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AGENDA FOR THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE

Members of the Haringey and Islington Health and Wellbeing Boards Joint-Sub-Committee are summoned to attend a meeting which will be held in **Committee Room 5, Islington Town Hall, Upper Street, N1 2UD** on **5 December 2018 at 1.30pm.**

Bernie Ryan
Assistant Director – Corporate Governance
London Borough of Haringey

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Despatched	:	27 November 2018

Islington Membership

Councillors:
Councillor Richard Watts **(v)**
Councillor Janet Burgess MBE **(v)**
Councillor Joe Caluori **(v)**

Islington CCG:
Tony Hoolaghan, Chief Operating Officer
Dr. Josephine Sauvage, Chair **(v)**
Jennie Williams, Director of Nursing and Quality
Sorrel Brookes, Lay Vice-Chair **(v)**

Islington Healthwatch:
Emma Whitby, Chief Executive **(v)**

Islington Council Officers:
Julie Billett, Director of Public Health
Maggie Kufeldt, Corp. Dir. Housing & Adult Social Services
Carmel Littleton, Corp. Dir. Children, Employment & Skills

Voluntary Sector:
Katy Porter, Chief Executive, Manor Gardens Welfare Trust

Haringey Membership

Councillors:
Councillor Joseph Ejiofor **(v)**
Councillor Peray Ahmet **(v)**
Councillor Elin Weston **(v)**

Haringey CCG:
Tony Hoolaghan Chief Operating Officer
Dr Peter Christian, Chair **(v)**
Dr Dina Dhorajiwala, GP Board Member
Cathy Herman, Lay Member **(v)**

Haringey Healthwatch:
Sharon Grant, Chair **(v)**

Haringey Council Officers:
Dr Will Maimaris, Interim Director of Public Health
Beverley Tarka, Director of Adult Social Care
Ann Graham, Director of Children's Services

Voluntary Sector:
Geoffrey Ocen, Chief Executive, The Bridge Renewal Trust

Local NHS Representatives:
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust

Quorum is 3 voting members of each constituent borough, including one local authority elected representative of each borough and one of their Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).

Voting members = (v)

A.	**Formal Matters**	**Page**

1. Filming at meetings

Please note this meeting may be filmed or recorded for live or subsequent broadcast 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

3. Apologies for Absence

4. Notification of Urgent Business

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.

6. Minutes of the previous meeting 1 - 8

7. Questions and Deputations

Notice of questions must be given in writing to the Committee Clerk of either or both boroughs by 10 a.m. on such day as shall leave five clear days before the meeting (e.g. Friday for a meeting on the Monday 10 days later). The notice must give the name and address of the sender.

A deputation may only be received by the Sub-Committee if a requisition signed by not less than ten residents of either or both boroughs, stating the object of the deputation, is received by the Committee Clerk of either borough not later than 10am five clear days prior to the meeting.

B.	**Business Items**	**Page**
8.	Context and Achievements of the Wellbeing Partnership	9 - 20
9.	Locality Working	
	(a) Developing Place Based Services in Islington	21 – 28
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10.	Governance and role of the Joint Sub-Committee of the Health and Wellbeing Boards	51 - 54

C. Urgent Items (if any)

11. New Items of Urgent Business

To consider any new items of urgent business admitted above.

12. Exclusion of the Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

13. New Items of Exempt Urgent Business

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee will be on 6 March 2019

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MINUTES OF THE MEETING OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE HELD ON MONDAY, 29TH JANUARY, 2018, 2pm

Attendees

Cllr Claire Kober – Leader of Haringey Council and Co-Chair
Cllr Jason Arthur, Cabinet Member for Finance and Health, LB Haringey
Sharon Grant, Chair, Healthwatch Haringey
Dr Peter Christian, Chair, Haringey CCG, Beverley Tarka, Director Adult Social Care, LB Haringey
Geoffrey Ocen, Chief Executive, the Bridge Renewal Trust.
Catherine Herman Lay CCG Member.

Councillor Richard Watts – Leader of Islington Council and Co-Chair
Councillor Janet Burgess - Executive Member for Health and Care, LB Islington
Councillor Joe Caluori – Executive Member for Children, Young People and Families, LB Islington
Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Islington Health watch
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Julie Billett, Director of Public Health
Siobhan Harrington, Deputy Chief Executive, the Whittington Hospital NHS Trust Council
Sean McLaughlin - Corporate Director of Housing and Adult Social Services

Lesley Seary - Chief Executive – Islington
Tracie Evans, Interim Deputy Chief Executive, LB Haringey
Rachel Lissauer, Acting Director of Commissioning, Haringey CCG
Dr Jeanelle de Gruchy - Director for Public Health Haringey

17. FILMING AT MEETINGS

Councillor Kober referred to information on the agenda and members noted the guidance in respect of filming at meetings.

18. WELCOME AND INTRODUCTIONS

Councillor Kober and Watts welcomed everyone to the meeting and the members of the Sub-Committee introduced themselves.

19. APOLOGIES FOR ABSENCE

Apologies for absence were received from: Councillor Weston, Tony Hoolaghan, Margaret Dennison, Stephen Lawrence Orumwense, Jennie Williams, Dr Katie Coleman, Carmel Littleton, Dr Dina Dhorajiwala and Geraldine Gavin.

20. ITEMS OR URGENT BUSINESS

There were no items of urgent business to consider.

21. DECLARATIONS OF INTEREST

Dr Jo Sauvage declared a personal interest as a GP provider in Islington.

Dr Peter Christian declared a personal interest as a GP provider in Haringey.

22. MINUTES OF THE PREVIOUS MEETING: 9 OCTOBER 2017

RESOLVED:

That the minutes of the previous meeting held on the 9th of October be agreed as a correct record of the meeting.

23. QUESTIONS AND DEPUTATIONS

No questions or deputations were received.

24. PREVENTION AT SCALE PROJECT IN HARINGEY AND ISLINGTON: CARDIOVASCULAR DISEASE PREVENTION

Dr Will Maimaris and Charlotte Ashton introduced the report and set out details concerning this prevention at scale joint project which focused on cardiovascular disease prevention. The project concentrated on enabling local efforts for improving the identification and management of high blood pressure and arterial fibrillation for the prevention of cardiovascular disease. Comments were sought from the Joint Sub Committee on how they could support this important initiative.

The following main points were noted in the discussion:

- This joint project was focused on tackling the biggest cause of death, after cancer in Islington and Haringey, and a major contributor to health inequalities in both boroughs. The project fully exemplified the purposes of the Health and Wellbeing board partnership. There were real and tangible activities outlined to achieve positive outcomes quickly. This project was important in improving health and ensuring that there were less years spent of being less well. In relation to the objective of accountability, it was important to understand how members of the joint board work with their organisation to get absolute coverage.
- With regards to residents knowing what their blood pressure numbers were, it was important for GP's to share these blood pressure numbers with patients as often patients were only told if they had good or high blood pressure.
- It was prudent, when writing up progress, to extrapolate the support and focus on mental health patients. These hard to reach groups would be important to focus on to ensure that they were included in screening activities and that there was support for them in the community. This support was still not joined up as it should be. It was important to assess, in the outcomes, on what has been

achieved and raise the profile of mental health patients to ensure that they were factored in plans going forward.

