



Haringey Borough Partnership

Working for better health and wellbeing for Haringey residents

Update for Adults and Health Scrutiny

July 2022

Overview of slide pack

These slides give an overview of the development of the Haringey Borough Partnership for Health and Care and how it fits in with the wider Integrated Care System for North Central London

The Borough Partnership is based on existing strong relationships locally between health and care services and other partners, but there is now a requirement to strengthen and further develop the role of the Borough Partnership in a step wise process.

At the end of the slide pack are a set of questions the Adults and Health Scrutiny Committee will be asked to consider and discuss in the Scrutiny Meeting on July 21st 2022.

Membership

Haringey Borough Partnership (HBP) comprises all NHS organisations, Haringey Council and organisations representing voluntary and community in Haringey.



Our developing Integrated Care System

North Central London Integrated Care System (ICS) is the name of the NCL system as a whole. An ICS is a way of working, not an organisation.

Partners within the NCL ICS include: Acute Trusts, Mental Health Trusts, Community Trusts, Local authorities (Barnet, Camden, Enfield, Haringey and Islington), Healthwatch and VCSE (Voluntary, Community and Social Enterprise) sector

NHS North Central London Integrated Care Board (or ICB) allocates NHS budget and commissions services. This is the organisation that NCL CCG have transferred to, and is chaired by Mike Cooke, with Frances O'Callaghan named Chief Executive.

The **North Central London Health and Care Partnership**, is the Integrated Care Partnership, a joint committee with the councils across the five boroughs. This committee is responsible for the planning to meet wider health, public health and social care needs and will lead the development and implementation of the integrated care strategy.

System

Provider collaboratives involve NHS trusts and primary care (including acute, specialist and mental health) working together. UCL Health Alliance incorporates all NHS trusts and primary care in NCL.

Place

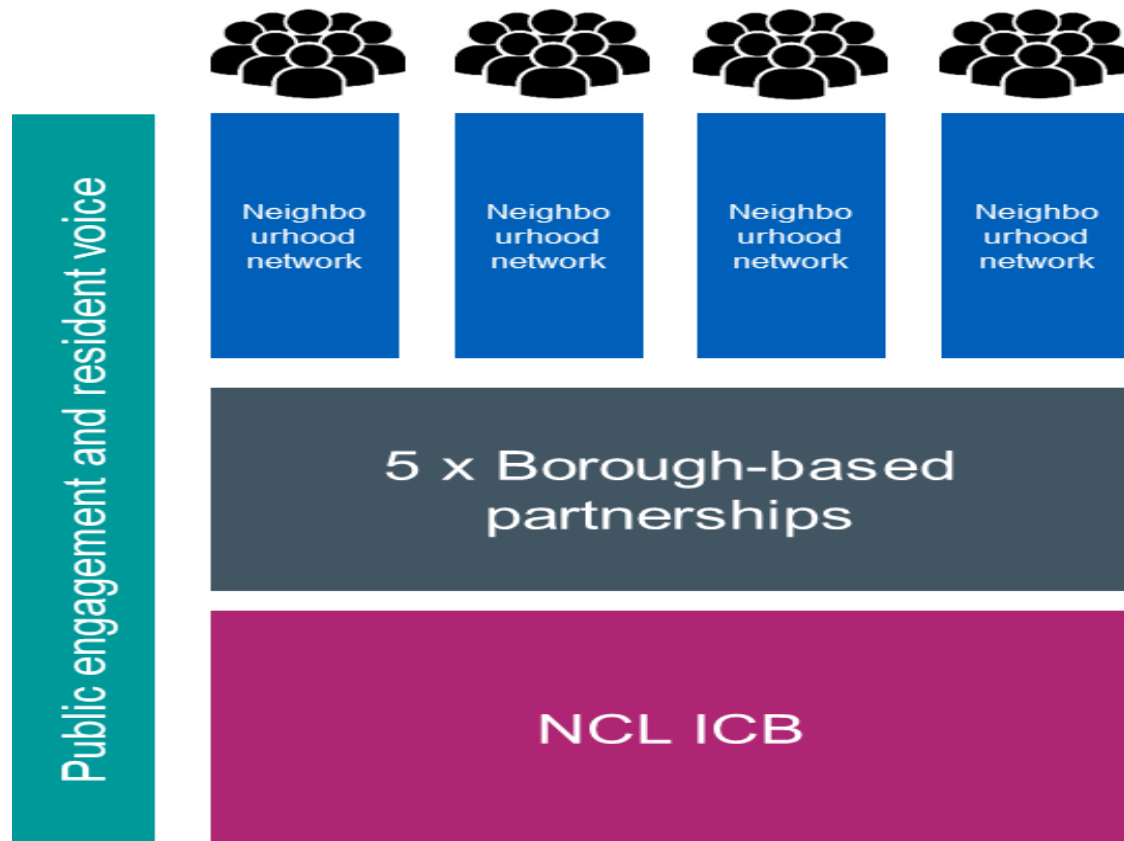
Place-based partnerships or **borough partnerships** include ICB members, local authorities, VCSE organisations, NHS trusts, Healthwatch and primary care.

