

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 28th June, 2023, 2.00 pm - Podium, River Park House, 225 High Road, Wood Green, N22 8HQ (watch the live meeting [here](#) and 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 11).

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 - 6)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 29 March 2023 as a correct record.

8. HEALTH INEQUALITIES AND INEQUALITIES FUND PROGRAMME IN HARINGEY (PAGES 7 - 32)

To receive an update on the North Central London (NCL) Inequalities Fund (IF) Programme and the projects within the Programme that support Haringey residents and patients.

9. HARINGEY BOROUGH PARTNERSHIP UPDATE AND UPDATE FROM NORTH CENTRAL LONDON INTEGRATED CARE PARTNERSHIP MEETING (PAGES 33 - 44)

To receive a presentation on the Haringey Borough Partnership Update and an update for the North Central London Integrated Care Partnership Meeting.

10. HARINGEY HEALTH AND WELLBEING STRATEGY UPDATE ON TIMELINES FOR CONSULTATION (VERBAL UPDATE)

To receive a verbal update on the Haringey Health and Wellbeing Strategy on timelines for consultation.

11. NEW ITEMS OF URGENT BUSINESS

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

12. FUTURE AGENDA ITEMS AND MEETING DATES

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

To note the dates of future meetings:

20 September 2023

15 November 2023

17 January 2024

13 March 2024

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Tuesday, 20 June 2023

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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, Health and Communities	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
	NHS	North Central London Integrated Care Board	3	Clinical and Care Director for Haringey (NCL ICB)
Director of Integration for Haringey				Rachel Lissauer
Executive Director of Place				Sarah McDonnell-Davies
North Middlesex University Hospital NHS Trust		1	Chief Executive	Dr Nnenna Osuji
Whittington Health NHS Trust		1	Chief Executive	Helen Brown

	Barnet, Enfield and Haringey Mental Health Trust	1	Managing Director, Haringey	Gary Passaway
	Haringey GP Federation	2	Chief Executive	Cassie Williams
			Medical Director	Dr Sheena Patel
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 29 MARCH 2023, 2:00PM – 4:30PM

PRESENT:

Councillor Lucia das Neves, Cabinet Member for Health Social Care and Wellbeing (Chair)

Councillor Zena Brabazon, Cabinet Member for Early Years, Children and Families
Sharon Grant, Healthwatch Haringey Chair

Dr Will Maimaris, Director of Public Health

Rachel Lissauer – Director of Integration – NCL CCG

Gary Passaway - Barnet, Enfield and Haringey - Mental Health NHS Trust

Sara Sutton - Temporary Assistant Director, Adults, Health and Communities

Beverley Tarka – Director of Adults Health and Communities

Nadine Jeal - Clinical and Care Director for Haringey (NCL ICB)

IN ATTENDANCE ONLINE:

Tim Miller - Joint Assistant Director of Commissioning for Adults and Children NHS NCL ICB

Temmy Fashega – Lead Commissioner Adult Mental Health, NCL ICB

Lynette Charles – MIND, Haringey

Geoffrey Ocen - Bridge Renewal Trust, Chief Executive Officer

Nnena Osuji – North Middlesex University Hospital NHS Trust, Chief Executive

Cassie Williams – Haringey GP Federation, Chief Executive

Chantell Fatania - Consultant in Public Health

Christina Andrew – Strategic Lead, Community and Inequalities

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 welcomed everybody to the meeting.

3. APOLOGIES

Apologies for absence had been received from Ms Ann Graham and Mr Richard Gourlay.

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 no deputations.

7. MINUTES

RESOLVED:

That the minutes of the Health and Wellbeing Board meeting held on 25 January 2023 be confirmed and signed as a correct record.

8. ADULT MENTAL HEALTH

Mr Tim Miller, Mr Temmy Fasegha, Mr Will Maimaris, Mr Gary Passaway, Ms Rachel Lissauer and Ms Lynette Charles presented the item.

The Board welcomed the presentation. The meeting heard that:

- There was a broad agreement on priorities and support for emphasis on prevention, early intervention and focus on tackling inequalities.
- Alignment of resources was a key area of concern and opportunity for Haringey. The right balance between centralised and place based service and resources was considered to be important.
- It was important to be honest about what it would mean to an individual being put on a waiting list, including the length of time that would be spent waiting.
- The discussion of arts and culture was not present in the presentation and needed further integration, especially as the Council had placed resources to acquire arts and culture facilities. It would help form therapeutic approaches into depression and isolation. A reading group, a drama group or other form of creative art provided people with shared cultural expression.
- Singing and art improved people's mental health.
- Inpatient wards had therapeutic programmes and this helped with recovery in general.
- There were other aspects of people's lives preventing people from having shorter stays and this included people's working life.
- Different sectors needed to have a method so that they could connect together.
- The strategy needed to include assets, this could be the peer led approaches being taken. In the scenario of a serious mental illness, it would be useful to have a first point of contact and finding out how one would be encouraged to engage other available services.
- The use of art and culture was helpful to minority communities. Black Thrive had many learning points and an opportunity should be made to present work done by Black Thrive at the Board.
- For NHS talking therapy services, people did receive access for treatment but had to wait significantly longer for their second treatment. Workforce retention and recruitment remained a challenge across the NHS. If people did not get access to services on time, they would drop out of treatment and their ill health became more acute. Transparency about waiting times needed to be provided so that people could weigh up options and pursue other options whilst waiting.
- It was important to consider how services could be offered to residents who were not on record or were isolated. There were mentally ill people that could be found on the street and those individuals did not know how to get into contact with the services that could help with their needs.

- It was important for the wider community to have a shared understanding of mental health. It was also important for the wider community to be able to understand access to mental health care provision both for themselves and others.
- The relationship between mental health and physical health needed further emphasis.
- Reporting a distressed individual in the street needed to tie in with the review of the Council's safeguarding policy. The Joint Partnership Board, including mental health service users, had said they wanted community engagement in safeguarding to be a high priority in the five-year review that was taking place. In particular, concerns were expressed about those that had observably ill mental health. Work needed to be done with the Safeguarding Adults Board regarding attaining a wider community understanding of mental health services.
- Physical documents, such as leaflets, would be useful to help educate the community and allow people to have something to refer to when they needed a reference point.
- The transition between child and adult mental health needed to be addressed.
- An event could be held at the Health and Wellbeing workshop regarding Housing including with Registered Social Landlords. Visitations could also be useful.
- It would be useful to maximise how to support people when they were awaiting treatment especially for a secondary care type of service. This included contacting people on the waiting list.
- An update would be provided to a future Health and Wellbeing Board.

RESOLVED:

That the presentation be noted.

9. NORTH CENTRAL LONDON POPULATION HEALTH AND INTEGRATED CARE STRATEGY

Mr Will Maimaris and Ms Amy Bowen presented the item.

The meeting heard that:

- It would be useful to have the voice of lived experience, multiple conditions and the use of the term 'empowerment'.
- The incentives for the new GP contracts had moved away from prevention and more emphasis had been placed on access to care and patient experience. This put an already under pressure workforce in a difficult position.
- There needed to be more reference of arts and culture in the understanding of the determination of good health.
- Delivering the strategy in a meaningful way would require a significant change.
- A recent Integrated Care Board meeting had a rich discussion including how the strategy would be held to account, how measurements would be made, a concise set of priorities, have conviction regarding the realignment of resources and ensure that primary care was adequately supported so that proactive deliveries could be made.
- It was important to put local community priorities forward.
- More could be done to put forward more reference to mental health and its relationship with physical health.
- Mapping of need against resource allocations was important and needed to be outlined.
- It was important to have consistency with the Health and Wellbeing Board strategy.
- It was important to ensure that finances were spent wisely.

- Variations at hyper-local level would make allocation of funding a difficult decision making process.
- Haringey did not have many large hospitals in comparison to other boroughs such as Camden. However, North Central London was a hub for providers and Haringey was a net importer of activity in high cost services.
- There were so many different focused delivery areas and it was not clear how all of the specific areas would be integrated.
- It may useful to have specific set of outcomes and although resource allocation was a concern, it was important to see if resource allocation reflected elements that had an impact in the preventative space.

RESOLVED:

That the presentation be noted.

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

Ms Christina Andrew provided an update.

The Board commented that:

- There needed to be trust in services, relationships with health and the abilities to access services. The work done with the Welcome Advisory Board worked beyond refugees, asylum seekers and migrants and applied to the exiting communities in Haringey.
- Work had been done regarding vulnerable migrants and much of that work had been done in Haringey with partners in conjunction with the resettlement team. It was important how this was moved forward.