- In response to a further query, the work of the integrated preventative unit was recognised and there were good results connected with mental health patients in lifestyle services such as the stop smoking project.
- It was interesting to note that in the West of Haringey the main cause of death was old age and cardiovascular disease death frequency had reduced over the years. Agreed this reflected that cardiovascular disease was a disease of inequality and it was important to be able to replicate the reduced frequency of this disease in the east of Haringey.
- It was suggested that primary schools should be included in engagement plans for measuring blood pressure as these were places where there was a congregation of a wide range of ages and demographics. Agreed that this suggestion be explored with partners**.[Dr Will Maimaris]**
- Commented that this was a good project to portray the impact of two boroughs working together, agreement was sought to include community services as they were keen to have a bigger role in healthy lifestyle activities.
- There was a need to have an understanding of the conditions around the funding, the timescales for completion for this project and how equalities issues will be tackled i.e. was the project targeting communities most at risk of cardiovascular disease. Agreed, that the equalities issues need consideration and understanding developed of the required conversations and opportunities further explored on how to engage with hard to reach groups. There was not a significant amount of funding from the LGA but the project would be taking forward focus group session in May/June while working on pathways for hard to reach groups.
- The Joint Chair summarised the discussion and emphasised the need to provide additional thought on how the project could fully reach all communities to have a significant impact on cardiovascular disease. Agreed that outreach work in primary schools should be explored and it was essential that the team had the right tools to reach communities in order to have most impact.**[Dr Will Maimaris]**

25. GOOD THINKING - LONDON'S DIGITAL WELLBEING SERVICE

Dr Jeanelle De Gruchy introduced the report and presentation on “Good Thinking” which was an innovative new digital service for improving the mental wellbeing, available to all Londoners. It was noted that all London CCG’S fund this new digital service and half of London Councils – including Islington and Haringey which have gone live with this new service. Following a presentation, the following comments were made:

- Link to the website was good and relatable to this topic. It was good to identify groups most at risk of anxiety, including groups that were harder to reach.
- Suggested that the outcomes from this digital service would be difficult to demonstrate and there would likely be a longer term assessment of whether there had been a reduction in referrals to mental health services.

- Agreed that this was a good deal for Londoners. Noted that there was a free trial access to the 'headspace' website but there was a question on whether there would be a further follow up payment required to continue the service. There was a need to be mindful about the perception of an additional cost being associated with an NHS related website and also having equalities considerations if there was a payment involved. Therefore, important to have clarification on the type of deal sought for Londoners**.[Dr Jeanelle De Gruchy]**
- Noted the need to keep in mind the ongoing cost of maintaining the quality of information on the website and have a regard to safeguarding responsibilities.
- There was a query about the research completed on the use of data and whether apps were more popular. In response, it was noted that the website option had offered a better financial option when considering this London wide service alongside the option of an app. The website also allowed better linking to local services through the use of algorithms.
- There was concern that people with mental health issues associated with loneliness may not feel the website can offer them support. Also older people may not benefit from the website. The Kings Fund assessment was referred to and it was hoped that the demographics of mental health had been explored and there was trust developed in the support that the website could provide. In response it was noted that there had been a user research on this project spanning 3 years to reach this launch stage. The Director for Public Health in Haringey advised that ethnic communities in London did get involved with social media groups related to mental health and provided examples of this.
- With regards to branding of the services, there was a move away from NHS branding in response to user research on this. The website was not intended to fully solve all problems in relation to the points raised on loneliness and isolation but was a facility which was aimed at responding to people who will use the internet for guidance and advice.
- In further response to concerns expressed about loneliness, interaction with digital communities can also be encouraged as these social media websites often contain links to local projects i.e. Voluntary sector groups and Silver fit.
- In response to the query relating to ongoing charges for accessing the website, agreed there was a need to check that the website clearly indicated that there were no costs associated with accessing the website. **The Director for Public Health agreed to check this.**

26. HARINGEY AND ISLINGTON WELLBEING PROGRAMME PARTNERSHIP AGREEMENT

Rachel Lissauer introduced the report, which set out progress with the Wellbeing Partnership in relation to the ambitions set in the Partnership Agreement and the aims of individual work streams. The Partnership Agreement would be refreshed in April 2018. The report further recommended a process for discussing and agreeing next steps for the Partnership.

There was an explanation of the changing context which the partnership was working within, the ongoing negotiation on the priorities and progress on compiling a transparent decision making process for the partnership.

There had been work on a shared dashboard and continuing work on an estate plan, enabling local services to work better together.

The financial systems had been looked at and there was a good view of how these would be located within in the healthcare system and in addition what could be achieved as an STP.

The meeting noted that there was more detail needed on capacity and shared control levels. Therefore, it was recommended that the partnership agreement be refreshed, providing more understanding of what the partnership can do better together.

The following comments were made:

- There was a question about whether the geography of the partnership, in terms of structures was right? For example, were having separate structures meaning less outcomes? Assurance was provided that this was a matter of interpreting and working together on existing systems along with not getting distracted by new terms. Also funding a transitional approach whilst having a clear accountable system.
- It was suggested that the partnership re-considers the priorities of the respective health and wellbeing partnership boards and ensures that the partnership is not following dissimilar priorities.

RESOLVED

1. To note good progress in many areas against the ambitions set out in the Partnership Agreement and some areas where progress has been slower than intended.

2. To note the evolving model of care in which we have 'horizontal integration' at a local level from integrated community and primary care networks, together with 'vertical integration' for managing long term conditions like diabetes.
3. To note the requirements for integrated working emerging from CQC area inspections and NHSE criteria for accountable care systems.
4. To approve the suggested process for reviewing the Partnership Agreement, particularly the recommendation that the Partnership Agreement is carried forward which will allow options to be discussed.

27. PROPOSAL FOR RESIDENT COMMUNITY AND STAFF ENGAGEMENT IN THE DEVELOPMENT OF INTEGRATED HEALTH AND WELLBEING NETWORKS

Rachel Lissauer provided a presentation setting out how Haringey and Islington were undertaking informal engagement around the development of local integrated care networks. This engagement aimed to ensure that networks were being developed in a way that was visible and responsive to local residents and patients. It was also a way of raising awareness of the Wellbeing Partnership.

In discussion, it was noted:

- Considering the suitability of the name attached to the networks to ensure that local residents understand what the network is about and how they can be involved.
- That primary and secondary services to residents should be considered and residents feel involved and able to discuss these services. Overall, it was paramount for the engagement to be felt to be meaningful by participants.
- It was essential to be clear on the partnership offer.
- Keeping with the need to be open and accessible to the community, it would be also be sensible to not use acronyms when considering the new name for the network.
- There would need to be clear involvement of the Healthwatch in the engagement process.
- Residents would need to understand what will be different for them because of the integrated health and wellbeing network. Therefore, it will be important to focus on, depicting to residents, what will happen in practice.
- Key stakeholder partners will need to assess how well their role is known in the network, ensuring they have key messages around how they will help deliver the outcomes being worked to by the network.

Cllr Watts concluded the discussion by emphasising the importance in carefully considering what the partnership were trying to construct as there was little public appetite for structures. Essentially, residents needed to feel that there were being listened to the first time when they were approaching services and not needing to relate their health story three times.

The governance around the networks also needed to be carefully considered to ensure that users of services were involved, including communities that were difficult to reach. This would mean significant thinking on how to illicit engagement and build specific relationships with communities.

Acknowledged that the supportive work around the networks was already happening and agreed that, as a public service, it was important to be responsive to the community.

Agreed the points raised on engagement would be factored in plans going forward, including a bigger conversation on how communities use services.

RESOLVED

- To note the above comments on the proposal to engage with communities about the Wellbeing Partnership.
- To note the move away from using the term Care and Health Integrated Networks (CHINs) to describe our local integrated networks and take into account the above comments.
- To approve plans for further engagement about the Wellbeing Partnership.

28. ITEMS FOR FUTURE MEETINGS

To be notified to the Clerk.

29. NEW ITEMS OF URGENT BUSINESS

None

30. EXCLUSION OF THE PRESS AND PUBLIC

Not required.

31. NEW ITEMS OF EXEMPT URGENT BUSINESS

None

32. NEXT MEETING OF THE JOINT COMMITTEE

13th of June 2018.

CHAIR:

Signed by Chair ……..