Neighbourhoods

Building on PCNs, Neighbourhoods support multidisciplinary working between frontline teams, population health management and relationships with communities.

Where we are now

Together with system partners, we are designing what the North Central London Integrated Care System (NCL ICS) will look like at neighbourhood, place (borough) and system-level.



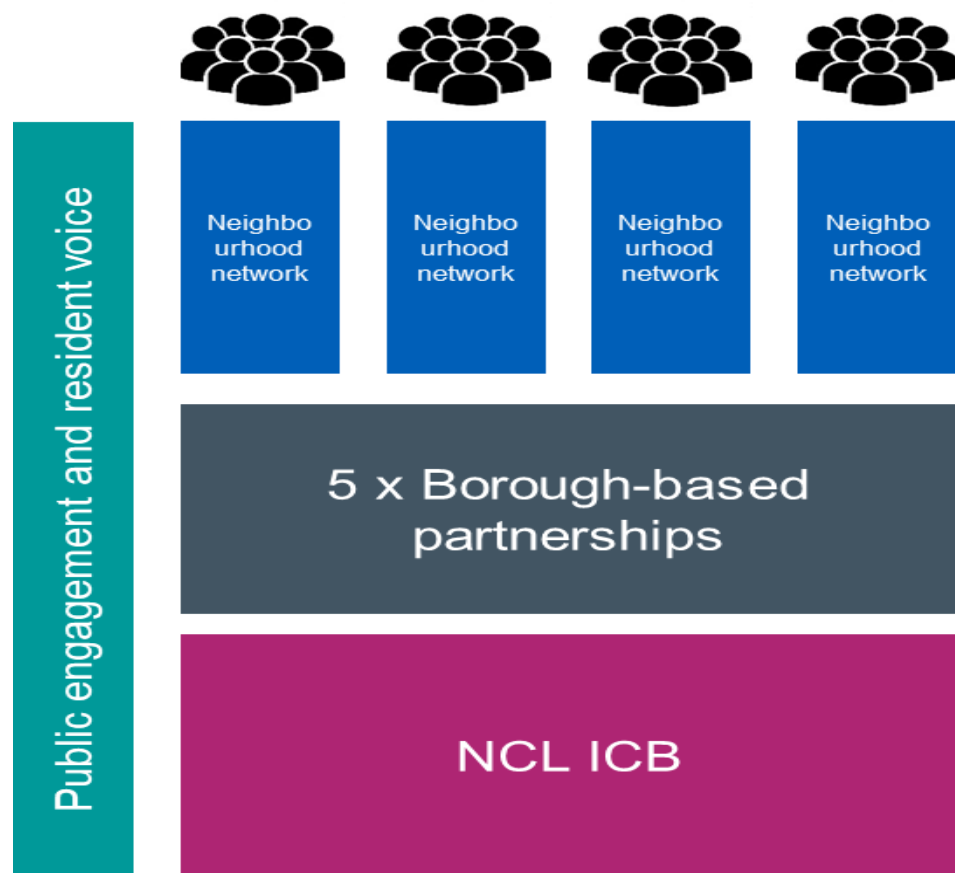
The core purpose of an Integrated Care System (ICS) is to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS to support broader social and economic development.

The ideas behind system working

- Enabling population health approaches to tackle inequalities and wider determinants of health
- Driving new ways of planning and delivering across organisations
- Developing and supporting primary care networks
- Integration of care at neighbourhood and place level
- Supporting and developing our staff to ensure we have the workforce to meet the demands of a changing health and care system
- Create a health and care system that evaluates, learns and improves

Expectation of Place (Borough Level)



By Spring 2023 all 'Places' should adopt a **leadership and governance model with a single point of accountability (SPOA) across health and social care.**

There will be a single person, accountable for the delivery of the shared plan and outcomes for the place, working with local partners.

