

Haringey and Islington Health and Wellbeing Boards Joint Sub- Committee

Title: Developing locality-based care in Haringey

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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 Haringey and Islington Wellbeing Partnership, Haringey and Islington Clinical Commissioning Groups.

1. Purpose

In December the Joint Health and Wellbeing Board Sub-Committee (JHWBSC) agreed to use the March meeting to review progress in developing place-based care in both Boroughs. This report provides the update for Haringey. It outlines some of the findings of the 'deep dive' interviews that were carried out with people working in North Tottenham in January and how that is informing our approach.

2. Recommendations

The JHWBSC is asked to note the emerging themes and to comment on priorities, opportunities and challenges. The JHWBSC is asked to note areas of common focus and areas of different emphasis between boroughs.

3. Describe the issue under consideration

Background

Locality based care involves focusing our energy and combined resource on supporting residents to remain healthy and fulfilled, providing coordinated and flexible help when needed, in order to enable independence and to avoid crisis and fragmented support. We recognise that the challenges facing individuals and families in our borough are multi-faceted, often cutting across housing, poverty and ill health, to which we often provide a partial response. So our localities work is about coordinating between services and agencies. We also recognise that we have dynamic and thriving individuals and communities. Our work in localities is about engaging and involving residents, community and voluntary sector groups and enabling them to lead in the development of strong and thriving communities.

This community connection and service integration needs to around a recognisable geography that is the right size for a workforce and residents to know each other and develop connections. We have focused on North Tottenham as the place where we are developing a prototype of this approach which we will learn from and roll out to the rest of the Borough.

What we have done so far

On 13th December 2018 we held a facilitated workshop to shape our plans for locality based care in North Tottenham. This brought together frontline and senior managers from Health and Care organisations in Haringey to understand how health and care, community sector, housing and other front line staff teams are currently working to improve health and wellbeing of residents. We heard about issues commonly raised by service users and residents and developed some short and longer term priorities for improving integration and join up of care.

A team from, made up of staff from across different organisations, then carried out a 'deep dive' – a set of interviews over the course of a week in January (w/c 21st January) to meet with a very broad group of people who work in North Tottenham, to test these ideas and priorities.

The findings from this deep dive were fed back at a meeting on the 14th February. We took the opportunity at this meeting, with a range of people in the room who work and live in North Tottenham, to learn from Community First, Islington Bright Start and the Haringey Locality Team who have been identified as examples of good practice.

The emerging priorities will be reviewed at a senior level by a multi-agency group, with the intention that permission is given for immediate actions, which are largely around connecting people and taking opportunities for joint working and training. We are also working together on developing an operating model, across community health, social care and primary care, that enables a more integrated structure between teams. We will be considering the outcomes that will help us to monitor impact and progress.

4. Contribution to strategic outcomes

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

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

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

5. Statutory Officer Comments (Legal and Finance)

Legal (Haringey)

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

Chief finance officer

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

6. Environmental Implications

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

7. Resident and Equalities Implications

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

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

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

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

8. Appendices

Slides outlining Haringey approach to locality development