Date ……

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Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

Title: Wellbeing Partnership Update

Report Authorised by:

Beverley Tarka, Director of Adults and Health, Haringey Council
Maggie Kufeldt, Corporate Director Housing and Adult Social Services, Islington Council

Lead Officers:

Maggie Kufeldt, Interim Corporate of Director Housing & Adult Social Servs., Islington Council
Carmel Littleton, Corporate Director of Children, Employment and Skills, Islington Council
Julie Billett, Director of Public Health, Islington Council
Beverley Tarka, Director of Adults and Health, Haringey Council
Dr Will Maimaris, Interim Director of Public Health, Haringey Council
John Everson, Assistant Director of Adult Social Care, Haringey Council

1. Purpose

1.1 Our work to progress integration within Haringey and Islington is at an important stage. We are making several transitions. We are making a transition towards greater integration of care and services around localities. We are approaching a point where we may want to make the transition from a programme structure that sits outside our existing governance towards shaping our decision-making structures to reflect our inter-dependence and joint working.

1.2 The aims and the vision of what we want to achieve are the same and remain rooted in work carried out by councils, CCGs and Trusts over many years to develop greater integration. These are: to ensure that a healthier choice is an easier choice; to support strong communities where residents are healthier and live independent and fulfilling lives; to provide early support for those who have difficulty maintaining their health and wellbeing and to ensure that those who need care receive high quality, connected and responsive services.

1.3 As we move into the next phase of work, there is both an opportunity and a need for co-production with staff and with residents so that any changes are rooted in and shaped by the people who best understand the local needs and opportunities.

1.4 These transitions are explored in the further papers for this meeting and will be the substance of further meetings. This paper considers some of the outputs of our work so far and the learning that we can take from it. It then sets out the high level next steps.

2. Recommendations

2.1 The Joint Health and Wellbeing Board is asked to note the continued progress we are making on integrating pathways of care with a focus on people with diabetes; frailty; musculo-skeletal conditions (MSK) and people needing intermediate care (step-up and step-down care from hospital).

2.2 The Board is asked to recognise ongoing work on our enablers particularly integrated digital care records; estates and community services.

2.3 The Board is asked to consider some of the learning and to note plans for the next phase of work.

3 Describe the issue under consideration

Background

3.1 The Wellbeing Partnership is an alliance between organisations and a commitment to a way of working that enables efficiency and integration. There are therefore numerous 'business as usual' activities between organisations that are contributing towards the aims of the partnership but do not specifically sit within the structure of the Wellbeing Partnership. There are also significant transformation programmes which are led at North Central London or London level and are critical to the Wellbeing Partnership. These include, for example, the work to develop general practice at scale and development, within North Central London, of the shared care record.

3.2 However, there are a range of workstreams are specifically being taken forward as partnership programmes. Some particular achievements from these programmes are noted below.

Examples of achievements

3.3 **For people with diabetes**

- **Connecting information to improve care:** the specialist nursing team who support people with diabetes can now access the primary care record, providing them with a much fuller set of information about the patients that they are seeing.
- **Helping people to navigate the system:** in East Haringey, where there is a particularly high incidence of diabetes, care navigators are now helping to coordinate the tests that need to be carried out when someone is first diagnosed. They are pro-actively identifying people whose condition is not controlled. They are supporting people to take up education sessions, which makes a significant impact on people's outcomes.
- **Working across boundaries:** clinicians leading on care for people with diabetes, through a great deal of joint work, are working as an integrated network. They are streamlining processes to minimise the number of appointments people need to attend. The specialist nursing team at Whittington Health is running as a single service

rather than borough based services to become more efficient. Waiting times for specialist care are being reduced through more rigorous processes.

3.4 **For people who need intermediate care (rapid response, rehabilitation and step-down)**

- **Re-design led by operational teams:** Since July, multi-organisational operational leads have participated in five half-day sessions, leading to the development of a new delivery model for intermediate care, a common aim and vision which is shared by the teams working across both councils and Trusts.
- **Taking forward a new model of care:** A mandate is now being sought from organisations to take this work to the next stage. This will involve developing operational leadership to take forward the new model of care; assessing resource implications; further testing with frontline staff and a programme of communication and engagement.
- **Immediate practical steps alongside planning:** From the joint work, a proposal has been developed to treat intermediate care beds across the boroughs as a shared resource so that there is a smoother process in place to access beds in the other borough during winter.

3.5 **For people who are suffering from muscular pain**

- **Quicker access to treatment:** we have trialled a system in which all referrals to hospital for people with pain, rheumatology and trauma and orthopaedics are first reviewed by an experienced physiotherapist. If appropriate they receive physiotherapy which is provided within six weeks, rather than being referred for an outpatient appointment in hospital, where the wait is up to eighteen weeks and capacity.
- **Reducing unnecessary visits to hospital:** reduced the numbers of people needing to go to hospital by 18% and is now being rolled out and evaluated further.
- **Moving resource from acute to the community:** this project has been a test of our ability to co-design a programme to improve efficiency and to put resource into community services through a transparent plan to reduce spend on acute care. The impact of this will be evaluated as it is rolled out.

<u>Developments underway to support integration</u>

3.6 **Making best use of our estates**

- We have recognised that there are opportunities to make better use of our public estate across health and social care. We have now mapped out our public estate for Islington and are undertaking this process for Haringey. This is helping us to identify opportunities to make best use of assets.

- We are developing a process by which we can try to resolve cross-charging issues between our organisations
- We are developing bids to One Public Estate that would allow us to develop schemes which have potential both to make efficient use of public estate and to release space for housing.

3.7 **Shared access to digital care records**

- The focus for the Wellbeing Partnership is particularly on short-term, practical solutions to enable community health, social care and mental health practitioners to share information that is relevant to direct care for particular services that are already integrated or planning to further integrate.
- There is an active group involving GPs who have particular IT expertise and interest and the digital leads from each organisation. This drawing on the learning from Federations that are already hosting multi-professional teams and exploring how this approach can be expanded to other services that looking for further integration.

3.8 **Strong core community services**

- Strong community services are fundamentally important in enabling a shift from acute and reactive care to pro-active care closer to people's homes. A service improvement process has been put in place within Whittington Health to improve access for all community health services.
- Steering Groups for Children and Young People's Services and for Adult Community Services have been established. These are co-chaired by the Whittington Health Director of Operations and the Director of the Wellbeing Partnership and meetings are open to governing body members. Each service within scope has set a 'project charter' with a trajectory for improvement. This structure enables review with a shared focus on supporting improvement. Membership is open and involves commissioners reporting together with operational management leads on actions taken and impact.
- Performance has been significantly improved in several key services, particularly in nutrition and dietetics, podiatry, lymphedema and recently in diabetes and respiratory.

3.9 **Addressing workforce challenges**

- At the heart of this approach is the need to overcome significant shortages in key staff groups. There is a Steering Group in place with a specific focus on workforce which brings together a range of management and clinical leads from all the organisations represented within the Wellbeing Partnership.
- This group, the Community Education Provider Network (CEPN), oversees a wide range of initiatives designed to respond to some of the key workforce challenges that we are

facing. It is co-chaired by Dr Jo Sauvage (Chair of Islington CCG) and Dr Dai Tan (GP Governing Body Member for Haringey CCG).

- The majority of projects that are being taken forward are funded by Health Education England. Examples of the projects being carried out under this group include:
    - Rapid up-skilling for social care and primary care staff on mental health conditions and mental health first aid and suicide prevention
    - The development of a Quality Improvement Network to increase advanced level quality improvement capability and capacity locally
    - Development of training for staff (community services and GP practices) in running group consultations
    - The development of a network for newly qualified professionals (including social workers, pharmacists, physiotherapists, psychologists and nurses)
    - Development of an online toolkit for key frontline staff to improve their understanding of how apprenticeships work
    - Training sessions on admission avoidance for paramedics and advanced paramedic practitioners (APPs)
    - Development of apprenticeships (e.g. developing learn and earn apprenticeships for care staff and clinical skills training programme for GP based Health Care Assistants).

Some lessons learned for our next steps with integration

3.10 The power of shared leadership and ownership: The very real gains that we have seen in joint working have all been a result of shared leadership from professionals, clinicians and management across different parts of the system. Building trust and moving out of entrenched positions has taken time. As we move into the next phase we will be bringing a far wider range of people and services into this approach. Ensuring that staff have the space and mandate to work in this way will be critical.

