

**Report for:** Health and Wellbeing Board – 12<sup>th</sup> February 2020

**Title:** Haringey Borough Partnership Update

**Report**

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**Lead Officer:** Rachel Lissauer, Director of Commissioning Haringey Clinical Commissioning Group, Dr Will Maimaris, Director of Public Health, Haringey Council, Marco Inzani, Assistant Director of Commissioning, Haringey Clinical Commissioning Group

**1. Describe the issue under consideration**

- 1.1 Haringey's Borough Partnership is a partnership between the main organisations that provide and/or plan health and care services in Haringey. The Haringey Borough partnership is committed to making a difference to the health of Haringey's population and improving the experience of health and care services in the borough
- 1.2 Here, we present an update on the development of the Borough Partnership in Haringey.

**2 Recommendations**

- 2.1 The Board is asked to note the update on the development of the Borough Partnership in Haringey.
- 2.2 The Board is asked to note the alignment of the work of the Borough Partnership with the updated draft Health and Wellbeing Strategy for 2020-24.

**3. Reasons for decision**

- 3.1 Not applicable. We are not seeking a decision at this meeting.

**4 Background information**

- 4.1 Haringey's Borough Partnership is developing as part of the wider integrated health and care system in North Central London.
- 4.2 Current members of the Haringey Borough Partnership are Haringey Council, NHS Haringey Clinical Commissioning Group, Whittington Health NHS Trust,

North Middlesex Hospital NHS Trust, Barnet, Enfield and Haringey Mental Health Trust, Healthwatch Haringey, Haringey GP federation and the Bridge Renewal Trust as Haringey Council's voluntary sector partner

- 4.3 All these organisations share the ambition to demonstrably improve health and wellbeing for the population of Haringey. This will take shared commitment and a shared focus on working in a collaborative and transparent way.
- 4.4 The update provided with this cover sheet outlines progress so far on developing Haringey's Borough Partnership.
- 4.5 The work of the Borough Partnership does not replace individual organisational strategies, but it is intended that organisations that are part of the Borough Partnership will commit to any agreed plans for the Borough Partnership.
- 4.6 The Borough Partnership will help us deliver the outcomes set out within the new Haringey Health and Wellbeing Strategy, particularly for the Start Well, Live Well and Age Well priorities with a focus on the practical next steps we will take.
- 4.7 The development work for the Borough Partnership so far has incorporated previous feedback from our residents and communities. We will continue to incorporate the views of our residents and communities as we develop the Borough Partnership.

## **5. Contribution to strategic outcomes**

- 5.1 This Borough Partnership Plan is linked to the new proposed Haringey Health and Wellbeing Strategy Priorities for 2020-24.
  - Making Haringey a healthy place
  - Start Well
  - Live Well
  - Age Well
  - Violence Prevention

## **6 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **6.1 Finance and Procurement**

- 6.1.1 This is an update report for noting and as such there are no recommendations for action that have a direct financial implication.

### **6.2 Legal**

#### 6.2.1 No legal implications

### 6.3 Equality

- 6.3.1 Our health and wellbeing are determined by the circumstances in which we are born, grow, live, work and age. This includes education and skills, employment, housing, transport, the food we eat, resources we have access to and the support of family, friends and the community.

The most affluent people enjoy on average 15 (for men) and 17 (for women) years longer in good health than their least affluent counterparts. The 2020-24 Health and Wellbeing Strategy sets out to address these inequalities.

Some population groups are more likely to have poor health and wellbeing. Examples include:

- Black and Minority Ethnic (BME) groups have an increased risk of health conditions such as Type 2 diabetes and poorer access to healthcare services
- Rough sleepers have high rates of long-term conditions, a lower life expectancy than the general population and poorer access to healthcare services
- Looked after children are more likely to have mental health problems and often lack support
- The Lesbian, Gay, Bisexual and Transgender population have higher levels of mental health problems and can also experience discrimination in healthcare services
- People who are unpaid carers, providing high levels of care for friends and relatives, are more than twice as likely to have poor health than those who do not

### 6.4 Environmental Impact

N/A

## 7. **Use of Appendices**

Appendix I – Borough partnership update slides

## 8. **Local Government (Access to Information) Act 1985**