RESEOLVED:

That the update be noted.

11. NEW ITEMS OF URGENT BUSINESS

There were none.

12. FUTURE AGENDA ITEMS AND MEETING DATES

The listed items were noted.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date

Report for: Health and Wellbeing Board

Title: Haringey Borough Partnership and North Central London Integrated Care Board Inequalities Fund Programme – Update and Progress

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

Lead Officer: Paul Allen, Assistant Director – Communities, NCL ICB
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1. Introduction

- 1.1. This paper provides an update on the North Central London (NCL) Inequalities Fund (IF) Programme and the projects within the Programme that support Haringey residents and patients. It gives an update on progress made in implementing Haringey's IF Programme since 2021/22, and summarises the findings of an mid-year stock-take of these projects and programme in 2022/23 which was undertaken through the Place Board. This includes a deep dive into two of these projects.
- 1.2. The formal evaluation of the IF Programme will be conducted in Q4 2023/24. However, the mid-year stock-take in Haringey provided (sometimes emerging) evidence most projects were successfully delivering on their intended outcomes, making a difference to participant's lives, health, well-being and independence and often having an impact on health and care systems. These findings provided the Place Board with the confidence to re-affirm commitment to a number of projects in 2023/24 and plan for further enhancement of the Programme, though with some areas for improvement.
- 1.3. The information presented in this report should give Haringey Health and Wellbeing Board assurance multi-agency partners are continuing to tackle particularly deprivation-related health inequalities in the Borough. This was achieved through targeted investment in schemes that are starting to make a difference to how we work with under-served communities and groups, on individuals' lives and making better use of statutory services.
- 1.4. The Programme aims to promote equity of access, outcomes and experience for under-served groups and communities across NCL, particularly amongst those Haringey residents living in the 20% most deprived neighbourhoods in England. It does so through developing new approaches to improve engagement and trust with these communities and to tackle entrenched health inequalities. Its objectives were:
 - Develop innovative and collaborative approaches to delivering high-impact, measurable changes in inequalities across NCL, and addressing the underlying causes of health inequalities;

- Create solutions which break down barriers between organisations and both develop new and extend existing relationships within boroughs, multi-borough and NCL-wide partnerships;
- Target the most deprived communities and reaching out proactively to our resident black and minority ethnic populations, in line with the NHS aims associated with addressing equity.
- Work alongside our population, the VCSE and our partners across health and care in making a difference to the lives of our people

1.5. The IF Programme, and currently supports 15 projects in 2023/24 that help Haringey residents/patients of all ages. Although funded via NCB ICB, partners in Haringey agreed that the Haringey IF Programme should have oversight through the Borough Partnership's multi-agency Place Board to ensure all relevant statutory NHS and Council and voluntary sector partners were able to shape, develop and support implementation of the projects.

1.6. This paper provides a summary of the evaluation of the projects and programme as a whole within Haringey, including a deep dive into two of these projects, and discusses next steps during 2023/24 and beyond. It also includes a discussion on the recent Community Chest pilot recently established in collaboration between ICB and Council.

2. Background

2.1. The NCL Inequalities Fund Programme started in 2021/22, and represents a £5m investment across the 5 Boroughs in Haringey to tackle health inequalities. The total investment in 15 projects in Haringey is £1.6m in 2023/24, with a further £200k invested to support some of the (all age) projects in the Programme from Haringey's Better Care Fund ICB Minimum Allocation.

2.2. Both Haringey and Enfield received a higher level of the £5m investment from NCL ICB than other Boroughs due to their proportionately higher levels of deprivation, particularly amongst the (often most diverse) wards in east Haringey and Enfield; around two-thirds of people living in the most deprived 20% neighbourhoods in North Central London live in these two Boroughs.

2.3. Projects within the programme are focussed on improving the lives and health outcomes of residents within the most deprived (and diverse) communities in Haringey, who are often the groups with the worst outcomes across all ages in the Borough across a range of health, social and housing measures. As a result, patients and residents within these communities are more likely to come forward for help from the statutory sector when their health or social needs may be worse or they are in crisis. For example, emergency hospital admission rates amongst the most deprived 20% of the population are 2-3 times higher than their most affluent age peers from birth onwards.

2.4. A targeted and funded Programme that tackles the root causes of health inequalities should therefore be a 'win-win' for patients, residents and the health and care system. Projects successfully reaching into and engaging under-served

communities ought therefore to help build trust, resilience and social capital between the community and statutory sector, improve outcomes of participants and promote better utilisation of statutory sector services. A further advantage to the Programme approach is that it helps target resources at specific groups of individuals in the community with specific backgrounds, social situation or health status (it has ‘reach’, as discussed below); and that it also has a lasting legacy in the community to help engage with other people in the community who may not be directly participating in projects in the Programme (‘ripple’).

- 2.5. The original priorities for the Haringey project were developed through the Place Board, but took account of public health evidence of social gradients of need across a range of all-age issues within Haringey and national evidence associated with health inequalities (e.g, Fenton Report and Michael Marmot’s update on health inequalities).
- 2.6. The priority setting also included later emerging NHS priorities associated with population health, including Core20Plus5, which seeks to support Integrated Care Systems (ICSs) to invest in solutions to support the 20% most deprived communities (‘Core20’), particularly those at risk of acquiring/with specific conditions, e.g. respiratory conditions, cancer and severe mental health as part of the ‘5’ conditions. Addressing health inequalities is therefore an integral part of a wider population health approach across NCL ICS, and is now incorporated into NCL ICS’s Population Health Improvement Strategy.
- 2.7. A key element of the ICS approach is consideration of what works effectively at system, place and neighbourhood. The Inequalities Fund works on the basis that whilst the NCL ICS can allocate resources, Boroughs should largely take responsibility for prioritisation, shaping and delivering these schemes. In Haringey, this meant that the Place Board had oversight of the Haringey IF Programme development in the east of the Borough, and promoting and assuring projects were delivered in partnership with local communities in collaboration with the statutory and voluntary sectors. This localised focus, for example, identified an additional need to invest in support for families frequently attending NMUH A&E to help them manage their infants health needs proactively; or a need to provide intensive support people with severe and multiple disadvantage living in the community.
- 2.8. The table below sets out the projects funded in two phases in Haringey, with Phase II starting late in 2021/22. Phase II development gained learning from Phase I to pool the funding into a single project, Healthy Neighbourhoods.
- 2.9. Healthy Neighbourhoods is a multi-agency collaboration between NHS, primary care, Council and VCSE partners working with under-served communities living in east Haringey. Its intention is to co-design and deliver a range of preventative and planned care solutions to improve health, well-being and life chances. Themes in this scope agreed between partners at the Place Board were:
 - Ensuring Best Start in Life (largely focussed on childhood weight management, healthy eating and speech and language);
 - Improving Prevention, Diagnosis and Management of Acquired long-term conditions (COPD, kidney disease, CVD/hyper-tension);

- Improving mental well-being and encouraging people to come forward for help, particularly focussed on younger adults from non-White British ethnic backgrounds;
- Supporting Vulnerable People including those with severe & multiple disadvantage and those with sickle cell disorders, to recognise even within deprived communities, there are individuals who have greater need.

2.10. A cross-cutting theme, Community Empowerment, ensures there is sufficient VCSE engagement and investment to support community asset-building and co-design in the emerging models, and people in these under-served communities feel better able to ‘have their say’ on local services. One of our academic partners, Middlesex University, is currently evaluating our approach to co-production across NCL projects, and has highlighted several areas of good practice already – including in one of the projects discussed in the deep dive.

2.11. The projects in Phase I and Phase II have different foci and outcomes. Some, such as the Community Empowerment theme in Healthy Neighbourhoods, are a basic foundation block to support asset-building and collaboration between communities and the statutory sector. Others, such as childhood weight management, are likely to deliver healthier lifestyles and improve long-term public health-related outcomes by addressing one cause of adverse health outcomes. Other projects help address more immediate outcomes that cause crises. It is important for the Programme to have a ‘balanced portfolio’ of projects (Figure 1); there is the potential to invest more funding into preventative community-based solutions if the Programme is seen in parallel to help mitigate pressures on more intensive, crisis solutions such as those emergency hospitalisation.