3.11 The balance between borough and bi-borough working: Much of our work has highlighted the need for a common framework and standards set across boroughs (or at North Central London level) with local application. This is the approach that we are taking, for example, in our work on frailty. A bi-borough team is working to develop a common frailty offer or pathway, based on best-practice. Borough teams are then evaluating their position in relation to this offer and identifying priority areas for local focus.

3.12 Both a population / pathway focus and a geographic focus have value. A focus on a particular patient group and population ensures consistency and an evidence-based approach, so it guides local delivery. But it does not allow a focus on the wider determinants of health. It does not allow for a holistic offer within a place or allow us to provide early help to those who are rising risk.

Next steps

3.13 Work on enablers and pathways of care continues and work on the enablers are becoming increasingly important.

3.14 We have identified areas which will be prototypes for a place-based approach, as outlined in subsequent papers. The next stages of work to take forward this approach are:

- November / December: Launch of locality work for North Tottenham and North Islington. These events will be an opportunity to discuss what is working already; to generate ideas; start to shape a shared vision and identify priorities for immediate and longer term action.
- Early 2019: A phase of 'groundwork' with frontline teams to develop particular projects and plans with frontline teams.
- Early 2019: Work in practice on any quick wins
- Feb/March: Review of proposals and priorities arising from prototype work

4 Contribution to strategic outcomes

4.1 This work has the potential to contribute to London Borough of Haringey's Borough Plan, Islington Council's Corporate Plan outcomes and the joint Health and Wellbeing Strategy.

5 Statutory Officer Comments (Legal and Finance)

Legal

5.1 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)

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

6 Environmental Implications

6.1 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

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

8 Appendices

None

9 Background papers

None

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Joint Health and Wellbeing Board Update

Enabling infrastructure

- **Estates:** Public estate held by councils, Trusts, CCGs/NHS Property companies has been mapped. Submitting a bid as the Wellbeing Partnership to One Public Estate for funding to maximise use of estate for housing.
- **Workforce:** A network is in place identifying ways of supporting both the health and social care workforce across Haringey and Islington. Channels funding to projects e.g. apprenticeships; development of a quality improvement network and training.
- **Finances:** Joint work on shared savings schemes between hospitals and CCGs.
- **Community health services:** Quality Improvement work is taking place across adult and children's community services.
- **Digital:** Team of representatives from all organisations, working through the system level difficulties with setting up shared records for use by multi-agency teams.

Joint Health and Wellbeing Board Update

Connected pathways of care

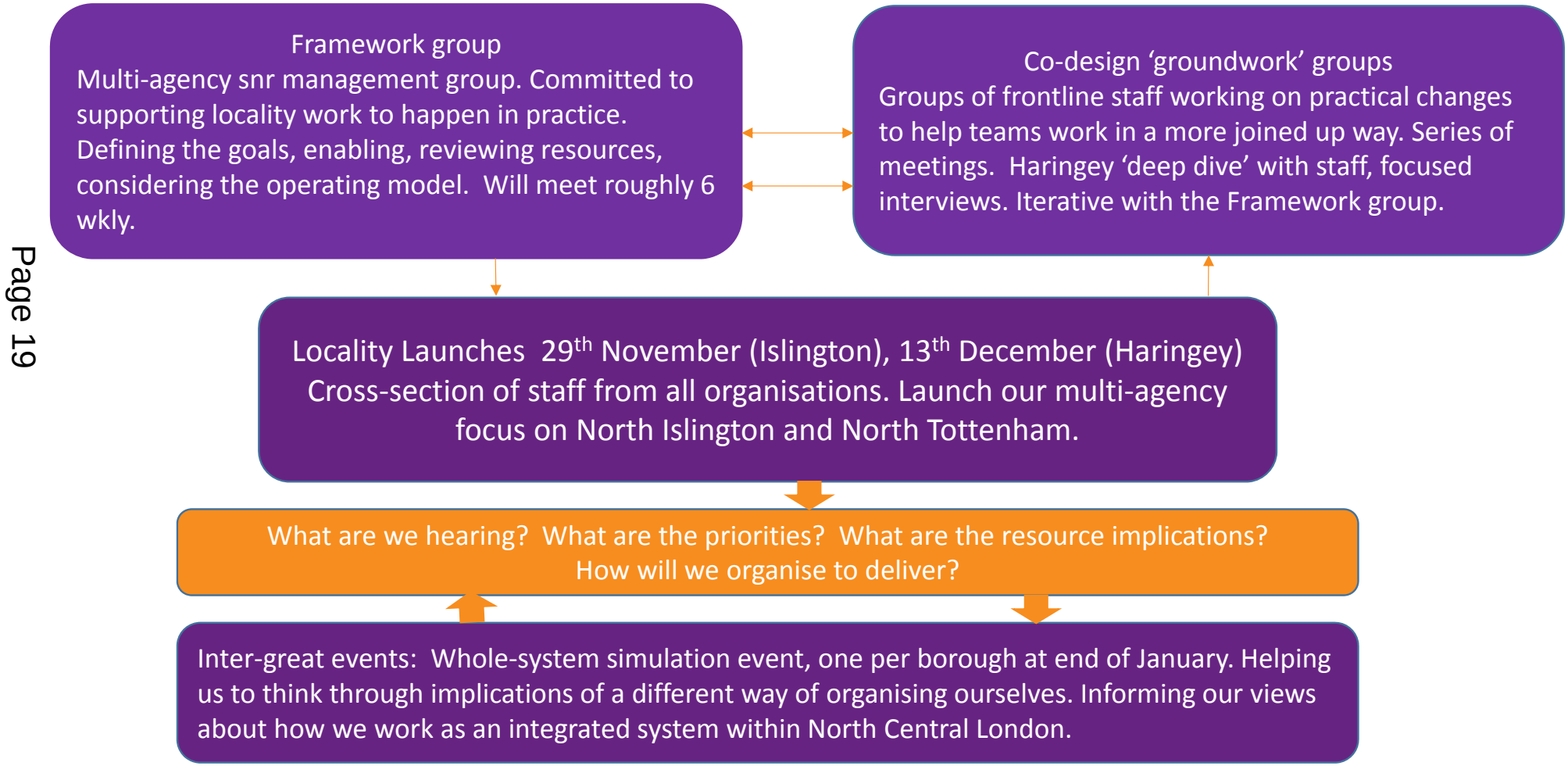
- **Diabetes:** 25,000 adults in Haringey and Islington. Same strategy across boroughs. Different approaches. Common focus where it makes sense e.g. specialist 'intermediate diabetes services'

- **MSK:** Enabling people to be seen by a physiotherapist if they need it as the first port of call. Better support for people with pain / muscular issues than hospital outpatient.

- **Intermediate care:** Moving from numerous fragmented teams to a shared approach: Rapid Response; step-up and step-down care and re-ablement and rehabilitation.

- **Frailty:** Ground level innovation together with a strategic approach. Forming a frailty 'offer,' based on practical experience of what works. Will enable each borough to focus on gaps and priorities.

Development work over the next 3 months



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Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

Title: Locality Working – Developing Place Based Services in Islington

Report Authorised by:

Maggie Kufeldt – Corporate Director Housing and Adult Social Services

Lead Officers:

Maggie Kufeldt – Corporate Director Housing and Adult Social Services;
Carmel Littleton – Corporate Director Children Employment and Skills;
Julie Billett – Director of Public Health;
Rachel Lissauer – Director of the Haringey and Islington Wellbeing Partnership.

1. Purpose

1.1 To describe Islington's approach to developing and testing locality based services, starting with a prototype in North Islington.

1.2 To seek support from partners on the Joint Health and Wellbeing Board at an early stage in our process of developing locality based services in Islington.

2. Recommendations

2.1 The Joint Sub-Committee is asked to support scoping and development of Islington's place based care proposal, as outlined below.

2.2 Members of the Joint Sub-Committee are asked to consider how we can share learning across Haringey and Islington in our approaches to place based care and also to consider if there are any areas where we need a common approach.

