

Report for: Health and Wellbeing Board – 12th February 2020

Title: Development of the new Haringey Health and Wellbeing Strategy for 2020-2024

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Lead Officer: Dr Will Maimaris, Director of Public Health, Haringey Council, on behalf of Haringey Health and Wellbeing Board

1. Describe the issue under consideration

- 1.1 Haringey's updated Health and Wellbeing Strategy will set out priority areas for improving health and wellbeing in Haringey over the next 4 years and some principles for how we will work collectively with our residents and communities on these priorities.
- 1.2 The updated Health and Wellbeing Strategy is overseen and led by Haringey's Health and Wellbeing Board. This board is currently made up of local councillors, senior council managers, local NHS managers and clinical leads, and voluntary sector and lay representatives.
- 1.3 Although, the development of the strategy is being led by the Health and Wellbeing Board, we also want the views of other organisations and most importantly of our residents to help shape the strategy.

2 Recommendations

- 2.1 The Board is asked to review and agree the proposed broad areas of focus of Haringey's Health and Wellbeing Strategy for 2020-24.
- 2.2 The Board is asked to review and agree the principles of joint working to deliver the strategy.
- 2.3 The Board is asked to approve for the strategy to be refined further over the next 3 months through an iterative process including engagement and consultation with residents, and other partners. The board is also asked to discuss the approach to engagement and consultation.

2.4 The Board is asked to note the alignment of the Health and Wellbeing Strategy with the development of Haringey's Borough Partnership for Health and Care. This is a key part of delivery of an integrated health and care system for North Central London.

3. Reasons for decision

- 3.1 Haringey's Health and Wellbeing Board takes a lead in promoting a healthier Haringey and reducing health inequalities. The board is a statutory partnership set up in April 2013 in line with the requirements of the Health and Social Care Act 2012.
- 3.2 The Health and Wellbeing Board is a small, focused decision-making partnership board. Membership includes Local Authority Councillors, the Local Authority's Adult and Children's services Directors and Director of Public Health, the NHS (including local GPs), Healthwatch and the voluntary sector.
- 3.3 In the last 12 to 18 months, local NHS Trust Chief Executives and the Haringey GP Federation Chief Executive have also been attending the board meetings as non statutory invitees. This is to ensure that we are working collectively across Haringey's major health and care organisations to improve the health of Haringey's population, and to support development of Haringey's Borough Partnership (for health and care) as part of the North Central London integrated care system.
- 3.4 A major role of Haringey's Health and Wellbeing Board is to agree a Health and Wellbeing Strategy that sets out the priority areas of joint work to meet the overall objectives of the Board to improve the health of Haringey's population and reduce health inequalities.
- 3.5 Haringey's previous Health and Wellbeing Strategy ran from 2015-2018, with the priorities of improving mental health, reducing obesity and preventing and improving management of long-term conditions. One of the successes of the strategy was to use a framework that made it clear that working on policies that impact of the environments people live in on health and working closely with communities to improve health are just as important as improving health and care services in the health of our populations.
- 3.6 We are now setting out our proposal for the 2020-2024 Health and Wellbeing Strategy. This is timely and relevant for a number of reasons.
- While life expectancy in Haringey is now higher than the national average for men and women, stark health inequalities still exist. There is a 15 year gap in healthy life expectancy between our least and most affluent neighbourhoods.
 - There is an opportunity to build on the previous strategy for 2015-2018.

- The Strategy will help provide an overarching framework for the emerging priorities of the Haringey Borough Partnership and a link into the work of the emerging integrated care system in North Central London – the outline plan for the Haringey Borough Partnership is also presented at this meeting alongside this paper.
- Linking to Haringey’s Borough Plan – explicitly a plan for the borough rather than for the Council – particularly sections on People and Place.
- We already have strong examples of working collectively to improve the health of our population to build on varying from work to prevent strokes and cardiovascular diseases, development of a mental health prevention network and work to prevent obesity. There is also exciting work underway to develop a place based and outcomes focused approach to commissioning across health and care, through the life course, for North Tottenham.

3.7 The Board also has a shared drive for developing for new Health and Wellbeing Strategy.

- a. We all want to improve the health of people in Haringey, so that people can thrive, and contribute to their communities.
- b. We all have a commitment to fairness and social justice, which means that we want to make sure we are doing all we can to prevent ill health and reduce health inequalities.
- c. We all recognise the importance of the wider factors that influence our health, such as the environments we live in, our housing, schools, jobs and income.
- d. We all believe that we are stronger when we work together in a more collective and open way, solving problems with our communities and residents so people can make better, healthier lives for themselves.

