NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 21st September, 2022, 2.00 pm - Parkland Walk Podium, River Park House, 225 High Road, Wood Green, London, N22 8HQ (watch the live meeting here and watch the recording here)

Members: Please see list attached on item 2

Quorum: 3

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 at agenda item 13).

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, AND PETITIONS

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

7. MINUTES (PAGES 3 - 8)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 20 July 2022 as a correct record.

8. FAMILY HUB AND BEST START FOR LIFE BRIEFING (PAGES 9 - 26)

To receive an update on Family Hubs.

9. BETTER CARE FUND PLANS (PAGES 27 - 44)

To discuss the Better Care Fund Plans and to note the update.

10. HEALTHY PLACE / HEALTH IN ALL POLICIES UPDATE (PAGES 45 - 52)

To note an update on in Healthy Places and Health In All Policies.

11. UPDATE ON COVID, POLIO AND FLU VACCINATION PROGRAMMES

To receive an update on the coronavirus, polio and flu vaccination programmes.

12. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY

To receive an update on work to tackle racism and inequalities in Haringey.

13. NEW ITEMS OF URGENT BUSINESS

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

14. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items.

To note the dates of future meetings:

23 November 2021
25 January 2022
29 March 2022

Nazyer Choudhury, Principal Committee Co-ordinator
Tel – 020 8489 3321
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Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Monday, 12 September 2022

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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 Health, Social Care, and Wellbeing – Chair	Cllr Lucia Das Neves
			* Cabinet Member for Children, Schools and Families	Cllr Zena Brabazon
			* Cabinet Member for Climate Action Environment, Transport, and Deputy Leader of the Council	Cllr Mike Hakata
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
NHS	North Central London Clinical Commissioning Group (CCG)	4	* Governing Board Member – Vice Chair	Dr Peter Christian
			Governing Board Member	*Vacancy*
			Chief Officer	Paul Sinden
			* Lay Member	*Vacancy*
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

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 20TH JULY, 2022, 2:00PM – 5:00PM

PRESENT:
Councillor das Neves, Cabinet Member for Health Social Care and Wellbeing (Chair)
Councillor Brabazon, Cabinet Member for Early Years, Children, and Families
Dr Peter Christian, NCL Clinical Commissioning Group Board Member^
Sharon Grant, Healthwatch Haringey Chair

IN ATTENDANCE:
Nnenna Osuji, North Middlesex Hospital^
Lynette Charles, MIND, Haringey^
Joanne Murfitt, NHS NCL^
Alex Smith, NHS Islington CCG^
Cassie Williams, GP Federation in Haringey, Chief Executive Officer^
Beverley Tarka, Director of Adults and Health
Geoffrey Ocen, Bridge Renewal Trust, Chief Executive Officer^
Dr Will Maimaris, Director of Public Health
Rachel Lissaur, Director of Integration CCG^
Chloe Moralsoyarce, Start Well, Head of Communications and Engagement^
Anna Stewart, Start Well, Programme Director^
Angie Barrymore, Head of Maternity Care^
Damani Goldstein, Consultant in Public Health^
Nazyer Choudhury, Principal Committee Co-ordinator
Jack Booth, Principal Committee Co-ordinator

^Joining Virtually

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. WELCOME AND INTRODUCTIONS

The Board noted the membership list.

3. APOLOGIES

Apologies for absence were received from Ann Graham, David Archibald, and Councillor Hakata.

4. URGENT BUSINESS

There was no urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. MINUTES

RESOLVED

That the minutes of the Health and Wellbeing Board meeting held on 16 March 2022 be confirmed and signed as a correct record.

8. START WELL: OPPORTUNITIES FOR IMPROVEMENT IN MATERNITY, NEONATAL, CHILDREN AND YOUNG PEOPLE'S SERVICES IN NORTH CENTRAL LONDON

The Board heard a presentation regarding the Start Well Programme from Ms Chloe Moralsoyarce, Ms Anna Stewart, and Ms Rachel Lissauer.

In response to questions Ms Moralsoyarce and Ms Lissauer provided the following answers:

- The report that was written for the case for change was broad, highlighting different approaches. The methodology looked at clustering existing data in new ways to create a more detailed analysis. Also, looking at enacting workforce recommendations, progress around this had been happening through external partners. Additionally a structural long-term assessment of the case for change would result in a public consultation.
- The programme was committed to hearing a diverse range of voices; therefore, it was important that the resident representatives were bolstered with voluntary and community sector representatives to maintain a balance of experiences. It was hoped that this would be replicated across boroughs.
- Targeted focus groups were being conducted through voluntary and community sector organisations, along with geographically targeted assistants in communities in deprived wards.
- At NCL there were pilot models for integrated paediatric services.
- Tackling the increase in still birth rate involved a whole system approach. It was good to cross-reference published data to identify trends, in this case, borough data lagged behind local hospital data, that latter showed a downward trend in still birth rate. Overall, there was a plan to conduct a detailed audit to better understand this upward trend.
- Outcomes for minority groups had been looked at in the report via the EmbraceRace study. It was not possible to breakdown all data at an NCL level to account for minority groups. However, where possible this had been completed.
- The next steps for the programme were around engagement and assessing the feedback from this. There were actions that could be taken forward at a place-based level, with wider actions coming through systems management. Resourcing was dependent on area, with financial modelling necessary to assess capacity. Community and mental health reviews were further advanced, taking a multi-year strategy around implementation. The approach of the programme would be to assess and act on what came out of the process of engagement.
- Ethnic breakdown of data was being looked at where possible, particularly in areas that were statistically significant. Considerable work was being done in areas such as maternity.
- The policy implications of the programme were not known until certain outcomes had been ascertained. For example, still birth rates could not be ascertained until the planned

audit on this area had been carried out. There was scope for improvement across the board, particularly through strengthening partnership links.

RESOLVED

That the presentation be noted.

9. UPDATE REGARDING NEW ARRANGEMENTS INVOLVING NCL AND ICS GOVERNANCE

The Board received a verbal update on the new arrangements regarding the North Central London integrated care systems.

In response to questions Ms Rachel Lissauer gave the following answers:

- Integrating patient voice within the structure was happening for frontline services such as neighbourhood development. Also, at a committee level there was either a resident or health watch representation. There was also a community partnership forum which brought together residents and health watch representatives. It was noted that there was always room to improve resident engagement.
- It was explained that the Integrated Care Board (ICB) was taking on the responsibility that the Clinical Commissioning Group (CCG) had in that it allocated the NHS budget. The ICB was a system group, not a primary care commissioning group. Previously there had been no Council representation on that body, now there was. This Council representative was not there to represent a specific borough, rather to represent a Council perspective.

