

Community Impact Haringey (CIH)

Haringey Voluntary Sector (VCS) Health and Wellbeing Thematic Forum

Enable all adults to live healthy, long and fulfilling lives

Time: 10.00am to 12.00pm, Monday 15th May 2017

Venue: Chestnuts Community Centre, 280 St Ann’s Road, London N15 5BP

Chair: Geoffrey Ocen, CEO, Bridge Renewal Trust (GO)

Speakers: Cllr Jason Arthur, LBH (Cllr JA); Sanjay Mackintosh, LBH (SM); Charlotte Pomery, LBH (CP), Tim Miller, Haringey Clinical Commissioning Group (TM); Professor David Mosse, Chair, Haringey Suicide Prevention Group (DM)

In attendance:

Beverley Tarka, LBH (BT); Marine Begault, Alexandra Palace (MB); Val Chaggar, Public Voice/ Healthwatch (VC); Seema Chandwani, Selby Trust (SC); James Cowling, Haringey Forum for Older People (JC); Stuart Cox, Jacksons Lane (SC); Gavin Eastley, LBH/Studio 306 Collective CIC (GE); Leona Eze, David Lammy MP Office (LE); Phyllis Fealy, DWP (PF); Alem Gebrehiwot, Embrace UK (AG); Rita Fernandes, Resident (RF); Lauritz Hansen-Bay, SAB (LHD); Lourdes Keever, Haringey CAB / Older People’s Forum (LK); Nuala Kiely, HAIL (NK); Kabung Lomodong, Forward UK (KL); Nkenna Ndujiuba, Different Strokes (NN); Tamara McCarthy, David Lammy MP Office (TM); Marjinder Mann, St Mungo’s (MM); John Murray, Different Strokes (JM) Gail Priddey, HAGA (GP); Myllia Puatsalou, Park Lane Children’s Centre (MP); Subodh Rathod, Wisethoughts (SR); Helena Stephenson, LBH (HS); Julie Stevens, Haringey Link (JS); Rob Stuart, Maytree (RS); Halaleh Taheri, MEWSO (HT); Adam Weatherhead, Nafsiyat (AW); Rod Wells, 38 Degrees Haringey (RW).

Bridge Staff In Attendance: Colin Bowen (CB), Jenny Carter (JC)

Area	Key points/actions	Who
1. Welcome and Introductions	Geoffrey Ocen - CEO, Bridge Renewal Trust welcomed the meeting.	
2. Opening remarks	<p>Comments from the Cabinet Member <i>Councillor Jason Arthur - Cabinet Member for Finance and Health</i></p> <p>Cllr JA stressed the importance for the Council to continually engage with the VCS. The Design Framework will outline how the Council will work with Health and Social care partners and to strengthen communities. Key issues</p> <ol style="list-style-type: none"> 1. Financial context – many organisations will be struggling with this and the Council’s budget has been reduced by 14% (£160M). 2. Haringey has a huge amount of need and increasing demand. The borough is the most unequal borough in the Country (ONS). The impact on health and social care outcomes is stark. Life 	

	<p>expectancy and obesity are key issues, significant mental health issues, highest mortality rate from strokes and an aging population. These issues act as a driver for change.</p> <p>3. Need to be cognisant of the aspirations people have for themselves. LBH will work with local people to lead the healthy and fulfilling lives they want to lead.</p> <p>LBH needs to recognise the assets in the community, individuals and organisations. Moving away from mass-producing to co-designing services</p> <p>At a macro level looking at the Health and Social Care Integration (eg. the Sustainability and Transformation Plan). There is also a new wellbeing partnership with Islington around Health and Social Care.</p> <p>There are negative drivers regarding finance but positive drivers for better services and looking at how we tackle things in a different way. The most innovative approaches are coming through the voluntary sector, its understanding of the community and the networks.</p> <p>There is an opportunity to for the Council to work together more collaboratively with the VCS.</p>	
<p>3. Wellbeing Partnership, Sustainability and Transformation Plan (STP) and Care Closer to Home Integrated Networks (CHINs)</p>	<p>Presentation and discussion on proposed changes to the delivery of health and wellbeing services in Haringey and the North Central London area [<i>see presentation</i>] <i>Sanjay Mackintosh – STP Programme Lead, North Central London Councils</i></p> <p>Charlotte Pomery, Director for Commissioning, LBH (CP) noted the following:</p> <ul style="list-style-type: none"> - This is a population-based approach and therefore includes all ages, physical health, mental health and prevention /early intervention. - This is primary care led and is designed to help with relationships with hospitals and secondary care, strengthening community working. - There have been 2 workshops locally and partners are wanting to work together to see what the best model is. - There are 3 CHINs being planned in Haringey: East, Central and West network. These have very different approaches but all are keen to work the VCS. - There are hugely challenging timelines on money, collaboration and outcomes. - Haringey Clinical Commissioning Group (CCG) is looking to get first CHIN network operational by September 2017. - There is a little funding to support the development of CHIN formation and delivery. - Strong emphasis has been on working across organisational 	