The plan will be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the Place-based arrangement by 2026.

Ambitions for Place in NCL

- Borough Partnerships will reduce health inequalities through:
 - improving the quality and accessibility of health & care
 - tackling the wider determinants of health and wellbeing
- Prevention and early help will be embedded in partnership working locally
- We will work with residents to co-design and deliver integrated services at neighbourhood or place level for most complex, vulnerable or excluded
- Partnerships will support development of integrated frontline teams wherever this delivers improved experience and experience
- We will model collaborative behaviours – building trust, letting go and ceding to others where this will achieve the right outcome and agreed priorities
- We will come together to solve problems, with residents and community heard and in the room
- System, borough and provider will be seen as equal, inter-connected partnerships

Borough Partnership Functions

- Oversee shared statutory and 'core business' functions e.g. safeguarding and improvements in quality of service; delivery of transformation work in core shared areas
- Ensure improvements in quality and assurance – mutual accountability, peer challenge, quality improvement – recognising impact on health inequalities of differential access to care/support
- Drive co-design and co-production with local residents and stakeholders
- Publish a local partnership plan, including a core set of actions and deliverables that will work for and are reflective of the local area.
- Manage local risks – operational (e.g. access and performance), strategic and political, flag where this becomes a system risk for the ICS
- Identify local needs and assets
- Shape and refine the operating model for place – making sure delivery structure is integrated and reflects all key business in scope for local partnership working – bringing together transformation capacity over time
- Oversee impact of inequality and population health work & transformation work
- Have a shared set of financial duties including: identifying and delivering efficiency, transparency of budgets and spend, oversight of shared budgets, steering use of investment to support priorities and drive improvement
- Oversee key local transformation programmes and support innovation
- Respond to crises in joined up way

