NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Tuesday, 19th February, 2019, 4.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Please see attached list .

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. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. 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 and using the public seating area, 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).

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, PETITIONS

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

7. YOUNG PEOPLE AT RISK STRATEGY (PAGES 3 - 14)

8. PEOPLE BASED CARE WORK UPDATE (PAGES 15 - 38)

9. PEOPLE PRIORITY UPDATE

Presentation at the meeting.

10. INTEGRATED CARE SYSTEMS :THE NHS LONG TERM PLAN

Report to be tabled

11. MINUTES (PAGES 39 - 50)

To consider and agree the minutes of the meeting of the Board held on 24 July 2018.

12. NEW ITEMS OF URGENT BUSINESS

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

13. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

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

The dates of future meetings are TBC

[These dates require further consultation with voting members]

22nd May 2019 2pm

17th July 2019	2pm
30th October	2pm
12th Feb 2020	2pm

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Monday, 11 February 2019

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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	*Leader of the Council	Cllr Joseph Ejiofor
			*Cabinet Member for Children, Education and Families	Cllr Elin Weston
			*Cabinet Member for Adults and Health – Chair	Cllr Sarah James
	Officers' Representatives	4	Director of Adults and Health	Beverly Tarka
			Director of Children's Services	Ann Graham
			Interim Director for Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
NHS	Haringey Clinical Commissioning Group (CCG)	4	*Chair	Dr Peter Christian
			*Vice Chair	John Rohan
			Chief Officer	Tony Hoolaghan
			*Lay Member (confirmed as voting member by Full Council 23/02/15)	Cathy Herman
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

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Report for: Health and Wellbeing Board – 19th February 2019

Title: **Young People at Risk Strategy**

Report Authorised by: Rebecca Hatch, Head of Policy & Cabinet Support

Lead Officer: **Hugh Smith, Policy & Equalities Officer**

1. Describe the issue under consideration

1.1 In March the Cabinet of Haringey Council will consider a Young People at Risk Strategy, the overarching aim of which is to reduce serious youth violence.

1.2 The Young People at Risk Strategy sets out the scale and nature of serious youth violence in Haringey, outlines a strategic model to address risk, sets the direction and priorities for medium-term activity to tackle serious youth violence, and details a set of short-term actions.

1.3 The strategy reflects the Council administration's priority to prevent youth violence and Borough Plan objective to ensure that children can grow up free from violence and fear of violence in the community wherever they live in the borough. It is being brought forward at a time when Central and London government have adopted new approaches to tackling youth violence and there are opportunities to learn from other localities that have been successful in this area, including Glasgow and Hackney.

2. Recommendations

2.1 That the Health and Wellbeing Board:

i. Considers the content of the Young People at Risk Strategy
ii. Notes the particular relevance of Outcome 2, 'Strong Families and Healthy Relationships' and Outcome 3, 'Positive Mental Health', to members of the Health and Wellbeing Board
iii. Comments on the content, noting the need for health partner input in relation to priorities and interventions to:
    1. Improve young people's mental health,
    2. Improve family functioning,
    3. Help young people form healthy peer relationships,
    4. Meet the needs of young people with SEND
iv. Considers the roles of board members with respect to the overall collective effort to reduce and prevent serious youth violence, in particular:
    1. Early identification of individual or family risk
    2. Interventions to increase safety in healthcare settings
    3. Interventions to address risky behaviours such as substance use
    4. Support for victims of serious youth violence
v. Recommends how the roles of board members, with respect to reducing youth violence, can be articulated in the strategy

3. Background Information

3.1 The Young People at Risk Strategy is informed by:

i. The Godwin Lawson Foundation Report on Youth at Risk, which sets out the attitudes of vulnerable young people in Haringey to issues relating to crime and safety
ii. The profile compiled by the Youth Justice Service of 20 prolific young offenders
iii. The Scrutiny Review on Disproportionality in the Youth Justice System
iv. A literature review on youth safety and associated risk factors, drawing on publications from governmental, non-governmental, and academic sources from the UK and abroad.
v. A needs assessment, setting out the baseline prevalence of various risk factors in Haringey, undertaken by Public Health.
vi. Extensive engagement with partners, residents, and young people.

3.2 The strategy takes a whole systems approach to youth violence and adopts a public health model. This means involving all partners and the community in a collective effort to target those most at risk of involvement in youth violence while mitigating the risk factors and building the resilience of all young people in Haringey.

3.3 Our framework conceptualises a young person's level of risk, as a series of concentric circles. At the outer layer, the young person is protected and achieving positive outcomes. As risk increases, the young person moves towards the centre of the circle.

i. At layer 1 (the outer layer) they are protected from violence,
ii. At layer 2 they have signs of early risk,
iii. At layer 3 they are accumulating risk,
iv. At layer 4 they exhibit risky behaviours,
v. At layer 5 (the innermost layer) they are involved in violence.

3.4 The closer the young person is to the centre of the circle (layer 5) the greater the risk that they become involved in youth violence. The overarching aim of the strategy is to keep young people in the outer layers of the circle where they are protected from risk, and to intervene to push them back to the outer layers if they start to gravitate towards the centre.

3.5 Risk can be seen to increase and decrease in relation to four key areas that cut across the layers of the circle:

i. Community
    1. Protective factors include safe neighbourhoods, safe spaces, and visible positive role models

2. Risk factors include deprivation, local crime, gang activity, and low confidence in civic institutions

ii. Family and relationships
1. Protective factors include positive relationships with parents, trusted adults, and peers
2. Risk factors include adverse childhood experiences, unstable home environments, and experience of bullying and/or exploitation

iii. Mental health
1. Protective factors include social activity and stable home environments
2. Risk factors include poverty, adverse childhood experiences, and substance use

iv. Attainment and opportunity
1. Protective factors include good schools, high parental engagement in education, and local economic opportunity
2. Risk factors include low school readiness, SEND, exclusions, and lack of qualifications

3.6 The strategy details the profile of the young people that are most likely to become involved in serious youth violence. Risk factors across the four key areas outlines in para 3.5 are disproportionately experienced by African-Caribbean boys living in North Tottenham and Wood Green, and this leads to this group becoming overrepresented among perpetrators and victims of serious youth violence. The reasons for these young people experiencing risk factors in relation to their communities, families, mental health, and education are complex and include community deprivation, multi-generational cycles of trauma, unconscious bias, and institutional racism. While the strategy is explicit about the need to improve outcomes for this cohort, it is important to note that young Black men are not the only group vulnerable to involvement in youth violence. In particular, we know from our data analysis and engagement activity that girls are at risk of certain forms of exploitation and violence; young people with SEND are more likely to be victims of violent crime; and there are particular issues within Kurdish, Turkish, and Eastern European communities.

3.7 In order to address risk factors and build protective ones, the strategy sets out interventions to achieve five key outcomes:

i. Safe communities with positive things for young people to do, where there are strong role models and trust in institutions

ii. Positive family environments, low levels of family stress, good parenting; and young people able to develop strong, healthy relationships with peers and trusted adults.

iii. Confident, happy and resilient young people who are able to cope with negative experiences, setbacks, and stress

iv. Young people thriving in school, with positive aspirations for the future and access to employment and training opportunities to get there

v. Less serious youth violence here and now

3.8 Key commitments include:

i. Strong Communities
   1. Improved Youth Provision
      a. Haringey Community Gold, a £1.5m programme funded by the Mayor of London featuring detached youth work, mental health and employment support, and a community leader development programme
      b. Additional universal youth provision, with Wood Green as a priority area
      c. Summer Programme 2019
   2. Role Models
      a. A community leader programme to train vulnerable young people to advocate for their communities
      b. Strategic coordination of mentoring activity across Haringey
   3. Trust in Institutions
      a. Continued engagement with young people through all available channels
      b. Safer Schools Officer assigned to every school in Haringey
      c. Enhanced support for VCS and faith groups to utilise space and develop skills to support vulnerable young people

ii. Strong Families and Healthy Relationships
   1. Support for Families
      a. Peer support for parents of children known to the youth justice service
      b. Family mediation to prevent youth homelessness
      c. Support for families affected by parental substance use
      d. A community-led parenting support programme
      e. Work with young adults in HMP Pentonville
   2. Peer Relationships
      a. Rollout of peer support projects in youth services, building on learning from More than Mentors in Bruce Grove Youth Space
      b. Map, coordinate, and enhance educational interventions relating to sex and relationships, exploitation and grooming, and online safety