RESOLVED

That the update be noted.

At this point in the proceedings, Councillor Brabazon left the meeting room. The Health and Wellbeing Board proceeded informally as the meeting had become inquorate.

10. LOCAL UPDATE ON BOROUGH PARTNERSHIPS INCLUDING SEMINARS

The Board received a verbal update from Ms Rachel Lissauer about borough partnerships including seminars that had been held.

In response to questions Rachel Lissauer provided the following answers:

- There was a technical and contractual process regarding primary care lists, discerning overall meaning around this through a single case study should be approached tentatively; and
- It was important to ensure that the service remained delivery focussed to ensure change for residents. There had been significant work around improving user experience. It was hoped that a single transformation focus could be identified for each of the partnership boards or groups. This would allow the borough partnership to address their impact through seeing if and where they had made an impact.

RESOLVED

That the update be noted.

11. 2022 PHARMACEUTICAL NEEDS ASSESSMENT

Mr Damani Goldstein presented the report.

The Chair felt that the public did not know enough about what services they could access and it was useful for people to be able to speak frankly to their pharmacists.

The Board noted that:

- There was still a large number of High Street pharmacies for the public to be able to access.
- Pharmacist could still play a bigger role than they did at present.
- Some pharmacies had staff from diverse backgrounds who are able to speak in various languages such as Turkish or Somalian.
- Pharmacies were also trusted environments and could be useful to provide information to the public.

The Board indicated to RESOLVE:

1) To note that the process to produce a revised pharmaceutical needs assessment by 1 October 2022 was underway.

2) The terms of reference for the Haringey PNA steering group be noted.

3) That the sign off and the draft of the final pharmaceutical needs assessment be delegated to the Director of Public Health / Steering Group.

12. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY

Ms Christina Andrew and Mr Geoffrey Ocen presented the item and stated that initial proceedings had begun for a process of change work. Initial workshops had been held in the last coordinated group meeting with a view to reviewing all high-level objectives and ensuring that action has been taken to achieve the objectives.

Work was being done to improve trust and confidence in local policing. Discussions were also held in the work that was done on mental health first aid training and stop and search.

Work was also being done in education and attainment and the workforce and the next coordinated group meeting would be held in October 2022.

First aid mental health training would be delivered to Police officers helping them to better interact with communities and help them have good knowledge of community organisations as well as having good mental health themselves.

In relation to racial equity on health and social care, work was being done as part of a wider group addressing racism in different strands. One of which was health and wellbeing. The work was being informed by NHS Race Observatory Report. Areas of consideration included access to healthcare, workforce diversity, examining deprived areas, racial disparities

in maternity care, severe mental illness, chronic respiratory diseases, early onset of diagnosis and hypertension.

There was also work on re-settlement in Haringey for those arriving to the borough from Afghanistan and Ukraine.

The meeting heard that:

- In relation to primary care access for refugees, that had been a good take up of service use which enabled GPs to have additional resource for registering patients for the work involved. There were still reports of proof of address and residency issues and this needed to be addressed with specific practices.
- A community diagnostic hub in Wood Green was being opened to assist with cancer waiting times. It would be helpful to resident groups feel that the service was for them to use.

RESOLVED:

That the item be noted.

13. COVID-19 AND VACCINATIONS UPDATE

Dr Will Maimaris, Director of Public Health, informed the Sub-Committee that:

- There had been a increase in coronavirus rates which had been driven by a sub variance of the coronavirus. This had peaked two weeks ago and had an impact on local hospitals and staff absences. There were some people on ventilation beds but it was relatively low compared to previous waves.
- During the autumn time, vaccination would remain the first line of defence against the coronavirus with priority given to over 50s and younger people with long term conditions.

RESOLVED:

That the update be noted

14. WORK PROGRAMME

The Healthwatch report would be submitted to a future meeting in addition to services that were locally serving people.

RESOLVED:

That the item be noted.

15. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

16. FUTURE AGENDA ITEMS AND MEETING DATES

To note the dates of future meetings:

Wednesday, 21 September 2022

CHAIR: Councillor Lucia das Neves

Signed by Chair ……..

Date ……

Haringey Children's Services

To: Health and Well Being Board

Date: 21 September 2022

Author: Simone Common, Head of Service, Early Help and Prevention

Contact: (E) simone.common@haringey.gov.uk

Title: **Family Hub and Best Start for Life Briefing**

Report for Key/Non-Key Decision: Not applicable

1. Purpose of the briefing

The purpose of this briefing is to provide an updated position in relation to funding for Family Hubs and next steps in the development of this.

2. Recommendation

2.1 To note the contents of the briefing and direct any comments to the Assistant Director: Early Help Prevention and SEND.

3. Briefing

Background

3.1 In April 2022, it was announced that Haringey was one of 75 upper tier local authorities eligible for government funding to deliver Start for Life and Family Hub Services over the next three financial years. There is £300 million committed to the programme.

3.2 Local authorities participation in the programme have to be the lead agency and will be expected to deliver against **ALL** the following components in their delivery model, with funding attached to each of these elements.

- Create a network of welcoming family hubs that are for children and young people aged 0 – 19 physically, virtually and via outreach.
- Publish a start for life offer
- Evidenced based parenting programmes
- Infant-parent mental health support
- Breast feeding support
- Accessible information confident and competent multi agency workforce, data, evaluation and evidence of impact and robust leadership

3.3 The Department for Education will define the list of core services that the 75 local authorities receiving funding will be expected to deliver within their family hub network. Services will be received either physically or in-person in a family hub, accessed through the family hub but delivered elsewhere, or delivered via a virtual offer. Services in scope include:

- Reducing Parental Conflict
- Debt and Welfare support
- Mental health services
- Substance Misuse support
- Youth services
- Housing support
- SEND support
- Start for Life universal services

3.4 We have now received indicative funding information as well as more detail on expectations for authorities who engage in the programme. The programme funding is calculated from two streams, a flat rate for all authorities and an element based on relative population size.

3.5 The authority has acknowledged the invitation letter and has completed a return of 'in principle' interest although this does not formally commit us to participate in the programme

Funding of Local Authorities

3.6 The indicative funding for Haringey is outlined in the table below:

2022-23	**2023-24**		**2024-2025**		**TOTAL**	
	LOWER	HIGHER	LOWER	HIGHER	LOWER	HIGHER
908,000	1,473,000	1,555,000	1,239,000	1,304,000	3,620,000	3,768,000

3.7 The expectation from the programme is that the hubs are developed with the following funding distribution. The distribution of funding has been rounded to one decimal place. The sum of percentages across six strands may not total 100% due to this rounding. The funding distribution has been calculated using the lower ranges that we are expected to receive.

