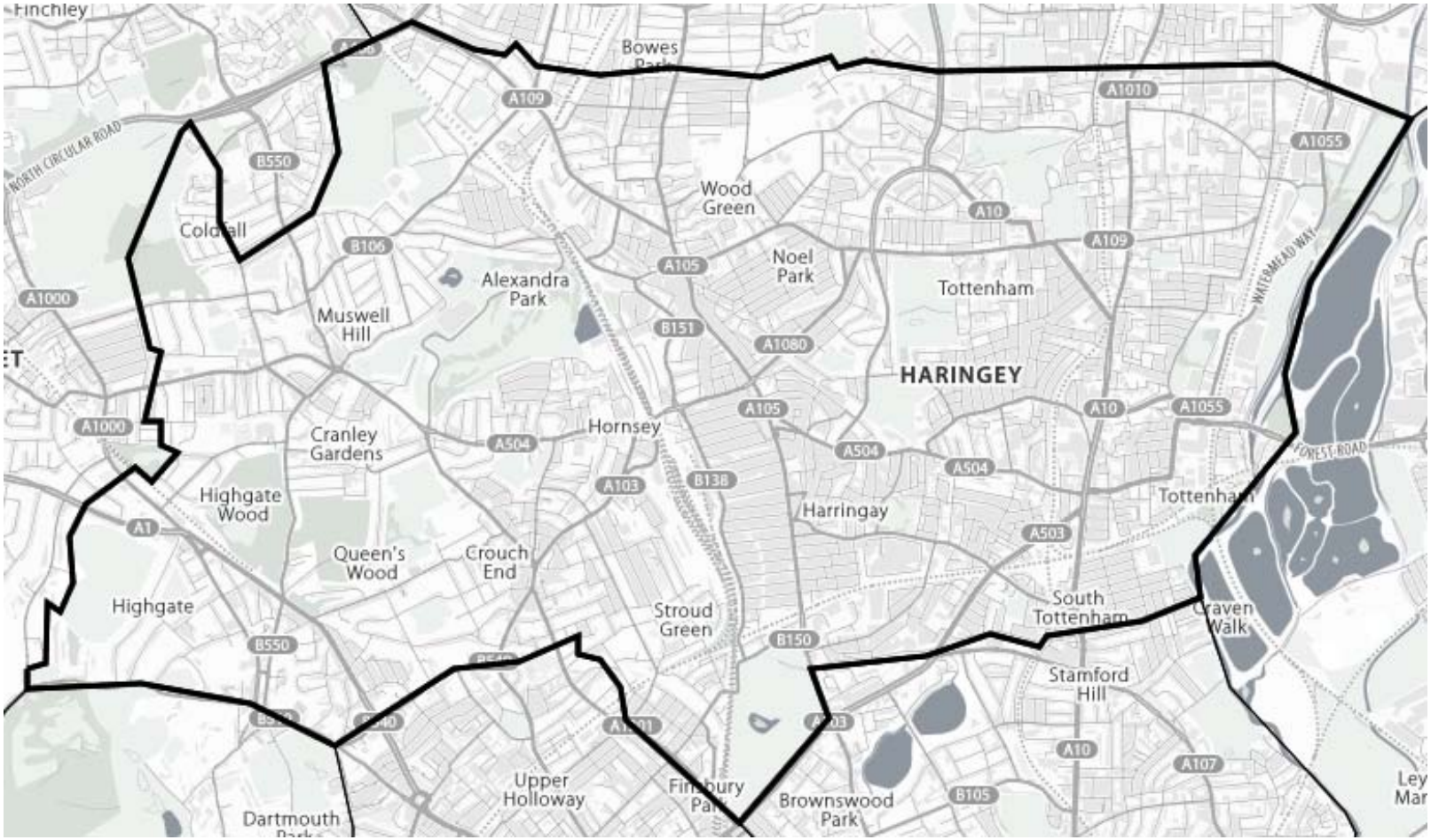
Haringey

Strategic Services Development Plan

June 2015



Prepared by:

North London Estate Partnerships LIFTCO

Prepared for:

NHS England

Executive Summary

This Strategic Service Development Plan (SSDP) has been configured in response to the evolving health and social care landscape, and the needs of the local population. Its objective is to establish a firm strategic direction for the Haringey locality, drawing on the strategic plans of partner organisations recently established in the 'new world' of the NHS reforms.

This SSDP will identify how each strategic plan meets with local health care needs, identifying any gaps in service provision and whether they align, cross over or conflict with one another. As a result of this review, we have configured key observations.

This SSDP is the first stage of strategic planning for Haringey which will go on to inform the estate solutions for Haringey, delivering a joined up, cohesive plan for the CCG area or wider North London NHS cluster.

Key Observations

Key observations identified within this SSDP;

- Haringey is the fourth most deprived borough in London and 13th borough in England.
- The population is younger than the national average but the proportion of over 65s is rising fast.
- The population is due to increase by 13% between 2011—2026.
- 65% of the population are not White British.
- There is a nine year gap in life expectancy for both men and women, between the West and the East of the borough.
- The West of the borough is affluent while the East is deprived.
- The Council are expected to provide over 19,715 new homes by 2026.

Introduction

SSDPS originally had their foundations in the Department of Health's initiatives outlined in the NHS Plan and were prepared on behalf of the Strategic Partnering Boards (SPBs) - a mix of representatives from member stakeholder organisations. The purpose of the SSDP's was to support the overall approach to improving health and wellbeing and applying this locally, breaking down the priorities identified in the NHS Plan to ascertain the specific needs for a locality, drawing on any shortfalls in primary and community care.

The SSDP's were developed in hand with the Local Improvement Finance Trust (LIFT), which was regarded as the ideal vehicle for stimulating the plan at a local level and, one of the key benefits of working with the LIFT Companies was the advantage of integrated working and local partnerships.

Over the last few years, there has been a natural decline in the number of representatives attending the SPBs, and as a result the SSDP's were no longer produced. However, with the recent changes to the NHS and the promotion for new, integrated, ways of working, Community Health Partnerships (a shareholder of North London Estate Partnership – the local LIFT Company covering the Barnet, Enfield and Haringey locality) have decided to re-invigorate the SPBs and produce the SSDP's for Outer North East London, for discussion between stakeholder organisations and as a first step towards establishing the required estate solutions for the locality.