iii. Positive Mental Health
    1. Support in Schools
        a. CAMHS Trailblazer project to deliver mental health support within Haringey schools
    2. Trauma-Informed Practice
        a. Trauma-informed training for professionals working with young people
        b. MASH referrals of knife crime victims to CAMHS
        c. Mental Health First Aid training, delivered in partnership with the Haringey Wellbeing Network

iv. Attainment and Opportunity
    1. BAME Attainment
        a. Rollout of Vulnerability to Underachievement Toolkit to enable early identification of risk
        b. Work with primary schools to ensure curriculums and learning materials reflect pupils' cultures and heritage
    2. Reducing Exclusions and Improving Alternative Provision
        a. Establish forums for primary and secondary school teachers to improve the transition from primary to secondary school
        b. Establish a forum to facilitate sharing of best practice in behaviour management, driving sector-wide improvements
        c. Advocate for restorative behaviour management in schools
        d. Address gaps in local alternative provision offer and ensure all commissioned AP meets vulnerable pupils' needs
    3. Pathways to Employment
        a. Enhanced work experience offer to local secondary school pupils
        b. Apprenticeship and Section 106 Strategies that ensure that Council resources are put to best use

v. Reduction in Serious Youth Violence
    1. Criminal Justice and Enforcement
        a. Participate in partnership operations with the police and local communities to tackle crime in known hotspots
        b. Enforce against organised criminal activity in partnership with the MPS
        c. Enforcement against retailers who sell knives to children

d. Street-based and hospital=based conflict mediation
e. Utilise the Integrated Gangs Unit to provide and co-ordinate a tactical approach to enforcement and early intervention

2. Exploitation
   a. Develop the Haringey Exploitation Panel into a regional service
   b. Establish a contextual safeguarding approach in practice
3. Re-Offending and Re-Integration
   a. Gang Exit, to support individuals affected by gang activity to access safe housing, healthcare, and employment or educational opportunities
   b. Rescue and Response, to support young people affected by County Lines.
   c. Advance Minerva, wraparound support for female offenders aged from 15 years old
   d. From the Inside Out, a restorative and holistic resettlement service for young people in custody

3.9 However, we are clear that additional interventions on their own won't achieve the step change we need. For this reason, the strategy contains actions to develop a whole systems approach, making sure that the Council and partners work in a more joined-up and strategic way to address young people's vulnerabilities, under five headings:

i. Shared Vision and Strategy
   1. Communication and dissemination of the strategy and the evidence base on youth violence and safety
ii. Shared Governance and Accountability for Delivery
   1. A new Assistant Director for Safer Communities
   2. Creation of a partnership executive board
iii. A Partnership where everyone's Role is Valued and Maximised
   1. Targeted partnership communications campaigns
   2. Training and workforce development
   3. Enhanced support for voluntary sector groups
iv. A Shared and Coordinated Approach
   1. Development of a common practice approach across the partnership to deliver consistent and appropriate support at all layers of risk
   2. Participation in partner community engagement initiatives such as the Safer Neighbourhoods Board Youth Safety Summits

3. Conferences and public events to focus on and develop solutions to specific issues

v. A Skilled and Confident Workforce Across the Whole Partnership

1. Bringing together the whole workforce of practitioners who engage regularly with young people, from professionals to volunteers, in order to build relationships and foster good practice
2. Workforce development to address unconscious bias and encourage restorative and trauma-informed practice
3. Trial integrated community-based support for young people

4. Contribution to strategic outcomes

4.1 The Young People at Risk Strategy links to the following outcomes of the Borough Plan:

i. People

1. Happy Childhood: All children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities.
2. Every young person, whatever their background, has a pathway to success for the future
3. All residents will be able to live free from the fear of harm

ii. Place

1. A Safer Borough

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

There are no legal implications arising from the recommendations

5.2 Finance

5.3 There are no financial implications arising from this report

6. Environmental Implications

6.1 There are no environmental implications arising from the recommendations

7. Resident and Equalities Implications

7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

7.2 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

7.3 The strategic objective of the Young People at Risk strategy is to prevent youth violence in Haringey by addressing the risk factors that make young people more vulnerable to involvement in criminality. It sets out the ways in which particular groups, most notably young African-Caribbean men, young people with SEND, and young people with mental health conditions are more likely to be victims and perpetrators of violent crime because they are over-represented among those experiencing various risk factors.

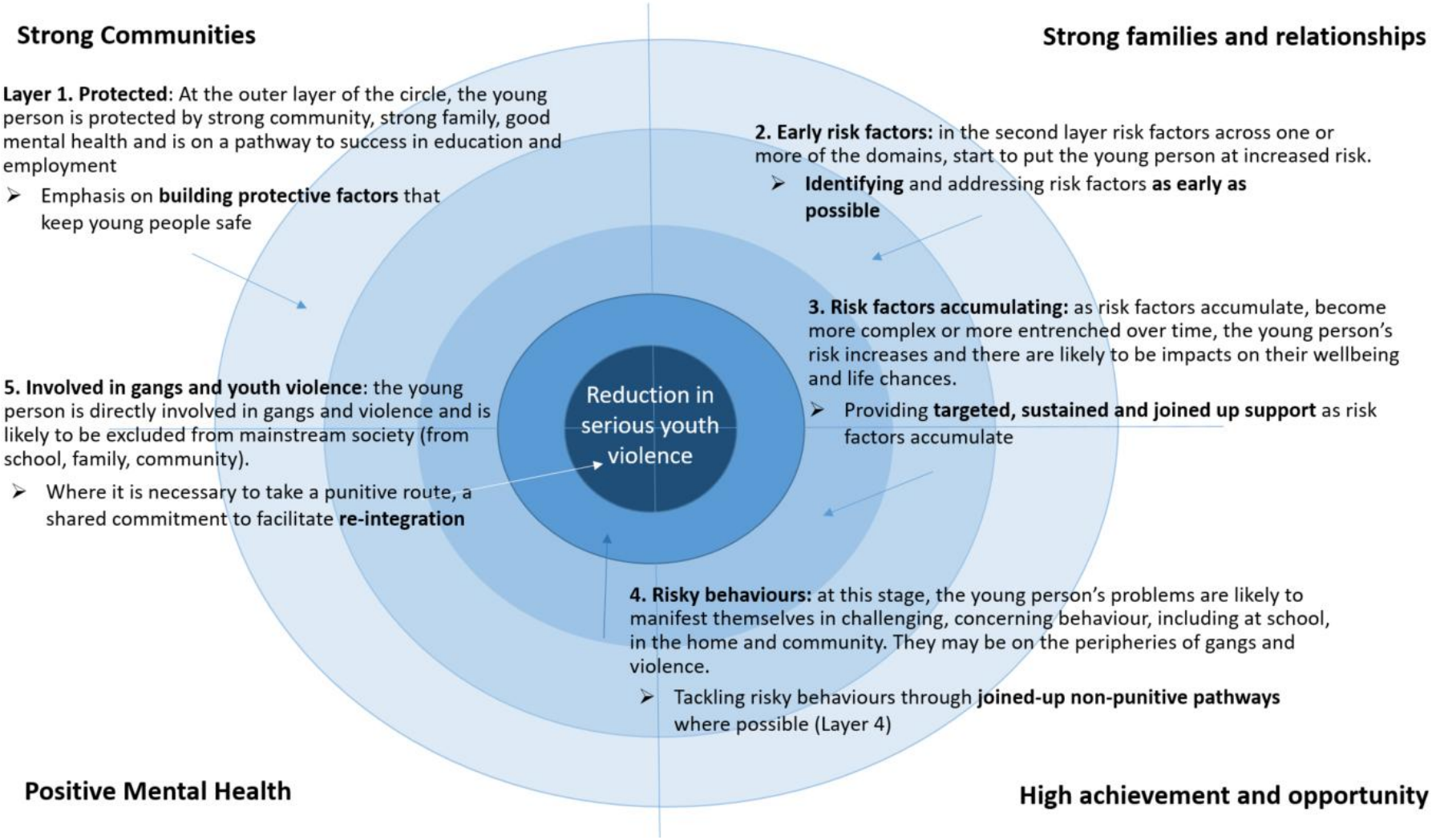
7.4 The Young People at Risk Strategy will help the Council to meet its public sector equality duty by reducing discrimination against and victimisation of these groups of young people. Discrimination in this sense extends to poorer outcomes in relation to their communities, their families, their mental health, and their educations. Victimisation primarily relates to their likelihood of becoming victims of violent crime.