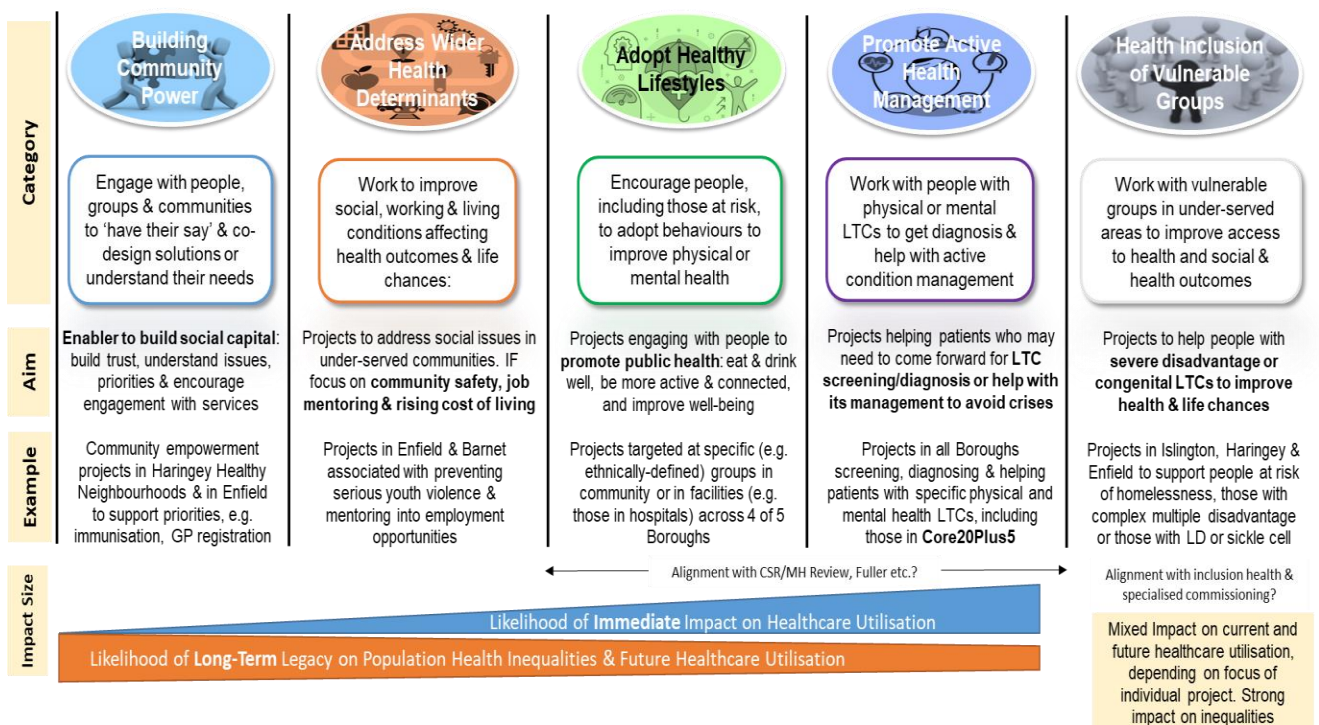
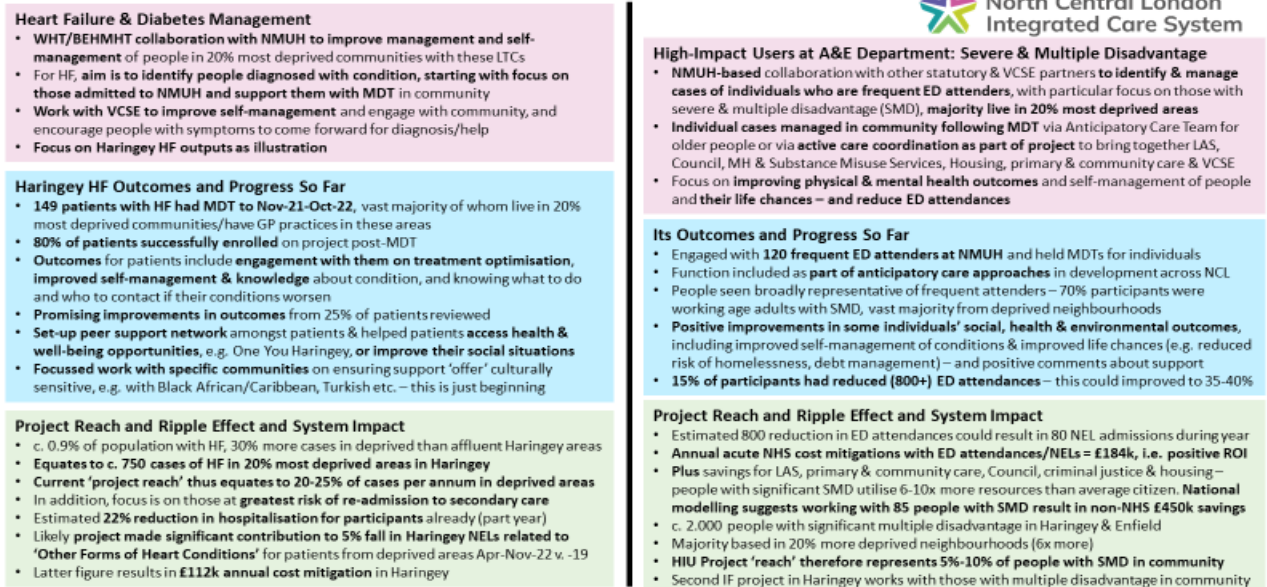


Figure 1 – NCL Inequalities Fund Framework to Build ‘Balanced Portfolio’ approach to prioritising projects in Programme

3. Results of Haringey IF Programme

- 3.1. The local stock-take of projects undertaken in 2022/23 focussed on a number of key areas for each project, in particular whether there was evidence the project was likely to:
- Reach the desired number of targeted participants, e.g. those living in the most deprived communities or particularly under-served communities or groups
 - Improve outcomes for participants in the way anticipated, e.g. longitudinal outcomes in terms of mental or physical health and well-being or life chances
 - Result in establishing, developing or harnessing community assets or social capital between under-served communities and statutory services such as the NHS or Council. This includes a 'ripple' effect whereby participants with positive experiences and outcomes of projects began to influence the wider community's outcomes through their social networks
 - Had an impact now or in the future on the utilisation of the health and care system, particularly those parts of the system managing crises
 - Had an impact on the underlying population outcomes at which the project is targeted.
- Appendix 1 includes a brief summary of the outcomes for continued each project taken from mid-year stock-take in 2022/23 to help guide further investment in 2023/24.
- 3.2. The stock-take, along with the Programme-wide evaluation scheduled later this year, is a mixed-method approach and incorporated both quantitative and qualitative intelligence to inform an overview of progress for each project. The NCL ICB is currently working with its partners to better collect and collate information across Haringey's programme. Whilst most projects have clear and demonstrable outcomes in line with the above structure, a number needed further development and support to demonstrate their outcomes and impact.
- 3.3. Appendix 1 suggests many projects were progressing, sometimes after a slow start (see below). Some – including 'Health Self-Management' projects - had started to deliver on the outcomes as expected, and had an impact on the wider use of the system for their participants. There is also evidence some solutions are likely to have a medium- and longer-term impact on outcomes from the targeted population because their 'reach' into targeted populations was significant.
- 3.4. For example, the heart failure project helps better manage the health and social needs of patients with this condition living in the 20% most deprived neighbourhoods and is run by WHT in association with its NHS primary and secondary care partners. The project works with 150 patients per annum which represents around 20-25% (the project 'reach') of all such patients living in these communities. The results are promising, with significant improvements in individuals' ability to self-manage their condition and avoid future crises. This led to a 22% reduction in emergency admissions/re-admissions for participants, and, because of the project's 'reach', contributed to an overall 6% reduction in all such admissions of heart failure patients living in these deprived communities.

Some Examples of Projects and Their Impact



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Figure 2 – Summary of Outcomes for selected Haringey IF Projects as part of mid-year stock-take 2022/23

- 3.5. Figure 2 outlines 2 projects for which there was good evidence for delivery of outcomes in 2022/23, and the deep dive to the Board discusses two further projects.
- 3.6. *Some Learning from the Stock-Take and the IF Programme*
- 3.7. The section below describes some themes that emerged during the stock-take:
- *The importance of community empowerment as a core objective* – putting time and effort to engage with those with lived experience at the heart of co-design. Generally, the solutions that invested time wisely in co-design and collaboration with their intended participants were those that seemed most successful
 - *The importance of collaboration and partnership working across multiple partners* – projects were specifically designed to forge a collaboration within or between statutory or voluntary sectors to work to meet outcomes. This provided a platform for each partner to bring their own capabilities and skills to support patients. For example, the NHS may be good at helping people diagnosis and manage people medically, whilst the voluntary and community sector may be better placed to 'in-reach' into communities. The community sector may be better placed to influence people to come forward or come to terms with their condition in a more culturally sensitive way and to 'add value' in terms of social support or solidarity. For example, colleagues from the VCSE project working on one of the projects told us: 'we didn't know what mattered to the older Somali population until we sat down and held conversations about what matters in their lives.' There is a value in insights from specific schemes being amplified across the system to influence all services, but also in all services and providers seeking out the views of those with the worst outcomes, either at co-design stage or as part of regular review in a more structured way.

