

Report for: Health and Wellbeing Board – 12th June 2019

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

Report

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1. Describe the issue under consideration

1.1 This report describes the progress made with developing locality-based care in North Tottenham.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to note and support the development of Haringey's approach to locality-based care in North Tottenham.

3. Background Information

3.1 Locality-based care is about taking a partnership approach to improving health and wellbeing outcomes for a defined population. The vision is to prevent issues from escalating by providing a more integrated and coordinated response at the most local level possible, across public services and by supporting strong communities. This will be enabled through:

- A simpler, more joined up local system that offers the right support at the right time, managing growth in demand and reducing 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 are able to work flexibly to meet people's needs;
- A refreshed system partnership with the voluntary and community sector to co-ordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities;
- A more permissive and joined up governance, strategically and financially, across the NHS and the Council to jointly deploy resources for maximum impact;
- Better utilisation of buildings across the NHS and Council estate.

- 3.2 The work in North Tottenham is a prototype for locality-based care and the locality includes Northumberland Park, White Hart Lane, West Green, Bruce Grove and Tottenham Hale wards.
- 3.3 North Tottenham has been chosen for the prototype due to the tangible health and wellbeing inequalities evident in this part of the borough as well as the potential for development. There is, for example, a 17year differential for women and 15year differential for men in the number of years lived in good health in Haringey between the most affluent populations in West Haringey and the most deprived populations in East Haringey. Household incomes in North Tottenham are 25% lower than the Haringey average. Alongside these statistics, however, we note that the area has over 100 community and voluntary services and on a Vibrant Economy Index, North Tottenham sits within the top third on measures of Resilience and Sustainability, and Community Trust and Belonging indicating the potential for development in the area.
- 3.4 The North Tottenham work will build on existing assets and initiatives in the area including Community First (provides advisory and support services to manage issues earlier and helps build local capacity), Local Area Coordination (a single, local point of contact working alongside people to build and pursue their personal vision for a good life) and social regeneration.

An update on the work so far

- 3.5 Since the last Health and Wellbeing Board, which endorsed the overall approach being taken, partners have continued to develop the working model and to refine how best to focus the work. As part of taking forward this work, in May 2019 an Agile Sprint on locality-based care was held. This brought together senior leaders from Whittington Health, Haringey Council, North Middlesex University Hospital and Barnet, Enfield and Haringey Mental Health Trust to identify and plan for key next steps for this work.
- 3.6 The outputs of the Sprint and the emerging approach for locality-based working including a roadmap for next steps are summarised in the slides attached for the consideration of Members of the Health and Wellbeing Board.

Risks and Issues

- 3.7 A number of the risks and issues for the North Tottenham prototype have been identified:
- The highest risk is that outcomes relating to prevention and early intervention are not met resulting in sustained or increased demand for emergency or crisis services. This is an important outcome for locality-based care and failure to achieve this would result in increased costs for health and social care. To mitigate this risk, we will jointly work with partners to address the issues that currently prevent locality-based working including, finances, governance, estates and workforce.
 - The current commissioning and operational delivery arrangements across the NHS and the Council can at times facilitate silo working within services

and organisations due to separate budgets, narrow service criteria and a focus on activity targets. As we develop locality-based care, we will adopt a culture of transparency to share information and resources across the NHS and Council to achieve the maximum impact. We will work with services and organisations across health and care to understand the barriers presented by current commissioning and provision arrangements and aim toward developing joint person-centred outcomes that are meaningful for residents.

- The existing culture in the workforce in health and social care providers may at times be a barrier to joint and flexible working. During the Deep Dive, some staff expressed concerns about working across professional boundaries and the need to protect specialisms. Staff concerns will be listened to and new ways of working will be co-designed with staff through a system-wide organisational development programme.
- Information quality and sharing issues and current use of estates are also at times barriers to rather than enablers of integration and locality-based working amongst providers. This will be mitigated through working closely with the North Central London Information Technology programme and Estates Review programme as well working with partners to develop local and immediate solutions for implementation.

4. Contribution to strategic outcomes

4.1 This work has the potential to contribute to the following strategic priorities and outcomes of the Haringey Borough Plan 2019-23:

- Building and retaining wealth in our community
- Reducing inequality and making Haringey a fairer place

5. Environmental Implications

5.1 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).

6. Resident and Equalities Implications

6.1 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.

6.2 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.

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

7. Use of Appendices

- 7.1 Slides summarising the outputs of the Sprint, the emerging approach for locality-based working and a roadmap for next steps.