontline staff with skills to promote speech and language.

- Agreed the need to keep in mind the family influence when taking forward an early help model.

Conclusion

Agreed that this had been a good meeting to capture ideas and understand the tasks to be taken forward. Agreed that there is now thinking on how to take forward the comments/ reflections to a follow up meeting in the late Autumn.

**8. NEW ITEMS OF URGENT BUSINESS**

None

**9. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

5 December 2017 6.00pm

CHAIR:

Signed by Chair .....

Date .....