

Report for: Health and Wellbeing Board – 4 November 2020

Title: Strategic Theme: Live Well

Report

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1. Describe the issue under consideration

- 1.1 The Borough Partnership is a collaboration between the public sector organisations, community organisations and residents who plan, provide and use health, care and wellbeing services in Haringey.
- 1.2 Our aim is that decisions about health and care delivery in Haringey are made together across organisations, and with residents and patients.
- 1.3 It will have a shared set of priority actions to improve health and wellbeing and deliver the outcomes set out in the Health and Wellbeing Strategy, Borough Plan, and NHS Long Term Plan.
- 1.4 The Borough Partnership includes four central programme areas – three covering the whole population based on age (Start Well, Live Well and Age Well) and one focusing on how all organisations work together in ‘localities’ of the borough (Place).
- 1.5 This report provides an overview of Live Well.

2. Recommendations

The Health and Wellbeing Board is asked:

- 2.1 To note the report.
- 2.2 To agree the Live Well programme’s five thematic priorities of Work, Inclusion, Crisis, Community, and Home.

3. Background Information

- 3.1 The Borough Partnership has been formed to deepen our health, care, and support collaboration across the partners in Haringey. It will be the vehicle for all agencies to work together to deliver shared priorities and outcomes, making the most benefit of our resources and capacity.

- 3.2 In terms of the reorganisation of the NHS, it is Haringey's 'Integrated Care Partnership'.
- 3.3 It has been developed through extensive engagement across the partnership, including a significant influence from the community work in North Tottenham led by the voluntary sector, Council and CCG.
- 3.4 *The Haringey Way* has been agreed as a set of principles that will drive how we work across the whole of the Borough Partnership. These are: -
- i. **Wellbeing** – We will make sure that the places and areas where people live help them to stay healthy, safe and well.
 - ii. **Community** – We will build on community strengths, connecting people to local groups and resources in their area.
 - iii. **Partnership** – We will work together to deliver care and support based on people's needs.
 - iv. **Urgency** – We will make sure everyone knows what to do in a health or social care emergency.
 - v. **Strengths-based** – We will be positive and engaged and focus on what people can do, with or without, support.
 - vi. **Impact** – We will focus on what will deliver the best outcomes for our community now and in the future.
 - vii. **Information** – We will use the best information available to us to plan for our population.
- 3.5 The purpose of Live Well is to improve the health and wellbeing of adults in Haringey.
- 3.6 The Live Well scope is working age adults living in Haringey, or with rights to support from Haringey's services (i.e. including those who are homeless or living out of area).
- 3.7 Priority areas that affect the population health of adults and which are within the control or influence of Haringey's partners are within the general scope. Our approach has been to base it about how people and communities live, rather than to use diagnostic or service user groupings to shape the programme. We have therefore taken 5 thematic areas, which are shown in the table below with a summary of their focus and key areas of action. The objectives of Live Well have been defined as: -
- i. To listen to and work with residents and communities, building on our collective strengths
 - ii. To define and deliver a work programme of thematic areas across the health, care and support to improve wellbeing and outcomes: -
 1. **Work:** Improve employment related support for those at risk of the poorest health outcomes