Purpose of the SSDP

This SSDP has been configured in response to the evolving health and social care landscape and the needs of the local population. Its objective is to establish a firm strategic direction for the Haringey locality, drawing on the strategic plans of partner organisations recently established in the 'new world' of the NHS reforms. This SSDP will identify how each strategic plan meets with local health care needs, identifying any gaps in service provision and whether they align, cross over or conflict with one another. The SSDP will go on to inform the estate solutions required in order to deliver a cohesive plan for the CCG locality or wider North London NHS cluster.

Content

This report has been broken down into the following sections:

Key Organisations

A break down of the roles and responsibilities of key organisations established in the ‘new world’ of the NHS.

Context

The 'New World' NHS

Over the last few years the NHS has undergone major structural changes to its core structure, with most changes having taken full effect from 1st April 2013. The changes have focussed on the organisations making the decisions, NHS services, commissioning and the way in which public money is spent. Organisations such as the Primary Care Trusts (PCT) and Strategic Health Authority (SHA) were abolished from 1st April 2013 and other new organisations such as the Clinical Commissioning Groups (CCGs) and NHS Property Services (NHS PS) were put in place. As a result of this, the NHS is still in a deeply transitional phase and it may be some time before all the changes are fully implemented.

As part of the reform, NHS services have now opened up to competitive tenders, with providers now competing on their standards, price, quality and safety.

Local Authorities

In addition to the changes to the NHS, the government has given local authorities a much bigger role. Local councils have assumed the responsibility for budgets for public health and council led, Health and Well Being Boards have now been configured. The Health and Well Being Boards have a duty to promote integrated ways of working across health, social care, public health and children's services and local authorities are now required to link more closely with health and care providers, community groups and agencies.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England, inspecting and licensing providers of health care by giving clearer focus on essential levels of safety and quality. Inspections are targeted and risk-based, assessing the suitability or 'fitness' of organisations/individuals and partners to operate a health service, checking for the following; 'Fitness of Premises', 'Fitness of People' and 'Fitness of Service.'

Monitor

Monitor is the sector regulator for health services in England. Its job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit. Monitor exercises a range of powers which includes setting and enforcing a framework for providers and commissioners. It works closely with the CQC and the quality and safety regulator to ensure good quality care in foundation hospitals, ambulance trusts, mental health and community care organisations. Monitor also sets prices for NHS funded services and tackles anti-competitive GP practices that work against the interest of patients.

Roles and Responsibilities: National

NHS England

Formerly established as the NHS Commissioning Board in October 2012, NHS England is an independent body, at arm's length to the government. Its main role is to improve health outcomes for people in England by;

- Providing national leadership for improving outcomes and driving up the quality of care
- Overseeing the operation of clinical commissioning groups
- Allocating resources to clinical commissioning groups
- Directly commissioning

NHS directly commissions:

- Primary care contracts and nationally commissioned enhance services, out of hours primary medical services (where practices have retained the responsibility)
- Pharmaceutical services provided by community pharmacy services
- Primary ophthalmic services, NHS sight tests and optical vouchers
- All dental services, including primary, community and hospital based services, including urgent and emergency dental care
- Health (excluding emergency care) and public health services for people in prisons and other custodial settings
- Health services for members of the armed forces and their families, prosthetics for veterans – primary care for the armed forces is commissioned by the Ministry of Defence.
- Specialist and highly services – these services are provided in relatively few hospitals, accessed by a small number of patients who require specialist treatment for physical or mental health. This accounts for 10% of the NHS budget, spending circa £11.8 billion per annum.

In addition to the above, NHS England also commission some Public Health Services. Although the commissioning of public health services is carried out by Public Health England (PHE) and local authorities, NHS England directly commissions, on behalf of PHE, many of the preventative public health services delivered by the NHS, at a total of 2.2 billion. These services include;

- National immunisation programmes
- National screening programmes – including antenatal and new born screening programmes
- Public health services for offenders in custody
- Sexual assault referral centres, HIV treatment
- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme)
- Child health information systems

NHS Property Services

NHS Property Services (NHS PS) was created by the Health and Social Care Act 2012. On 1 April 2013, 3,200 NHS staff transferred from former Strategic Health Authorities (SHAs) and PCTs, to make NHS PS a major employer. The set up of NHS PS is to work closely with NHS England and the 211 Clinical Commissioning Groups, nationwide.

NHS PS is a private limited company, 100 per cent owned by the Secretary of State for Health, they manage, maintain and improve NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare and working environments.

NHS PS is national company, with a local structure, focusing on strategic and operational property management skills to support better health outcomes and experience for patients.

NHS Property Services has two main roles:

- Strategic estates management – acting as a landlord, modernising facilities, buying new facilities and selling facilities the NHS no longer needs.
- Dedicated provider of support services such

Roles and Responsibilities: National

as cleaning and catering.

NHS PS are responsible for 4,000 buildings – worth over £3 billion – which were previously owned, leased or managed by Primary Care Trusts and Strategic Health Authorities. Most of these buildings are used to provide patient care, such as GP surgeries and community hospitals. NHS PS does not have responsibility for hospital estates run by NHS Trusts and NHS Foundation Trusts.

NHS PS has a clear mandate to provide a quality service to its tenants and minimise the cost of the NHS estate to those organisations using it. Any savings we make will be passed back to the NHS.

Haringey's Clinical Commissioning Group (CCG)

The borough of Haringey is represented by the Haringey CCG who have taken over the role of commissioning (buying) the following health services for its residents;

- Urgent and Emergency Care – including 111, A&E and ambulance services, out of hours services (except where this is retained by the GP practice)
- Elective Hospital care
- Community health services, such as rehabilitation services, speech and language therapy, continence services, wheelchair services, home oxygen services – but not public health services such as health visiting of family nursing.
- Other community based services including services provided by GP practices that go beyond the scope of the GP contract.
- Rehabilitation services
- Maternity and new born services – excluding neonatal intensive care.
- Children's healthcare services (mental and physical health)
- Services for people with learning disabilities
- Mental health services – including psychological therapies
- Infertility services for the armed forces and in some cases, veterans.