- *Being clear about the outcomes we wish to achieve and communicating these effectively is important particularly with partners* – All projects were asked to provide evidence in the stock-take about their progress. Those projects with a clear understanding and documentation initially about what they wanted to achieve and were able to share this with partners and communities tended to be those projects most likely to be progressing well. The NCL ICB and its partners are currently working with project managers to better collect and collate data and intelligence across Haringey’s programme in 2023/24. This includes more directly understanding the attribution between projects and wider system impact improvements using the ‘Reach and Ripple’ approach described above.
- *Many of the issues under-served communities face need focus, time and collaboration to progress but quick wins are possible* – the expectation was that the projects would be contracted and able to mobilise quickly following agreement. This was certainly not always the case, as there was a need to recruit and train staff and volunteers to work with these communities. In addition, the administration, contracting and financial flow process was more complex than anticipated which inconvenienced some VCSE partners. The main lesson taken forward into 2023/24 was to simplify the flow of funding between NHS and Council on the one hand and the VCSE organisations on the other and to set up more appropriate contracting forms.

Even where projects were able to mobilise quickly, however, it did not automatically mean long-standing inequalities in the community can be improved quickly because of the need to engage much more effectively with some communities in their own terms or because the nature of the intervention impacted on longer-term outcomes. Equally, we found it can take time for statutory sector managers to work with communities to re-shape and develop their sometimes long-standing service models or professional practice, whilst at the same time continuing to deliver their current services.

- *Many under-served communities are cross-Borough and face the same issue* – two-thirds of people in the most deprived NCL communities live in Haringey or Enfield, and many communities therefore span more than one Borough. It is possible to define a ‘NMOH system’ geographical zone that reflects particularly deprived communities around that hospital and across both Boroughs. It is for this reason that several Haringey projects are already cross-boundary and, where possible, this collaboration should continue.

4. Community Chest

- 4.1. The Council and ICB invested additional funding into the Healthy Neighbourhoods framework via a contribution of £204k from the Better Care Fund (BCF) Plan in 2022/23, and propose to continue to do so in 2023/24. £106k of funding was utilised to develop a ‘Community Chest Pilot’ to fund VCSE organisations via grants to support the Healthy Neighbourhood IF themes discussed above and to deepen the collaboration with the statutory sector. The first phase was awarded in March 2023,

and a further round of Community Chest funding, potentially as a Community Participatory Budget in the east Haringey, is scheduled for later this year.

- 4.2. The Community Chest therefore provided grants to the voluntary sector to support the development of community-based initiatives to help Haringey residents and patients improve their health and wellbeing in support of the projects within Healthy Neighbourhoods. Its key objectives are to offer voluntary sector organisations to:
- Strengthen range of early intervention projects particularly in collaboration with statutory partners
 - Support development of a resilient, collaborative and sustainable voluntary sector
 - Fund community-based projects to improve health, well-being and life chances of people of all ages
- 4.3. A summary of the projects funded can be found in appendix 2.

5. Next Steps

- 5.1. Haringey IF Programme projects and their funding for 2023/24 have been agreed with partners as part of Place Board discussions, as noted above. The ICB continues to make a substantial commitment to the Programme and expects to evaluate the outcomes and impact during Q4 20223/24.
- 5.2. The ICB is currently reviewing with its partners the impact of all of its NCL IF schemes and as part of its commitment to proportionate universalism – the concept of allocating additional resources to areas of greatest need – is exploring how the ICS can best further invest funding in the geographical zone around NMUH (i.e. across the two Boroughs). This approach has the potential to attract resources and interest from national partners keen to progress and showcase improvements in health equity in response to the Fenton Report.

Appendix 1: Table of Haringey Health Inequality Projects – June 2023

Project	Description	Status	Joint Haringey & Enfield projects
ABC Parents	NMUH-based project to increase parents' knowledge & confidence in infant health, common illnesses and lifesaving skills	Progressing Well with good evidence of outcomes and impact.	Y
Mental Health Arts & Sports	Project to support young people with histories of multiple Adverse Childhood Experiences (ACEs), who would not normally engage with services through the arts, sports, creative ventures	Emerging evidence of outcomes, achievement and impact. Full project delayed due to funding issues; now resolved	
Tottenham Talking	BEHMHT and VCSE collaboration to deliver mostly peer led group activities and therapy in the community for those with long-standing mental illness	Progressing Well with good evidence of outcomes and impact	
Long-Term Conditions – Heart Failure	WHT led project with primary and secondary care and VCSE partners to improve access to diagnostics, treatment optimisation and provide education to improve (particularly self-) management for people who have HF	Progressing Well with good evidence of outcomes and impact. Slow start to co-production but this has accelerated since stock-take	Y
LTC – Diabetes	WHT led to provide diabetes service specifically with GP practices/VCSE in the East of Haringey to work with specific groups of patients at risk/under-diagnosed, e.g. Turkish or Black African/Caribbean patients living with type 2 diabetes with an HbA1c greater than 75mmol/mol, on 2 oral	Emerging evidence of potential outcomes and impact. Slow start to co-production	Y
High Impact User at A&E - Support for those living with Multiple Disadvantage	NMUH project with VCSE and statutory sector partners to identify patients who frequently present themselves to A&E. Works with individual to develop personal multidisciplinary shared care plan led by coordinator to support patients in community	Progressing Well with evidence of outcomes and impact.	Y
Cancer Development Workers	Statutory and VCSE project to improve people's knowledge of common cancer symptoms, enabling early diagnosis and treatment	Emerging evidence of outcomes achievement and impact. Slow start to mobilisation but progress accelerated post-stocktake	
Cancer Link Workers	Statutory and VCSE project to support those with diagnosed cancers, including treatment and end of life care	Emerging evidence of outcomes achievement and impact. Slow start to mobilisation but progress accelerated post-stocktake	

Project	Description	Status	Joint Haringey & Enfield projects
Somali Mental Health Support	VCSE led project to support the mental health needs of people from this community in Haringey	Progressing Well with evidence of outcomes and impact	
Healthy Neighbourhoods: Empowering Local People Theme	Overarching thematic project supported through the VCSE (Bridge Renewal Trust, Public Voice & other partners) to engage with local grassroots organisations that work with under-served communities to co-produce healthcare initiatives	Emerging evidence of building social capital and engagement to under-pin other projects. Progress accelerated since stock-take	
HN Best Start in Life: Childhood Weight Management	Primary care/VCSE led project to support clinically over-weight school age children with healthy eating and exercise	Mostly Progressing Well with some evidence of outcomes and impact	
HN Best Start in Life: Early Years Speech & Language	Council-led project with VCSE and statutory partners to support young children from 0-2 years who present with speech and language issues	Emerging evidence of outcomes and impact. Progress accelerated since stock-take	
HN: Improving Long-Term Conditions – COPD/CVD/CKD	Haringey GP Federation project in partnership with NHS and VCSE to proactively identify and engage specific communities and groups most at risk of these conditions/adverse outcomes (e.g. Turkish/Kurdish patients) these conditions	Emerging evidence of potential outcomes and impact. Slow start to co-production but this has accelerated since stock-take	
HN: Mental Wellbeing	VCSE partnership led project to provide range of activities tailored to individuals' needs & preferences in community e.g. football, wellbeing activities such as coffee mornings etc. to bring people together and develop trust to discuss mental health issues	Mostly Progressing Well with some evidence of outcomes and impact	
HN Vulnerable People: Outcomes for People with Sickle Cell	NHS and VCSE collaboration to improve outcomes and quality of life for people living with Sickle Cell and Thalassaemia through non-medical interventions	Emerging evidence of potential outcomes and impact. Slow start to co-production but this has accelerated post-stocktake	
HN Supporting Vulnerable People: Supporting People with Severe & Multiple Disadvantage	VCSE led project to support care coordination around the health, financial, housing, and social needs of people who present with severe and multiple disadvantage in the community	Progressing Well with evidence of outcomes and impact	