7.5 The strategy also sets out how the Council and partners will work to improve outcomes for parents, and most notably parents of young people living in relatively deprived communities, parents experiencing difficulties managing the behaviour of their children, and parents from communities who are less likely to interact with public services. These parents are more likely to be from ethnic and religious minorities, and so the strategy will help the Council to meet its public sector equality duty to eliminate discrimination with regard to the protected characteristics of race and ethnicity, religion or belief, and pregnancy/maternity.

8. Use of Appendices

8.1 Appendix 1: Summary of Haringey Council’s model for addressing serious youth violence

Summary of the Model



Summary of the Model

The table below summarises the main risk and protective factors for each layer of risk and in relation to each of the four outcome areas outlined above

	Community	Relationships	Mental Health	Attainment & Opportunity	Approach
Layer 1 – Protection	• Low levels of crime and ASB • Intolerance of violence • Availability of meaningful developmental activities • Safe spaces to spend time • Visible positive role models.	• Connectedness to family or trusted adults • Ability to discuss problems with parents • High parental expectations for school performance • Shared activities with family • Consistent presence of parent(s) • Frequent social activity • Family use of constructive strategies for coping with problems • Strong relationships with peers	• Healthy relationships • Developed social skills • Frequent social activity • Stable home environment	• Commitment to school • High parental expectations for school performance • High quality schooling • Visible role models • Economic opportunity in the local area	Build protective factors through: • Universal Services • A strengths-based approach • Focus on communities and families
Layer 2 – Early Risk	• Deprivation • Lack of social infrastructure • Crime and ASB in the community • Low confidence in civic institutions	• Unstable home environments • Victim of bullying	• Poverty • Unstable home environment • Victim of bullying	• Underdeveloped communication and language skills • Low school readiness • Negative experiences at school	Identification of vulnerability and early intervention through a coordinated and capable cross-system workforce.
Layer 3 – Accumulating Risk	• Exposure to violent crime • Exposure to gang activity	• Adverse childhood experiences	• Adverse childhood experiences • Exposure to violence	• Low attainment • Fixed-term exclusion • Poor economic prospects	Joined-up, tailored, and sustained multi-agency support
Layer 4 – Risky Behaviour	• Exposure to the drug trade • Involvement in gang activity	• Relationship breakdown • Missing and/or homelessness • Gang affiliation	• Multiple and/or severe trauma • Substance use	• Multiple fixed-term exclusions • Permanent exclusion • Low attainment • Few/no qualifications	Trauma-informed practice, non-punitive pathways, and access to second chances
Layer 5 – Involvement in Serious Youth Violence	• Entrenchment in gangs • Weapon possession	• Isolation from family • Homelessness • Exploitative relationships	• Multiple severe trauma • Maladaptive coping mechanisms	• Not in education, employment, or training • Very poor economic prospects	A dual approach of enforcement and reintegration

Summary of the Model

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Report for: Health and Wellbeing Board – 19th February 2019

Title: **Developing locality-based care in Haringey**

Report Authorised by: Beverley Tarka, Director of Adults and Health, Haringey Council

Lead Officers: Dr Will Maimaris: Interim Director of Public Health, Haringey Council
John Everson: Assistant Director of Adult Social Care, Haringey Council
Rachel Lissauer: Director of Haringey and Islington Wellbeing Partnership, Haringey and Islington Clinical Commissioning Groups.

1. Purpose

- To describe progress since December with developing Haringey's approach to locality based care in North Tottenham
- To set out the feedback received through the Collaborate 'deep dive' in North Tottenham where we asked frontline staff for their views on how they could be supported to offer coordinated and preventative care.

2. Recommendations

2.1. The Health and Wellbeing Board is asked to note and support the development of Haringey's locality based care as discussed below.

3. Describe the issue under consideration

Background

3.1. Locality based care is about taking a partnership approach to improving population health and wellbeing outcomes in a defined population. We want to prevent issues escalating for residents by providing a more integrated, coordinated response and by supporting strong communities. Across the council and NHS organisations we consider that this will only be supported through:

- A simpler, more joined up local system that offers the right support at the right time that manages the growth in demand and to reduce duplication in the system
- Integrated, multi-disciplinary teams from across the public sector working together on the same geography and tackling issues holistically, focused on relationship-building and getting to the root causes
- A workforce who feel connected to each other and able to work flexibly, better able to meet people's needs
- A new system partnership with the voluntary sector to co-ordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities

- Much more joined-up governance of strategy and spend with the Council and NHS – so that we are jointly deploying our resources to achieve the most impact
- All of this being delivered from fewer, better buildings, enabling estate rationalisation and new build social housing.

3.2. At the joint sub-committee of the Haringey and Islington Wellbeing Boards, in December 2018, we agreed to focus on North Tottenham as a prototype for this approach with a particular focus on Northumberland Park, White Hart Lane, West Green, Bruce Grove and Tottenham Hale.

3.3. We are focussing on North Tottenham because of the inequalities in health and wellbeing currently experienced in this part of the borough. There is a 17 year gap for women and 15 year gap for men in years in healthy life expectancy in Haringey between our most affluent populations in West Haringey and the most deprived populations in East Haringey. In addition, people living in Tottenham have worse health outcomes throughout the life course than the west of the borough. These outcomes include childhood obesity, early death rates from cardiovascular disease and increased prevalence of serious long-term mental and physical health conditions such as diabetes and schizophrenia.

3.4. Focussing on North Tottenham will allow us to build on existing locality based initiatives in the area.

- The East Haringey Care Closer to Home Integrated Network (CHIN), which is focused on improving care for people with type 2 diabetes and includes partnership working between Whittington Health, Haringey's GP federation and voluntary sector care navigators.
- Local area-coordination – with a community based local area co-ordinator based in White Hart Lane ward, who works with residents and communities in an open way that is not based on formal referral to
- Social regeneration work
- Locally based support for children and families including
    - Early Help locality teams for children and families
    - Park Lane Children's Centres
- Work led by Homes for Haringey

<u>An Update On Our Work</u>

3.5. In mid December 2018 we held a facilitated workshop. This brought together front line staff working on improving health and wellbeing in North Tottenham including those involved in the initiatives described in section 3.5 above as well as senior managers from Health and Care organisations in Haringey to:

- Identify key health and wellbeing outcomes we should be collectively focusing on
- Understand how health and care, community sector, housing and other front line staff teams are currently working to improve health and wellbeing of residents
- Hear about issues commonly raised by service users and residents

- Understand how front line teams would like to work differently to improve the wellbeing of residents
- Develop short and long-term priorities for improving integration and join up of care

3.6. These ideas were collated and were presented to a meeting of the senior managers from Whittington Health, Councils (both Haringey and Islington), mental health Trusts and CCGs for their review and consideration. This 'framework' group has the remit to set priorities, give permissions and undertake further work on proposals that will require resources.

3.7. Over a week in January we then held set of 'deep dive' interviews with staff working in North Tottenham to gauge their ideas about how best they could be supported to offer more preventative, coordinated responses and to build a connected team approach.

3.8. The outputs of the December workshop, the Framework meeting and the Deep Dive interviews are summarised in the slides attached here for the Health and Wellbeing Board.

4. Contribution to strategic outcomes

This work has the potential to contribute to the following strategic priorities and outcomes.

Haringey Health and Wellbeing Strategy 2015-18 (all 3 priorities):

- Reducing Obesity
- Increasing healthy life expectancy
- Improving mental health and wellbeing

5. Statutory Officer Comments (Legal and Finance)

Legal (Haringey)

The issue under consideration and the recommendation falls within the terms of reference of the Board to encourage joint consideration and co-ordination of health and care issues that are of common interest to both Haringey and Islington.

Chief finance officer (ref: CAPH18-31)

There are no immediate financial implications arising from this paper, which at this stage sets out proposals and next steps.

6. Environmental Implications

Environmental implications for the planned work identified in this report includes that associated with office usage (energy and water use, waste generation) and publicity (use of resources for leaflets, if used).