3. Describe the issue under consideration

3.1 Our joint working, through the Wellbeing Partnership provides a strong structure and focus for integration. Over the past 12 months the development of 3 care closer to home integrated care networks (CHINs) in Islington (and paralleled in Haringey) has seen GP practices working collectively with other services to improve population health. The next stage of place based working can build on work in the CHINs to bring in a wider set of partners and develop a greater ambition in terms of collective working and the outcomes we want to achieve. We can also draw on the success of, among others, our integrated delivery model for early years, Bright Start, which has seen the council and Whittington Health collaborate in new and exciting ways.

3.2 We are now in a position to move to the next level with our work. We propose to do this by fully exploring the provision of place-based integrated services, starting with a prototype in North Islington, for an all-age, community-focused approach. We are calling this piece of work a 'localities programme'.

3.3 We will take an all age approach that recognises that people are part of families and communities and rely on all of the assets and resources in the place where they live. We will build on the existing work in many parts of the council as well as primary care in a more joined up and holistic way recognising that lifestyle choice and changes, use of community services and assets and good quality housing have more impact on people's health and wellbeing than good quality clinical care.

3.4 We know that people are experts in their own lives. Providing high quality advice, support and universal services that keep people independent and able to care for themselves and their families will be at the heart of what we do. We want to support people at home and in their communities with high quality, consistent care when needed. We will make best use of all the assets in a place, whether that be the budget, the multi–agency workforce, buildings, leisure and recreation facilities or the local voluntary and community sector offer. We will aim to co-locate and integrate the workforce where possible.

3.5 This place-based approach and integration across care pathways requires a very different way of managing resources, involving joint decision-making between health and the council, sharing estates and potentially even management and services.

3.6 The key partners involved in this work are: Camden & Islington Foundation Trust, Whittington Health, Islington CCG, Islington GP Federation and Islington Council. Within the council, a whole range of departments are involved, principally children's and adults services, housing, Public Health and employment and skills services, reflecting the breadth of contribution local government services can make to wellbeing and the wider determinants of health. We want to work closely with the voluntary sector and have already begun engagement through Voluntary Action Islington.

3.7 We are proposing to develop this work as a partnership through a co-design and prototyping approach. We will start with North Islington as a locality, then seek to move to full roll-out across the borough fairly rapidly but in a test-and-learn way that enables each locality to learn from the others and to develop its own ways of working within the overall parameters and according to the needs and priorities of the locality.

3.8 Our immediate next steps are to hold a set of design days with a mixed audience including frontline staff, service users and carers as well as managers and elected members. Following that we will develop the prototype operating model in collaboration with a multi-agency practitioner group and a group of experts by experience.

4. Contribution to strategic outcomes

4.1 This programme of work is crucial to delivery of the council's Corporate Plan outcomes, as well as the joint Health and Wellbeing Strategy.

5. Statutory Officer Comments (Legal and Finance)

Legal

5.1 No legal implications, although any proposals changing service delivery will require individual legal advice to ensure legal compliance.

Chief Finance Officer

5.2 One key goal of place based working is to manage demand for high-cost specialist services more effectively across the system. If this work is successful, then the long-term impact should be very positive for the financial position of the partner organisations. In the short and medium term there may be efficiency savings identified but there is also likely to be investment required to transform the offer. Once this has been scoped in detail the finance leads and senior teams of all organisations will need to work together to resource the programme and consider how to share any potential savings.

6. Environmental Implications

6.1 None.

7. Resident and Equalities Implications

7.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

7.2 This proposal should represent a significant opportunity to advance equality of opportunity and promote good relations, by improving the partnership between public sector partners and with the voluntary sector to strengthen community connectedness, health and wellbeing outcomes, and focus on the wider determinants of health, all of which are significant factors in inequality in Islington. A full resident impact assessment is attached.

8. Use of Appendices

Appendix 1: Resident Impact Assessment

9. Background Papers

None.

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Resident Impact Assessment

Title of policy, procedure, function, service activity or financial decision: Developing integrated place-based services

Service Area: Corporate

1. What are the intended outcomes of this policy, function etc?

Re-design our preventative and community-based services to work together in a joined up locality offer with the local voluntary sector, NHS and other public sector partners.

Take a One Public Estate approach to our shared assets and make sure we use them most effectively, including freeing up land for social housing development

Establish new joint governance arrangements for both commissioners and providers that enable us to make rapid progress on shared objectives.

2. Resident Profile

Until we have further scoped the work, it is best for us to work on the basis of the whole borough profile. We know that data and analysis will be key to developing this work further and have established a data and digital workstream.

		Borough profile	Service User profile
		Total: 206,285	Total:
Gender	Female	51%	51%
	Male	49%	49%
Age	Under 16	32,825	32,825
	16-24	29,418	29,418
	25-44	87,177	87,177
	45-64	38,669	38,669
	65+	18,036	18,036
Disability	Disabled	16%	16%
	Non-disabled	84%	84%
Sexual orientation	LGBT	No data	No data
	Heterosexual/straight	No data	No data
Race	BME	52%	52%
	White	48%	48%

Religion or belief	**Christian**	**40%**	**40%**
	Muslim	**10%**	**10%**
	Other	**4.5%**	**4.5%**
	No religion	**30%**	**30%**
	Religion not stated	**17%**	**17%**

3. Equality impacts

With reference to the guidance, please describe what are the equality and socio-economic impacts for residents and what are the opportunities to challenge prejudice or promote understanding?

- Is the change likely to be discriminatory in any way for people with any of the protected characteristics? No.

- Is the proposal likely to have a negative impact on equality of opportunity for people with protected characteristics? No.

- Are there any opportunities for advancing equality of opportunity for people with protected characteristics? Yes – this should represent a significant opportunity for improving equality of opportunity. For example, a key group for us to support better through this work will be older adults, where our focus will be on tackling social isolation and promoting connectedness, as well as care at home rather than in hospital and preventing avoidable admissions to hospital. Another example would be children and young people, where we want to offer a more joined up 'whole family' support offer, that recognises the significance of factors like parental employment, housing and mental health in the wellbeing of children and young people.

- Is the proposal likely to have a negative impact on good relations between communities with protected characteristics and the rest of the population in Islington? No.

- Are there any opportunities for fostering good relations? Yes. One particular area of focus will be our *Connected Communities* workstream, which is about a new relationship with the public and voluntary sectors, with a strong emphasis on cohesion and tackling isolation. We will build the task of fostering good relations between protected characteristics into the spec for that partnership.

- Is the proposal a strategic decision where inequalities associated with socio-economic disadvantage can be reduced? Yes – we know that socio-economic disadvantage is intrinsically connected in Islington with health and wellbeing, and

we will have employability and skills as a golden thread, recognising that employment is the single best way to support people to be independent, resilient and well.

4. Safeguarding and Human Rights impacts

a) Safeguarding risks and Human Rights breaches

Please describe any safeguarding risks for children or vulnerable adults AND any potential human rights breaches that may occur as a result of the proposal? Please refer to **section 4.8** of the guidance for more information.

None – all relevant safeguarding procedures will remain in place and we will have a strong focus on ensuring that children and vulnerable adults remain as safe as possible as we re-design services: this will be one of our design principles / tests for success.

If potential safeguarding and human rights risks are identified then **please contact equalities@islington.gov.uk to discuss further**:

5. Action

How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information?
For more information on identifying actions that will limit the negative impact of the policy for protected groups see the guidance.

Action	Responsible person or team	Deadline
N/A		

Please send the completed RIA to equalites@islington.gov.uk and also make it publicly available online along with the relevant policy or service change.

This Resident Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Staff member completing this form:		**Head of Service or higher:**	
Signed:	_____James Blythe	Signed:	___Maggie Kufeldt_____
Date:	05/11/2018	Date:	05/11/2018

Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

Title: Locality Working – Developing locality-based care in Haringey

Report Authorised by:

Beverley Tarka, Director of Adults and Health, Haringey Council

Lead Officers:

Beverley Tarka – Director of Adults and Health, Haringey Council,
Dr Will Maimaris – Interim Director of Public Health, Haringey Council,
John Everson – Assistant Director of Adult Social Care, Haringey Council,
Rachel Lissauer – Director of the Haringey and Islington Wellbeing Partnership.