Community Health Partnerships

Community Health Partnerships (CHP) is wholly owned by the Department of Health, the organisation was established in 2001 and until 2007 was known as Partnerships for Health.

Over the past 10 years CHP has worked in partnership with a variety of organisations across England to build and maintain a wide range of estate and facilities used by GPs, primary and community healthcare providers and Local Government. During this time, CHP has established 49 LIFT companies - locally based joint ventures between public and private sectors - and together they have delivered more than 300 buildings, with over 800,000m2 of space, which are used by communities throughout England. CHP has a shareholding and a Director on the Board of all of the 49 LIFT companies, safeguarding the public interest and facilitating local partnerships.

Local Improvement Finance Trust (LIFT)

The Local Improvement Finance Trust (LIFT) Programme was conceived in 2000 and since then has resulted in the most concentrated investment in new locally run primary health and social care facilities since the advent of the National Health Service (NHS).

This has been achieved through the formation of 49 LIFT Companies, combining the expertise and knowledge of the private sector with the skills with the experience and drive of the NHS, General Practice and Local Authorities.

Roles and Responsibilities: National

In many areas LIFT supports its local partners (GPs/CCGs/Local Authorities) to develop detailed estate reviews, capital works programmes and short-term estate solutions to ensure the local estate is fit for purpose.

Strategic Partnering Board

The Strategic Partnering Board (SPB) is the key component of the LIFT infrastructure and provides the framework for the local health and social care community to propose new projects as well as monitoring existing schemes. Its role is to undertake the roles and responsibilities of the participants and LIFTco under the Strategic Partnership Agreement (SPA) and its purpose is to establish a long-term partnership between LIFTco and the participants.

The Council

Each local council is responsible for commissioning:

- The Healthy Child Programme for school-age children, including school nursing
- Contraception (over and above what GPs provide) Testing and treatment of sexually transmitted infections, sexual health advice, prevention and promotion
- Mental health promotion, mental illness prevention and suicide prevention
- Local programmes to address physical inactivity and promote physical activity
- Local programmes to prevent and address obesity, including National Child Measurement Programme and weight management services
- Drug misuse services, prevention and treatment
- Alcohol misuse services, prevention and treatment
- Local smoking related activity, including stop smoking services and prevention activity
- Locally-led initiatives on nutrition
- Population level interventions to reduce and prevent birth defects (with PHE)
- Dental – oral health promotion

Public Health England

Public Health England (PHE) is the public health advisor to NHS England, working in partnership with the Chief Medical Officer for England to protect and improve the public's health. PHE is the expert, national public health agency which fulfils the Secretary of State for Health's statutory duty to address health inequalities and the wellbeing of the nation. PHE has operational autonomy. It has an Advisory Board, with a non-executive Chairman and non-executive members. It employs scientists, researchers, public health professionals and essential staff support.

Health and Wellbeing Boards

The Health and Social care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Health and wellbeing boards will:

- Have strategic influence over commissioning decisions across health, public health and social care
- Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people
- Bring together CCGs and councils to develop a shared understanding of the health and wellbeing needs of the community
- Undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations

Roles and Responsibilities: National

for joint commissioning and integrating services across health and care

- Drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

Healthwatch

Healthwatch England is the national consumer champion in health and care. They have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

The Health and Social Care Act formalises the relationship between:

- Healthwatch England
- The Secretary of State
- NHS England
- Care Quality Commission
- Monitor
- English local authorities

They have a unique power to advise this wide range of organisations and their ultimate recourse is the Secretary of State. Their work covers health and care, allowing them to see how providers interact with each other and where their system fails to join up different aspects of an individual's care.

They advise on where change is most needed. Sometimes they give advice formally, using their powers to raise issues of concern or where they feel they, or any local Healthwatch, are not getting an adequate response. Often, they work together with partners to influence their thinking at an early stage and to help them get the design of services right from the start.

Acute Trusts

Hospitals in England are managed by acute trusts some of which already have gained Foundation Trust status. Acute trusts ensure hospitals provide high quality healthcare and that they spend their money efficiently. They also decide how a hospital will develop, so that services improve.

Acute trusts employ a large part of the NHS workforce. Some acute trusts are regional or national centres for more specialised care, others are attached to universities and help to train health professionals.

Acute trusts can also provide services in the community, for example through health centres, clinics or in people's homes.

Mental Health and Community Service Providers

There are 58 mental health trusts in England, 41 have reached foundation trust status. They provide health and social care services for people with mental health problems.

Mental health services can be provided through a GP, other primary care services, or through more specialist care. This might include counselling and other psychological therapies, community and family support, or general health screening.

Roles and Responsibilities: Local

NHS England Area and Regional Teams

NHS England is divided into 4 Regional Teams;

- North of England
- Midlands and East of England
- London and;
- South of England

Barking, Dagenham, Havering and Redbridge (BHR) sits within the Midlands and East of England Regional Team and within this, the Essex Area Team.

As well as carrying out local functions for NHS England, NHS England is responsible for offender and armed forces health regionally.

NHS England work with other local organisations such as Public Health England, the NHS Trust Development Agency, local authorities and Health Education East Midlands.

NHS Property Services Regional Team

NHS Property Services (NHS PS) is divided into 4 Regional Teams:

- North of England
- Midlands and East
- London and;
- South of England

Haringey is covered by NHS Property Services Regional Team London. They play a vital role in the day-to-day running of the NHS, managing and developing almost 500 NHS facilities across the Capital, from community hospitals and GP practices to administrative buildings.

The London region supports healthcare provision to more than 8million people across 32 boroughs, each with its own identity and specific healthcare needs. The specialist team work closely with the CCGs and NHS England to identify and meet the healthcare estate needs of London's many diverse communities.

Clinical Commissioning Groups (CCG)

The CCG has the responsibility of commissioning healthcare for the Haringey locality.—Haringey CCG.