7. Resident and Equalities Implications

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Locality based care will aim to tackle health inequalities in Haringey including the 17 year gap in healthy life expectancy for woman and 15 year gap for men between least and most deprived parts of the borough (Public Health England data).

8. Appendices

Slides summarising proposals from the 13th December and a high level summary from the Deep Dive interview process and proposed next steps.

North Tottenham

Locality Development Update

Locality Development Context

Senior Leadership from Council, Trusts, CCG, Federation:

- In Haringey we have the political mandate to develop place based care; improve outcomes; especially for children, young people and families
- We need to keep residents and community at the heart of the conversation
- All organisations have financial challenges. In order to continue to provide services for our population sustainably we work need to work together in a more coordinated and prevention-oriented way.
- Through partnership working we have achieved good outcomes:
    - Integrated discharge services; 33% reduction in stroke, integrated care for children and older people
- We need to take this a step forward and improve outcomes for a whole population

- We will:
    - Give staff permission to work differently to better coordinate care and provide an early response
    - Move forward at pace
    - Make collective decisions on strategy and use of resources
    - Support joint working through better use of our estates

Over the past 6 months

Sept 18

- Multi-agency leadership agreed focus on N Tottenham
- All-age, all service
- Prototype locality working

Dec 18

Groundwork

- Launch of hypothesis for place-based care with staff
- Identified priorities

Jan 18

Deep Dive

- Engaging with wider range of staff and across sectors working in N Tottenham
- Refining priorities

Feb 18

Framework

- Group formed to give permissions consider resource implications
- Reviewing organisational structures

BORN · LIVE · AGE

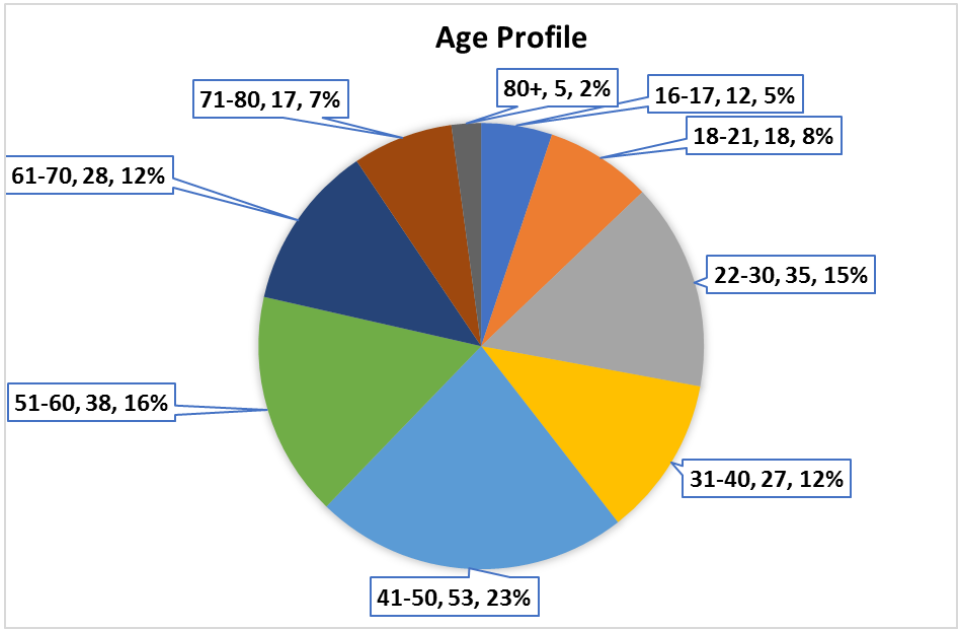
WELL

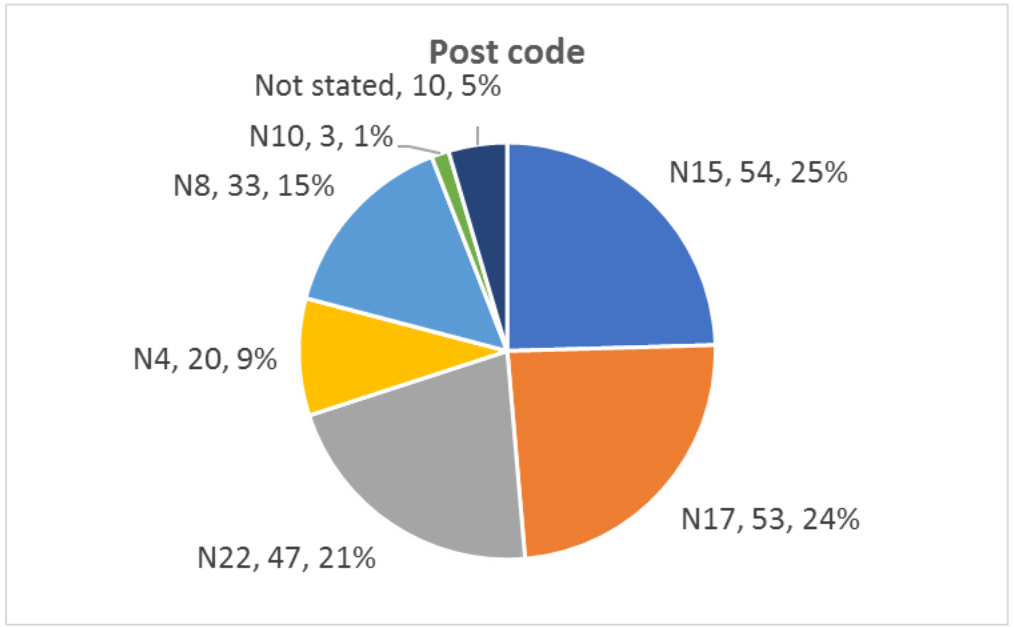
Locality Working Launch

December 2018

Community feedback

- Bridge Renewal Trust was commissioned by LBH to hear the views and experiences of residents in local community
- In total, 369 residents participated, approximately 50% from Tottenham (N15, N17)
- Overall satisfaction and experience positive; some area for improvement





Resident feedback via Bridge

	Areas of negative experience	How we can improve our offer

GP access	• Long waits for appointment
	• Concern about sharing information with GP receptionist
		• **Integrated care and access to services**
		  • One stop shops
		  • Clinical and non-clinical services working together
		  • Flexible access to GP (evening & weekends)
		  • Translation services
		• **Additional support for vulnerable groups**
		  • Housebound
		  • New mothers
		  • Mental health for children
		  • Learning disability
		• **Support for social wellbeing and prevention**
		  • Provide information about local resources & services
		  • Local Area Coordinators, care navigators, social prescribing
		  • Action to tackle loneliness and isolation
		  • Encourage physical activity

Community Services	• Long wait for therapy services (Physio/Occupational) • Lack of proper care for elderly & vulnerable • Services are not working in an integrated way • Difficult to navigate especially for people with language barriers or disability issues • Not enough preventative services	
Social Care	• Clarify the Adult Social Care offer	

Discussion of resident feedback

Housing	• Homes for Haringey has around 5000 properties in Northumberland park. Residents' wellbeing is critical to sustain tenancy. Opportunity for health and care to work closely with housing services.
Community Navigation	• Local Area Coordination* has shown to reduce use of services and increase social connections. • Formal and informal sources of information on local resources, support and opportunities.
Integrated services	• Services should be co-located. It should be easy to access different services / professionals. • There should be no wrong front door.
Open conversations	• Move away from assessments to conversations with clients/patients/service users. • Staff need to listen to the person and understand their circumstances, culture, context.
Understand population	• Be aware of different needs for transient and well-settled populations.

***Local Area Coordination (LAC)** is an innovative approach to supporting people to achieve their vision for a good life, to support people to be part of, and contribute to their communities and to strengthen the capacity of communities to welcome and include people. It is about thinking and acting differently, with a greater focus on strengths, individual and family leadership, personal and community resilience.