Appendix 2: Table of Community Chest Projects

Name of VCSE Organisation	Project Name	Healthy Neighbourhood Theme(s) Support	Amount Awarded
Koach Parenting	Improving parents and their children's health and wellbeing	Theme 1 – Empowering People; Theme 2 – Best Start in Life	£5,000
Living Under One Sun	Neighbourhood Café Connect	Theme 1 – Empowering People; Theme 2 – Best Start in Life; Theme 3 – Improving Long Term Conditions	£21,000
Code 1 Community Group	Interactive health and wellbeing sessions	Theme 2 – Best Start in Life	£15,000
Groundswell Arts	Dancing Together	Theme 2 – Best Start in Life	£9,885
Sanjuro Training Systems Limited	Fitt-in keeping primary school pupils moving in the classroom	Theme 2 – Best Start in Life	£7,520
Dalmar Heritage & Family Development	Empowering community	Theme 3 – Improving Long Term Conditions	£9,864
Disability Action Haringey	Holistic and empowering sickle cell patient programme	Theme 5 - Vulnerable People (Sickle Cell)	£38,000
Total			£106,269

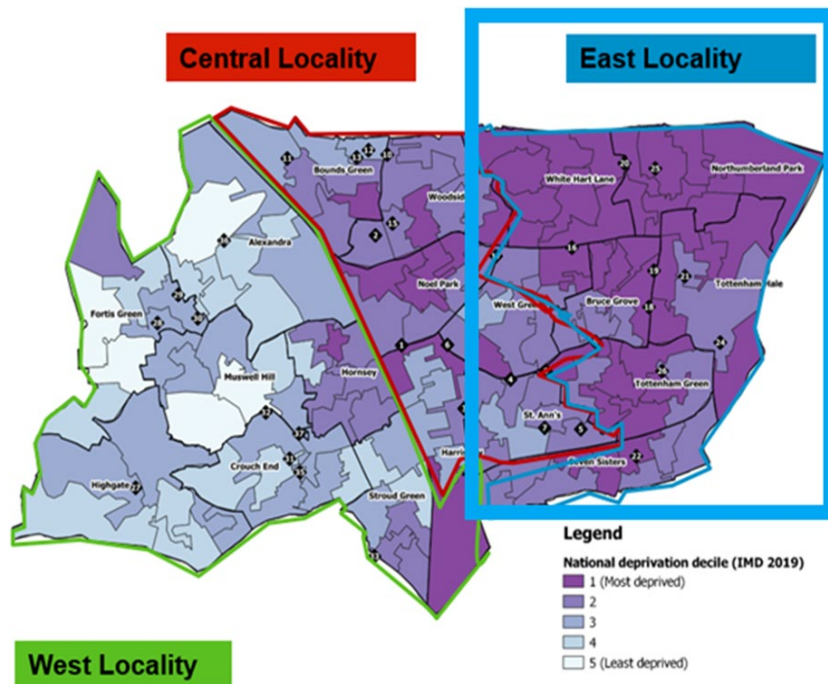
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Health Inequalities and Inequalities Fund Programme in Haringey

Paul Allen, Assistant Director – Communities,
North Central London Integrated Care Board

Health Inequalities in Haringey

- Haringey is the fourth most deprived borough in London (IMD 2019)
- Wards in east Haringey significantly more deprived (and often more diverse) than west
- 15 year gap in healthy life expectancy between the richest and least well-off parts of the borough
- Differential health outcomes between White British and other ethnic groups, notably Black African-Caribbean and eastern European groups.



Residents in our deprived and diverse communities have:

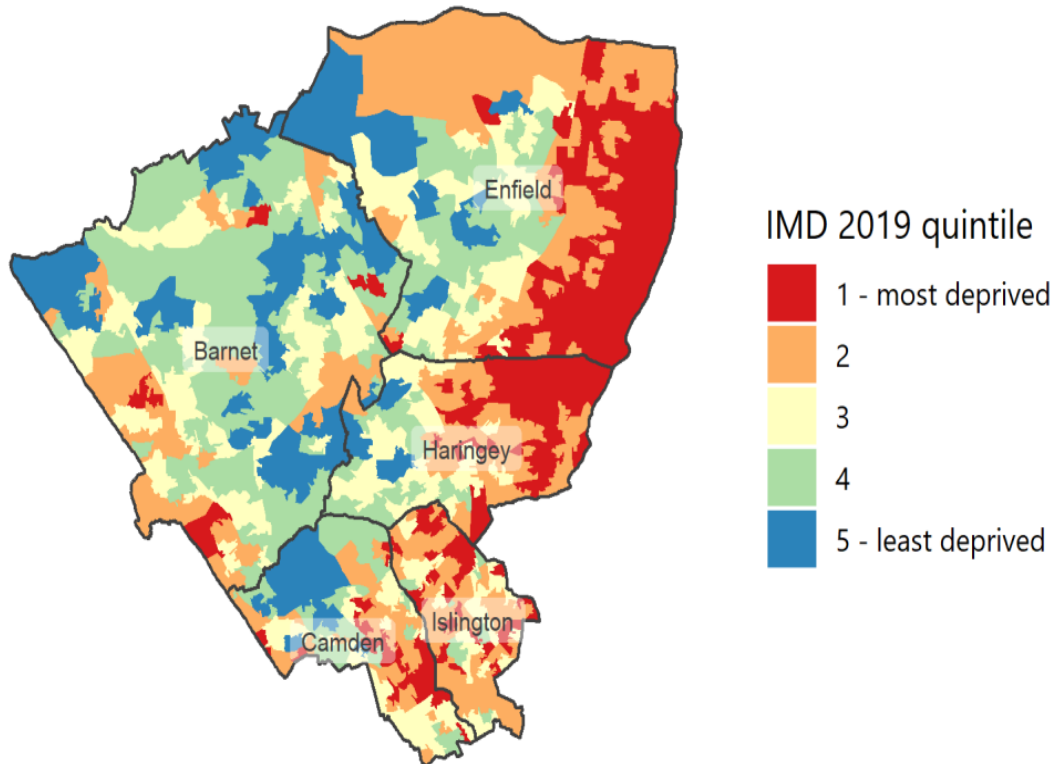
- Higher prevalence of obesity, particularly for school-aged children
- Higher prevalence of smoking and alcohol dependency
- Higher prevalence of long-term conditions CKD, CVD, COPD & cancer
- Greater risk of under-detection of these conditions early and great difficulty self-managing these conditions
- Higher prevalence of severe mental illness amongst residents, particularly amongst black African/Caribbean communities
- Higher rates of emergency hospital admission from birth onwards
- Higher risk of living with multiple disadvantage, e.g. with physical & mental health issues, substance misuse, low income & poor housing

North Central London Inequalities Fund Programme

- From mid-2021/22, NCL ICB invested £5m per year in Inequalities Fund Programme to improve equity of engagement, access and outcomes amongst under-served communities, particularly amongst the 20% most deprived neighbourhoods
- Haringey received c. £1.6m of this funding to recognise levels of need in Borough (plus c. £200k in BCF Plan), with similar funding in Enfield: around two-thirds of all residents in NCL deprived neighbourhoods live in Haringey or Enfield

Deprivation quintile by LSOA

North Central London boroughs, IMD 2019



The aims of the Fund were to:

- Invest in improving health outcomes in deprived communities and to reach out proactively to particular groups in this population, including black and minority ethnic populations or those living with severe and multiple disadvantage
- Forge & extend integrated partnership working and collaboration between primary care, NHS, Council and VCSE partners on tackling social & health issues in these communities
- More effectively engage with residents and collaborate with them, and between the voluntary and statutory sectors to tackle health-related issues to make difference to people's lives
- Develop innovative and collaborative approaches and solutions to build social capital and forge and extend sustainable relationships between the community, VCSE and statutory sector
- Ensure the schemes are evidentially effective, measurable, high impact interventions to tackle social gradients of inequalities and represent good value for money

Inequalities Fund Programme – ‘Balanced Portfolio’ of Projects

- Only 25% of health outcomes due to access to healthcare, more could be done to tackle issues earlier to make impact longer-term
- At same time, a need to focus on ‘here and now’ issues of ill health and people coming forward in crisis
- It’s important there’s a balance between where Haringey’s £1.6m is spent, but a ‘foundation stone’ is improving engagement