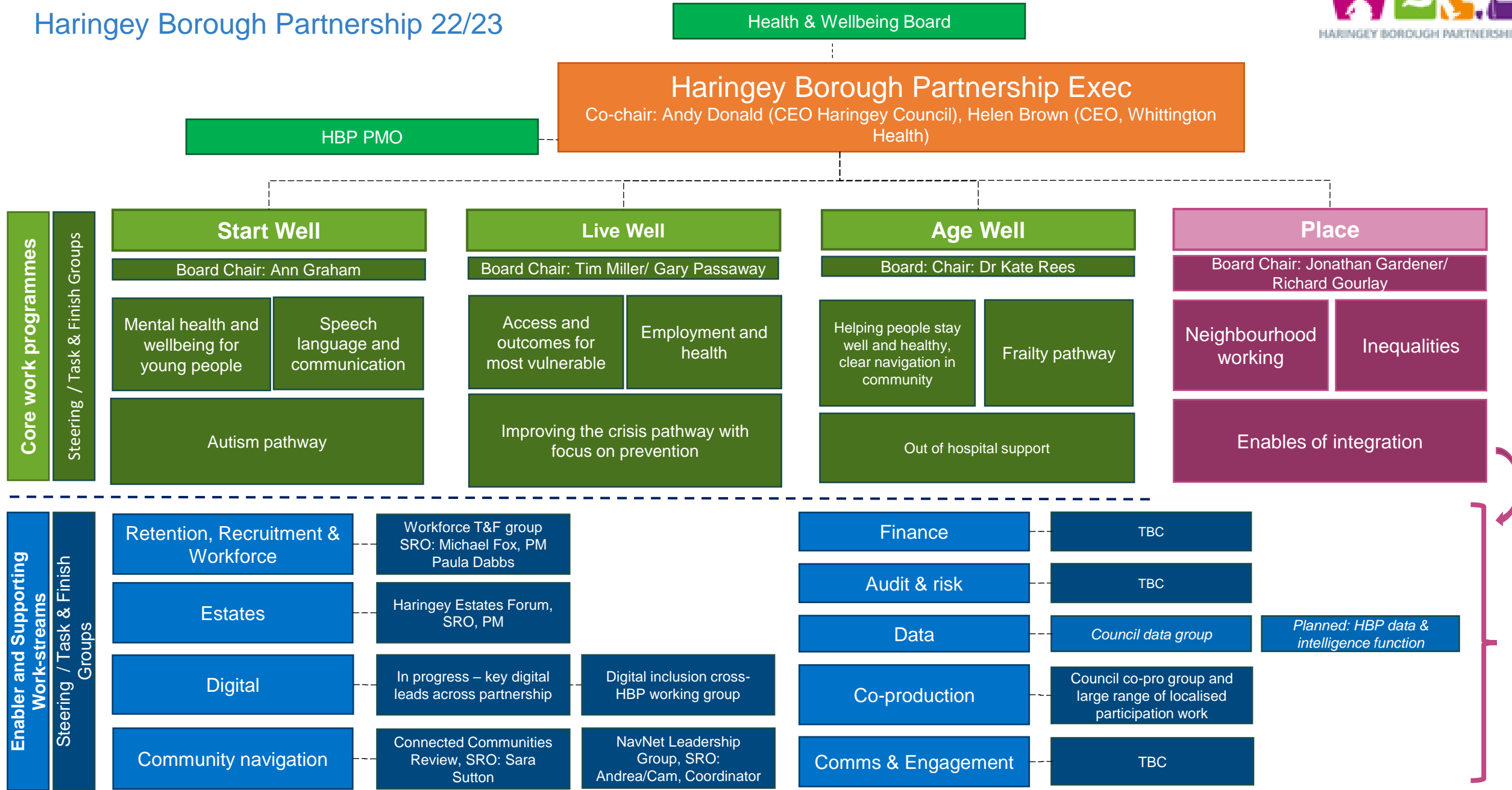
Borough Partnership Delivery Role

- Bring together directors, senior clinical/operation/professional leaders with local delivery responsibility
- Work together to ensure implementation
- Align plans around workforce, digital, communications and engagement data and insight across organisations
- Alignment between organisations on core and agreed priorities. Oversee delivery against milestones and escalate concerns

Health and Wellbeing Boards and Health Overview and Scrutiny Committees

- No change in legislation to roles / responsibilities of Health and Wellbeing Board
- No necessary change to Scrutiny arrangements. Potential opportunity for more joined up approach to public scrutiny and accountability – what does this look like?

Haringey Borough Partnership 22/23



Core work programmes
Steering / Task & Finish Groups

Enabler and Supporting Work-streams
Steering / Task & Finish Groups

Start Well
Board Chair: Ann Graham

Mental health and wellbeing for young people | Speech language and communication

Autism pathway

Live Well
Board Chair: Tim Miller/ Gary Passaway

Access and outcomes for most vulnerable | Employment and health

Improving the crisis pathway with focus on prevention

Age Well
Board: Chair: Dr Kate Rees

Helping people stay well and healthy, clear navigation in community | Frailty pathway

Out of hospital support

Place
Board Chair: Jonathan Gardener/
Richard Gourlay

Neighbourhood working | Inequalities

Enables of integration

Retention, Recruitment & Workforce

Estates

Digital

Community navigation

Workforce T&F group
SRO: Michael Fox, PM
Paula Dabbs

Haringey Estates Forum,
SRO, PM

In progress – key digital leads across partnership | Digital inclusion cross-HBP working group

Connected Communities Review, SRO: Sara Sutton | NavNet Leadership Group, SRO: Andrea/Cam, Coordinator

Finance

Audit & risk

Data

Co-production

Comms & Engagement

TBC

TBC

Council data group | *Planned: HBP data & intelligence function*

Council co-pro group and large range of localised participation work

TBC

Measuring outcomes –

A draft population health outcomes framework is being developed at NCL Level (example below)

We are looking to choose some local outcomes linked to our priorities and understand what interventions will help shift these outcomes

We would need to look closer at some of those outcomes to understand inequalities within the borough



Live Well (2)