Our Hypothesis

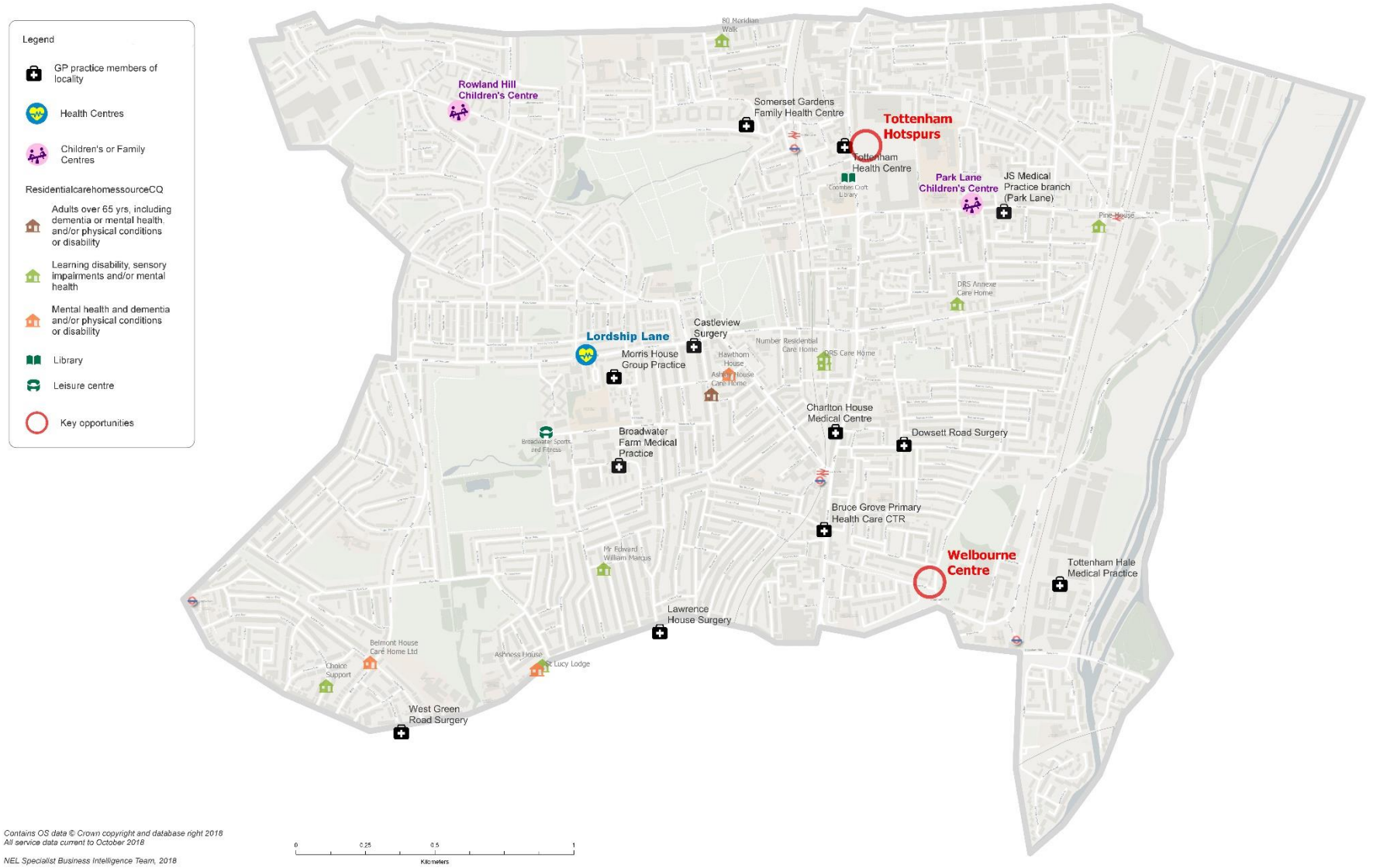
A step forward in how well we prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.

- This means:
  - A simpler, more joined up local system that offers the right support at the right time that manages the growth in demand and to reduce duplication in the system
  - Integrated, multi-disciplinary teams from across the public sector working together on the same geography and tackling issues holistically, focused on relationship-building and getting to the root causes
  - A workforce who feel connected to each other and able to work flexibly, better able to meet people's needs
  - A new system partnership with the voluntary sector to co-ordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities
  - Much more joined-up governance of strategy and spend with the Council and NHS – so that we are jointly deploying our resources to achieve the most impact
  - All of this being delivered from fewer, better buildings, enabling estate rationalisation and new build social housing.

Staff responses to the hypothesis

- **Break boundaries** between individual services
- **Build the community** by going beyond traditional health and care services
- **Be asset positive** and build on local strengths
- **Focus on prevention** and early intervention
- **Be holistic** and person-centred
- **Permission** to test and learn from success or failure
- **Simplify** our language

Haringey East A



Discussion: Local assets to build on

- Need to include wider assets such as religious centres, food banks, educational institutions, faith and cultural groups, job centres, community pharmacists.
- Ambition is to turn the community into a self sufficient village.
- Build on what we have and what we know: Local Area Coordination (LAC) and Community first.

Local Assets in North Tottenham

Tottenham Town Hall	The Selby Centre	Children's Centres
Spurs	The Irish Centre	Health Centres
The Grange	The Lindales – Homes for Haringey	GP Practices
Project Future	Project 2020 – Robert Burns House	Local Libraries

Haringey – priorities to explore further

Children and young people

- Review the children and young people (CYP) offer across health and care
- Learn from Bright Start (Islington) and explore options for local offer

Primary Care Networks

- Focus engagement on opportunities for networks, detailed work with primary care on opportunities for integrated working
- Organise teams of multi-professional staff to deliver integrated community-based health and social care through co-location and joint working
- Coordinate commissioning and provision of integrated care services (Integrated Locality Team) to align with Primary Care Networks

Navigation and empowerment

- Explore and share learning from Local Area Coordination (LAC)
- Coordinate commissioning and provision of community navigation and social prescribing initiatives to expand the reach and spread the LAC approach

Housing

- Explore the potential to work with Homes for Haringey as part of the integrated care approach

North Tottenham

* Homes for Haringey is an Arms Length Management Organisation (ALMO) that manages Haringey's council housing

* Local Area Coordination is an evidence-based approach to build local community and make social connections

Deep Dive process: Fast pace & agile

Divergent:

- Designed to open up possibilities: ‘start anywhere, go everywhere’
- Team produced ‘enquiry framework’ to structure the investigations;
- Spent a week in Haringey East, observing, talking to people, seeing where the energy lies and what the issues really are,
- Creating deep understanding and insight.

Convergent:

- Brought findings together to identify themes and patterns
- Recognised where opportunities for action could be

What is working well

General

- People working in services and organisations are passionate about their community.
- There is a wide range of activities, opportunities and services in the area.

Public sector services

- Community Voting day in Northumberland Park has been successful.
- A few established links and pathways in place e.g. Job Centre advisors working with schools and families.
- Social prescribing and similar initiatives are effective. *'What does your vision of a good life look like?'* (Local Area Coordination).
- Going '*above and beyond*' traditional roles and service offer:
    - The best schools act as hubs for a wide range of family support services
    - Staff within Integrated Locality Team (multidisciplinary working)

Voluntary and Community Services (VCS)

- VCS groups take ownership of their communities, '*if the community is failing, we are all failing*' (Father, St Paul's Church).
- VCS organisations use sustainable models through training and encouraging service users to volunteer (multiple sources).
- Some use a community-based coaching methodology to solve problems for individuals and groups.
- Inclusive, '*No thresholds or limits, people are welcomed as they are*' (Living Under One Sun).

General themes

Key issues identified

- Food poverty and housing are key priorities for many people (multiple sources).
- Support for carers. '*Carers can breakdown earlier than the person they are caring for*' (Living Under One Sun).
- Need more low-level support for range of issues including mental health, housing, employment and benefits (multiple sources).

Culture & language

- '*One end of Northumberland Park is different to the other end, it is made up of multiple communities*' (Community Engagement Officer).
- Translation plays an important role in the quality of service provided and the individual's experience of it (multiple sources).
- Re-think the language (vocabulary and terminology) we use when communicating with individuals (multiple sources).
- *'A generic approach doesn't work with different communities'* (Job Centre Plus).

Engagement, Funding and governance

Information and uptake of the community offer

- People living and working in North Tottenham don't know about the range of opportunities and support available locally (multiple sources).
- Many people can't access online information (Family Mosaic).
- Referrals and signposting are not enough, some handholding is required (Community Engagement Officer, Job Centre Plus).
- Childcare is important. Activities for parents as well as children such as '*play and stay*' may increase use of local support offers (Selby Centre).