Local Improvement Finance Trust (LIFT)

The Haringey locality is currently covered by North London Estate Partnerships (NLEP) LIFT Company.

The Council

Haringey Council operates in the borough.

Ambulance Services

The London Ambulance Service covers the area of Haringey.

Acute Trusts

Whittington Health

Whittington Health provides general hospital and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden.

Whittington Health has an income of £281m and more than 4,000 staff delivering care across North London in The Whittington Hospital and from 30 locations in Islington and Haringey.

As one organisation providing both hospital and community services, it is known as an "integrated care organisation".

North Middlesex University Hospital

North Middlesex University Hospital is one of London's busiest acute hospitals, serving more than 350,000 people living in Enfield and Haringey and the surrounding areas, including Barnet and Waltham Forest. Most of its patients live in Enfield and Haringey - about half in each borough.

Roles and Responsibilities: Local

Mental Health and Community Service Providers

Barnet, Enfield and Haringey Mental Health NHS Trust

BEH MHT is a provider of integrated mental health and community health services to people living in the London boroughs of Barnet, Enfield and Haringey. It serves a population of approximately 950,000.

BEH MHT employs 2,800 staff and its annual income in 2014/15 was £186 million.

The Need

Need considers the core drivers that currently, and will in the future, shape the healthcare landscape

Area Overview:

Area Overview:

Haringey Overview

The London Borough of Haringey, located in the North of London, borders six other Boroughs; Barnet, Enfield, Camden, Islington, Waltham Forest and Hackney. The Borough spans over 11 square miles, of which over 25% is green space, and is divided into 19 wards. The east of the Borough is deprived and the west is affluent.

Haringey is the fourth most deprived borough in London. The population of Haringey is younger than the national average but, following the national trend, the proportion of over 65s within the population is rising fast. The Haringey Joint Strategic Needs Assessment (JSNA) demonstrates that there is a nine year gap in life expectancy, for both men and women, between the West and the East of the borough. The East of the borough has the lowest life expectancy and contains Tottenham, one of the most deprived areas in the country.

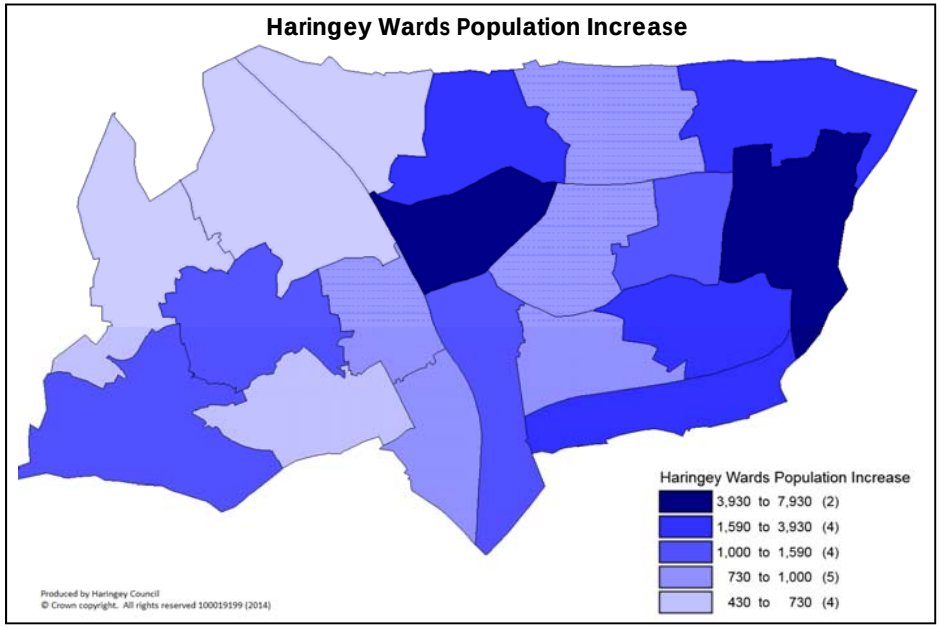
Population

The 2013 JSNA states that the latest population in Haringey is estimated at 254,900. Almost two-thirds of the population are young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Haringey's population is the fifth most ethnically diverse in the country.

The population of Haringey is growing. The Greater London Authority (GLA), 2013 predicts the population to reach 293,757 by 2026, creating a surplus population of 37,329 or 13% between 2011—2026.

Population growth locally is mostly due to the increase in birth rates and net gain from international migration. Birth rates locally and nationally are increasing while death rates are decreasing. In 2011/12, there were 3, 120 more births than deaths in Haringey .

Haringey has always experienced a high level of population turnover. Most population turnover occurs by people moving into and out of other parts of the UK. 26,178 migrants moved to Haringey in the 2011/12 year, with 6,797 (26%) of these coming from outside the UK. At the same time, 25,827 people moved outside the borough; of those 2, 825 (10.8%) migrated overseas. The net gain of migration in the borough was due to international migration. Population growth in Haringey in recent years tends to be more due to births outnumbering deaths coupled with the international inward migration.



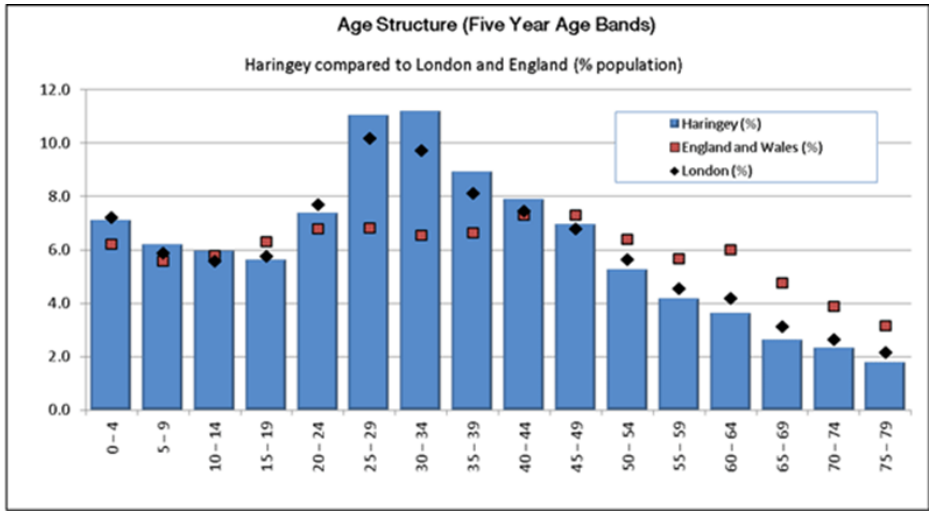
Age Structure

The proportion of the population aged 25-39 in Haringey is significantly higher than London (31.1% vs. 28.1%). Those aged 20 – 64 make up 66.3% of the total population. The population of residents aged 65 and over in Haringey is 8.8%.