1. Purpose

1.1 To describe Haringey's approach to developing and testing locality based care in North Tottenham;

1.2 To seek support from partners on the Joint Health and Wellbeing Board at an early stage in our process of developing locality based care in Haringey.

2. Recommendations

2.1 The Joint Sub-Committee is asked to support development of Haringey's locality based care as discussed below;

2.2 Members of the Joint Sub-Committee are asked to consider how we can share learning across Haringey and Islington in our approaches to locality based care and also to consider if there are any areas where we need a common approach.

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. This is not just about commissioners and providers working together to deliver integrated health and social care. It is also about how we engage and involve residents, community and voluntary sector groups and other partners such as housing organisations, schools and businesses in improving health and wellbeing. Furthermore, the approaches we take are not just limited to the provision of integrated, accessible health and care services, but might also include community development and place shaping approaches. Locality based care is about making the best use of assets in a local area, whether these assets are health and care budgets, buildings, local communities, leisure facilities and parks or businesses.

3.2. In Haringey we have a good foundation to build on to take locality based case forward. In terms of integrated care, we have been seen as an exemplar in our development of integrated locality health and care teams and on our joint work on developing patient-centred, joined up hospital discharge pathways. Whole systems work on stroke has seen a reduction in early death rates from stroke by 33% since 2012-14. We also have good foundations to build on in terms of our links to the community and voluntary sector, both in terms of direct provision of services and also in terms of work to understand the needs and perspectives of our residents about health and wellbeing. In terms of locality based working, over the past 12 months the development of 3 care closer to home integrated care networks (CHINs) in Haringey has seen GP practices working collectively with other services to improve population health. The next stage of place based working can build on work in the CHINs to bring in a wider set of partners and develop a greater ambition in terms of collective working and the outcomes we want to achieve. It can also build on other initiatives such as the Council's Community First approach which is scoping opportunities for a new prevention and early intervention model that cuts across all organisational boundaries (see appendix)

3.3. In Haringey, we are proposing that we take forward placed based working in a defined locality in the East of Haringey. We are provisionally looking at North Tottenham as an area of focus. This might include all or parts of the following wards: White Hart Lane, Northumberland Park, West Green, Bruce Grove and Tottenham Hale.

3.4. 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.

3.5. Focussing on North Tottenham will allow us to build on existing locality based initiatives in the area. Some of these are described in the appendix to this paper and include:

- 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-co ordination – 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

What we have done so far

3.6. An initial scoping meeting for locality-based care was held in September 2018 of local health and care partners including representatives of North Middlesex University Hospital NHS Trust, Whittington NHS Trust Haringey GP federation, Homes for Haringey, Haringey Clinical Commissioning Group and Haringey Council and the Bridge Renewal Trust. At this meeting partners agreed that North Tottenham could be a geographical area of focus to test how we further develop locality based care in Haringey. It was noted that community involvement and community development approaches would need to be a key part of our plans.

What we are doing next

3.7. In mid-December 2018 we are holding a facilitated workshop to firm up our plans for locality based care in North Tottenham. This will bring 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

3.8. Following on from the workshop we will develop both short and longer-term plans for developing locality based care. Short-term plans will include interventions and service changes that can begin to be tested by teams already working on the ground in the first half of 2019. Longer-term plans will look at the wider issues needed to support locality based working including

- Designing services in innovative ways and how we involve residents in this
- Developing priority outcomes, which might for example include:
    - Improving emotional wellbeing in children and young people
    - Improving outcomes (e.g. employment) for young people with and without care needs moving into adulthood
    - Supporting people to live well with long-term conditions (building on diabetes work in the East Haringey CHIN)
- Thinking about how we use our shared estates differently
- How we collectively manage and use our financial resources to improve outcomes for residents
- How we develop shared systems of governance across organisations.

It is proposed that the Haringey and Islington Wellbeing Partnership will review and steer Haringey's place based approach, encouraging shared learning with the approach taken in Islington.

4. Contribution to strategic outcomes

4.1 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)

5.1 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)

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

6. Environmental Implications

6.1 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

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 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

Examples of relevant current initiatives linked to locality based care and map of Haringey, showing deprivation by locality.

9. Background Papers

None.

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Appendix: Some examples of existing locality based approaches to improving Wellbeing in Tottenham

November 2018

Local Area Co-ordination (LAC)

- Haringey Council employs a Local Area Co-ordinator (LAC) in Tottenham- Keesha Sinclair. This is funded through the Better Care Fund and the programme has now been in place for a year.
- LAC is nationally established model of community approach to improving health and wellbeing of local residents (http://lacnetwork.org/).
- It is an 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
- The LAC uses a bottom-up approach, which focuses on local community assets by building on the existing local resources and expertise. This is more likely to succeed in improving peoples health and outcomes as well as being cost-effective and sustainable

Key Successes of LAC in Tottenham

Key features of LAC:

- No referral or assessment
- Build strong relationships, have a conversation and take time to get to know people, families, communities
- Find out what is important to the person or the people
- They decide what they want to do (or not) and understand the choices they have
- Help them stay in control and understand the choices they have
- Help people work out how they want to contribute

Introductions/referrals:

- Over 120 introductions (including self-referrals) in past 12 months
- Positive feedback within the community has meant there is an increase in the number of people who are self introducing to LAC.
- Over 40% of the clients have presented with non-health related issues such as housing and employment.
- Other presenting issues: older/ vulnerable, mental health issues 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.
- The Local Area Co-ordinators have been successful in establishing a number of touch points in the community (e.g. Community Centres, GP practices, local Libraries, Selby Centre, local supermarkets, foodbanks) and making several connections with a range of community groups.

Evaluation and monitoring

- An evaluation framework is being developed and data collection has started. The final evaluation will be undertaken by the Leeds Beckett University in Collaboration with Haringey Public Health Team. We will look at the impact on wellbeing outcomes and savings

Some examples of Successes of LAC in Tottenham

- The LAC has been working with Homes for Haringey in order to support the residents of Love Lane Estate and holds weekly drop in sessions at the Grange Community Hub
- LAC has been supporting a busy drop-in at Somerset gardens Family Health Centre (GP practice) to support people with wider issues that affect their health and wellbeing. This has been received positively by staff and service users.
- Most recently the LAC has facilitated meetings between local services in order to look at shared interest and how community based services might enable collaborative working to offer further support to local residents. A good example of this would be the partnership work between Accumulate which is an arts charity working with people affected by homelessness and the Lodges (Hostels) based within White Hart Lane and Broadwater Farm. Accumulate will offer support to children and their families to explore creativity, themes around community and personal experiences .
- Supporting a relationship to start between the Felix Project and the Lodges (Hostels) within the LAC`s patch, with a view to supporting healthy eating and to work towards combatting food poverty.

LAC Case Study in Tottenham

Mental Health / speak up support

Background:

- Ali is a man in his 30's who has a mental health condition. Ali lives in supported accommodation and has support to remember to take his medication and encouragement to do little things such as shower and change his clothing, without theses prompts Ali would suffer from server self-neglect. Ali had originally met with the LAC at one of the foodbank Stations.

Presenting issues:

- Ali contacted the local LAC and explained that he had a PIP interview coming up and that he was extremely anxious about attending alone. Ali explained that his memory was not good and that he often forgot to tell people about the support he needed and didn't feel confident about how things would go.

Intervention:

- LAC spent time speaking with Ali on the phone and asked what support was needed and what options he had available to him
- LAC listed key aspects of the conversation and talked Ali through the points of concern and worry that he had raised
- LAC checked that Ali was clear on what the PIP examination would expect from him
- LAC created check points with Ali by send him a text the morning of the PIP examination with a) the location of the examination centre, b) call before and after the examination

Outcome:

- **Ali was successful and was awarded lower rate PIP**
- Ali said that what Local Area Coordination was doing for residents was amazing and confided that he had struggled to get PIP for 2 years prior to LAC involvement.