Engaging with local people

- *'Disconnect between what the commissioners <u>think</u> people need and want what they <u>actually</u> need, as a result goals and outcomes are not met'* (Selby Centre).
- There is apathy among local people in North Tottenham, so engagement should be meaningful and lead to real change (Insight Platform).

Funding and resource

- Reliance on short term funding. Maintaining funding and associated service provision is challenging (VCS).
- VCS organisations are at varying capacity, some can do more within their resources, while others are stretched (VCS).

Specific areas

Mental health support	Many people require low-level mental health support (multiple sources). High thresholds for acceptance. Long waiting times, referrals can't be fast-tracked (Job Centre Plus). Referrals may be inappropriate (e.g. person wants a letter for housing) or very complex (e.g. multiple issues), creates backlog Some services are available (e.g. mental health link workers) but there isn't wide awareness of them (Mental Health Social Worker).
Housing-related support	Wider services don't have information on housing or housing-related support (multiple sources). Referrals can't be fast-tracked. Long waiting times for individuals and staff to access information (Community Engagement Officer). Problems accessing housing officers, long telephone waits (Local Area Coordinator).
Children's services	Pressure on resources, connections with local VCS are needed (Children's Social Worker). *'No social worker is ever 100% trusted by the community' (*Children's Social Worker*).*
Isolation and loneliness	Often difficult to identify; stigma associated with loneliness. Carers, young people, children, new mothers, and families may be lonely or isolated (multiple sources). Need culturally appropriate support and services to reduce loneliness.
Benefits system	Complex system to navigate (multiple sources). Not everybody needs to or would like to go to Job Centre to access support (GP practice, Substance Misuse Support Service).

Joined up and locality working

Working across services

- *Navigating different services is impossible*' (Making Every Adult Matter in relation to homeless people).
- Services could be better coordinated across a wider partnerships to support individual's goals (GP pathways with Job Centre Plus, hospital information to GPs).
- Responsiveness of services is variable in terms of speed and quality; no referral feedback loop (Community Engagement Officer).
- Mixed views on flexible roles across traditional boundaries. Not everyone is comfortable or keen on this '*you need to be careful that people's specialisms don't get watered down*.' Staff should not be asked to do something beyond their skills or comfort zone.
- The system is complicated, and paid staff spend time waiting on telephone or actual queues for other services (often funded by same organisation) on behalf of their service-users e.g.
    - Family Mosaic family support worker queues at Homes for Haringey; support worker's shift may end before client is seen.
    - Local Area Coordinator waits on the phone to customer services'.
    - Mental health nurse waiting at Job Centre Plus with client.

Locality working

- Locality working helps frontline staff (housing officers, social workers) to get to know their local community (Children's services).
- Helps build the connections with the VCS which are needed, if they are to be included within care packages (Children's social worker).
- Personal connections are more effective than mapping and directories. '*Relationship building takes time*' (Integrated Locality Team).
- '*Without these connections, we risk commissioning expensive interventions, rather than utilising what is already in our community*' (especially for high spend areas such as children's services).
- Staff based in neighbourhoods helps build trust and breakdown barriers (reflection on, '*no social worker is 100% trusted by the community*').
- Mixed views on a one-stop hop or hub. Some support for a physical 'place' where people can come to and access support <u>but</u> concerns about staffing allocation and running of a hub (multiple sources).

Next steps

- **Improve awareness of local services and build relationships locally**
  - Hold a marketplace event for local services and organisations
  - Agree pathways to reduce time wasted by professionals when navigating services on behalf of service users
- **Improve frontline staff knowledge to provide low level support**
  - Organise joint training on key common issues (housing, benefits, mental health as well as other areas such as motivational interviewing, community insights)
- **Start to actually build a locality based team, in practice**
  - Develop an 'operating model' for joint working between health and care teams for North Tottenham – get into the detail of how to bring teams together in practice.
- **Strengthen use of wider support offer for people who don't meet thresholds**
  - Develop and implement a Haringey strategy for early support and a 'team around the person', based on the feedback from staff and residents and our learning from community first, local area coordination, locality team
- **Coordinate children's services**
  - Learn from Islington and align local approach for a coordinated early years offer, including local relationships with VCS organisations
- **Governance and decision making**
  - Review how we get local insight and frontline issues through to senior decision makers

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MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 24TH JULY, 2018 18.00

Present: Cllr Joseph Ejiofor (Chair of Haringey Health and Wellbeing Board – Voting Member),

Cllr Peray Ahmet (Cabinet member for Adults and health) Dr Will Maimaris (Interim Director of Public Health), Sharon Grant (Chair, Healthwatch Haringey – Voting Member), Dr John Rohan(Chair, Haringey CCG – voting member), Beverley Tarka (Director Adult Social Care LBOH), Gill Gibson, Assistant Director for Early Help and Prevention Geoffrey Ocen (Bridge Renewal Trust – Chief Executive), Cathy Herman Lay Member CCG[Voting Member]

Zina Etheridge (Chief Executive LBOH), Charlotte Pomery (Assistant Director of Commissioning, Gill Taylor, Strategic Lead – Single Homelessness & Vulnerable Adults

Richard Gourlay **–** Strategic Development Director, North Middlesex University Hospital

25. FILMING AT MEETINGS

The Chair referred to the notice, at Item 1, about filming at meetings and attendees noted this information.

26. WELCOME AND INTRODUCTIONS

The Leader welcomed members of the Board and attendees to the first meeting of the Health and Wellbeing Board for 2018/19.

The Chief Executive was pleased to announce that Dr Will Maimaris had recently been appointed as interim Director for Public Health and would fulfilling the Director of Public health role whilst Dr Jeanelle De Gruchy was on a two year secondment.

27. APOLOGIES

There were apologies for absence from:

- Cllr Weston
- Dr Christian - Dr John Rohan substituted

- Tony Hoolaghan
- Ann Graham - Gill Gibson, Assistant Director for Early Help and prevention attended in her place.

28. URGENT BUSINESS

There were no items of urgent business.

29. DECLARATIONS OF INTEREST

There were no declarations of interest.

30. QUESTIONS, DEPUTATIONS, PETITIONS

There were no questions, deputation or petitions put forward to the meeting.

31. HARINGEY HEALTH AND WELLBEING STRATEGY 2015-18 UPDATE

Dr Will Maimaris introduced the report and presentation, which provided the progress made in delivering Haringey's Health and Wellbeing Strategy for 2015-18. The outcomes achieved would inform activities of the health and wellbeing partnership for the next four years and further inform the current compilation of the borough plan, contributing to the Board's ultimate aim of tackling health inequalities in the borough.

Dr Will Maimaris reiterated the common key principle being worked to, by the Board, regarding Health in the borough, which was every resident's right to happy healthy life. He continued to draw attention to the three outcomes being worked to by the Board: Reducing childhood obesity, increasing healthy life expectancy by preventing long-term conditions and helping people with long-term conditions to live well and improving mental health and wellbeing.
There had been a three-pronged approach to tackle and help achieve these outcomes.

- Accessible high quality high based primary care services – geared to particular cohort which was identified as in need.
- Focus on community based primary care and improving community health provision in the borough – it was important to harness this as a Council as a fundamentally where we live has a huge influence on health.
- Focussing on how to make Haringey a healthy place and safe to walk and cycle.
- Improving life expectancy - across the different outcomes, supported by a new GP in Tottenham Hale and working with Islington Council on improved pathways with integrated networks and completing 10,000 blood pressure tests to tackle the awareness of cardiovascular disease.
- Work in communities, partners made huge strides in tackling cardiovascular disease, contributed by positive national health policy developments which have helped achieve reductions.

However, it was recognised that there were still stubborn inequalities in the outcomes being achieved and still a gap between the west and the east of the borough. Going

forward, it would be critical to target and measure the outcomes on how they can combat inequalities in health.

Dr Maimaris continued to provide a summary of the work achieved in partnerships and described the Pyramid approach to services provision in the community, which had been focused on.

In relation to continuing the work to reduce health in equalities, having enough money remained a challenge. It was important to continue to fund preventative services, work on place, and how work towards parity.

In relation to the actions and outcomes achieved on mental health, significant change may take years to achieve but it was important to reflect on successes and challenges going forward.

