Report for:	Health and Wellbeing Board
Title:	Adoption of Haringey Ageing Well Strategy 2019-2022
Report authorised by:	Beverley Tarka, Director of Adults and Health Rachel Lissauer, Director of Commissioning, Haringey CCG
Lead Officer:	Paul Allen, Head of Integrated Commissioning (Older People & Frailty), Haringey CCG and Council 0203 6881173
Ward(s) affected:	All
Report for Key/	

Report for Key/ Non Key Decision:

# 1. Describe the issue under consideration

- 1.1. This report asks the Board to endorse the Haringey's Ageing Well Strategy.
- 1.2. The Strategy represents one of the key emerging priorities as we develop a refreshed Health and Wellbeing Strategy, alongside other priorities including: Children, Young People and Families, Vulnerable Adults and people experiencing poor mental health. The multi-agency Haringey Borough Partnership will lead on the delivery and development of the Ageing Well work as part of an integrated health and care system in Haringey.
- 1.3. This Strategy is central to delivery of Haringey's Borough Plan (and CCG commissioning intentions), as it describes how we will work collaboratively to support predominantly older people who have or might have health and care needs now or in the future in the Borough. In particular it will contribute to the People priorities in the Plan that relate to making individuals, families and communities stronger and more resilient.
- 1.4. An Equalities Impact Assessment (EIA) has been completed for the Ageing Well Strategy. The overall outcome was positive because of the perceived benefits to people with protected characteristics particularly in terms of issues associated with older people, disability (including mental health), gender, ethnicity and social inclusion. In particular, it supports development of 'age-friendly' communities and Borough.

# 2. Cabinet Member Introduction

2.1. Not applicable.

# 3. Recommendations

3.1. The Health and Wellbeing Board is asked to endorse the Ageing Well Strategy 2019-2022 (Appendix 1) which sets out:



- The Haringey vision to support people with frailty to age well and what successful delivery of the Strategy will look like;
- The needs of the population, including how we're building on solutions that already exist, and scope of the Strategy;
- How the Strategy has been structured and its governance and how it supports Haringey-wide strategies such as the Borough Plan;
- What individual elements of the Strategy will deliver;
- The first of an annual Roadmap (a set of actions) to support delivery;

# 4. Reasons for decision

- 4.1. A number of health and care partners have come together with residents, patients and carers to produce this Ageing Well Strategy for Haringey and to commit to a common vision: *"We will work together to support people with frailty to live and age well"*.
- 4.2. Partners who have collaborated on this Strategy include the London Borough of Haringey, Haringey CCG, Whittington Health NHS Trust, North Middlesex University Hospital NHS Trust, Barnet, Enfield & Haringey NHS Trust, Federated 4 Health (Haringey's GP Federation) and a number of voluntary sector and charitable organisations, such as Bridge Renewal Trust, Public Voice and the 50+ Forum and North London Hospice. Patients, residents and carers and their representative groups have helped us design the Strategy.
- 4.3. The nascent multi-agency Borough Partnership is developing an approach currently based around four priority population groups, of which one is Living and Ageing Well. The Partnership will lead development of an integrated care system in Haringey (and contribute to that across North Central London), involving a wide set of partners who contribute to health and wellbeing. It is suggested the Ageing Well Strategy in its development and scope is an exemplar of how to develop and deliver such a system.
- 4.4. The Strategy complements Haringey's existing strategies or plans about its population health and well-being, such as Haringey's Health & Well-Being Strategy and the Borough Plan, as well as individual partners' own plans, such as Haringey's Clinical Commissioning Group (CCG) commissioning intentions.
- 4.5. This Strategy sets out how we build on what we know is working well in Haringey and identifies a number of improvements we can make to move us towards our aim and aspirations. It also supports our plans for integration of health and social care and therefore supports implementation of the NHS Long-Term Plan.
- 4.6. The scope of the Strategy chiefly focusses on ensuring our older population can 'age well' and what this means for people with frailty (or those who could become frail in the medium-term). This latter population is predominantly, but not exclusively, aged 65 and over but we also consider the needs of specific groups of people more likely to become frail at a younger age. The solutions we describe in the Strategy are those which focus on health and well-being prevention, such as keeping fit and active, and primarily on health, care and housing-related support for this older population.