Category	Building Community Power	Address Wider Health Determinants	Adopt Healthy Lifestyles	Promote Active Health Management	Health Inclusion of Vulnerable Groups
Aim	Engage with people, groups & communities to ‘have their say’ & co-design solutions or understand their needs	Work to improve social, working & living conditions affecting health outcomes & life chances:	Encourage people, including those at risk, to adopt behaviours to improve physical or mental health	Work with people with physical or mental LTCs to get diagnosis & help with active condition management	Work with vulnerable groups in under-served areas to improve access to health and social & health outcomes
Example	Enabler to build social capital: build trust, understand issues, priorities & encourage engagement with services	Projects to address social issues in under-served communities. IF focus on community safety, job mentoring & rising cost of living	Projects engaging with people to promote public health : eat & drink well, be more active & connected, and improve well-being	Projects helping patients who may need to come forward for LTC screening/diagnosis or help with its management to avoid crises	Projects to help people with severe disadvantage or congenital LTCs to improve health & life chances
Impact Size	Community empowerment projects in Haringey Healthy Neighbourhoods & in Enfield to support priorities, e.g. immunisation, GP registration	Projects in Enfield & Barnet associated with preventing serious youth violence & mentoring into employment opportunities	Projects targeted at specific (e.g. ethnically-defined) groups in community or in facilities (e.g. those in hospitals) across 4 of 5 Boroughs	Projects in all Boroughs screening, diagnosing & helping patients with specific physical and mental health LTCs, including those in Core20Plus5	Projects in Islington, Haringey & Enfield to support people at risk of homelessness, those with complex multiple disadvantage or those with LD or sickle cell
	← Alignment with CSR/MH Review, Fuller etc.? →				Alignment with inclusion health & specialised commissioning?
	Likelihood of Immediate Impact on Healthcare Utilisation				Mixed Impact on current and future healthcare utilisation, depending on focus of individual project. Strong impact on inequalities
	Likelihood of Long-Term Legacy on Population Health Inequalities & Future Healthcare Utilisation				

Haringey Health Inequalities Fund

- Although mostly funded via NCL ICB, NHS, Council & VCSE partners at the Place Board as part of the Haringey Borough Partnership had oversight of selecting and reviewing projects in Haringey Programme

Healthy Neighbourhoods

Ensuring an effective service offer to meet specific additional needs of our residents in our most deprived locality

Theme 1: Hearing and empowering residents and patients

Co-ordinating and expanding coaching, peer support and social prescribing

Theme 2: Healthy start

Theme 3: Long Term Conditions

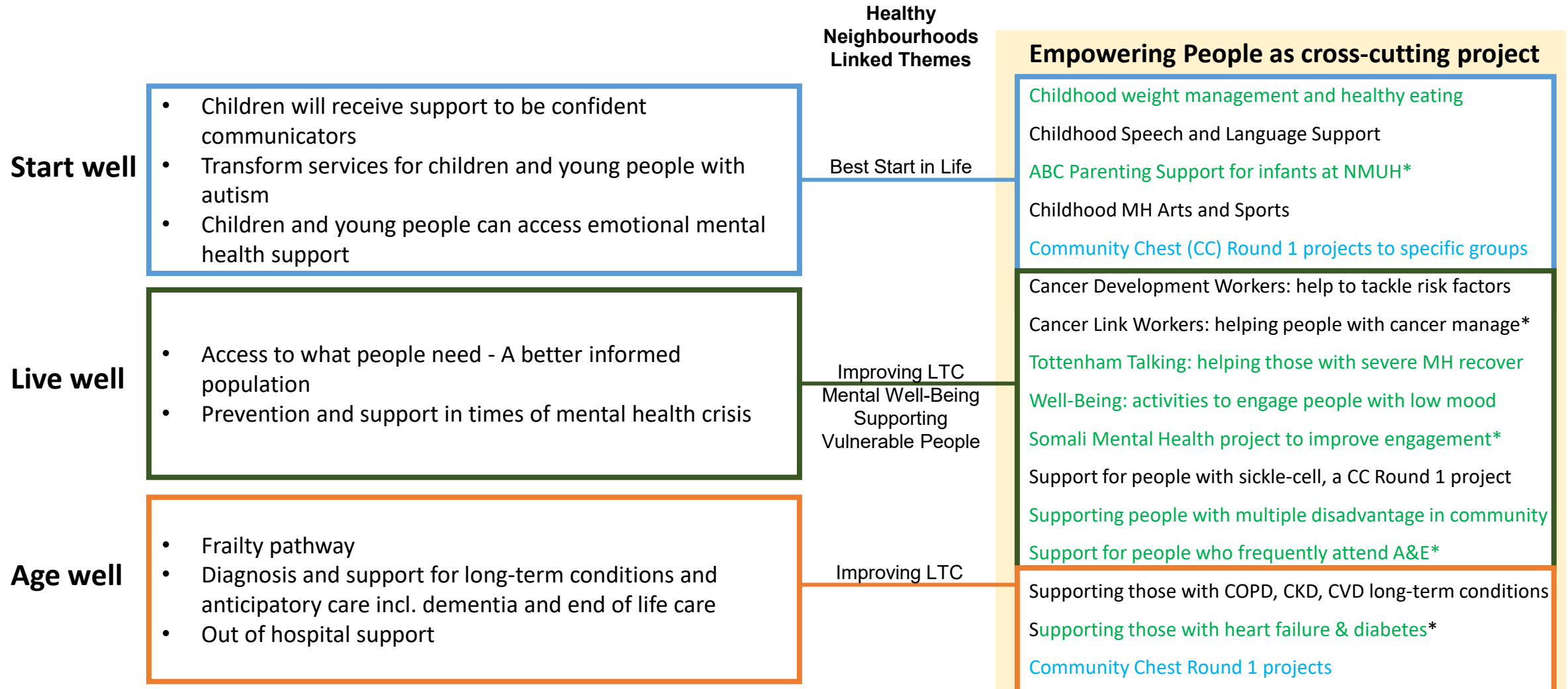
Theme 4: Improving mental wellbeing

Theme 5: Support vulnerable groups

PHM & integrated workforce programme

- 15 health inequalities current projects in Haringey split in 5 themes in our Healthy Neighbourhoods
- These themes, and projects within them (next slide), were selected through evidence from public health, commissioners, local intelligence from communities; many linked to the national '[Core20Plus5](#)' focus on specific health outcomes relating to inequalities
- Since projects started, we also ensured alignment between NCL ICS Population Health & Inequalities Strategy developed in 2023/24
- Some projects are joint/aligned with Enfield given common issues/communities across both Boroughs

Alignment of IF Programme to Haringey Board Partnership structure



Healthy Neighbourhoods

* Joint or aligned projects between Haringey and Enfield
 Key to font colour in Healthy Neighbourhoods box: Stock-take in 2022/23 suggested: **Green:** Progressing Well, **Black:** Need to improve/accelerate, **Blue:** Project added post-ST

Findings of IF Programme Stock-Take

- Number of projects listed for 12+ months and were able to undertake a stock-take of a number of projects in 2022/23
- Working with those delivering & coordinating them, projects were asked about delivery, outcomes for participants & community and impact on care system
- Generally, projects were seen to be delivering well in terms of their 'reach' into communities, outcomes for participants and sometimes impact on the care system. Two examples included in Appendix 1
- Previous slide indicates which projects were identified as progressing well, which needed further improvement
- Since stock-take, progress on latter group accelerated, which gave confidence for further commitment in 2023/24

Common learning themes from the stock-take included:

- *Importance of community empowerment & engagement in solutions* – generally, greater progress was made where projects were able to engage with communities effectively
- *Importance of collaboration and partnership working across multiple partners* – most projects were effective collaborations between statutory & VCSE partners
- *Many issues under-served communities are deep-seated; project progress needs focus, time & collaboration to progress but quick wins possible* – even if projects had clear mobilisation plans, there were sometimes admin, contractual & financial flow issues that needed longer to resolve than expected. This has been taken forward as a priority in 2023.
- *Being clear about the outcomes to be achieved and communicating these effectively* – projects better able to outline & measure their outcomes early were able to evidence they were progressing well. ICB and partners are working to support projects to better develop measurement of outcomes
- *Many under-served communities are cross-Borough and face same issues* – and should more investment be cross-boundary

Next Steps

The ICB, Council and its partners will continue to oversee the IF Programme in Haringey through the proposed Inequalities and Neighbourhood Board:

- Progressing the 2023/24 IF Programme projects
- Continue in particular to build on our community engagement/empowerment projects and opportunities to collaborate
- Explore potential for additional ICB Inequalities Funding in Haringey in collaboration with Enfield to recognise the cross-Borough issues building on the existing projects
- Continue integration of health inequalities into the work around Neighbourhoods particularly in the east of the Borough
- Continue roll out of the Community Chest, including exploring potential for Round 2 investments in the VCSE activities to support Healthy Neighbourhoods
- Ensure we review IF Programme across NCL in Q4 2023/24

Community Chest Fund Pilot

Haringey Council, NHS North Central London Integrated Care Board (NHS NCL ICB) and borough partners have created a **Haringey Community Chest Pilot (of £106,000)** to provide grants to the voluntary sector to support the development of community-based initiatives to help Haringey residents and patients improve their health and wellbeing through the **Healthy Neighbourhoods themes**.