The Board commented on the achievements and outcomes so far and the following was noted:

- The work and focus on stroke reduction and arterial fibrillation was significant and welcomed. It was now important to embed the learning and practices from this campaign and initiative whilst also maintaining their momentum to ensure that the frequency of strokes in the borough reduces.
- It was important to recognise that so many components in an individual's life and experience affected mental health. Indeed, the partnership may not be able to quantify this. However, it was important to recognise the factors where the partnership can have an influence.
- In relation to supporting the provision for older people, it was important to be ambitious in the next few years and bring more health services into the community, working across boundaries and third sector. The work on CHIN [Care Closer to Home Integrated Networks] aimed to contribute to this agenda but there were obstacles to making this initiative a success and this would require a lot of community involvement to achieve the required outcome.
- It was important for the partnership to consider wider impacts on health and wellbeing such as the offer debt advocacy and how residents navigate the system. There had been a concerted effort to diminish the organisational boundaries that had a detrimental impact on allowing access to services and now there was a further targeted approach required to also ensure identified vulnerable groups had easy access to services.
- There was agreement that the Pyramid model used to identify, target specific sections of communities to obtain a blood pressure checks had a good impact, and there had been first -hand experience of the life changing impact of this initiative. However, it was important to maintain momentum and sustainability, and in the long term integrate, move resources, and involve the residents in service delivery.
- It was felt that tackling obesity was a good initiative, which had started well, but community partners were now interested in the future journey. In response, it would be important for the partnership to re- energise efforts on tackling obesity and there would be more discussion on this issue going forward.

- Echoing the previous comment about targeted work with communities, there was a need to complete further research work on the sections of the community that required specific focus. It was suggested working with a university to help provide this local information and in turn help target resources accordingly. Anecdotal examples were provided of the higher than average illnesses in the Afro Caribbean community due to high blood pressure and higher than average numbers of smokers in the Turkish communities and Greek Cypriot men smoking habits were referred to. This information demonstrated that there were sections of the community that would benefit from targeted resources and would aid the reduction of health inequalities in the borough. In response, it was noted that there was a need to improve the sharing of information held by the partnership. There were some services already targeting sections of the community like an allocated specific Turkish-speaking officer on the stop smoking campaign but agreed more could be done.
- In response to a further point on additional funding to target specific sections of the community where health inequalities is more prevalent, this maybe more difficult to tackle. However, linking this issue into the fairness commission could be explored.
- The Chief Executive commented on the success of the partnership's strategy to focus on the three outcomes of improving childhood obesity, mental health and long-term health conditions. It would have been easy to focus on structures and be diverted. However, focus on the outcomes had been a predominant feature of the partnership. Going forward, it was important to carry on this focus on and evaluate how this was being achieved.
- Noted the importance of challenging the system and ensuring that funding is geared to primary services, as budgets will carry on reducing. There was also a real systems challenge to ensure that primary services are aligned as much as possible.
- When considering the Adults and Public health budgets it was evident that there was a need to shift the emphasis from funding more acute services to funding preventative measures. Although, it was important to continue funding acute services, equally solutions and initiatives that can be compiled to support outcomes was important. This would mean refining the Partnerships approach to achieve this.
- The Leader commented that it was important for young people to feel engaged about what they want from the system going forward. It was felt that the conversation was not deep enough on this. In response, engagement events and good examples of good practice were provided and acknowledgement given that there was always more partners could do to improve engagement of young people in the system.
- In relation to tackling childhood obesity, the improvements were not as disappointing as seemed. There were now more powerful national policies to help and of course more work to completed in this area. The example of the New York initiative illustrated the benefits of focused and measured outcomes in communities. This could be applied to work in Tottenham and would mean focusing on a limited set of outcomes and then deciding how to work in Tottenham.

RESOLVED

To note progress in implementing the Health and Wellbeing Strategy over the last 3 years.

32. MAKING EVERY ADULT MATTER

The Health and Wellbeing Board considered proposals to develop and adopt a coordinated, borough-wide approach to addressing the complex and multiple needs of vulnerable and homeless adults in Haringey. Specifically, the report referred to the boroughs' ongoing work to address the interconnected harms and costs of homelessness, mental ill health, substance misuse and anti-social behaviour.

Mr Terry, a local homelessness practitioner working in close contact with homeless people, provided the Board with some real life examples of the daily work with homeless people in the borough and asked the Board to keep in mind the principle, already referred to in the meeting, which was everyone's right to a healthy life.

Mr Terry described how an integrated services across the piece was important to getting the support right. Funding and safeguarding preventative projects was vital otherwise; there would inevitably be a build-up of cost around the partnership's services.

Mr Terry spoke of his own working experience and the difficulties in accessing support for homeless people. He provided the Board with the case study of a homeless man and how the right kind of intervention could have led to a different outcome. Often homelessness cases had the similar traits of very entrenched drinking, traumatic childhood, loss, mental health issues, and poor health. Mr Terry described a case study with these circumstances, highlighting the importance of homelessness people having easy access to the above services with support to co-ordinate, and access them. The proposed partnership project to create a homelessness hub with support provision would help homeless people that would usually fall within the gaps in services.

Gill Taylor, emphasised that homeless people will require access to some of the most complex services and highlighted the good support provided by Housing First.

It was noted that homeless people needed help with the navigation of services, and were a cohort that required targeted support of services. The Board were requested to support the making every adults matter approach model for helping the most vulnerable. This meant that, on the ground, making simple changes such as a GP agreeing to see homeless patients first as they will not be comfortable in the waiting area and the partnership services making more decisions according to the individual. It was important to consider how the partnership brings together services to change the system for homeless people.

The Board were provided with some data behind the cases. Characteristic traits seen in the cases were loneliness, substance misuse, depression, traumatic experiences and alcohol and drug abuse. When these issues came together, there was an urgent need to access statutory services promptly. The project would also need to tackle a distrust in health and support services to ensure that was early access and avoidance of access being sought at crisis points.

The Board noted that agreeing this approach would require a financial commitment of approximately £60,000 per year for three years, to design, deliver and evaluate the intervention. It was proposed that Haringey Council's Strategic Commissioning Unit would fund 50% of this with the remaining 50% funded by a combination of Public Health, the Metropolitan Police, Barnet, Enfield and Haringey Mental Health Trust, Haringey & Islington Clinical Commissioning Group and/or local hospitals with A&E departments. Whilst the individual contributions would be small, it is anticipated that a jointly funded intervention will maximise commitment to the approach, from all involved.

In addition to homeless people on the street, the joint project would give wider consideration of other hidden cases of homelessness such as sofa surfing and vulnerable women travelling on busses to keep safe who had no fixed address.

It was important to note that there was not currently a co-ordinated approach to supporting homeless people. The conditions may only apply to 30 or 40 people but they will experience worst outcomes possible so was a crucial issue to tackle. Therefore, the Board were asked to support the bid, which would enable a co-ordinated approach. However, it was also important for the partnership to consider what can be done differently with people as part of the solution.

The following was discussed in response to the presentation of the report:

- There was an evident increase in street homelessness and the Board welcomed the approach put forward in the report.
- Noted that often-homeless people attend A&E as it is somewhere warm and dry. There were some real issues to tackle in relation to the numbers of homeless people sitting in waiting areas. In response, it was noted that homeless people could often attend A&E as they are treated kindly and can have a conversation. The project would employ a co-ordinator and identify the people attending A&E. The project will also be considering the barriers the homeless person is facing in accessing the appropriate services and why they are there. This will lead to an understanding of what partners can do instead to support the homeless person or identify if have a health need.
  .
- Agreed homeless people needed help to access to service and it would be important to consider as a partnership how to provide the navigation element to this support.
- There was a further need to consider people with No Recourse to Public Funds and whether the partnership needs to change their approach to this cohort. In addition, drug related deaths had risen significantly. These were also key issues which the system of care needed to address and may require a targeted approach.
- Although support to navigate the system was needed, it was important to consider the application of this in relation to homeless people and consider, as a partnership, how to learn and develop as a system of support.
- The project was relying on existing services doing better and pulling together existing services as well and this would likely require further funding.