2. **Inclusion:** Implement inclusion health; address key health and social inequalities; address racism and discrimination; adopt the aims of the Social Model of Disability
 3. **Crisis:** Support people to prevent crisis and other harm; respond more effectively and quickly when a crisis occurs
 4. **Community:** Support the strengths within communities, including carers
 5. **Home:** Increase the numbers living safely and sustainably in their own home, connected to their community
- iii. To oversee and assure the delivery of statutory provided / commissioned services for working age adults, including recommending borough priorities and strategic investment cases to decision making bodies and boards
 - iv. To deliver and drive change across partners, realising the benefits from an Integrated Care Partnership for all working age adults
 - v. To interface with other boards to achieve shared outcomes
- 3.8 The oversight and assurance referred to above is for NHS services, social care, public health and related support services for working age adults, specifically but not limited to: -
- Third sector community, support and advice projects/services
 - Public, third and private sector social care and support services
 - Public, third and private sector health care and treatment services
 - Related provision in areas of social determinants of health, e.g. employment, housing
- 3.9 The scope is co-terminus with that of the Health and Wellbeing Board, so Live Well accordingly is not accountable for Community Safety strategic issues that would sit under the Community Safety Partnership despite the importance of that sector for the outcomes of adults in Haringey.
- 3.10 This is a new area of governance over a broad and complex area of activity. The programme is intended to develop over time as we work together and to be able to respond to the community and external factors.
- 3.11 The programme is sponsored by the Chief Executive of the North Middlesex University Hospital. The board is co-chaired by a joint Assistant Director of Commissioning and BEHMHT's Borough Managing Director. Membership of the board includes a range of Council, NHS and voluntary sector key staff, plus 3 resident representatives, all chairs from the Council's Joint Reference Group structure.
- 3.12 Critically, it is not a commissioning committee so does not have financial decision making powers. Recommendations for investment or reconfiguration of resources will go onwards to decision making boards and committees within the partner organisations and to a joint borough governance when one is established.

3.13 Alongside this thematic approach, it will also provide the oversight of existing programmes of work within statutory services, such as the implementation of the NHS Long Term Plan in Adult mental health services, and the new operational section 75 partnership agreement for the Haringey Learning Disability Partnership.

3.14 The key deliverables within the first year of the thematic programme are: -

Priority Areas	Deliverables
1. Work Integrating health, social care and employment	<ol style="list-style-type: none"> 1. A single pathway for access to all commissioned services 2. A coherent commissioning plan which identifies interventions to address need and maximise impact of existing provision 3. Robust collaborative mechanisms for borough partners with shared accountability
2. Equalities Reducing health inequalities & improving access	<ol style="list-style-type: none"> 1. Autism strategic plan 2. <i>Inclusion Health</i> self-assessment improvement plan (access and outcomes for homeless and marginalised groups inc BAME, LGBTQ+, Travellers).BAME action plan in mental health, linked to wider BAME 3. Primary care physical health service for people with severe mental illness launched 4. Digital inclusion programme in place.
3. Crisis Improving clinical and social pathways	<ol style="list-style-type: none"> 1. Safe Haven (non-clinical crisis service) launched 2. Discharge to assess in mental health designed and trialled 3. Improved social crises offer, partnering with <i>Place</i> 4. Crisis prevention and early intervention
4. Communities Supporting carers and caring communities	<ol style="list-style-type: none"> 1. Carers Strategic Plan 2. Coproduction throughout our ways of working 3. Asset based community support, including new models of care developed with <i>Place</i>, e.g. expansion of Shared Lives
5. Home More people safe in their own home	<ol style="list-style-type: none"> 1. Specialist Housing Programme delivering range of new schemes and buildings 2. Home Care market retendered and supporting better outcomes, including reablement in mental health 3. Work with <i>Place</i> on Neighbourhood models of place-based support, including addressing e.g. overcrowding, hoarding.

4. Contribution to strategic outcomes

- 4.1 The programme is aligned with the strategic outcomes of the borough partners and builds on our long standing, shared priority of joint and integrated working between health and the Council, with the involvement of our resident community.
- 4.2 We are working with colleagues to agree a set of outcomes measures which will demonstrate our delivery and progress in this agenda. This will be complimented with qualitative information so we understand the experience of residents alongside the quantitative.

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

N/A

5.2 Finance

N/A

6. Environmental Implications

- 6.1 No direct impacts

7. Resident and Equalities Implications

- 7.1 Adults in Haringey experience high levels of health and social inequalities. These factors inter-relate and affect people's life experiences, opportunities and outcomes. Live Well explicitly seeks to address this, within its particular Inclusion and Equalities theme, but also in all areas of its work. For example, we know that there are inequalities in experience and outcomes from crisis services for black adults.
- 7.2 The work is built on our engagement and dialogue with the community within each of service areas and as partner organisations. The board itself includes resident representatives who are active and vital members. *Live Well* and *Place* are working together and the approach in Live Well reflects the priorities that have been identified from engagement through Place and Connected Communities.

8. Use of Appendices

- 8.1 N/A

9. Background Papers

9.1 N/A