Area Overview:

There are approximately 63,400 children and young people under 20 living in Haringey (approximately one third of the total population).

It is worth noting that there are more children in the East of Haringey, which has higher levels of deprivation than the West.

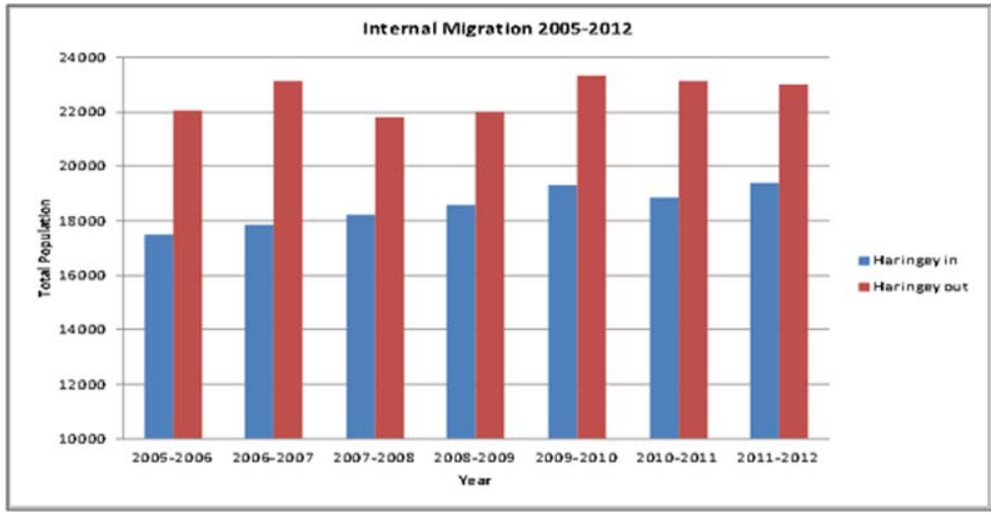


Migration

In 2011/2012 ONS state that 19,381 people moved to Haringey from another part of the UK. In the same period 23,002 people left Haringey for another part of the UK. At the same time, 6,797 people moved to Haringey from overseas, whilst 2,825 people left Haringey to live overseas.

Historically, Haringey has experienced a high level of population turnover – most of it in the form of people moving into Haringey from elsewhere in the UK or moving out of Haringey to somewhere else in the UK. The 2012 Mid Year Estimates found a total of 26,178 migrants moved to Haringey between 2011 and 2012. 34.2% of these came from outside the UK.

Haringey has a growing population that is mostly due to the number of babies being born in the borough rather than the number of people moving into the borough coupled with net gain from international migration



Ethnicity

Haringey is the 5th most ethnically diverse Borough in the country.

According to the Census 2011, 65% of the Haringey population are not White British. This is higher than the London figure of 55%. It was estimated that the largest ethnic groups in Haringey are White British (34.7%), White Other (23.0%), Black Caribbean (7.1%) and Black African (9.0%).

Area Overview:

Deprivation

The borough ranks as one of the most deprived in the country with pockets of extreme deprivation in the East. Haringey is the 13th most deprived borough in England and the 4th most deprived in London. The majority of children living in poverty do so in the East of the borough; there is a stark contrast between the West of the borough in areas such as Highgate and Muswell Hill, and the East in areas such as Tottenham.

Key Health Issues

Health improvement in the borough is divided along the following key areas: drug misuse, alcohol, obesity, diet and nutrition, physical activity, smoking and sexual health.

The key issues and challenges include:

- **Socio-economic status** plays a large role in lifestyle choices with those on lower incomes consuming more fat, processed food and less fruit and vegetables
- A large number of **fast food outlets** are located in the more deprived East of the borough
- **Childhood obesity** is higher in Haringey compared to England, particularly in 11-12 year old children
- **Physical inactivity** is a major area of concern especially in more deprived parts of the borough where physical inactivity levels are some of the lowest in the country
- Although **sexual health** in the borough in improving, focus on interventions should continue amongst those at highest risk such as young people (under 25 years)
- **Smoking prevalence** is unacceptable high and is a major reason for Haringey's health inequalities and life expectancy gap

Assets

Haringey is made up of:

- 48 GPs
- 2 acute trusts (North Middlesex University Hospital and The Whittington Hospital)
- 1 mental health trust (St Ann's Hospital)
- 6 health centres
- 12 Whittington Health service providers
- 1 Kidney and diabetes centre
- 50 dentists
- 21 opticians
- 62 pharmacies
- 62 primary / infant / junior schools
- 12 secondary schools
- 4 special schools
- 2 further education colleges
- Infrastructure
  - Railway station – 11
  - Tube station – 6

Housing and Regeneration:

Current Housing Profile

Haringey's population is projected to expand by up to 15% over the next 11 years and within this there is expected to be a general shift upwards in the average age, but also an increase in the numbers of very young people. It is the dynamics of the borough's population that lie behind the growth in housing demands in the borough.

Haringey's housing stock comprises of (2010):

- Under half of households are owner-occupiers
- 30% live in the social rented sector
- 22% live in private rented accommodation

There is a high demand for housing across all tenures. The need for affordable housing outstrips supply with a shortfall in provision of 4,865 units per annum. Responding to this shortfall is a priority for the borough. A housing trajectory projects a further 19,715 housing sites will be made available by 2026, broken down by 3000 being delivered between 2011-2014 and 16000 being delivered between 2015-2026.

