

# North Tottenham

## Locality Development Update

# Locality Development Context

Senior Leadership from Council, Trusts, CCG, Federation:

- In Haringey we have the political mandate to develop place based care; improve outcomes; especially for children, young people and families
- We need to keep residents and community at the heart of the conversation
- All organisations have financial challenges. In order to continue to provide services for our population sustainably we work need to work together in a more coordinated and prevention-oriented way.
- Through partnership working we have achieved good outcomes:
  - Integrated discharge services; 33% reduction in stroke, integrated care for children and older people
- We need to take this a step forward and improve outcomes for a whole population
- We will:
  - Give staff permission to work differently to better coordinate care and provide an early response
  - Move forward at pace
  - Make collective decisions on strategy and use of resources
  - Support joint working through better use of our estates

# Over the past 6 months

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## Sept 18

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

## Dec 18

### Groundwork

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

## Jan 18

### Deep Dive

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

## Feb 18

### Framework

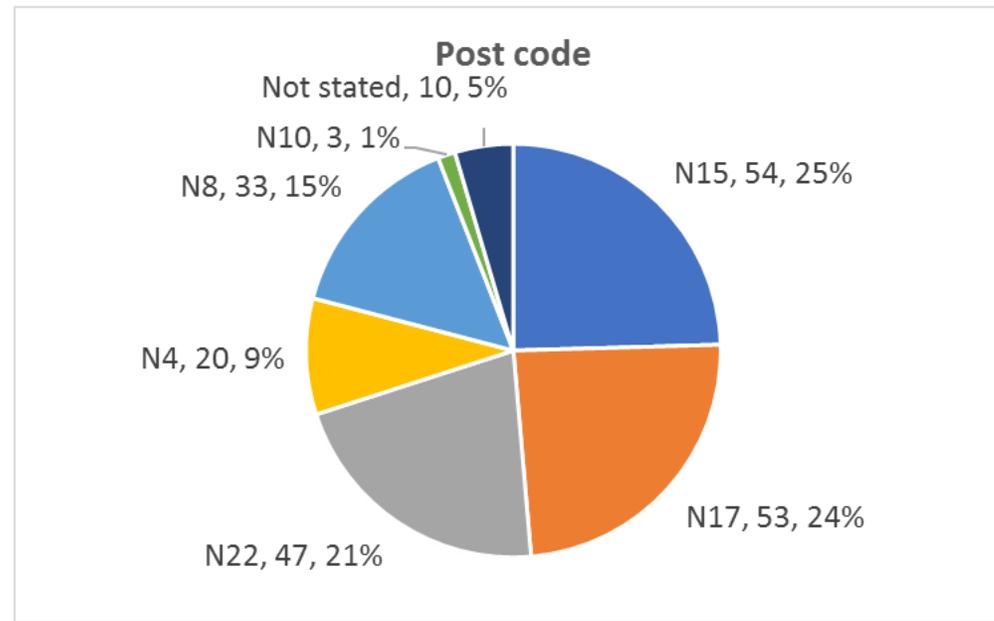
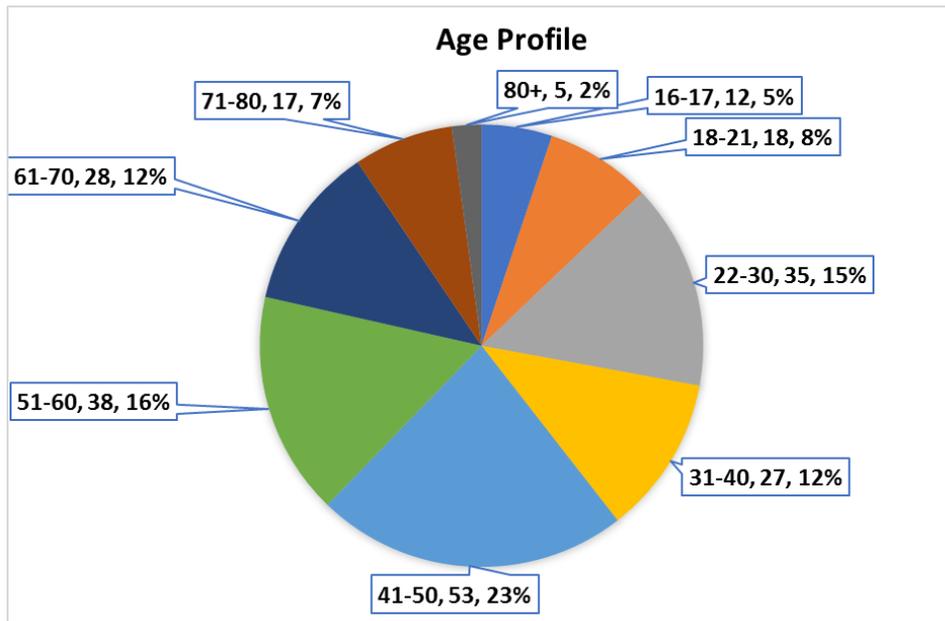
- Group formed to give permissions consider resource implications
- Reviewing organisational structures