3.8. The Healthy and Wellbeing Strategy 2020-24 for Haringey sets out a series of proposed priorities for the Health and Wellbeing Strategy for 2020-24 based on our local health needs and what matters to our population and board members and some guiding principles for the way that we will work together to deliver the priorities.

The proposed priorities are as follows

- Healthy place – recognising the importance of the environments people live in and the role of Health and Wellbeing Board Partners as “Anchor” institutions that play a key role in employing and training local people, procuring services and influencing the local built environment.

- Start Well
- Living Well
- Ageing Well
- Preventing violence

- 3.9 We have used feedback from a number of sources to help share our priorities including Haringey's State of the Borough Data Profile, which is a summary of Haringey's population health and wellbeing needs, and acts as our Joint Strategic Needs Assessment (JSNA) summary
<https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough>.

We have also used feedback from Haringey resident's survey as well as residents views captured through other engagement exercises.

- 3.10 Our priorities are set out in more detail in the attached slide pack, and provide a starting point for engagement with our residents and communities as well as the opportunity for further development by the Health and Wellbeing Board and other health and care partners. It is proposed that development and delivery of the Health and Wellbeing Strategy will be an iterative process and we will learn and change as we develop and deliver the work.
- 3.11 Equally important as the priorities set out above are the principles by which the Board will work collectively. There is a commitment and appetite to work in closer and different ways in order to give us a better means of improving the health of people in Haringey.

The proposed principles are as follows:

- Partnership and collaboration –
 - We will commit to working collectively with a wide range of partners in a transparent and open way. We will all do our bit to deliver the strategy.
 - Our prime aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.
- Communities – We will listen to and work closely with our communities and community organisations
- Wellbeing – We will make sure that promoting wellbeing is at the heart of what we do, including ensuring the places people live support them to stay healthy safe and well
- Long-term impact – We will make sure the decisions that we make benefit the health of our population in the long-term as well as the present
- An informed approach – We will make sure decisions are based on good information including the views and feedback from our residents
- Equity – We are committed to providing the most support to populations who need it most.

- Quality – Getting the basics right in terms of the quality and accessibility of local health and care services.

4 Background information

- 4.1 Alongside the development of the Health and Wellbeing Strategy, The Board is also asked in a separate paper in this meeting for a mandate to review the Terms of Reference of the Health and Wellbeing Board. This is to ensure that The Board has the right membership and governance to be able to deliver the priorities in the Health and Wellbeing Strategy and work according to the principles proposed.

5 Contribution to strategic outcomes

- 5.1 This paper proposes a new set of strategic outcomes for the Health and Wellbeing Board.

- Making Haringey a healthy place
- Start Well
- Live Well
- Age Well
- Violence Prevention

- 5.2 There is also a strong link to Haringey's Borough Plan:

People: A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

Place: Haringey is a place with strong, resilient and connected communities where people can lead active and healthy lives in an environment that is safe, clean and green

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 Section 196 of the Health and Social Care Act 2012 provides for the Clinical Commissioning Group (CCG) and the local authority to prepare the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). Section 196 of the Act provides for these functions to be discharged by the Health and Wellbeing Board. The JHWSs are strategies for meeting the needs identified in the JSNAs.
- 6.2.2 In preparing the JHWS, the Board must have regard the statutory guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2013. The guidance provides that “Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole” (Paragraph 3.1).
- 6.2.3. In preparing the JHWS, the Board must involve the local Healthwatch organisation and the local community. The guidance provides that when involving the local community, the Board “should consider inclusive ways to involve people from different parts of the community including people with particular communication needs to ensure that differing health and social care needs are understood, reflected, and can be addressed by commissioners. This should recognise the need to engage with parts of the community that are socially excluded and vulnerable. Involvement should aim to allow active participation of the community throughout the process – enabling people to input their views and experiences of local services, needs and assets as part of qualitative evidence; and to have a genuine voice and influence over the planning of their services” (Paragraph 5).
- 6.2.4 The guidance provides that the JSNAs and JHWSs are continuous processes, and are an integral part of CCG and local authority commissioning cycles. The Board will need to decide when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year. The Board will need to assure itself that their evidence-based priorities are up to date to inform the relevant local commissioning plans.
- 6.2.5 The guidance requires the Board to give consideration to the Public Sector Equality Duty under the Equality Act 2010 throughout the JHWS process. “This is not just about how the community is involved, but includes consideration of the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing” (Paragraph 7).

6.3 Equality

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

The Healthy Place section of the strategy may have positive environmental implications, improving air quality for example is a proposed priority

7. **Use of Appendices**

Appendix I – Health and Wellbeing Strategy 2020-24. Draft slide pack for discussion.

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