Indicator	Unit	Period	North Central London				London value	England value	Barnet	Camden	Enfield	Haringey	Islington
			Recent trend	Count	Value	Compared to London							
Live Well: Early identification and improved care for people with mental health conditions													
Depression incidence 18+ years	%	2020/21	↓ Decreasing	17,372	1.3	Higher	1.1	1.4	1.1	1.6	1.1	1.0 (lowest)	1.6 (highest)
Estimated prevalence of common mental disorders: % of population (16+ years)	%	2017	–	232,334	20	Similar	19	17	16 (lowest)	19	19	22	23 (highest)
Percentage of people with SMI having physical health check*	%	2021/22 Q4	–	9,675	45		45	43	30 (lowest)	33	63 (highest)	47	57
People entering IAPT (in month) as % of those estimated to have anxiety/depression	%	Jun-19	–	3,000	20		19	19	25 (highest)	16 (lowest)	22	20	17
Patients with severe mental health issues having a comprehensive care plan	%	2020/21	↓ Decreasing	8,997	46	Worse	52	43	41 (lowest)	43	45	55 (highest)	48
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	%	2020/21	–	–	–		61	58	63	63	68 (highest)	58 (lowest)	65
Premature mortality in adults with severe mental illness (SMI)	per 100,000	2018 - 20	–	2,305	70	Better	103	104	69 (lowest)	113	78	101	145 (highest)
Suicide rate	per 100,000	2018 - 20	–	283	7.5	Similar	8.0	10.4	5.8 (lowest)	12.7 (highest)	5.8	8.0	8.3
Live Well: Reduced unemployment and increase in people working in fulfilling employment													
Percentage of people in employment	%	2020/21	–	740,300	71	Worse	75	75	73	70	66 (lowest)	74 (highest)	71
Employment of people with mental illness or learning disability (16-64 years)	%	2018 Q4	–	30,500	36	Worse	45	48	43	0*	30 (lowest)	49 (highest)	52
Percentage reporting a long-term Musculoskeletal (MSK) problem (16+ years)	%	2021	–	–	–		12	17	12	12	14 (highest)	11 (lowest)	12

These priorities are the basis of our emerging HBP Outcomes Framework

The Outcomes Framework represents our key ambitions we want to achieve as a partnership. It is underpinned by a logic model approach to map our work against each outcome.

Priorities		Outcomes
Start Well	Giving children and young people the best start in life (0-25 years)	Ensure the first few years of every child's life will give them the long term foundations to thrive
		All children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities
		Every young person, whatever their background, has a pathway to success for the future
Live Well	Improving the health and wellbeing of working-age adults (aged from 16 to 65)	Reduced health inequalities and addressing severe and multiple disadvantage
		People with disabilities or health conditions having access to good jobs that are right for them
		Transforming mental health provision
Age Well	Working together to support people with frailty (mainly aged over 65) to live and age well	Support people with frailty and their carers, including those who are have more complex needs, to age well
		People with dementia are diagnosed as early as possible and that they and their carers get the right treatment, care and support
		People with LTCs supported to live longer and healthier lives with access to safe, co-ordinated and high quality services
		Older adults experiencing major health episodes or crises receive treatment and social support and recover
		Enable staff and volunteers to work together to support people to age well
Place	Developing localities and bringing integrated services closer into communities, tackling inequalities and integrating central enabler functions (e.g. digital)	Providing connected support at neighbourhood level, putting resident at the centre, with no wrong front door
		Reduced health inequalities in access, experience and outcomes
		People living healthy, independent lives, with access to good quality care and support when they need it
		Joined up core enabler partnership functions (e.g. digital, comms)

Governance

H&W Board (seminars alternate with formal HWBB meetings)

ToR: Yes; **Chair:** Cllr Lucia das Neves

Purpose: to carry out Board's statutory duties, to support and enable integrated service delivery, to prepare JSNAs and HWP strategies, to collaborate with other bodies across

borough boundaries

Membership: Local Authority Councillors, CCG, Healthwatch, DAS, DCYP, DPH, Deputy CEO, lay member, GP, Bridge Renewal Trust, NHSCB, Safeguarding

HBP Executive Meeting

ToR: Yes; **Chairs:** Andy Donald and Helen Brown

Purpose: Strategic alignment across partner organisations; addressing inequalities and managing long term demand, Ownership of Haringey Health & Wellbeing Strategy; Overseeing Borough Partnership Delivery Plan and response to Long Term Plan; Developing the Borough Partnership; Representing the Haringey Voice in NCL; Modelling the Haringey Way (the Haringey workforce behaviours and culture); Overseeing the performance metric measures and collective highlight reports for the boards

Org Memberships: NCL CCG, Haringey Council, NMUH, WHIT, GP Federation, Bridge Renewal Trust, BEH Mental Health Trust, Public Voice, GP Fed/PCNs