STRAND	**Percentage allocation**
Family Hub Programme Spend	19
Family Hub Capital Spend	4.8
Parenting Support	16
Home Learning Environment	8.8
Parent- Infant Relationships and Perinatal Mental Health	31.5
Infant Feeding Support	16.3
Publishing Start for Life Offer and Parent Carer Panels	3.5

Programme Expectations

3.8 Along with the funding, a Family Hub and Start for Life programme guide has been issued, setting out the vision and objectives of the programme.

3.9 There is a requirement to develop a delivery plan, setting out how we will deliver the programme expectations and how we will improve outcomes for babies, children, families and reduce inequalities in outcomes, experiences and access to services.

3.10 The plan will need to reflect the importance of early years, with reference to 1001 critical days, whilst also evidencing how we will deliver a whole family agenda. The impact of COVID 19 and measures to reduce the issues identified will also need to be documented. The programme of work will need to evidence joined up and enhanced service delivery, with partners.

3.11 The guidance provides minimum and go further expectations for the programme and it is likely that these will be linked to lower and higher funding bands.

3.12 These expectations are clearly laid out in the guide, enabling us to benchmark our current position and develop a plan for delivery against the expected outcomes.

3.13 There are also a number of additional minimum expectations that must be committed to. These include appointed, named local leads for the programme and adopting any central government banding. There will also be data and evaluation expectations.

3.14 A summary of key requirements include:

a) Areas must deliver all of the minimum expectations and open Family Hubs in first half of 2023. There is no detail relating to the number of hubs that are required but it is Haringey's intention to create four Family Hubs, linked to the emerging locality model. The first hub is planned to be at the Triangle Children Centre by the end of 2022.
b) Areas have to achieve all minimum expectations by Mar 25.
c) Each programme element has an age range, vast majority are for children aged 0 – 1 with the
d) Commissioning of workforce development support should consider the Supporting Families: Early Help System guide - GOV.UK (www.gov.uk) and commissioning guidance for Healthy Child Programme with clinical supervision/leadership for skill mix teams.
e) Areas can use the funding to employ staff to deliver services directly.
f) Co-location, data sharing, case management system and a team around the family approach with one Lead Professional needs to be in place

- Integration between children, adults and health with an interface with Integrated Care strategy, Health and Well Being strategy and national Supporting Families agenda.
- Areas need to develop a local needs assessment using part of the development element of the grant in year one. The Early Intervention Foundation are developing best practice guidance on this and may be able to offer support.
- Refer to Appendix One which outlines what successful outcomes for families should be on successful delivery of the programme.

Sign Up Process

3.15 Formal sign up to the programme is expected to start from August 2022, the closing date for sign-up is 31st October 2022. The Start Well Board will approve the implementation plan on the 26th September. Following this, formal agreement will be required from the following strategic leads:

- Local Authority Chief Executive
- Director of Children's services
- Director of Public health
- Chief Financial officer
- Leader of the Council
- Chair of the local Health and Wellbeing Board

Next Steps

3.16 The Family Hub Implementation Group has had a number of meetings since the funding information was published to prepare for the submission for funding. There is positive engagement from partner agencies and an extended membership has been agreed to take this work forward.

3.17 Using the infrastructure element of the grant, an interim Project Manager has been appointed to support the development of the model and will support the Head of Service and Commissioning Manager to implement this programme.

Governance


Start Well Board
(chaired by Director Children's Services)
Health & Well Being Board
(chaired by Director Public Health)
Early Years Strategic Partnership Group
(chaired by AD: Schools & Learning)
Remit: Early Years Strategy
Early Help Strategic Partnership Board
(chaired by AD: Early Help, Prevention & SEND)
Remit: Early Help Strategy
Family Hubs Implementation Group
(chaired by HOS EHP)
Operational Lead
Family Hubs Oversight Group
(chaired by AD: EHPS)
Programme Sponsor
Overarching authority for the programme. Accountable for agency sign up and commitment to the programme. Responsible for the strategic direction of the programme to ensure the Hubs and Start for life offer align with agency goals.
Key Reference Groups
(scrutiny and challenge)
Responsible for the leadership of the programme and supporting the Programme Sponsor to deliver the DFE Family Hub & Start for Life minimum requirements.
Responsible for the day to day management and leadership of individual projects in the Programme. Ensuring that they deliver expected benefits, within agreed cost and timescales.

Appendix One: Outcomes for families we should see as a result of a successful Family Hubs programme

I know about and understand the services on offer to me	○ I have access to a clear Start for Life offer which sets out the services available to me locally ○ I understand other family support that is on offer to me through family hubs ○ I know where to go and who to ask if I need anything explained, or further information ○ I don't have to seek out this information – the support on offer is promoted to me through appropriate channels ○ I know where to go to access services and get the range of support I need ○ The family hub is a welcoming place where I can go to access the range of help and support I need ○ I know that through the family hub network, I will be connected to virtual support and support available in my community ○ The family hub network enables me to easily access the support I need, with the help of a key contact who I know and trust, in relation to Start for Life services
A range of support is on offer in a way that works for me	○ I can access one to one, at home, group, virtual and community support delivered by professionals and peer supporters, depending on my needs and wants ○ I can access support in a time and a place that suits me because a range of options are available ○ I can access some Start for Life services outside of working hours through online advice and information, telephone helplines 20 and online forums that will get back to me as soon as possible ○ Practitioners are interested in my whole family and ask questions and support us all together ○ The support I receive is timely and helpful I feel listened to and empowered to make decisions that are right for me and my child ○ I feel listened to and involved in decisions that affect me and my child ○ I am treated with respect ○ I don't feel afraid ○ The advice and support I receive enables me to feel empowered to care for my baby and child and make the right choices for my family
I understand the challenges I may face, and how to support myself and my partner	○ The practical information I receive early on prepares me for the transition into parenthood and the common challenges I may face ○ I know how to get the support I need, or to recognise the signs that my partner needs support ○ I feel empowered to reach out and talk about the difficulties I am facing, to get the support I need ○ My partner and I feel confident in supporting each other ○ I trust the professionals and volunteers supporting me throughout my journey ○ I don't have to tell my story more than once ○ I feel supported by the professionals and volunteers providing me with help and advice ○ I am able to build a good relationship with one or more key individuals who provide me with universal Start for Life support, and connect me to any additional support I need

	○ The trusted relationship I have with my key contact(s) and wider family hub staff enables me to open up about the difficulties I'm facing and the support I need
I understand what is important for the wellbeing of my baby	○ I realise the early experiences of my baby will have an impact on how they develop ○ I understand the importance of bonding, attachment and responding sensitively to my baby's needs ○ I understand the benefits of breastfeeding, and I am able to make informed choices about infant feeding that are right for me and my child ○ I understand the importance of language-rich interactions with my child ○ I am able to shape the services on offer to families like me ○ I am able to shape how services in my local family hub network are designed and delivered ○ I am able to provide feedback on the services I access, including through the
Parent and Carer Panel for Start for Life services	○ Changes are made to improve the services available locally as a result of feedback from a range of families, including families like mine.

