

Report for: Adults and Health Scrutiny Panel, 8 March 2018

Title: Community Wellbeing Framework update

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Ward(s) affected: ALL

**Report for Key/
Non Key Decision:** Non key decision

1. Describe the issue under consideration

- 1.1 Evidence suggest that non-medical interventions such as social prescribing can be effective in improving health and wellbeing and reducing health care utilisation through promoting self-management. Neighbourhood Connect (a social prescribing) project was piloted in Haringey in 2015. Its evaluation suggested some good outcomes however it failed to demonstrate a good value for money and it struggled to engage effectively with certain hard-to-reach communities (e.g. people with disability) to reduce social isolation.
- 1.2 Our learning so far indicate that in Haringey, a bottom-up approach which focuses on local community assets by building on the existing local resources and expertise is more likely to succeed in improving health as well as being cost-effective and sustainable. Furthermore, it has been recognised that more strategic approach and development of the overall Community Wellbeing Framework is needed to initiate community asset approach, integrate health, care services, and concentrate on preventative interventions that would subsequently reduce demand on services and increase health and wellbeing of Haringey residents.
- 1.3 Community Wellbeing Framework has four main components: asset mapping, co-ordination role in the community, strength-based training for all frontline staff and a range of community activities/interventions for residents to be introduced to.
- 1.4 This paper describes the overall progress made on the Community Wellbeing Framework over the last year and its main components.

2. Recommendations

- 2.1 That the Adults and Health Scrutiny Panel notes progress on Community Wellbeing Framework and, in particular, Local Area Co-ordination project.

3. Reasons for decision

- 3.1 The Panel asked for yearly update on development of Community Wellbeing Framework in March 2017.

4. Alternative options considered

N/A

5. Background information

5.1 Local Area Co-ordination (LAC)

LAC is nationally established model of community approach to improving health and wellbeing of local residents <http://lacnetwork.org/>. This model was adopted in Haringey across health and social care in 2017 and funded from the Better Care Fund for two years.

This is a long term, integrated, evidence based approach to supporting people (of all ages) with disabilities, mental health needs, older people and their families/carers to:

- Build and pursue their personal vision for a **good life**
- Stay strong, safe and connected as contributing citizens
- Find practical, non-service solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities

Therefore, it is about:

- Preventing or reducing demand for costly services wherever possible
- Building community capacity and resilience
- Supporting service reform and integration, having high quality services as a valued back up to local solutions

This model reflects the direction of the Care Act (2014), NHS 5 Year FV, Personal Health Budgets and Personalisation and will support local areas/services to meet the requirements of the new legislation.

The pathway has been designed locally to address the key objectives of primary, community and social care, to reduce social isolation, be person centred and to promote asset based approach to health and wellbeing (e.g. focusing on positive aspects of ones' life).

5.1.1 Key successes for Local Area Co-ordination project

Partnership group: A partnership group has been set up with agreed Terms of Reference (ToR) which drive the implementation of local area co-ordination. This

group consists of Public Health, Adult Social Care, Voluntary Sector, Healthwatch and Haringey CCG.

Recruitment: The recruitment process involved a session with a group of representative community members (who rated the candidate according to their performance). This was followed by a panel interview. Two Local area coordinators were successfully recruited in November 2017 to work in Hornsey and Northumberland/White Hart Lane areas (location maps included Appendix 1).

Service integration: Both co-ordinators have established a number touch points in the community (e.g. Hornsey Vale Community Centre, Hornsey Library, Selby Centre, HAIL, local supermarkets, foodbanks). They have made several connections to date with a range of community groups (dementia carer groups, local churches, faith and women's groups). They also work in partnerships with the existing network as part of the integrated locality teams), housing services (Homes for Haringey) and social care workers.

Community and stakeholders' engagement:

- Working closely with adult social care and receiving introductions/referrals from social care workers
- Working closely with the Adult Safeguarding Board (ASB)
- The service has been integrated with the Locality Team and co-ordinators attend the weekly multidisciplinary team meetings
- Engagement with local faith leaders (Rabbi, Hornsey Jewish community groups), Local churches and mosques
- Working closely with the local community group (e.g. Hornsey Vale community Centre, 163 community hub, The Antwerp Arms)
- Linking with the local GP practices (e.g. Summerset Gardens in the east of the borough- they have offered a private room to the Local area co-ordinator to see patients in the practice).
- Engagement with local employability services
- Plans in place to engage with local schools in each geographical areas
- Linking with the sheltered housing, community hubs and the services addressing homelessness
- Working closely with support and advocacy services
- Working closely with the community/carers commissioning services
- Working closely with HAIL and CAB in Haringey
- Engagement with women's group, community safety and the regen team in Northumberland Park/White Hart Lane
- Working closely with the Haringey regeneration team and community support workers.

Impact on individuals and addressing the wider determinates of health: Over 30 introductions (including self-referrals) have been made since the project initiation in Nov 2017.

Over 40% of the clients introduced to Local Area Co-ordinators have presented with non-health related issues such as housing and employment. Other presenting issues have been due to being older/ vulnerable, mental health issues (including dementia), disability, homelessness, young/family problems and physical health conditions.

Impact on capacity building and volunteering: Local Area Co-ordinators have been able to encourage some of the people they have met to volunteer for various community centres. This has really contributed and improved the trusting relationships between the co-ordinators and the community groups.