Membership: CEOs, Strategy and Ops (COOs/Director), DOFs

Place Partnership Board

ToR: Yes; **Chairs:** Jonathan Gardner director of strategy WH, Richard Gourlay director of strategy NM

Purpose: Developing localities and bringing integrated services closer into communities, tackling inequalities and integrating central enabler functions (e.g. digital)

Org Memberships: NCL ICB, Haringey Council, NMUH, WH, GP Federation, Bridge Renewal Trust, BEH Mental Health Trust, Public Voice

Membership: Directors, Assistant Directors, GP Rep, Councillor, VCS Rep, Heads of Service, Strategic Leads, Principle Social Worker

Start Well Partnership Board

ToR: Yes; **Chairs:** Ann Graham (Director of Children's services, LBH)

Purpose: Giving children and young people the best start in life (0-25 years)

Org Memberships: NCL CCG, Haringey Council, NMUH, WHIT, Bridge Renewal Trust, BEH Mental Health Trust, Public Voice

Membership: Directors, Assistant Directors, GP Rep, Councillor, VCS Rep, Heads of Service, Strategic Leads

Live Well Partnership Board

ToR: Yes; **Chairs:** Gary Passaway, (Managing Director, BEHMT) Tim Miller (Joint Assistant Director for Vulnerable Adults and Children LBH and NCL ICB)

Purpose: Improving the health and wellbeing of working-age adults (aged from 16 to 65)

Org Memberships: NCL CCG, Haringey Council, NMUH, WHIT, GP Federation, Bridge Renewal Trust, BEH Mental Health Trust, Public Voice, Central London Forward

Membership: CEO, Directors, Assistant Directors, Managing Director, GP Rep, VCS Rep, Heads of Service, Strategic Leads, Resident/Patient Rep

Age Well Partnership Board

ToR: Yes; **Chairs:** Kate Rees (London Cancer Alliance GP for Cancer and Age Well lead for Haringey)

Purpose: Working together to support people with frailty (mainly aged over 65) to live and age well

Org Memberships: NCL CCG, Haringey Council, NMUH, WHIT, GP Federation, Bridge Renewal Trust, BEH Mental Health Trust, Public Voice

Membership: CEO, Directors, Assistant Directors, GP Rep, VCS Rep, Heads of Service, Commissioning Manager, Public Health Rep

Our population – a London borough facing challenge

Population



- About 263,400 people live in Haringey. By 2031, this is projected to change:
 - Age 0-19 ↓ -9%
 - Age 20-64 ↑ 6%
 - Age 65+ ↑ 40%

Long term conditions



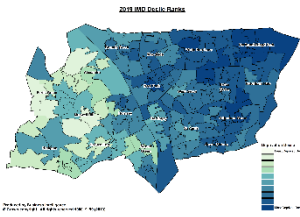
Cardiovascular conditions (including hypertension and diabetes), cancers and respiratory conditions are the most prevalent long term conditions.

Employment



Haringey has the second highest proportions of working age population claiming out-of-work benefits (8%) out of all the London boroughs. It is significantly higher than the London average of 5.7%.

Deprivation



Haringey is ranked as the **7th** most deprived borough in London.

Though deprivation varies greatly, with parts of the Borough being the some of the most deprived in England

Mental health



Haringey has one of the highest prevalence of serious mental illness across London (1.37%), and is above the London and England averages of 0.96% and 1.11%, respectively.

Housing



Around 3,000 households (30 per 1,000) in Haringey are living in temporary accommodation (2020/21) the 3rd highest rate in London.

Life Expectancy



Haringey men have one of the lowest life expectancies amongst London boroughs.

Child poverty



11,894 children in Haringey are living in relative poverty, or 21.5% compared to the London rate of 20%.

Safety



Higher levels of hospital admissions for violence (including sexual violence) in Haringey, 47.1 admissions per 100,000 population compared to 44.3 in London and 41.9 in England.

Questions for scrutiny

- How can scrutiny support and feedback on the development of our borough partnership?
- What does scrutiny need (info/insights) in order to carry out this role?
- Are there opportunities for connections between Adults and Health Scrutiny and other scrutiny committees within the council?
- Views on key areas where the borough partnership should focus delivery?
- Are there specific key areas highlighted in this pack that Scrutiny committee would like to focus on in the coming months.