Housing Regeneration

Haringey's Housing Strategy (2009-19) identifies areas of regeneration such as: Mid Tottenham, Seven Sisters, Northumberland Park, White Hart Lane, Bruce Grove / Tottenham Hale, Wood Green Town Centre, Noel Park and parts of Woodside. These priority areas contain the highest levels of deprivation.

Haringey's Regeneration Strategy:

Vision and Values

The vision of the strategy is **"To transform the Borough and the way in which it is perceived by creating economic vitality and prosperity for all through exploitation of Haringey's strategic location in a global city, major development site opportunities and by developing the Borough's 21st century business economy."**

Priorities and Schemes

A number of priorities and schemes have been identified to help achieve the vision of regeneration in Haringey:

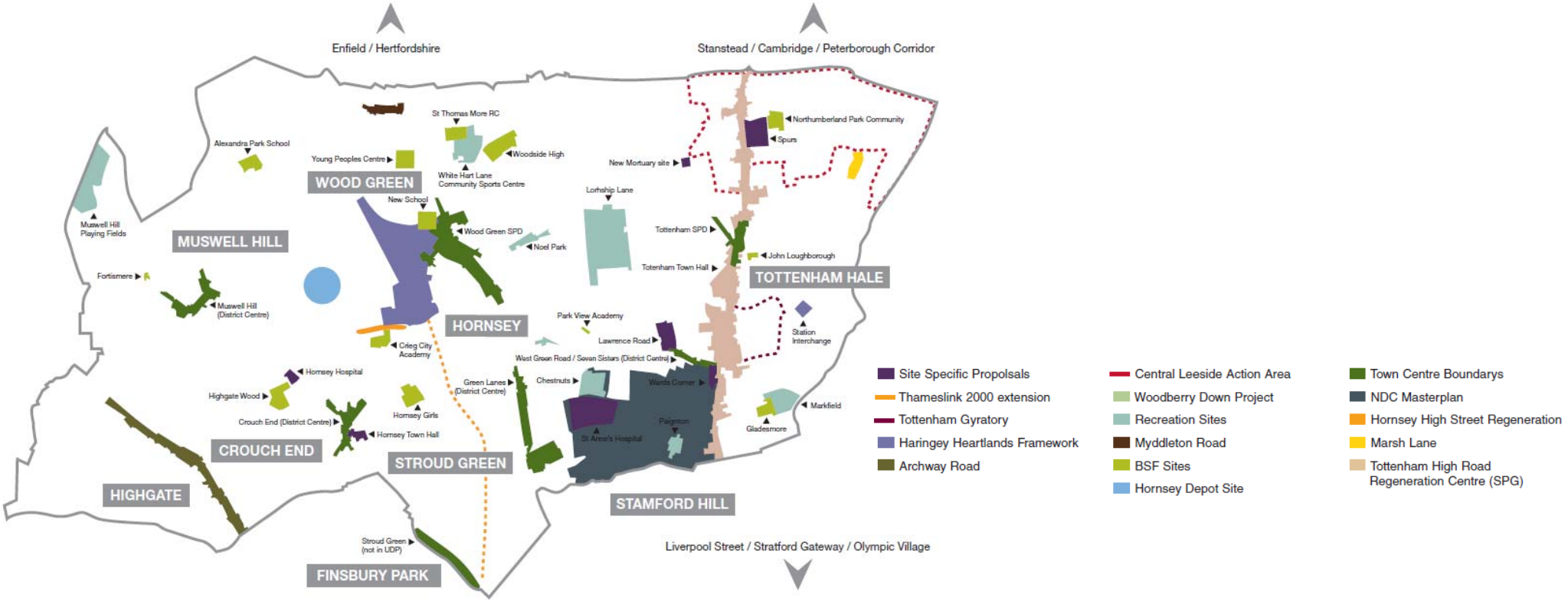
Table 1: Priorities and Schemes in Haringey

Objective 1: People — To unlock the potential of Haringey residents	• Creating strong links with Central London where significant job growth is projected (Stratford, Brent Cross, Stansted Airport) • Position key developments in the Borough to ensure they create jobs for local people • Reduce worklessness through employer led programmes such as the Haringey Guarantee • Focusing skills development on key growth sectors, ensuring employers have access to the required skills • Raising educational attainment to ensure people have the skills for work • Targeting of key groups ; young people, incapacity benefit claimants, users of council services and the low skilled • Ensure mainstream services e.g. childcare are focused on the challenge of worklessness • Ensure clear co-ordinated 'packages' of services — benefits advice / childcare are offered to help people into employment
Objective 2: Places — Transform Haringey into a place where more people want to live	• Transforming Tottenham — delivery of a new town centre, major residential development at Tottenham Hale, revitalising the area around Seven Sisters and maximising gateway opportunities centred on Tottenham Hotspurs FC to the north of the High Road. • Securing the position of Wood Green at the heart of the North London economy —by driving forward major mixed use development on the Haringey Heartlands east and west sites; creating an urban centre for the 21st century. • Transforming the Lee Valley — by taking full advantage of its status as one of the major business and housing growth locations for London and delivering the North London Strategic Alliance (NLSA) vision for the area. • Recapturing the Victorian vision for Alexandra Palace as a cultural, leisure and entertainment centre for the benefit of London. • Maximising cultural landmarks — including the redevelopment of Hornsey Town Centre and a town centre piece in Crouch End. • Ensuring neighbourhoods in Haringey that suffer long term poverty and deprivation, are integrated with new developments. • Attracting investment from central and regional government for improvements to transport and infrastructure; connecting people to key job growth locations.