Family Hubs and Start for Life Programme

Health and Well Being Board

21 September 2022

Jackie Difolco, Assistant Director: Early Help, Prevention & SEND

Programme Description, Aims and Objectives

- This work is part of a national programme funded, supported and overseen by the Department for Education, and is initially restricted to 75 top tier local authorities.
- The Family Hub and Start for Life Programme is ambitiously targeted at building hubs that take Haringey towards a seamless, integrated offer of support for all families delivered through a family hub model.
- The programme's core aim is to improve family services including Start for Life services, particularly in areas with the highest levels of deprivation and disproportionately poor health and educational outcomes.

➢provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all

➢contribute to a reduction in inequalities in health and education outcomes for babies, children and families by ensuring that local support and services are accessible and communicated to all parents and carers, including those who are hardest to reach and/or most in need of it

➢build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families

Programme Description, Aims and Objectives

To achieve this Haringey will work with local partners to:

- open at least one (1) family hub and deliver visible change for families in the first half of 2023 using the following principles are key to the family hub model:

  More accessible **Better connected** **More relationship-centred**

- deliver various health, education, social care and other services through our family hub model
- deliver the **minimum expectations** across all family hubs as outlined in DFE Guidance Family Hub Service Expectations (publishing.service.gov.uk) by latest March 2025
- deliver "**go further**" expectations in selected family hubs as outlined in the guidance above

Services in Scope

Department for Education will define the list of core services that local authorities receiving funding will be expected to deliver within their family hub. Services in scope include:

- Reducing Parental Conflict
- Debt and Welfare support
- Mental health services
- Substance Misuse support
- Youth services
- Housing support
- SEND support
- Start for Life universal services

Services will be received either physically or in-person in a family hub, accessed through the family hub but delivered elsewhere, or delivered via a virtual offer.

Haringey Approach – DFE Sign Up Form

The key commitments in our sign-up form says Haringey will:

1. Deliver a minimum of one family hub by June 2023 (we are aiming for two by the end of 2023)
2. Deliver Family Hub Service Expectations (publishing.service.gov.uk) for hubs & funded services by 2024/25
3. Deliver a multi-agency workforce for CYP 0 -19s and parents
4. Go further than the minimum expectations to:
   - Improve collaborative delivery via service level & data sharing agreements
   - Develop a shared/interoperable case management system
   - Develop a shared partner QA and performance dashboard
   - Implement outcome tools to measure performance & inform development
   - Promote family ownership and use of hubs to meet outcomes & aspirations
   - Digitalise accessible services & keep users connected via apps/online tools
   - Deliver accredited parenting programmes with flexible delivery times
   - Offer Parent infant Psychology services & wrap around support to families
   - Deliver early language support in a home learning environment
   - Deliver Infant feeding support and a wider “oral health” response
   - Encourage parent carer participation that QAs delivery & makes decisions
   - Widely publicise a new branded “Start for Life” offer

DFE Funding Guide

DFE Family Hub Funding Guide - 2022 to 2025

Year	Lower	Higher		Funding Strand Breakdown	%	2022-23	2023-24 Lower	2023-24 Higher	2024-25 Lower	2024-25 Higher
2022-23	N/A	£908,000		Family Hub Programme Spend	19.00%	£172,520	£279,870	£295,450	£235,410	£247,760
2023-24	£1,473,000	£1,555,000		Family Hub Capital Spend	4.80%	£43,584	£70,704	£74,640	£59,472	£62,592
2024-25	£1,239,000	£1,304,000		Parenting Support	16.00%	£145,280	£235,680	£248,800	£198,240	£208,640
				Home Learning Environment	8.80%	£79,904	£129,624	£136,840	£109,032	£114,752
				Parent Infant Rel. & Perinatal MH	31.50%	£286,020	£463,995	£489,825	£390,285	£410,760
				Infant Feeding Support	16.30%	£148,004	£240,099	£253,465	£201,957	£212,552
				Publishing Start for Life Offer & Parent Carer Panels	3.60%	£32,688	£53,028	£55,980	£44,604	£46,944
Totals	**£3,620,000**	**£3,767,000**			**100%**	**£908,000**	**£1,473,000**	**£1,555,000**	**£1,239,000**	**£1,304,000**

Key Requirements for funding use includes:

1. Authorities must deliver all of the minimum expectations and open Family Hubs in first half of 2023. Family Hubs, linked to the emerging locality model.
2. Areas have to achieve all minimum expectations by March 25.
3. Each programme element has an age range, vast majority are for children aged 0 – 19
4. Commissioning of workforce development support to consider the Supporting Families: Early Help System guide & commissioning guidance for Healthy Child Programme
5. with clinical supervision/leadership for skill mix teams.
6. Areas can use the funding to employ staff to deliver services directly.
7. Co-location, data sharing, case management system and a team around the family approach with one Lead Professional needs to be in place
8. Integration between children, adults and health with an interface with Integrated Care strategy, Health and Well Being strategy and national Supporting Families agenda.

Haringey Approach - Governance

Start Well Board

(chaired by Director Children's Services)

Health & Well Being Board

(chaired by Director Public Health)

Overarching authority for the programme. Accountable for agency sign up and commitment to the programme. Responsible for the strategic direction of the programme to ensure the Hubs and Start for life offer align with agency goals.

Early Years Strategic Partnership Group

(chaired by AD: Schools & Learning)

Remit: Early Years Strategy

Early Help Strategic Partnership Board

(chaired by AD: Early Help, Prevention & SEND)

Remit: Early Help Strategy

Key Reference Groups

(scrutiny and challenge)

Family Hubs Implementation Group

(chaired by HOSEHP)

OperationalLead

Family Hubs Oversight Group

(chaired by AD: EHPS)

Programme Sponsor

Responsible for the leadership of the programme and supporting the Programme Sponsor to deliver the DFE Family Hub & Start for Life minimum requirements.

Responsible for the day to day management and leadership of individual projects in the Programme. Ensuring that they deliver expected benefits, within agreed cost and timescales.