Evaluation and monitoring- a plan has been drafted for approval of the Community Wellbeing Partnership group. The evaluation plan has been developed to measure outcomes by mapping them against the Five Ways to Wellbeing themes. For cost saving analysis, patients /individual's stories will be used to map their journey and to calculate cost-benefit of service costs prevented due to local area co-ordination intervention.

5.2 Asset Mapping

The Bridge Renewal Trust developed a comprehensive on-line directory of community services and other assets in Haringey. This project now has been completed and available on line (<http://bridges.force.com/directory/>). This directory and the Haricare website are used by Local Area co-ordinators to provide information, advice and guidance to residents. The co-ordinators also contribute to keeping the Bridge Renewal Trust's Directory up to date.

5.3 Training for staff and interventions on the ground

Haringey Council supported Bridge Renewal Trust to put a bid together to NHS England for additional funding for social prescribing. This bid includes asks for additional resources aimed at developing interventions in the community. The outcomes of this bid are awaited.

In addition, scoping work is undergoing to establish training needs for frontline social care staff on strength-based approach to assessment and more generally, how to use strength-based communications in interactions with residents.

6. Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan, Haringey's Community Strategy, Better Care Fund and Health and Wellbeing Strategy 2015 - 2018

7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance and Procurement

7.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

Legal

7.2 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

Equality

7.3 The project will have a prevention-based approach to proactively identify high risk and hard-to-reach group of people, in particular older people, those with disabilities and people with long-term health conditions. Initial roll out of the project is based in areas with high deprivation, health inequality and poor life expectancy.

The person-centred approach of the framework will allow inequalities and isolation issues related to protected characteristics to be addressed.

8. Use of Appendices

Appendix 1- Location map of Haringey Local Area Co-ordination

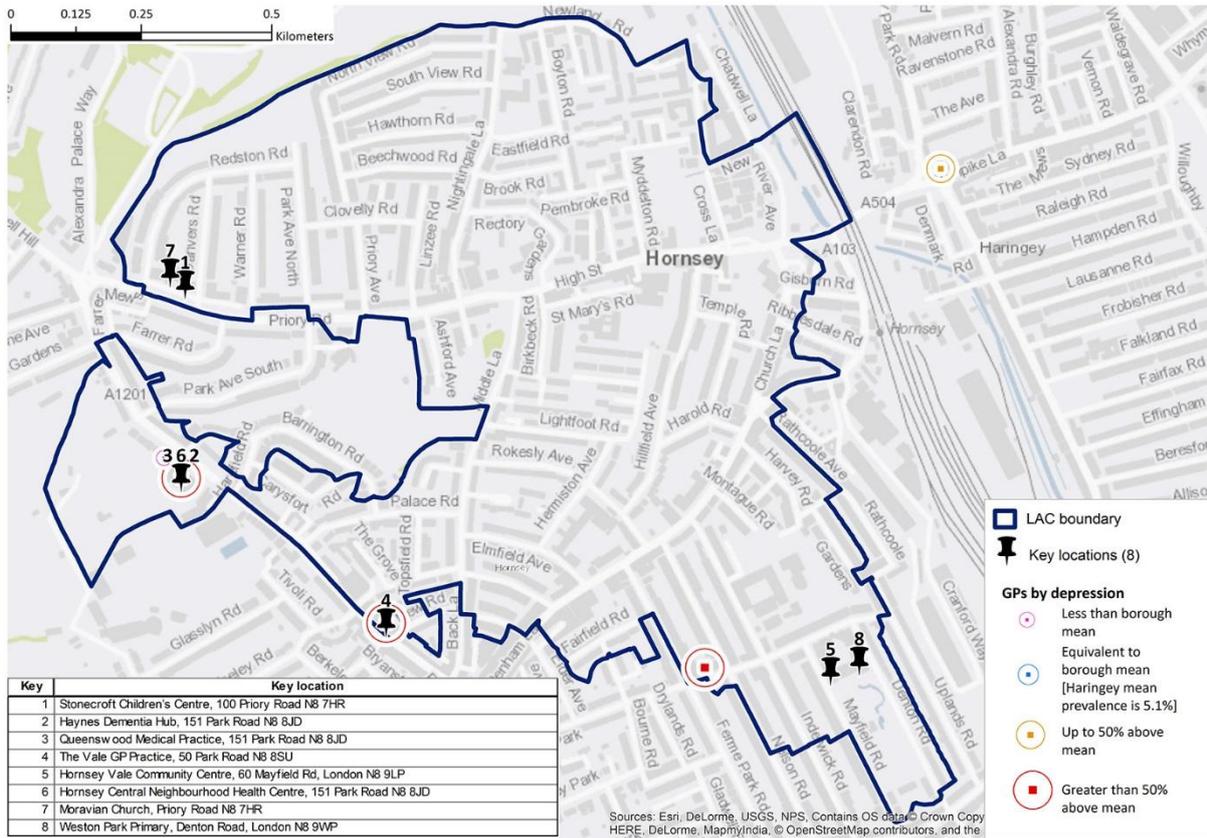
9. Local Government (Access to Information) Act 1985

Health and Wellbeing Strategy 2015 – 2018

Public Health England Guide to Community centred approaches for health and wellbeing, <https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

Appendix 1

Hornsey Area Map



Northumberland Park/White Hart Lane Area Map