Haringey's Regeneration Strategy:

Table 1: Priorities and Schemes in Haringey

Objective 3: Prosperity — Developing a 21st century business economy	• Unlocking the entrepreneurial talent in growth sectors such as: cultural and creative industries, food and drink production and distribution, professional services and hospitality, leisure and tourism retail. • Making use of new development opportunities in the Borough to create business space that better matches the needs of businesses. • Provision of good quality, simple to access, business support that businesses want and value. • Capitalising on Haringey's locational advantages and new developments order to generate new investment. • Delivering high quality Town Centres to ensure they meet the needs of demanding consumers. • Building on Haringey's diverse community to take advantage of innovation, global trade opportunities and promote entrepreneurship. • Make the relationship with the Council an asset for business by improving the quality and responsiveness of Council services. • Using the enormous procurement and purchasing power of businesses to create opportunities for local businesses.



Health and Wellbeing Strategy

The Health and Wellbeing Strategy (2012-15) in Haringey is informed by the JSNA, which sets out agreed priorities for collective action by commissioners.

Vision and Values

The vision of the strategy is: **"A healthier Haringey – to reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life."**

The outcomes identified below will enable the vision to be fulfilled:

- To give every child the best start in life
- To reduce the gap in life expectancy
- To improve mental health and wellbeing

Priorities and Schemes

A number of priorities have been identified to help achieve the outcomes desired in Haringey:

Table 2: Priorities and Schemes in Haringey

Outcome 1: **Every child has the best start in life**	• Reduce infant mortality • Reduce teenage pregnancy • Reduce childhood obesity • Ensure readiness for school at 5 years (physical, emotional, behavioural and cognitive)
Outcome 2: **A reduced gap in life expectancy**	• Reduce smoking • Increase physical activity • Reduce alcohol misuse • Reduce the risk of cardiovascular disease and cancer • Support people with long term conditions
Outcome 3: **Improved mental health and wellbeing**	• Promote the emotional wellbeing of children and young people • Support in independent living • Address common mental health problems among adults • Support people with severe and enduring mental health needs • Increase the number of problematic drug users in treatment

Commissioners

Commissioning draws upon the local commissioning strategies aligning values and priorities with the local health needs for each CCG area

Commissioning - Primary Care

The new world of the NHS has seen major reforms to the commissioning of healthcare services. NHS England now commission all Primary Care Contracts (for full commissioning responsibilities see Section 1) and the local CCGs are now responsible for commissioning elective hospital care, A&E services and Community and Mental Health Services.

This section looks at the new commissioners for Barking and Dagenham, Havering and Redbridge. identifying the key commissioning priorities presented within their individual strategies and their response to the Health and Wellbeing Strategy's top themes and the local health needs identified for the area.

'A Call to Action'

'A Call to Action' was published by NHS England in July 2013. The document sets out the national challenges ahead, such as an aging population, lifestyle risk factors in the young, the rise in the number of people with long term conditions and how these challenges, combined with rising costs and constrained financial resources all threaten the long term sustainability of the health service.

A Call to Action' identifies that while there are some impressive facilities in London, there is also a great deal of health care estate that is ageing and in need of improvement, if it is to support the improvement of services. Approximately 30% of primary care estate in London will not be fit for purpose in 10 years' time.

'A Call to Action' is an engagement process which is public and patient centred. It aims to produce data and information that the CCGs can use to develop a 3-5 year commissioning plan, setting out their commitments and how they plan to improve services. This engagement process is the broadest and deepest public discussion that the service has ever undertaken.

With the new world of the NHS looking for creative ways for integrated working, it is crucial that 'A Call for Action' and the CCG's new commissioning intentions deliver a commissioning strategy that builds upon joint working opportunities and partnership.

Five Year Forward View

The NHS Five Year Forward View (October 2014) sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that it can promote wellbeing and prevent ill-health. It sets out a vision of a better NHS, the steps it should now take to get there and the actions it needs from others.

What will the future look like?

1) A new relationship with patients and communities;

- Getting serious about prevention
- Empowering patients
- Engaging communities

2) New models of care;

- Multispecialty Community Providers (MCP); expanding the leadership of primary care
- Primary and Acute Care Systems (PACS); to better integrate care
- Urgent and emergency care networks; transitioning to a more sustainable model of care
- Viable smaller hospitals
- Specialised care
- Modern maternity services
- Enhanced health in care homes

Some of the change needed can be brought about by the NHS itself whilst others equire partnerships with local communities, local authorities and employers. The NHS has therefore set out complementary approaches required in order to achieve its Forward View:

- Backing diverse solutions and local leadership; driving change locally
- Providing aligned national NHS leadership
- Supporting a modern workforce; able to deliver innovative new care models
- Exploiting the information revolution; capitalising on the opportunities it presents
- Accelerating useful health innovation; supporting research to transform services and

Commissioning - Primary Care

improve outcomes

- Driving efficiency and productive investment; to sustain a high quality NHS

The results would be a far better future for the NHS, its patients, its staff and those who support them.

Putting Patients First: The NHS England business plan for 2013/14 – 2015/16

In 2013, NHS England published their first business plan as a new organisation. This Business Plan set out NHS England's ambitions and commitment to ensuring high quality care for all.

Since 2013, a great deal of transformational changes have been undertaken, which are detailed in NHS England's Annual Review for 2013/14. The revised Business Plan for 2014/15-2016/17 draws on the 'A Call for Action' strategy process which details 6 key characteristics for a sustainable NHS;

- Citizen participation and empowerment
- Wider primary care, provided at scale
- Modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective Care
- Specialised centres concentrated in centres of excellence.

The business plan also identifies a newly developed service model, which sets out a systematic approach to the way NHS England will work.

There are 7 components for the new delivery model;

- **Leadership for change**—NHS England plan to harness clinical leadership to ensure the best available research and evidence to inform decision making.
- **Engagement to mobilise**—Increasing patient experience, engagement and participation. NHS England will work to align themselves with their partners on any shared objectives
- **Spread of Innovation**—They will work systematically with leading edge health systems and organisations to back success and advance learning for the NHS as a whole. NHS England will support and encourage healthcare systems to learn from the best and learn from their mistakes.
- **Improvement methodology:** Support the development of the NHS commissioning system, providing tools, resources and guidance to support best practice.
- **Rigorous delivery:** Adopt a clear approach of business delivery ensuring rigorous and proportionate assurance and oversight of the commissioning system.
- **Transparent measurement:** Significantly increase the information available to patients and the public on quality and variation in services. The NHS England Board will act openly and transparently.
- **System drivers:** Working collaboratively with local and national partners to develop system rules, standards and incentives that create the conditions for improving services and outcomes.