- Agreed that NRPF cohort required significant consideration. Although the Council had set up a crash pad service, it was important to fully understand exactly the support needed.
- There was a need to consider the impact of brexit and be honest about the limitations of provision. Sarah Hart, in Public Health, was co-ordinating this element and reporting to the brexit steering group. It was commented that employing navigators was not the answer to every problem. It was important to show the health partnership how to work differently and obtain the evidence about how changes can be made within the health care system to better support the individual. The key consideration was making sure employees, GPs and all practioners were keeping in mind a patient's housing situation.

RESOLVED

1. To approve the proposal to design and implement a strategically coordinated borough-wide approach to tackling the needs and costs of adults with multiple and complex needs, by seeking to become a MEAM adoption area.

2. To lend support and influence to the approach in order to maximise the potential human outcomes and to ensure the financial benefits of a different approach are achieved.

3. To give permission and direction for a genuinely systems-changing approach within the organisations, teams and services relevant to meeting the needs of this cohort.

4. To note the links between this work and the emerging corporate approach to Community First in Haringey, which will enable a more effective, earlier help approach to working with people who need help.

5. To note the links with the local authority's Corporate Parenting responsibility, by recognising that homeless adults with multiple needs, particularly those involved with the criminal justice system, are disproportionately former looked after children. The MEAM approach could generate opportunities to intervene earlier in the health and social vulnerabilities connected with future homelessness and complex vulnerability.

6. To recognise the joint role of Haringey Council is Corporate Board and the Haringey Mental Health Executive in ensuring improved outcomes for this cohort of people with complex and shifting needs.

33. NORTH MIDDLESEX UNIVERSITY HOSPITAL: OUR PLANS FOR THE FUTURE

Richard Gourlay, Strategic Development Director, North Middlesex University Hospital presented to the Board , 'the case for change', which would be used to determine whether there is a decision to proceed to closer partnership with full membership of the Royal Free London (RFL) Group. The case would need to be

made that that this change best served the needs of North Middlesex patients and local community.

The Board noted that North Middlesex University Hospital was already a Clinical Partner in the Royal Free Group and the option to align more closely with them would be made, giving consideration to the partnership enabling NMUC to be a strong, efficient hospital which delivers high-quality services to the local community whilst ensuring that the Trust's position is sustainable in the long-term, both in terms of finance and the care provided

Following a brief presentation on the 'case for change', which included: the 5 key challenges for the North Middlesex University Hospital Trust, the timetable for consulting key stakeholders and partners and the timescale for compiling the case for change ,the Board were asked to comment on on any particular conditions or requirements that needed to be considered in a closer partnership arrangement.

The following comments were made:

- The Leader of the Council questioned the nature of the partnership agreement being sought between the North Middlesex University Hospital Trust and Royal Free Trust, and if this was essentially a takeover? Crucially, it would be important to fully understand the nature of the change, in order to assess if this was in the best interest of Haringey residents. In response, it was noted that, at this stage, there was not a decision made on the closer partnership with full membership of the Royal Free London (RFL) Group. Information was being gathered from partners and stakeholders to provide an understanding on what services residents need to see remain at North Middlesex University and how the hospital should be governed . The consultation was further about ensuring that the needs of local population were served, in particular what services needed to be maintained.

- The Chief Executive responded to the presentation and emphasised that this was not a new proposal and there had been intermittent conversations with the Board over a long time for closer re- alignment with the Royal Free. In considering this proposal, it was important to focus on the benefit to working more closely with the Royal Free Trust and take account of the current partnership activities between the two hospitals. The Chief Executive had not yet seen evidence that support from the Royal Free Hospital Trust would currently make a difference to meeting the local needs of residents. The Board would need to have seen noticeable benefits for the community already, to further support more closer partnership working and full membership of the Royal Free Trust.

- Effective working between primary, community services and voluntary services across both boroughs to meet complex health needs and help tackle health inequalities was a vital objective of the Board. The presentation did not indicate the impact a partnership decision could have on this objective. It was important

that such a decision did not lead to a NHS style re- organisation as this would be detrimental to meeting the needs of local residents.

- There was also significant concern about financial sustainability of any arrangement going forward given the Royal Free Trust had a deficit of £60million.

- In response the Strategic Development Director, North Middlesex University Hospital accepted that that there were key questions on evidence to respond to in relation to meeting the needs of residents . The premise of the presentation was setting out the strategic challenges facing North Middlesex Hospital and making known the options being considered and how the hospital were engaging and consulting on this . Engaging with users was essential in the decision making process and the Trust would be working with Haringey and Enfield Healthwatch. They accepted that there was a need to improve engagement and get better at asking people to give their views in significant consultations.

- There was concern expressed by CCG representatives about the financial impact of a merger between the two hospital Trusts given the large debt of the Royal Free Trust . There would be great concern that the North Middlesex University Hospital Trust would be subsumed in this debt. The benefits of clinical alignment and recruitment activities between the two hospitals could be argued and accepted but there would not be any support for a closer partnership where budgets were involved.

- It was re-iterated that Healthwatch would need to be involved in the consultation with users and residents. The messages provided in the presentation did not leave the Chair of Healthwatch convinced of the merits of the proposal in any way. It was important for the Board to know the other options being considered by the NMUH. Had there been thinking about other ways forward for the Hospital to meet their strategic challenges? There was concern that any future joint working would be driven by the Royal Free Hospital Trust financial problems. It was imperative to keep the needs of hospital users at the forefront of decision making as residents did not want to travel for long distances to access services, especially given the already complex needs of the local population in accessing services. There had been previous proposals to merge acute and community trusts, which Healthwatch had been opposed to. There was currently good receptive local leadership of the North Middlesex University Hospital Trust, which needed to be maintained to continue tackling health inequalities in the borough.

- The Chair of Healthwatch further proposed making representations to NMUH Trust, asserting that there are alternative proposals explored which are aimed at best serving the needs of the community. These representations would not be inappropriate given the good working relationship with the local Chief Executive of the Trust and common objectives for improving services and providing a local hospital for meeting community needs. In addition, it would be

vital to have a local hospital with its own locally accountable Board as this would best understand the needs of the local population.

- In response, Richard Gourlay, Strategic Development Director, North Middlesex University Hospital agreed to take back the above key messages from Healthwatch to the Trust .

- The Leader of the Council further questioned the weight of influence carried by the local authority as a stakeholder and what the situation would be in a merger scenario.

- There were further points made by the Wellbeing Partnership director on ensuring staff views were taken into consideration. In relation to the clinical aspect of partnership working, there was a benefit to integration as it would provide the ability to target resources. In reality here was a higher expenditure on acute provision rather than preventative care. Going forward, consideration will need to be given to ensuring decision making allows a greater chance of the looking at Haringey 'pounds' were being spent locally.

- Assurance was given that the responses to the consultation would be reflected in the final 'case for change' compiled in September . The Trust Board would be making decisions on next steps in October and there was a need to be clear on the themes that need to be there for directors to consider in October.

- In further response to the issues raised, it was important to take into account the potential benefits from relationship such as clinical support and becoming more resilient hospital that can recruit quickly with better productivity as this will also have a wider impact on primary and secondary services.

- The lay member of the CCG agreed with the concerns expressed . She did not agree with any arrangement that involved a separate governance and accountability. In addition, mergers disrupted staff and tended to involve a high budget which would not help the local population.

- It was essential to take account of care pathways and ensure more collaboration to avoid admission and re-admission. The Voluntary sector role was important and there was a need to have a response on what full membership of the Royal Free Trust will mean ? Although there had been a lot of work on pathways with the Royal Free , there were still weaknesses to be explored and a lot to solve internally.

- This 'case for change' also required discussion at the JOSC and agreed that this is added to the next meeting agenda.

Agreed that there is a substantial submission to the consultation, reflecting the above the concerns of the Board and opposition to full membership of the Royal Free Hospital Trust. These concerns were put forward in the best interest of the residents in the borough.

Agreed that this submission be drafted in response to the consultation and shared with members of the board before consideration of the next steps by the NMUH Trust in October.[**Completed - letter sent from the HWB to North Middlesex Hospital in September outlining above concerns]**

Suggested that there were alternatives models, to full membership of the Royal Free Hospital Trust explored in the next couple of months.

34. MINUTES

The minutes of the 26th of February 2018 meeting were agreed as an accurate record.

35. NEW ITEMS OF URGENT BUSINESS

None

36. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

19th February 2019.

Signed by Chair ……..

Date ……

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