Homes for Haringey Project 2020 – Northumberland Park

Employment Offer

- One to one information/advice and guidance
- Job search support , including help with CV's, support in completing job applications and mock interviews
- Access to Further Education and Training opportunities
- Support to access local job vacancies
- Apprenticeships
- Volunteering opportunities

Youth Offer

A more structured phased evening youth sessions

- Homework club
- Duke of Edinburgh awards; Enterprise group
- Structured creative programme – Music studio
- Holiday programme
- Job club for 16 plus

Projects contributing to preventative and early intervention to prevent antisocial behavoiour and raise aspirations

Project 2020 - Model

Outcomes

Over **660** clients received one to one IAG

Over **190** clients secured paid jobs

Over **190** clients have attended training and apprenticeships

Homes for Haringey

Achievements to date

- Over 660 clients received Information Advice and Guidance (IAG)
- Over 190 secured paid jobs
- Over 190 Training and Apprenticeships completed
- 45 completed DIY Project with Qualifications
- Average of 30 young people supported weekly; 80 during holiday programme
- Approx £150,000 raised externally
- Partnerships with key organisations – public, voluntary and private sectors

Homes for Haringey

Case Studies

Unemployed Male

- Ex-offender, serious crime involvement
- Complex needs
- Multiple barriers to employment
- Receipt of JSA
- Low skill level
- Improved employability skills
- In-work support and mentoring

Single Mother

- Benefit Cap
- Long term unemployed
- Childcare commitments
- Receipt of benefits
- Threat of re-housing out of London
- Low level mental health
- Resolved childcare issues
- Benefit recalculation
- Budgeting skills and manage tenancy
- Secured full-time job

Young Unemployed Male

- Previous gang involvement
- Family breakdown
- Leaving Care Team
- Low self esteem and confidence
- Receipt of JSA
- Accommodation needs resolved
- Secured apprenticeship
- Earning a wage
- Improved career prospects

Homes for Haringey

Early Help & Prevention: Youth Offer

- Partnership delivery in Open Access sessions at Bruce Grove Youth Space (BGYS) includes: Safe Talk Sexual Health programme, Choices Tier 1 emotional health support and Safer London providing preventative support for children vulnerable to (Child Sexual Exploitation (CSE);
- More Than Mentors Peer Mentoring – builds young people's emotional resilience and reduces risk of significant mental health difficulties;
- Range of physical activities, sports and dance opportunities at BGYS;
- Sanjuro – martial arts project for young people and adults with SEND;
- Gardening project where young people grow their own vegetables and learn about healthy eating/nutrition;
- 'Kitchen Social' project funded by the Mayor's Office targets children from deprived backgrounds and provides them with healthy, nutritious meals during the long school holidays;
- Supporting young people into (Education, Employment and Training) EET through one-to-one (information and Guidance (IAG) and creating new opportunities, e.g. brokerage with employers and local businesses through the Tottenham Charter to create Apprenticeship/Work Experience offers;
- Careers Event targets all Yr 10, 11 and 12's to promote post-16 options;
- 'Hackathon' event in produced in partnership with Public Health with Youth Council's winning solution 'Saucy Sandwich Snaps' running as a competition in Haringey Schools;
- Team Around the School initiative recent example includes supporting a Primary school to improve the emotional and mental wellbeing of students through a range of initiatives over the last year

Early Help Localities Offer

- Four Family Support Workers (FSW) trained in delivery of Speakeasy to parents, developing their skills to talk to their children about sex and relationships
- Are You Ready Course – FSW across localities trained in delivering to young people and families about sex and healthy relationships
- Linked Children's Centre FSW have supported Children's Centre colleagues in their use of the Family Outcomes start, which identifies health needs across the whole family
- Conversation For Change (C4C) Early Help intervention:
    - Working with health visitors and CAMHS (adolescent outreach team and therapeutic service) for example to manage a range of issues for children's health
    - Working with GPs and mental health professionals to support adults with enduring health needs to manage these and also to co-ordinate services to improve overall health
    - DWP Troubled Family Employment advisors give advice on benefits, rent arrears and debt which has an impact on emotional health of parents; They also offer one to one support around back to work readiness, building self esteem and confidence in adults and supporting them in accessing training, volunteering and employment
- Parenting programmes – managing behaviours with children and young people, enabling parents to put boundaries in around healthy eating for example, where obesity is an issue for the child

Tottenham Regeneration North Tottenham Socio Economic Initiatives

- Tottenham Charter – securing additional pledges from developers and business to support world class training and education aspiration
- Estate Regeneration Fund Northumberland Park Estate and Broadwater Farm- High Road West Socio Economic Programme
- Opportunity Investment Fund – investment in workspace and employment projects many beneficiaries in N Tottenham
- North Tottenham Resident and Schools Engagement Programme
- High Road West Enabling Enterprise and Sports Inspired Programme and Community led impact Group

Tottenham Regeneration North Tottenham – Socio Economic initiatives cont.

New community Infrastructure to support community led activities – The Grange and Eric Allin Centre

High Road Strategy – Good Growth Fund Bid focused Bruce Grove new enterprise support for local businesses and residents

Funding Programmes

- Transformation Challenge Award Northumberland Park- First Tottenham People Priority funding programme complete August 2018 focused on skills and employment and building community capacity– final evaluation Autumn 2018

- Estate Regeneration Fund – BWF and NP:
  - Participatory Budgeting Community Voting Days BWF and NP,
  - BWF and NP Community Safety Initiative,
  - Phase 2 – Employment and Skills, mental health and positive activities
- High Road West Socio Economic Programme
  - High Road West Community Impact Group/Sports Inspired/Enabling Enterprise/Be-Onsite

Tottenham Charter- case study

The Tottenham Charter brings together key partners to deliver pledges to the community including skills and jobs.

Case Study:

Asha Clarke was one of several beneficiaries when engineering and construction company VolkerFitzpatrick signed the Tottenham Charter. VolkerFitzpatrick is the contractor on the Northumberland Park railway station and worked in partnership with Anglia Rail Skills Academy and Haringey Play Association. A 'pre-apprenticeship programme' was launched which saw a group of 16-19-year-olds build part of the playground. 16-year-old Asha Clarke, has recently secured a job at the company as a trainee engineer.

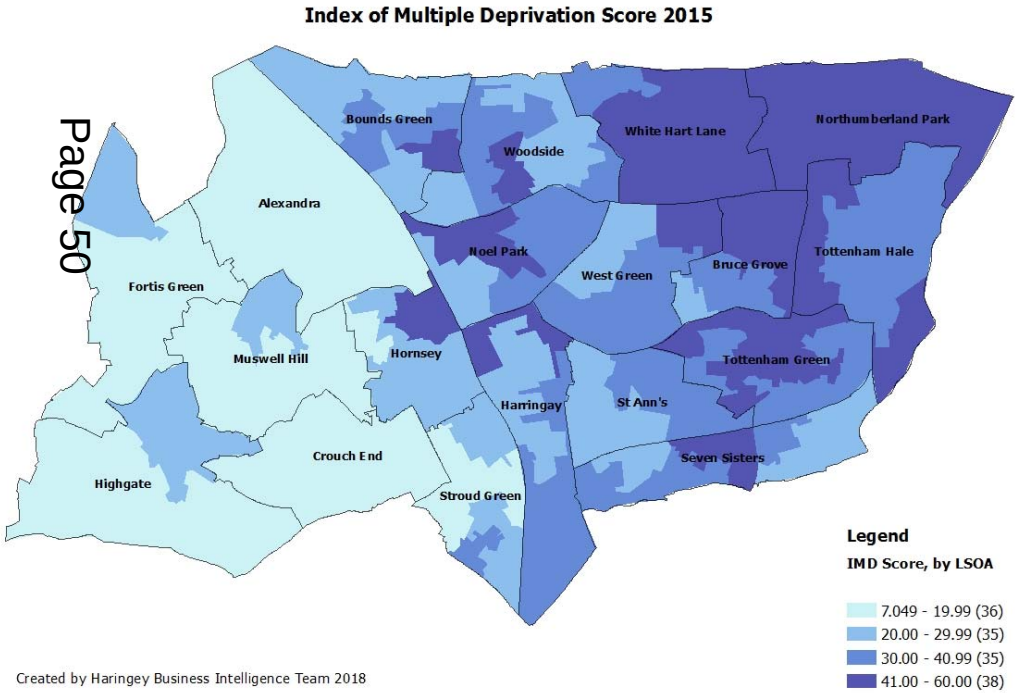
"I did the pre-apprenticeship programme and then came on a week's work experience at VolkerFitzpatrick," he said. "I think they liked my attitude and how I performed but I was shocked when I was phoned to be told the good news. I couldn't stop smiling for the whole day!" Asha admits his life could have turned out very differently. He had fallen in with a particular crowd at school and found himself on a final warning.