Next Steps

1. Establish Governance and agree co-production approach
2. Ensure the programme aligns with relevant agency strategies
3. Identify Leads and Resources
4. Hub Model & Services Engagement – To discuss, design and agree what support & services are key to families and partners (co-production) and how this will be achieved.
5. Engage with wider families and stakeholders to share clear family hub timetable and including briefings, surveys and progress updates
6. CYP Needs Analysis refresh
7. Establish individual projects/workstreams
8. Identify the critical enablers required to support and maintain project/ benefit delivery
9. Agree the best methods to deliver at pace (projects)

Family Hub Milestones (to Apr 2023)

	High Level Milestones	Start	Complete	Status
1	Submit DFE Sign Up Form	**Aug 2022**	**Sep 2022**	**In progress**
2	PID Completed & Signed Off (Start Well Board – MOU?)	**Sep 2022**	**Sep 2022**	**In progress**
3	Outcomes, Projects, Leads established	**Sep 2022**	**Oct 2022**	**In progress**
4	Governance and resources confirmed	Oct 2022	Oct 2022	Not started
5	DFE confirmation of sign-up approval	Oct 2022	Oct 2022	Not started
6	Haringey hub strategic decisions agreed: Hubs 1 & 2 Sites, Hub min. services. & Delivery Resources	Oct 2022	Nov 2022	Not started
7	Hub Delivery Plans Completed & Submitted	Nov 2022	Dec 2022	Not started
8	Parent Carer Panels established	Nov 2022	Nov 2022	Not started
9	Family Hub model & services kick-off	Nov 2022	Dec 2023	Not started
10	Hub 1 minimum requirements completed: Services, Resources, Systems, Data Reporting, Contracts, Workforce & Hub Management.	Oct 2022	Apr 2023	Not started
11	Readiness Assessment South- East Hub 1: Triangle (Tottenham South)	May 2023	Jun 2023	Not started
12	Opening of South- East Hub 1: Triangle (Tottenham South)	Jun 2023	Jun 2023	Not started
13	Hubs Lessons Learned Review	Jul 2023	Jul 2023	Not started
14	South- East Hub 1: Triangle – develop phase 2 upscaled offer	Jul 2023	Aug 2023	Not started

The above are currently indicative subject to change pending approval at Governance Boards

10. Core Programme Team

Sponsor

Jackie Difolco

Assistant Director for Early Help and Prevention

Jackie.Difolco@haringey.gov.uk

Operational Lead

Simone Common

Head of Early Help & Prevention

Simone.Common@haringey.gov.uk

Programme Manager

Gary King

Commissioning and Programmes

gary.king@haringey.gov.uk


Do you have any questions?

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North Central London Integrated Care System

Better Care Fund Plan 2021/22 and 2022/23

Beverley Tarka, Director of Adults and Health, London Borough of Haringey

Rachel Lissauer, Director of Integration (Haringey), North Central London Integrated Care Board (NCL ICB)

Agenda Item 9

Purpose and Recommendations

North Central London Integrated Care System

- Presentation is summary of contents of Better Care Fund (BCF) Plan to support Health and Well-Being Board in its responsibility to sign-off Plan
- Presentation will be accompanied by finalised documents forwarded on prior to HWB meeting on 21-Sep-22

Health and Well-Being Board will be requested to:

- Note the year end summary of the Haringey BCF Plan for 2021/22
- Endorse the BCF Plan submission for 2022/23 which includes:
  - Updated Haringey Better Care Fund (BCF) Plan Narrative;
  - Investment schedule and the trajectories for the metrics within its scope. The Board is asked to confirm the Plan meets the national BCF Plan Conditions;
  - Demand & Capacity analysis associated with Haringey's intermediate care service

Background

North Central London Integrated Care System

- **BCF is national programme to support integration of health and social care, to promote independence of residents and to improve their outcomes**
- Haringey's BCF Plan aligns with the Borough Plan and is key to delivering Haringey's multi-agency Ageing Well Strategy
- DHSC require H&W Board to report on progress on last year's investments – Haringey's 2021/22 BCF Year End Summary is included with this presentation
- National release of BCF Plan requirements, guidance and templates for 2022/23 to local areas was delayed into late August 2022.
- Local Plans to be submitted to national BCF Team no later than by 26-Sep-22
- Information presented in the Plan should give the Board the assurance Haringey is maintaining its commitment to health and social care integration

National BCF Conditions 2022/23

North Central London Integrated Care System

- National BCF requirements are for each Board to submit its Plan to national BCF Team, who will scrutinise contents to assure national conditions met.
- Boards need to submit 3 documents to the national Team to outline its Plan

The National BCF Policy Framework are:

- A jointly agreed local Plan signed off by the Health and Well-being Board;
- NHS contribution to social care maintained in line with uplift to NHS (@5.7%)
- Invest in NHS commissioned out-of-hospital services.
- Implementing the BCF policy objectives:
  - Enable people to stay well, safe and independent at home for longer.
  - Provide the right care in the right place at the right time.

Haringey Requirements 2022/23

North Central London Integrated Care System

- Haringey's BCF Plan is a £34.7m investment in 2022/23 – nationally set level of minimum investment
- Comprised of £22.2m investment as a Minimum NHS Contribution, of which at least:
  - £7.3m needs to be on 'Adult Social Care related spend'
  - £6.3m needs to be NHS commissioned 'out-of-hospital' spend
- Additional funding for social care directly via Improved Better Care Fund (iBCF) & Disabled Facilities Grant (DFGs)
- Table below summarises the funding expected for the BCF Plan in 2022/23
- Represents £1.5m uplift on 2021/22, with £391k uplift in ASC spend from Minimum NHS Contribution
- **Haringey's submission for 223/23 will meet conditions for minimum investment if signed-off by HW Board**

	2021/22		2022/23	Req. Change 22-23 v 21-22	
Haringey BCF Plan Investment	**Required**	**Actual**	**Required**	**Amount**	**% increase**
Disabled Facilities Grant	£2,678,851	£2,678,851	£2,678,851	£0	0%
iBCF, including WP Grant	£9,518,076	£9,518,076	£9,806,399	£288,323	3.0%
Minimum CCG Contribution	**£21,020,860**	**£21,020,860**	**£22,210,641**	**£1,189,781**	**5.7%**
Of which, minimum spend that must be on:					
- NHS commissioned Out-of-Hospital Spend	£5,973,532	£13,929,577	£6,311,634	£338,102	5.7%
- Adult Social Care Services Spend	£6,904,545	£6,904,545	£7,295,342	£390,797	5.7%
TOTALS	**£33,217,787**	**£33,217,787**	**£34,695,891**	**£1,478,103**	**4.4%**