- Theme 1: Empowering People
- Theme 2: Best Start in Life
- Theme 3: Improving Long-Term Conditions
- Theme 4: Improving Mental Wellbeing
- Theme 5: Supporting More Vulnerable People

The key objectives of the Chest are to offer grants to the voluntary sector to:

- Strengthen range of **early intervention projects** particularly in collaboration with statutory partners
- Support development of a **more resilient, collaborative and sustainable voluntary sector**
- Fund community-based projects to improve **health, well-being and life chances** of people of all ages

Awards were made to the successful providers in Q4 2022/23

Selected Projects Summary

Name of VCSE Organisation	Project Name	Healthy Neighbourhood Theme(s) Support	Amount Awarded
Koach Parenting	Improving parents and their children's health and wellbeing	Theme 1 – Empowering People; Theme 2 – Best Start in Life	£5,000
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Total			£106,269

Questions?

Appendix 1: Some Examples of Projects and Their Impact

Heart Failure & Diabetes Management

- **WHT/BEHMHT collaboration with NMUH to improve management and self-management** of people in 20% most deprived communities with these LTCs
- For HF, aim is to **identify people diagnosed with condition, starting with focus on those admitted to NMUH and support them with MDT** in community
- **Work with VCSE to improve self-management** and engage with community, and encourage people with symptoms to come forward for diagnosis/help
- **Focus on Haringey HF outputs as illustration**

Haringey HF Outcomes and Progress So Far

- **149 patients with HF had MDT to Nov-21-Oct-22**, vast majority of whom live in 20% most deprived communities/have GP practices in these areas
- **80% of patients successfully enrolled** on project post-MDT
- **Outcomes** for patients include **engagement with them on treatment optimisation, improved self-management & knowledge** about condition, and knowing what to do and who to contact if their conditions worsen
- **Promising improvements in outcomes** from 25% of patients reviewed
- **Set-up peer support network** amongst patients & helped patients **access health & well-being opportunities**, e.g. One You Haringey, **or improve their social situations**
- **Focussed work with specific communities** on ensuring support 'offer' culturally sensitive, e.g. with Black African/Caribbean, Turkish etc. – this is just beginning

Project Reach and Ripple Effect and System Impact

- c. 0.9% of population with HF, 30% more cases in deprived than affluent Haringey areas
- **Equates to c. 750-800 cases of HF in 20% most deprived areas in Haringey**
- **Current 'project reach' thus equates to 20-25% of cases per annum in deprived areas**
- In addition, focus is on those at **greatest risk of re-admission to secondary care**
- Estimated **22% reduction in hospitalisation for participants** already (part year)
- Likely **project made significant contribution to 5% fall in Haringey NELs related to 'Other Forms of Heart Conditions'** for patients from deprived areas Apr-Nov-22 v. -19
- Latter figure results in **£112k annual cost mitigation** in Haringey

High-Impact Users: Multiple Disadvantage

- **NMUH-based** collaboration with other statutory & VCSE partners to **identify & manage cases of individuals who are frequent ED attenders**, with particular focus on those with severe & multiple disadvantage (SMD), **majority live in 20% most deprived areas**
- **Individual cases managed in community following MDT** via Anticipatory Care Team for older people or via **active care coordination as part of project** to bring together LAS, Council, MH & Substance Misuse Services, Housing, primary & community care & VCSE
- Focus on **improving physical & mental health outcomes** and self-management of people and **their life chances – and reduce ED attendances**

Its Outcomes and Progress So Far

- Engaged with **120 frequent ED attenders at NMUH** and held MDTs for individuals
- Function included as **part of anticipatory care approaches** in development across NCL
- People seen broadly representative of frequent attenders – 70% participants were working age adults with SMD, vast majority from deprived neighbourhoods
- **Positive improvements in some individuals' social, health & environmental outcomes**, including improved self-management of conditions & improved life chances (e.g. reduced risk of homelessness, debt management) – and positive comments about support
- **15% of participants had reduced (800+) ED attendances** – this could improved to 35-40%

Project Reach and Ripple Effect and System Impact

- Estimated 800 reduction in ED attendances could result in 80 NEL admissions during year
- **Annual acute NHS cost mitigations with ED attendances/NELs = £184k, i.e. positive ROI**
- **Plus** savings for LAS, primary & community care, Council, criminal justice & housing – people with significant SMD utilise 6-10x more resources than average citizen. **National modelling suggests working with 85 people with SMD result in non-NHS £450k savings**
- c. 2.000 people with significant multiple disadvantage in Haringey & Enfield
- Majority based in 20% more deprived neighbourhoods (6x more)
- **HIU Project 'reach' therefore represents 5%-10% of people with SMD**
- Second IF project in Haringey works with those with multiple disadvantage in community

Presentation

Tottenham Talking

Stephanie Otuoacheampong

Presentation

ABC Parents

Belinda Okyere

Haringey Borough Partnership Update

June 2023

Maximising impact of Borough Partnership

Priorities following November/December stock-take

- Deliver improved outcomes through clear and limited number of strategic aims in our partnership areas, delivery plans and agreement on how to measure impact
- Strong focus on prevention, early intervention and integration at the heart of all our work
- Early support for mental health as the ‘golden thread’ across all work areas
- Improved joint working at interfaces across health / MH providers, social care, wider council services & VCS
- Clinical and professional leadership to support and guide operational delivery
- Join up between strategic ambitions and delivery ‘on the ground’

What we've done

- Agreed outcomes for each partnership board, driver diagrams – areas to focus on for improvement
- Started work on how we will measure outcomes and indicators
- Mapped sub-groups to ensure working groups / task and finish in place for delivery
- Senior operational groups being set up / established for focus on joint working particularly around admission avoidance and step down
- Appointed multi-professional clinical leads for Start Well, Live Well, Age Well and GP neighbourhood leads. Assigned a clinical lead and GP neighbourhood lead to each group.
- Delivery work has continued through this process e.g.
 - Start Well - Vaccinations and immunisations Delivery Plan and Speech Language and Communication Universal Offer development.
 - Live Well – Development of Community Mental Health Offer (additional posts agreed), Borough Partnership Test and Learn, Council Commissioned Services Review, positive changes in primary care management for long term conditions
 - Age Well – Operational group implemented, discharge process improvements, Long Term Conditions programme,
 - Neighbourhoods – Approval for Wood Green Integrated Hub, new delivery board in place, North Tottenham improve integrated offer, Health inequalities and Community Chest

Health & Wellbeing Board



Haringey Borough Partnership Exec

Co-chair: Andy Donald (CEO Haringey Council), Helen Brown (CEO, Whittington Health)

Start Well

Live Well

Age Well



Neighborhoods and Health Inequalities

Community and Preventative Mental Health

Giving children and young people the best start in life (0-25 years)

CYP health care and MH ops oversight group

Improving the health and wellbeing of working-age adults (aged from 16 to 65)

MH Ops Oversight Group

Adult Ops Oversight Group

Working together to support people with frailty (mainly aged over 65) to live and age well

Neighbourhood delivery

Reducing inequality in outcomes; embedding joint working

Mental health and wellbeing for young people

Speech language and communication

Autism Pathway

Community mental health and wellbeing

Inclusion health

Staying well and healthy

Frailty pathway

Out of hospital support

Maximising impact of work to reduce health inequalities

Joint working at neighbourhood level

Enablers of integration

Long term conditions (Chair Sharon Seber)

Screening, vaccinations and immunisations (Chair Damani and Rachel)

Board Chair: Ann Graham, Vice-Chair Rachel Lissauer

Board Chair: Beverly and Natalie

Board Chair: TBC

Board Chair: Jonathan Gardener/
Richard Gourlay

Key changes to note

- Long term conditions group (already in place) now reflected in Borough Partnership structure and will report into a joint meeting of Live Well and Age Well
- Screening, Vax and Imms meeting (already in place) now reflected in Borough Partnership structure. Highlight report will be produced to report into various boards (covers all ages)
- Place Board re-named Inequalities and Neighbourhood Board to better reflect focus