Community First (borough wide approach)

- ‘Community First’ is a working title for a programme that is currently scoping opportunities for a new prevention and early intervention model that cuts across all organisational boundaries
- Community First’ is an all age model working with ALL people who are falling through the gaps
- The initial stage of the programme has at its core five service departments: HfH, Adults, Early Help / Troubled Families, Public Health and Customer Services. It also has active engagement with Community Safety and draws on community based assets as well (VCS)
- ‘It is embarking on a discovery phase by adopting a ‘do and learn’ approach called a Trial formed of a multidisciplinary team based at Wood Green Library
- Other service areas / initiatives can be incorporated into the trials as opportunities arise, this is an organic process – there is an opportunity to use this approach in our locality based work in Tottenham
- The Bridge Renewal Trust have been commissioned to undertake a residents consultation and engagement plan and the findings will help inform future model and opportunities for co-design
- Thinking about our workforce is key to the community first approach – there is a recognition that people will make the difference, behaviour and culture are central to change

Deprivation and health issues

Haringey is the 6th most deprived borough in London, with deprivation more concentrated in the north east. Deprivation has reduced since 2010, though Haringey's London ranking has not shifted significantly.



- The most deprived LSOAs (Lower Super Output Areas or small neighbourhood areas) are more heavily concentrated in the east of the borough, where more than half of the LSOAs fall into the 20% most deprived in the country.
- There is a 17 year gap in healthy life expectancy for women and a 15 year gap in healthy life expectancy for men between the most affluent and the poorest neighbourhoods in Haringey.
- Particular health issues in East Haringey include
  - Higher prevalence of LTCs like diabetes
  - High rates of severe mental illness
  - High rates of childhood obesity
  - Poor emotional and mental health and wellbeing is common across the lifecourse (although this is borough wide)
  - Two way links between poor health and challenges with housing and employment

Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

Title: Membership and Governance

Report Authorised by:

Maggie Kufeldt – Interim Corporate Director of Housing and Adult Social Services
Beverley Tarka – Director of Adults and Health, Haringey Council

Lead Officers:

Rachel Lissauer – Director of the Haringey and Islington Wellbeing Partnership

1. Purpose

1.1 The joint sub-committee will be aware of a range of drivers that are prompting consideration of governance. This paper sets out some of those drivers. It proposes further work within boroughs and as part of NCL. It does not require decision-making from the joint sub-committee at this stage.

2. Recommendations

2.1 The joint sub-committee is asked to note evolving governance designed to support the delivery of more integrated care at a locality and borough level.

2.2 The committee is asked to note that national and local plans to develop more integrated health and care services are likely to prompt further consideration of governance within and across. This will be brought back to borough Health and Wellbeing Boards and the joint sub-committee as appropriate.

3. Describe the issue under consideration

<u>Governance that supports connected care for residents and patients</u>

3.1 In our work we have been committed to the principle that form follows function. The overall driver for any decision-making systems is to ensure that we are set up to achieve the vision of ensuring that healthy choices are easy choices; strengthening communities to build social cohesion; providing early help to those at rising risk and delivering quick access to high quality care. Underpinning this is the need to make best use of resource working with the mentality of the public pound, targeting resource as effectively as possible in light of growing demand and very limited finances.

3.2 The immediate driver for thinking about how we make decisions is our desire to support staff within our prototype areas of North Tottenham and North Islington to work in this way.

3.3 As we move to open up conversations with staff and residents about priorities and opportunities within a place, there are likely to be requests for time to focus on service improvement or to spend more time working together; or to support changes in where people work or systems and processes that people are using.

3.4 We want to be fleet and to respond quickly to proposals. But system working, by its nature, challenges established processes. Whilst this creates opportunities, it can also create complexity. In order to be agile we will need to be pragmatic and to set up structures around what works in practice.

3.5 A loose model for organising at a locality level is starting to develop. Islington Federation, for example, has supported the formation of primary care networks with network coordinators. This provides an infrastructure for primary care at scale in which GP practices can work together and also provides a potential locus for other services. Whittington Health has identified named managers who can be the point of connection and leadership for locality based work.

3.6 We are now starting to bring together senior managers from across Haringey and Islington organisations to design the 'framework' for locality development – to setting the parameters and permissions and understanding the resource implications of working differently within a place.

3.7 Over the coming months we will want to take stock of these emergent systems; to assess how to strengthen them and to consider opportunities to connect decision-making so that leaders and senior managers can respond quickly across the system and can able to model the approach we are asking staff to take.

The North Central London context

3.8 Across North Central London (NCL) there is considerable focus on supporting this work. A recent event hosted by the STP convenor considered the way in which integrated care systems might emerge and some of the challenges with making this a reality within our complex health and care economy. North Central London has successfully applied for funding to replicate this type of event in each borough which creates an opportunity to explore these issues further as a system.

3.9 An issue highlighted at the NCL event was the need to establish the appropriate level and footprint for integration – what happens at a borough level, on a bi-borough level and across North Central London or London.

3.10 There was also a strong focus on the changing role of commissioning and a movement away from a transactional purchaser/provider arrangement which is particularly designed into the structures within the NHS. There was recognition that commissioning needs to become more strategic, with a focus on defining the outcomes required from a health and care system. Responsibility for how to achieve these outcomes needs to sit with organisations involved in integrated provision.

3.11 This connects strongly with our focus in Haringey and Islington on making best use of our resources. There is a clear recognition of the wider determinants of ill health and the impact on health and wellbeing of decisions in relation to housing; employment; leisure; crime as well as healthcare. This has already led to consideration of how we get greater strategic alignment of strategic decisions.

3.12 We are likely to want to explore this further over coming months within boroughs, the Wellbeing Partnership and within NCL to agree what we mean by strategic commissioning, at what level this happens and also how we move towards greater, more formalised, joint working between organisations in provision of care.

Membership and terms of reference for the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

3.13 The Board is asked to note that Islington Health and Wellbeing Board is currently appointing a non-voting observer from the Islington GP Federation to the Islington Health and Wellbeing Board.

3.14 Haringey is also reviewing the membership of its Health and Wellbeing Board. The inclusion of the GP Federation as a non-voting member will be part of this wider review process.

3.15 The Terms of Reference of the Joint Sub-Committee will need to be amended to reference the changes in membership. This will require a decision by both the Haringey and Islington Health and Wellbeing Boards. However, during this transitional phase, the proposal here is that no further changes are made to the membership or terms of reference for the joint-sub committee of the Health and Wellbeing Boards.

4. Contribution to strategic outcomes

4.1 The Wellbeing Partnership contributes towards the strategic outcomes set both by Haringey and Islington's Health and Wellbeing Boards: Ensuring every child has the best start in life; reducing obesity; improving healthy life expectancy; improving mental health and wellbeing and reducing health inequalities. It is expected to contribute towards delivering high quality, efficient services within the resources available.

5. Statutory Officer Comments (Legal and Finance)

Legal

5.1 A decision should be made by Islington and Haringey's Health and Wellbeing Boards to amend the terms of reference for the joint sub-committee in due course. The terms of reference for Islington's Health and Wellbeing Board allows for the appointment of non-voting co-opted members of the board.

Chief finance officer

5.2 None.

6. Environmental Implications

6.1 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

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

8. Appendices

None

9. Background papers

None