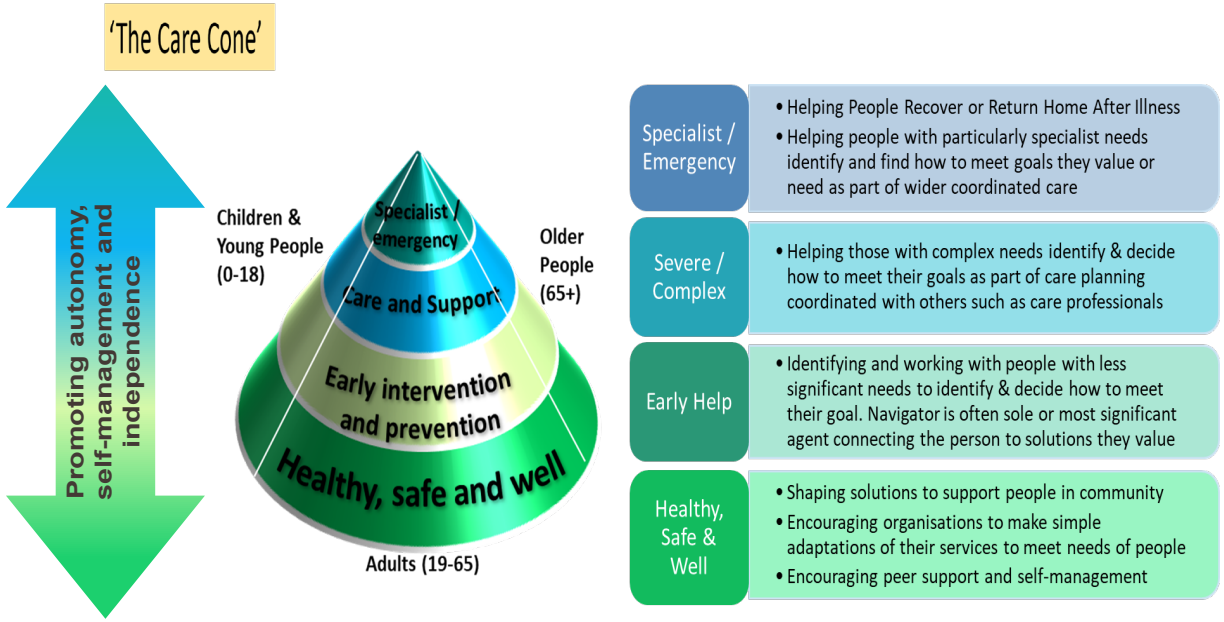
Haringey has to submit:

- A BCF Narrative Plan
- An investment schedule & metrics spreadsheet
- **New:** Demand and Capacity spreadsheet outlining activity and supply issues associated with intermediate care

Structure of Narrative

North Central London Integrated Care System

- Haringey's Narrative sets out how partners will address multi-agency challenges in as integrated a way as possible
- The Narrative is built around Haringey's integrated 'care cone' as framework that tailors needs of individuals to the best response in the system. The framework's aim is to:
  - Emphasise the importance of a strength-based approach, prevention, self-management and personalisation;
  - Where people do need help, to ensure 'right joined-up solutions for individuals are delivered at right time' as close to home as possible;
  - Help people avoid future health or social crises as far as possible and/or people can recover after crises, ideally at home;
- Our BCF funded schemes are tailored around the levels in the care cones, particularly the 'upper 3' elements



Our Challenges

Plan describes three key challenges facing us locally and nationally:

1. Need to respond to legacy of pandemic particularly managing greater number of people whose underlying health worsened;

2. Ensuring out-of-hospital systems well prepared for increased activity in NHS Trusts to facilitate safe & timely hospital discharge in winter;

3. Addressing underlying issues associated with equity of access, outcomes and experience in Borough particular in deprived area

Progress since 2021

North Central London Integrated Care System

Despite challenges, we have consistently improved our care and support - our 21/22 Summary & HWB report describes improvements made:

- Developed Ageing Well Guide and Ageing Well Resource Directory on the Council's web-site in 2022 with hints, tips and contacts to support people to stay as fit, well and independent as possible. Circulated 5,000 paper copies of the Guide through over 30+ organisations;
- Nearly 30% increase in the number of GP consultations for older people pre-pandemic and post-Wave 2 in 2021/22 with this level of consultations sustained into 2022. The number of these consultations was particularly high amongst those living in more deprived areas;
- Expanded access to our Multi-Agency Care and Coordination Team (MACCT) in community and in our Enhanced Health in Care Homes Teams in 2021/22 and 2022/23 to better manage and work with older patients with older residents in community and in care homes;
- NHS, Council and voluntary sector worked together at WHT, NMUH and other NCL hospitals to discharge more patients, predominantly back home, more quickly than at any time pre-COVID. For example, 94% of acute Haringey patients were discharged home from hospital between April and Jun-22, as part of our approach to 'Home First' approach which is where people tell us they would prefer to return;
- 'Home First' approach was support by nearly 1,700 reablement episodes to help them recover their ability to undertake daily living tasks completed in 2021/22 (a 22% increase on 2019/20). 73% of these individuals did go onto have long-term care because they had recovered;
- Since pandemic, 64% increase in the typical month number of patients (to over 180) accessing multi-disciplinary Rapid Response service (usually responding within 2-4 hours) to treat people who are nearing, or at, a health crisis at home rather than in A&E;

- **As a result of the above , the number of emergency admissions of Haringey patients aged 65+ per head of older population reduced by 22% between Apr–Jun-22 v. 20. However, this means each patient now admitted had typically a greater level of multi-morbidity and acuity than their peers pre-pandemic. We also saw a reduced number of avoidable admissions, which is one of our BCF key metrics**

New or Expanded Investments in 2022/23

North Central London Integrated Care System

Our BCF additional investment is split into several areas of the 'care cone' to help address challenges outlined earlier.

- *Early Help & Prevention*: Expand our investment in:
  - Building community assets via our Healthy Neighbourhoods model in east Haringey, a collaboration between statutory and VCSE partners, engaging and supporting communities on health- and social-orientated themes;
  - Consolidate support for our community navigator network provided through the voluntary and community sector;
  - Support for people with dementia as part of our Dementia Action Alliance & promote awareness to under-served groups.

- *Proactive & Anticipatory Care:* Increasing investment in:
  - Our community health services to provide long-term care;
  - ICB community equipment brought into BCF scope - first phase of planned Council/ICB pooled equipment budget;

- *Crisis Management:* Increasing investment in our intermediate care services between Council and ICB:
  - 'Home First' reablement and our ability to assess long-term care needs post-reablement;
  - Support for 'Home First' discharge for cases of people with challenging housing needs, e.g. needing deep-cleans etc.;
  - Short-term bedded intermediate care capacity for Haringey patients in a nursing home, and strengthen the Community Health/Council MDT, to promote recovery and move-on.