Work in progress

- Outcome measurement work still to be finalised and joint analysis & monitoring arrangements to be established
- Alignment of our approach with the population health strategy
- Chairing arrangements, ToR and membership need to be confirmed for operational groups
- Engagement and co-design to be embedded throughout the structures depending on workstream/activity
- Workforce – development of the training hub and developing a workforce delivery plan
- Agreement of roles of clinical leads, neighbourhood leads & roles in supporting delivery

Implications

- Reducing frequency of strategic partnership boards to allow time for delivery and operational focus. Partnership boards to be quarterly
- SROs and leads should be seen as having system leadership remit
- Borough partnership will need continued programme leadership for all our delivery areas
- Ensure links into the NCL structures/strategies etc e.g. ICS pop health strategy
- Risk of instability/reduced capacity/loss of history in light of ICB change programme. Need to consider how all partner organisations align staff to borough partnership delivery

Live Well Partnership Board
Beverley Tarka & Natalie Fox - SROs

Improving the health and wellbeing of working-age adults

Age Well Partnership Board
[SROs tbc]

Takes multi-agency life course approach to support Haringey residents to age well

Mental health operational group

- Operational performance
- Council and Trust joint work
- Discharge/acute
- Escalations
- Roger Sylvester (Canning Cres)
- Financial planning

LD operational group

- Operational performance
- Quality and operational escalations
- Financial planning

Mental Health Programme Group

- Prevention and early intervention
- Integrated community transformation including primary care
- Crisis avoidance

Inclusion Health Programme

- Severe and multiple disadvantage
- Homelessness, housing needs and health
- Employment and health
- Migrant health
- Aligned to Combating Drugs Partnership

Long Term Conditions Programme

- Prevention and early identification of Long Term Conditions
- Anticipatory care
- Pathway development work – focus on CVD, cancer, diabetes

Adult Community Health Services Programme

- Community health investment in therapies and nursing
- Joint oversight on continuous improvement

Frailty programme

- Healthy ageing
- Dementia pathway
- Carers support
- Falls prevention
- Long term care
- End of life

Adults Operational Group

- Admissions avoidance
- Integrated front door & single point of access
- Discharge to assess & reablement
- FINANCE REVIEW

Start Well

Ann Graham, Rachel Lissauer - SROs

Children's Operational Oversight Group

- Ops level discussion of children's mental health issues
- SALT and community service issues
- Social care – support for hospital discharges
- Issues relating to cyp known to range of services

CYP Mental Health and Wellbeing Exec (Thrive Board)

- Early help and support
- Access and services
- CAMHS transformation initiatives

SEND Executive

- Delivery of SEND strategy
- Safety Valve implications
- Focus on autism waiting times
- Oversight and monitoring of SEND Action Plan
- Transitions and preparing for adulthood

Haringey Community Services Transformation Programme

- Performance review for community services
- Delivery of community services investment
- Monitoring and impact

Speech, Language and Communication programme

- Delivery of SALT transformation programme
- Oversight of impact and progress

Early Help Partnership Board

- Family Hubs
- Oversight of delivery of early help strategy

Early Years

- Oversight of Early Years strategy in relation to HV, SLCN

Health Inequalities

Jonathan Gardner and Richard Gourlay SROs

Tackling inequalities and integrating care at a neighbourhood level to support improvements in outcomes

Neighbourhood Delivery Group

- Developing ways of using data and insights to support early identification
- Making sure hubs are running well
- Organisation of integrated workforce / ways of working
- Carrying out coproduction and VCS delivery within neighbourhoods
- Maintaining links with family hubs
- Progress on specific neighbourhood workstreams
 Northumberland park, BWF, Wood Green

Information and insights sub-group – monitoring impact, targeting interventions

Haringey Estates Forum – jointed up approach towards estates, oversight of key programmes of work

Investment sub-group - planning and oversight of inequalities investment, community chest etc

Joint approach to public estate



Integrated data and insights



Integrated workforce



Co-production



Aligned and coordinated VCS



Joined up digital systems



Clear and streamlined comms



Aligned budgets



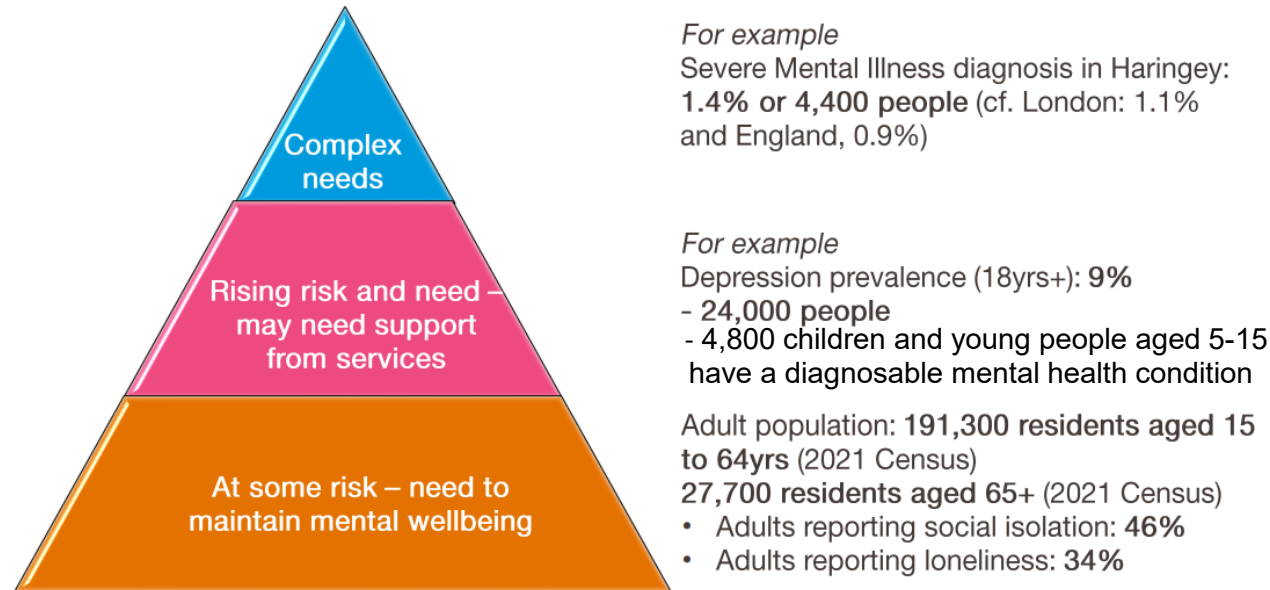
Joined up management and oversight



Borough Partnership 'test and learn'

The Haringey Borough Partnership (HBP) have agreed that all age **community mental health** is the area for shared focus to develop a roadmap for delegation, taking a test and learn approach.

Haringey Population Mental Health Need



Our ambition is to transform the outcomes and experience of people who have both long- and short-term mental health needs. We have recognised that, as a borough, we need a stronger and more joined up approach towards mental health that is more focused on **early support and prevention**.

Borough Partnership ‘test and learn’



Work underway as a foundation for this includes:

Developed priorities for outcome improvement

Improving borough oversight and understanding of community MH investment and transformation work

Commissioned 31Ten to conduct a critical analysis of Council commissioned services

Workshop held at the end of Feb to map preventative and community-based MH services and assess gaps and MH was a key topic discussed at HWBB in March

Embedding MH into our neighbourhood/locality working programme

Reviewing our section 75's over the next 6 months – all contracts for ICB and council

The aim of this work is:

- To ensure we have a shared and deep understanding of the ‘as is’ across the system
- To collectively understand the strengths, weaknesses and opportunities in our preventative mental health offer
- To share an understanding of the resources we’re all putting into our mental health offer, particularly the community based MH offer
- Identifying the practical initiatives and changes that are required to address key challenges and ambitions to ensure we better meet the needs of our residents whilst delivering value for money
- To use this understanding to think through what actions we would want to take as a borough and what types of delegation this would involve

As a partnership we are considering widening the scope of the review work across the system and commissioning an organisation to facilitate a series of workshops over a six-month period to bring together key stakeholders to further develop our shared ambition for local mental health services and identify the key areas for investment, development and potential delegation.

Questions for Health and Welling board

- Do HWBB endorse this as a direction of travel?
- What else could we consider doing to maximise delivery of the Borough Partnership?