- 4.7. 'Frailty' is not a single medical condition but rather a state of health. It refers to the impact of a combination of medical issues and symptoms on our body as we age around 10% of people aged 65+ years are frail, but this proportion increases to 25-50% for those aged over 85. It means people are more likely to struggle to recover mentally and physically if they have an illness, accident or crisis, and may need help to do so.
- 4.8. The needs section of the Strategy indicates that there are at least 13,500 people aged 65+ with some degree of frailty living in Haringey. This represents half the 65+ population, and one-third of the population (8,700) have mild frailty, with 5% (1,350) having severe frailty. Although only 18% of Haringey's older population have moderate or severe frailty, their often complex needs mean they use 30%+ of all available health and care resources. It is important to ensure these individuals are supported and can support themselves to maintain or improve their health, well-being, independence and other goals important to them. In addition, the number of older people is set to increase in Haringey over the next 10 years, with the number of 85+ year olds increasing by 5% per annum. This is welcome but will place pressures on resource capacity and on future health and social care budgets.
- 4.9. A key project underway with partners is to shape our revised integrated model of care tailored around the differing complexity of needs of individuals in Haringey in light of the emerging changes described in the NHS Long-Term Plan and being implemented in Haringey. This will lead to, for example, integrated health and social care teams of professionals working more closely in neighbourhood footprints to support populations of 30-50,000 people, as part of integrated and primary care networks operating locally.
- 4.10. Partners have agreed to develop a three-year programme and action plan (a Roadmap) setting out how we will make the changes we think we need to implement the Strategy. We will look back at what we've achieved at the end of every year to see if it's making a difference and to refresh our plans.
- 4.11. The Strategy and its Delivery Programme are divided up into several projects that take a 'life course' approach to supporting people as they age, as outlined in the structure below. Each of these projects has its own section in the Strategy:
  - Ageing Well, i.e. how we can adopt healthier and fulfilling lifestyles as we age and monitor our health status;
  - Living Well with Long-Term Conditions, including dementia: A separate strategy will be developed for LTCs, but this section gives a view about the general approach taken. A specific section in the Ageing Well Strategy discusses Living Well with Dementia;
  - Living Well when Becoming Frail: This describes the need for targeted help and support when individuals become frail, typically those with mild frailty;
  - Living Well when Frailer: This describes the needs of people with more complex needs and how we will provide a coordinated response to best manage these needs. These individuals are those most likely to need a coordinated, often statutory sector, support
  - Planning for, and Nearing, End of Life: This describes how as partners we will support people to die with dignity in the place of their choosing;



- Supporting People to Recover after Illness or Crisis including crisis and short-term support in, and discharge from, hospital or to avoid hospitalisation;
- Supporting Carers to continue in their caring role and have a life of their own.
- 4.12. The Strategy discusses next steps and how the Borough Partnership and the Integrated Care (Group) will oversee implementation of the Roadmap.

### 5. Alternative options considered

5.1. Not applicable.

#### 6. Policy Implication

- 6.1. The Ageing Well Strategy is one of the key plans of the Borough Partnership between partners. It supports and helps deliver:
  - North Central London Sustainability and Transformation Plan;
  - LBH Joint Health and Well-being Strategy and is line with Haringey's Joint Strategic Needs Assessment;
  - Priority 2 (People) of Haringey's Borough Plan 2019-2023;
  - Haringey CCG Operating Plan
  - Priority 2 (Integration) of Haringey CCG's Strategic Priorities
  - National NHS Long-Term Plan within Haringey.

#### 7. Contribution to strategic outcomes

- 7.1. The Strategy will contribute to objectives within both the Place and People Themes of the new Borough Plan:
- 7.2. <u>Place Theme:</u> A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.
- 7.3. <u>People Theme:</u> Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.
- 8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

#### 8.1 Finance



8.1.1 Adoption of this strategy will have no discernable financial consequence in and of itself. However, each of the projects the strategy influences will have its own cost stucture which will be budgeted for.

### 8.2 Legal

8.2.1 The Health and Wellbeing Board duties include to advance the health and wellbeing of people in its area and for this purpose, to encourage persons who arrange for the provision of any health or social care services in its area to work in an integrated manner. The Strategy has been developed in collaboration between Health and Social Care and is intended to improve the health and wellbeing of the people in Haringey. Therefore, the Board under this duty to encourage integrated working can endorse the Strategy.

### 8.3 Equality

- 8.3.1 An Equalities Impact Assessment (EIA) has been completed for the Ageing Well Strategy. This EIA drew on evidence from a wider variety of sources. This included quantitative data on protected characteristics groups in the population and on service utilisation (including intelligence from the State of the Borough needs analysis, the Borough Plan and national data sources, such as those from ONS; and from the Ageing Well Strategy's own Needs Analysis section). The EI assessment also incorporated qualitative feedback from residents directly or their representative groups at engagement sessions such as the CCG's patient forums. This engagement included people with one or more of the protected characteristics, including age, gender, disabilities and ethnicity.
- 8.3.2 The overall outcome was positive because of the perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on issues associated with older people (over 65), disability (including mental health), gender, ethnicity, human rights, socio-economic group, social inclusion and community cohesion.
- 8.3.3 These positive impacts were mainly due to: the cohort of patients and services users that will be the main beneficiaries including potentially disadvantaged or under-served groups; the delivery of services in people's homes; working in a person- centred way to define health and social care goals; and the intention to improve health and well-being. No negative impacts were highlighted.

#### 9. Use of Appendices

- 9.1. Appendix 1: Ageing Well Strategy 2019-2022.
- 9.2. Appendix 2: Strategy Gant Chart

# 10. Local Government (Access to Information) Act 1985

10.1. Not applicable.