North Central London Integrated Care System

QUESTIONS?

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Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Hosusing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of
4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers)

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Templ
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercaresupport@nhs.net

HM Government

NHS

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist
			Complete:
Health and Wellbeing Board:	Haringey		Yes
Completed by:	Paul Allen, Head of Integrated Commissioning		Yes
E-mail:	paul.allen14@nhs.net		Yes
Contact number:	07742 605254		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off		Yes
If no, please indicate when the report is expected to be signed off:	Wed 21/09/2022	<< Please enter using the format, DD/MM/YYYY	Yes

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Adults and Health, LB Haringey	Yes
Name:	Beverley Tarka	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board: Haringey

Confirmation of Nation Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:**
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist
Complete:
Yes
Yes
Yes
Yes

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board: Haringey

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	666.0				On track to meet target	Est. improvement is 630 due to expanded alternatives, e.g. more GP appointments available, as part of recovery;but those presenting who were admitted typically had greater acuity	Part of system recovery included ensuring more primary care appointments were available plus further expansion of admission avoidance solutions, e.g. rapid response	Yes
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	**14 days or more (Q3)** 11.5%	**14 days or more (Q4)** 11.1%	**21 days or more (Q3)** 5.8%	**21 days or more (Q4)** 5.5%	Not on track to meet target	Difficult to reduce % long-stay patients due to increased acuity of patients admitted-legacy of pandemic.We had an increase in people needing P2/P3 solns with limited care home capacity in NCL	Extensive use of reablement funded via BCF & national HD scheme - significant increase in reablement hours in 21/22 v. 19/20; development of virtual wards to support discharge of individuals	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%				On track to meet target	Est. improvement 93%. Despite pressures associated with increased typical acuity of patients in 21/2, we continued to promote Home First	See other updates	Yes
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	385				On track to meet target	Despite pressures in acute patient acuity, we were able to promote Home First/P2 solutions to help people recover via increased access to intensive short-term support/reablement	Greater utilisation of 24-hour packages of care with support for virtual ward and shared access to P2 intermediate care beds across North Central London	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.0%				Not on track to meet target	Due to increased typical acuity of patients in intermediate care (average IC costs/patient increased), greater corresponding risk frail/complex IC cases will be readmitted	See above - greater investment in intermediate care services at home and in virtual wards	Yes

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Haringey

Income

	2021-22	
Disabled Facilities Grant	£2,678,851	
Improved Better Care Fund	£9,518,076	
CCG Minimum Fund	£21,020,860	
Minimum Sub Total		£33,217,787

	Planned	
CCG Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total		£0

Actual			
Do you wish to change your additional actual CCG funding?	No		
Do you wish to change your additional actual LA funding?	No		
			£0

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£33,217,787	£33,217,787

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	

Expenditure

	2021-22
Plan	£33,217,787

Do you wish to change your actual BCF expenditure?	No

Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Haringey

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	As outlined in our Plan, we continued to progress our multi-agency Ageing Well Strategy. We progressed planned areas for improvement, notably refining our multi-agency proactive care solutions (Anticipatory Care and Enhanced Health in Care Homes) and continuing with our out-of-hospital solutions (see Successes)	Yes
2. Our BCF schemes were implemented as planned in 2021-22	Agree	Mostly the case, but some schemes disrupted due to pandemic, e.g. staff redeployed in part of 2021/22, or there were workforce pressures associated with recruitment & retention (Challenge 2). In schemes where this was a risk, each was reviewed, options considered & remedial plans put in place for 22/23 to address delivery.	Yes
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Our Narrative Plan projects and its progress are reviewed at our multi-agency Ageing Well Board (sub-group of Integrated Care Partnership) as part of our AW Strategy, including risks to scheme implementation & delivery. This supports delivery of projects and helps build a partnership approach to integration (see Successes)	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	9. Joint commissioning of health and social care	We refined our multi-agency frailty/multi-morbidity anticipatory care and Enhanced Health in Care Homes 'offer' in 21/22 as per our Narrative Plan. We extended our AC resources in 21/22 to engage and support patients of PCNs working in 20% most deprived neighbourhoods. Early signs are promising: we increased the number of people referred to our AC team to nearly 1,300 (30% increase), and we saw an 18% decrease in NEL admissions of people 65+ (24% decrease amongst those in 20% most deprived neighbourhoods) between Apr-Jan 19/20 & 21/22.	Yes
Success 2	8. Pooled or aligned resources	The need to respond to COVID and support hospital discharge continued to promote plans for integration of ASC & Community Health to promote HomeFirst and help people recover in the community. The number of patients discharged home with reablement/short-term therapies more than doubled between 19/20 & 21/22 (partly funded via BCF, partly national HD funding), and we were able to absorb this additional pressure in terms of funding, timeliness and capacity.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	A significant emerging issue is the pandemic's legacy in health deconditioning amongst older people, to which there is a social gradient. It's likely there is an increase in number of people becoming frail/frailer in population over 'normal' demographic growth - by between +5%-+10%. This means both demand for proactive/long-term health & care services and the average acuity per case increased, e.g. significant increase in long-term ASC packages of care resources, and this has been compounded by ongoing inflationary pressures in cost of care.	Yes
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	We made progress in integrating workforce particularly in intermediate care as part of our approach (see Success 1). However, we continue to experience staff recruitment, retention and availability in key roles across the health and social care system in the NHS, Council & private care sectors which inhibited our progress. Individual organisations, Borough & NCL are striving to address these issues collectively, but we continue to have workforce pressures in key professional groups, including therapists & social workers	Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board: Haringey

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.
Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

Specifically the averages SHOULD therefore:
- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates	Checklist: Complete:
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£16.34	£16.34	£17.94	9.8%	Yes
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£779.07	£779.07	£810.32	4.0%	Yes
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£873.76	£873.76	£945.49	8.2%	Yes
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.					Yes

Footnotes:

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

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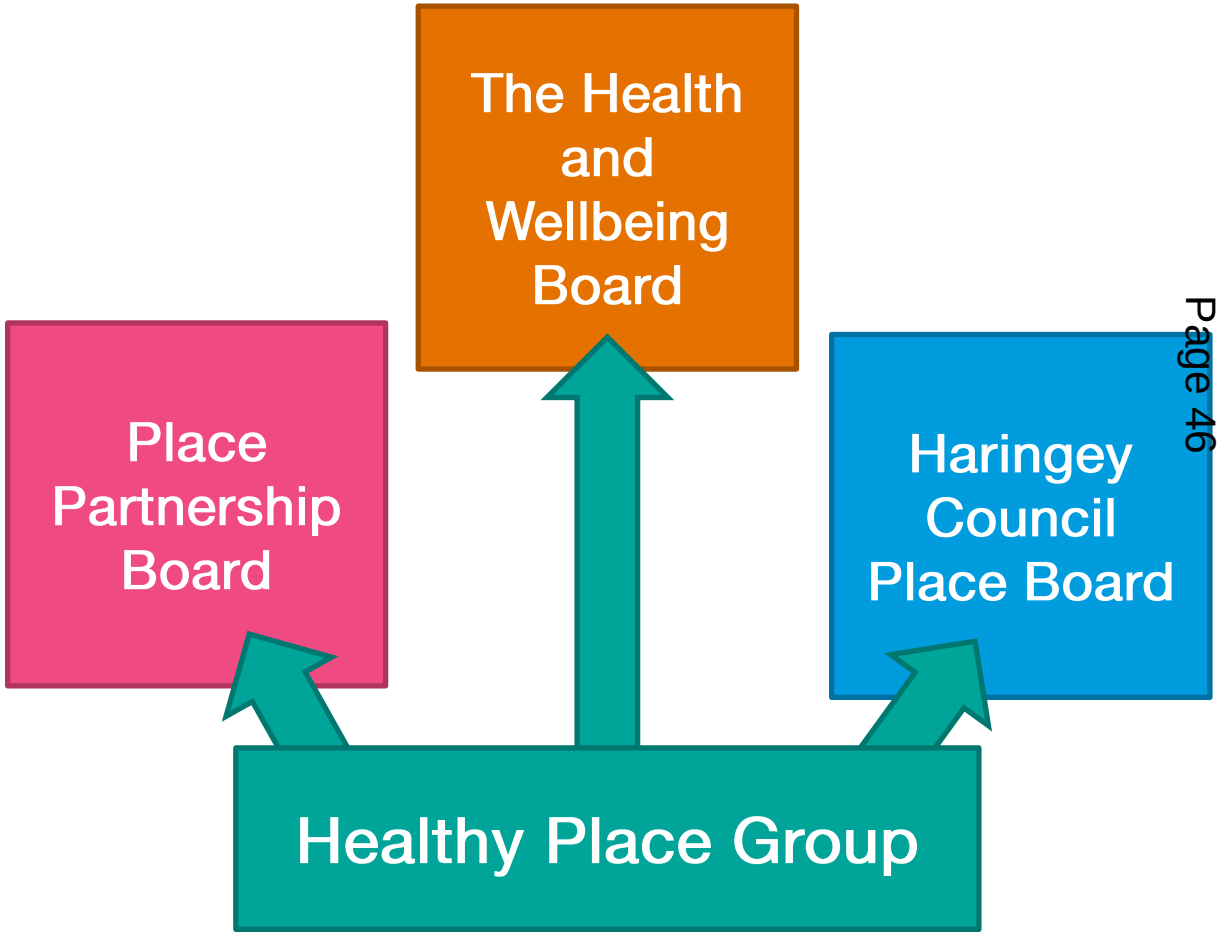
Haringey Healthy Place Group Outcomes Report

Health in All Policies, Public Health

Introduction

- Sign off date by HWB: 4 Nov 2020
- First meeting: 23 Feb 2021
- Meet every two/ three months for an hour and a half session to focus on topics relevant to the group's objectives.
- Create a shared understanding of HiAP and embed into work; genuinely work in partnership to reduce health inequalities; be ambitious and innovative; feed into Place Partnership Board.



Objectives

Overarching: ***'create and develop healthy and sustainable places and communities'*** in line with Marmot Review objectives.

1. Improve (aligned with the Haringey Manifesto):
    - Environments travelling to and around schools and nurseries
    - Air quality
    - Parks and green spaces
    - Influencing housing quality
    - NHS estates and access to healthcare
    - Transport – walking and cycling, active transport
    - Physical activity
    - Social connectedness
2. Ensure health impacts are assessed on developments and spatial changes to prevent widening of health and wellbeing inequalities
3. Contribute and influence on local plans and policies, to promote and deliver healthy placemaking

haringey.gov.uk

Members

LBH Public Health

LBH Environment and Neighbourhoods

LBH Housing

Selby Trust

Living Streets

LBH Planning Policy

LBH Community Safety & Enforcement

NHS Estates

NHS NCL ICB

Disability Action Haringey

Impacts (short-term)

Topics covered
Low Traffic Neighbourhoods
Parks Strategy
Air Quality Action Plan
Emerging Local Plan
Draft Housing Strategy
Draft Housing JSNA
Draft Walking and Cycling Action Plan
NHS Estates development
Leisure Services review

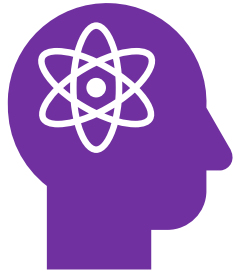
- **Data shared:**
  - Planning policy (from draft Local Plan) and Active Communities and Leisure (Leisure Review).
- **Collaborative working:**
  - NHS Estates with Planning on Healthcare facilities and regeneration.
  - North Mid with Living Streets on the Clean Air Hospital Framework.
- **Further training opportunities:**
  - Disability Action Haringey on the Social Model of Disability.
- **Shared ideas and suggestions:**
  - Locations for cooling spaces, e.g. ‘splash park’
  - Location of accessible parking spaces at North Mid.

Outcomes (long-term)

1. Exchange of knowledge and expertise
2. Strengthened partnerships around ‘place’
3. Input on draft Haringey documents:

   LBH
   - Housing Strategy - 3,000 new homes by 2031
   - Cycling and Walking Action Plan - 81% of residents will live within 400m of the strategic cycle network by 2041

   NHS
   - North Middlesex building developments.
4. Aligning work
5. Thinking in a Health in All Policies approach
6. Work with community groups on important issues to them e.g., Haringey Cycling Campaign



Outcomes: Partnership

Impact of having strong VCS communication:

- Valuable insight and expertise in own field.
- Connect the group to other VCS organisations and with different Haringey communities and residents.
- Link VCS to new partners across Haringey Council and the NHS.
- Comment and input on services offered to their users.

Conclusion

Future meetings:

1. Focus on regeneration – Selby Urban Village and Rangemoor Open Space
2. Update on Healthier Catering Commitment and trading standards
3. Update on the Leisure Review
4. Development of the Place Joint Strategic Needs Assessment

Continue positive conversations:

- Ensure sessions foster opportunity to share, learn and input.
- Involve residents groups to present and input on important topics to them e.g., Haringey Cycling Campaign

Monitor membership:

- Opportunity for more VCS and NHS colleagues to join