	<p>boundaries, prevention and early intervention and quality.</p> <p>GO noted that this is one of the biggest changes on the horizon in Haringey. It is primary care led and most people who go to GPs may need an alternative/ early intervention alongside the medical offer. Population size of 50,000 to 80,000 and everyone needs to be working together to improve health of these groups.</p> <p>In Haringey there is recognition that VCS involvement is key, that this is the model for the future and it is important that the sector engages. The Bridge will facilitate VCS involvement and further information will be provided in due course.</p> <p>Q: GP – Are we moving to a social prescribing mode? A: CP- Yes. It may be different in other areas but the idea of a local co-ordinator model is strong.</p> <p>Q: LHB – Older people don’t know what services are available, where they are and how to get to them. We need a common database with Islington and Haringey with a search facility that is updated daily, manned with phones and online queries (for deaf and blind people). Mergers can lead to chaos but the database would overcome that problem. CB noted that the Community Impact Haringey service had completed the initial online mapping which was live and under beta testing.</p> <p>An email was being sent out to all organisations included in the initial mapping requesting that they update their information including services available. Once people have done so, they will receive a unique code and will be able to update their records at any time.</p> <p>CP informed the meeting that the Council are looking at how they bring together digital information and make sure this is more accessible. The Council are looking at how they can get information out differently to people who do not access information digitally.</p> <p>Q: RW - It is wonderful to have a partnership and rebranding, but the elephant in the room is the £811 deficit and the cost improvement programmes. How will these savings work? A: SM - There are a number of proposals in the plan. Q: RW - It says there is a cost improvement plan? A: SM - NHS providers have put together cost improvement / commissioning, back office savings. This has been aggregated into a North London Plan. You would need to look at what each borough has done separately.</p>	
4. Haringey mental health	<p>Presentation and discussion on developing a community mental health network [<i>see presentation</i>] <i>Tim Miller- Mental Health Enablement Lead, Haringey CCG & Haringey</i></p>	

enablement update	<p><i>Council</i></p> <p>Q: AW - Are you looking at you think it may go without looking for input from the provider?</p> <p>A: TM - Most areas will have an arrangement where a consortium bid /contract is procured. It has not worked previously having separate contracts for different service areas.</p>	
5. Haringey Suicide Prevention Plan	<p>Presentation and discussion on Haringey suicide prevention group and the current suicide prevention plan [<i>see presentation</i>]</p> <p><i>David Mosse - Professor of Social Anthropology at SOAS University of London and Chair of the group</i></p> <ul style="list-style-type: none"> - Those affected by suicide have a 1 in 10 probability of attempting suicide themselves - Those who are in a suicidal crisis are locked into a state of mind where accessing support is not possible, therefore intervention is essential. - There is always a possibility to nurture the will to live. <p>Q: LK - I am surprised there is no mention of a criminal justice pathway. There is evidence of this. The Police do not know of the work of the Courts or the Probation Service.</p> <p>A: DM - This is available online or I can email this to anyone who wants it. This is a crucial area and the probation service is key. If you know anyone who would like to join the suicide prevention group to point out key areas where the plan can be improved please participate.</p>	
6. Opportunity for VCS to share information	<p>RS from Maytree, thanked DM for speech and wanted to draw out how suicide prevention is everyone's responsibility.</p> <p>Maytree offers training online – searchable on Eventbrite.</p> <p>RS to forward details of the training to the Bridge for inclusion in Community Impact Haringey Bulletin</p> <p>SC from Selby Trust noted that the Well London project operates in places across London and in Haringey it is operating from Northumberland Park.</p> <p>There is a unique programme of activities, local people have prioritised for their health and wellbeing and 9 projects are being taken forward.</p> <p>DCLG are also putting in funding and Selby are holding a launch event on 17th June 2017.</p>	RS
7. Round Up and Close	<p>Summary and next steps</p> <p><i>Geoffrey Ocen - CEO, Bridge Renewal Trust</i></p> <p>GO thanked everyone</p>	