# Locality Working Launch

## December 2018

# Community feedback

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



# Resident feedback via Bridge



	Areas of negative experience	How we can improve our offer
<b>GP access</b>	<ul style="list-style-type: none"> <li>• Long waits for appointment</li> <li>• Concern about sharing information with GP receptionist</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Integrated care and access to services</b> <ul style="list-style-type: none"> <li>• One stop shops</li> <li>• Clinical and non-clinical services working together</li> <li>• Flexible access to GP (evening &amp; weekends)</li> <li>• Translation services</li> </ul> </li> <li>• <b>Additional support for vulnerable groups</b> <ul style="list-style-type: none"> <li>• Housebound</li> <li>• New mothers</li> <li>• Mental health for children</li> <li>• Learning disability</li> </ul> </li> <li>• <b>Support for social wellbeing and prevention</b> <ul style="list-style-type: none"> <li>• Provide information about local resources &amp; services</li> <li>• Local Area Coordinators, care navigators, social prescribing</li> <li>• Action to tackle loneliness and isolation</li> <li>• Encourage physical activity</li> </ul> </li> </ul>
<b>Community Services</b>	<ul style="list-style-type: none"> <li>• Long wait for therapy services (Physio/Occupational)</li> <li>• Lack of proper care for elderly &amp; vulnerable</li> <li>• Services are not working in an integrated way</li> <li>• Difficult to navigate especially for people with language barriers or disability issues</li> <li>• Not enough preventative services</li> </ul>	
<b>Social Care</b>	<ul style="list-style-type: none"> <li>• Clarify the Adult Social Care offer</li> </ul>	

# Discussion of resident feedback



## Housing

- Homes for Haringey has around 5000 properties in Northumberland park. Residents' wellbeing is critical to sustain tenancy. **Opportunity for health and care to work closely with housing services.**

## Community Navigation

- **Local Area Coordination\*** has shown to reduce use of services and increase social connections.
- Formal and informal sources of information on local resources, support and opportunities.

## Integrated services

- Services should be co-located. It should be easy to access different services / professionals.
- There should be **no wrong front door.**

## Open conversations

- **Move away from assessments to conversations** with clients/patients/service users.
- Staff need to listen to the person and understand their circumstances, culture, context.

## Understand population

- Be aware of **different needs for transient and well-settled populations.**

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

# Our Hypothesis



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

- This means:

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

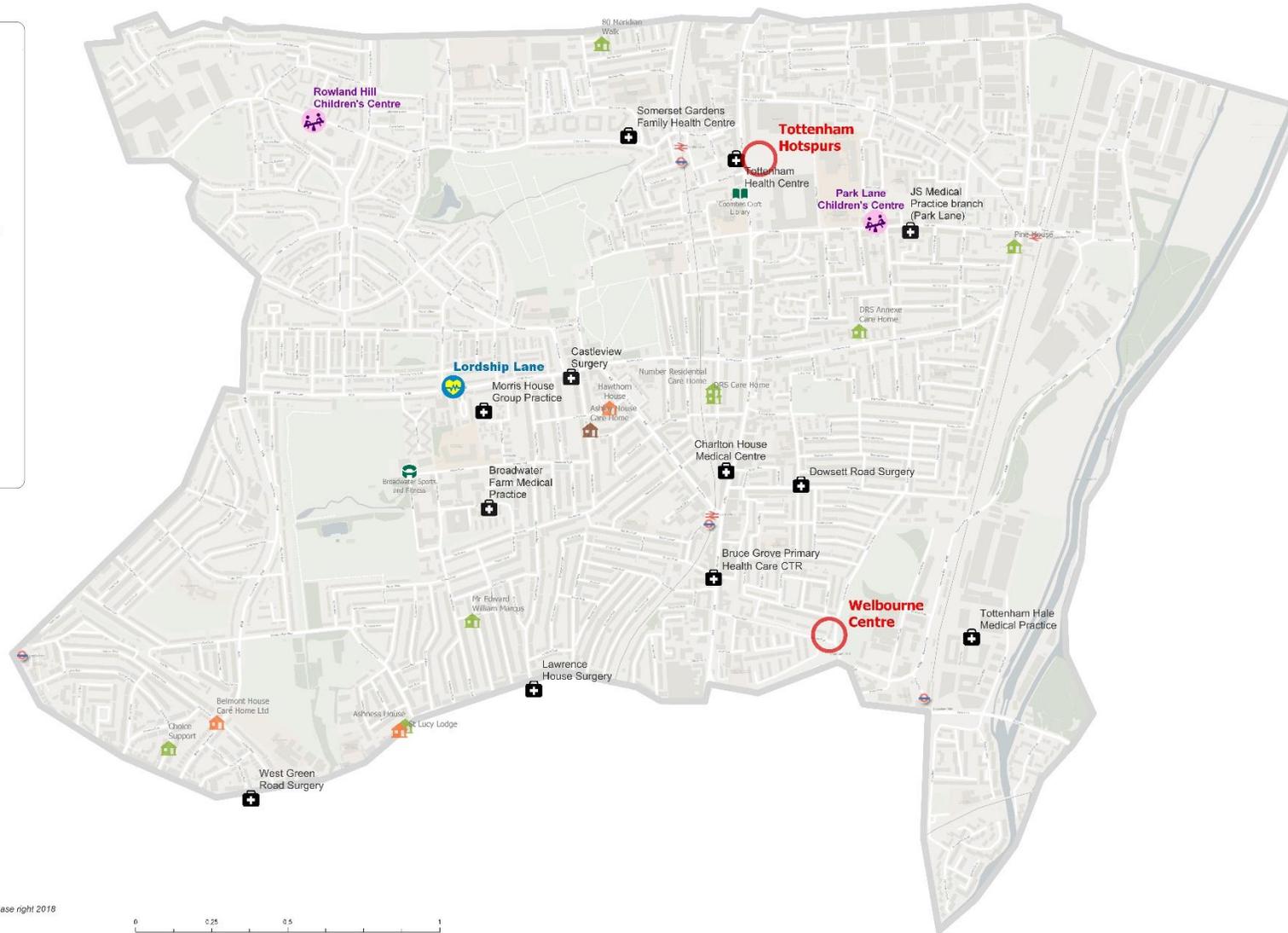
# Staff responses to the hypothesis

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

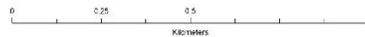
# Haringey East A

**Legend**

-  GP practice members of locality
-  Health Centres
-  Children's or Family Centres
- ResidentialcarehousessourceCQ**
-  Adults over 65 yrs, including dementia or mental health and/or physical conditions or disability
-  Learning disability, sensory impairments and/or mental health
-  Mental health and dementia and/or physical conditions or disability
-  Library
-  Leisure centre
-  Key opportunities



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 All service data current to October 2018  
 NEL Specialist Business Intelligence Team, 2018



# Discussion: Local assets to build on



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

## Local Assets in North Tottenham

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

# Haringey – priorities to explore further



## Children and young people

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

## Primary Care Networks

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

## Navigation and empowerment

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

## Housing

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

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

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

# Deep Dive process: Fast pace & agile

## Divergent:

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

## Convergent:

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

# What is working well

## General

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

## Public sector services

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

## Voluntary and Community Services (VCS)

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

# General themes



## Key issues identified

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

## Culture & language

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

### Information and uptake of the community offer

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

## Engagement, Funding and governance

### Engaging with local people

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

### Funding and resource

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

# Specific areas



## Mental health support

Many people require low-level mental health support (multiple sources).  
High thresholds for acceptance. Long waiting times, referrals can't be fast-tracked (Job Centre Plus).  
Referrals may be inappropriate (e.g. person wants a letter for housing) or very complex (e.g. multiple issues), creates backlog  
Some services are available (e.g. mental health link workers) but there isn't wide awareness of them (Mental Health Social Worker).

## Housing-related support

Wider services don't have information on housing or housing-related support (multiple sources).  
Referrals can't be fast-tracked. Long waiting times for individuals and staff to access information (Community Engagement Officer).  
Problems accessing housing officers, long telephone waits (Local Area Coordinator).

## Children's services

Pressure on resources, connections with local VCS are needed (Children's Social Worker).  
*'No social worker is ever 100% trusted by the community'* (Children's Social Worker).

## Isolation and loneliness

Often difficult to identify; stigma associated with loneliness.  
Carers, young people, children, new mothers, and families may be lonely or isolated (multiple sources).  
Need culturally appropriate support and services to reduce loneliness.

## Benefits system

Complex system to navigate (multiple sources).  
Not everybody needs to or would like to go to Job Centre to access support (GP practice, Substance Misuse Support Service).

# Joined up and locality working



## Working across services

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

## Locality working

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

# Next steps

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