Primary Care Estate

- The quality of GP premises in Haringey is 'inconsistent' - this is in line with NHS England's 'A Call to Action' which states that 30% of all GP premises will not be fit for purpose ion 10 years' time.
- Many GP practices across Haringey are in poor, non-statutory compliance and mostly needing replacement. Users should be encouraged to maximise usage rates and "sweat the asset".

Service Models

- Locality-based Integrated Community Care GP practices will be collaborating in localities focused on populations.
- Delivering on new provisions of GMS, designed to place the GP at the heart of care planning for patients at risk of emergency admissions — **investment in 7 day GP access.**

Commissioning - Primary Care

- Encouraging self-care management — telecare, telehealth.
- Encourage the merger of GP Practices—Move away from small, single-handed practices. Review options for co-location and integration.
- Joined up healthcare services across general practice, community services and hospitals resulting in a better experience, improved results and better value for money.
- GP Patient satisfaction surveying.

London's Health Commission

The London Healthcare Commission (LHC) is an independent inquiry established in September 2013 by the Mayor of London, to examine how London's healthcare can be improved for the benefit of the local community.

Findings show there are vast inequalities which need to be addressed to improve health outcomes. These are outlined below:

- Ethnical and cultural diversity;
- Extremes of poverty and wealth;
- Cost of living creating barriers to services;
- High and fast increasing life expectancy;
- Inequalities in life expectancy;
- Certain groups experiencing poorer health outcome (mental health, learning disabilities, ethnic minorities)

Vision and Values

The LHC aims to address inequalities by improving London's healthcare for the benefit of the population, under the following four themes:

- Improving the quality and integration of care;
- Enabling high quality and integrated care delivery;
- Healthy lives and reducing health inequalities;
- Health economy, research and education.

Findings

The LHC Recommendations Report (2014) outlines LHC's draft recommendations to the Mayor, which should have an overall impact on improving the health of Londoner's and reducing some of the inequalities (stage 1). These have been formulated under the following headings:

- Better health for all;
- Better health for London's children;
- Better care;
- Maximising science, discovery and innovation to enhance economic growth; and
- Making it happen.

Next Steps

The second stage of the process which will be conducted following the publication of the LHC report will include:

- Facilitate discussions on what is fair and equitable in the implementation of the recommendations to maximise the benefits and minimise the impacts as far as possible to reduce health inequalities;
- Prepare a reflective report on the LHC process with recommendations on how the GLA could implement such an approach in the future;
- Work with the LHC team to ensure recommendations are developed in a way that maximises health gain and reduces inequalities.

North Central London CCG Strategy 2015—16

The North Central London (NCL) Primary Care Strategy launched in 2012 to improve primary care across NCL. Over a 6 year period, £46.7million was ring-fenced for spend on primary care until 2014/15 across Barnet, Camden, Enfield, Haringey and Islington.

Vision and Values

"We want to ensure the sustainability of the NCL health economy and reduce the variability of services through an increase in the quality of the offer to patients, enabling all patients to access a wide range of integrated services from premises that are fit for purpose and with the support to manage their own care."

Priorities and Schemes

A list of priorities for delivering the vision is outlined below:

Table 3: Priorities and Schemes in Haringey

Priority 1: High Quality	We will ensure that we provide high quality care for all through a continued commitment to drive improvements in patient centred, clinically safe and effective care.
Priority 2: Coordinated	Through the way we deliver services, we will ensure care is coordinated around the needs of our patients.
Priority 3: Accessible	We will ensure that care is delivered in a way that is accessible to our population, which will contribute to an improved patient experience for our patients.
Priority 4: Proactive	Our practices will work in a proactive way to empower patients to take a greater role in their care, encouraging prevention and supporting people to receive the care they need in the community with which they live.
Priority 5: Workforce Development	We will develop our workforce ensuring that North Central London is a leader in primary care workforce development, ensuring we recruit the best staff and retain them securing the future of our workforce.
Priority 6: Premises	We will work towards ensuring that our premises are of the highest possible quality within the resources we have, seeking out opportunities for improvement.
Priority 7: Technology & Information Systems	We will develop our technology and information systems ensuring that these are fit for purpose to support our primary care services.

Better Care Fund Strategy Plan

The Better Care Fund (BCF) Plan (2014-16) is an ambitious programme across the NHS and Local Government which creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. The BCF is a critical part of the NHS 2 year operational plans and the 5 year strategic plans as well as local government planning.

Vision and Values

The vision for health and social care services for this community for 2019/20 is based around enabling independence through integration.

"By April 2019, we want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible."

Aims and Objectives

The objectives outlined below for the BCF are drawn from the Haringey Health and Wellbeing Strategy (HWBS), which identifies three key priority areas:

Table 4: Aims and Objectives in Haringey

	Children	Life Expectancy	Mental Health & Wellbeing
Aims and Objectives	Giving every child the best start in life by exploring further opportunities for integrated services for children.	Tackling health inequalities and the life expectancy gap through a focus on early interventions in Long Term Conditions.	Improving mental health and wellbeing through a focus on choice, control and empowerment.

Better Care Fund Strategy Plan

Priorities and Schemes

A list of local priorities was developed to understand and address people's experiences of health and social care:

Table 5: Priorities and Schemes in Haringey

	Understanding the Priority	Addressing the Priority
Priority 1: Access	Haringey people lack knowledge of what health and social care services are available and lack clarity about which access points should be used to obtain services.	Integrated services will be easy to access, through a single point of access. Health and social care pathways will be clearer and shorter with fewer 'hand-offs' including the use of a single assessment process and care co-ordination.
Priority 2: Safety	This theme is related to the confidence people have in both the health and social care services and staff. Comments included "Services should be monitored and take stock of where we are and where we are going" and "Social workers should really know what they are doing and be sufficiently qualified".	Integrated services will be well managed and provided by competent professionals and staff. Interoperable IT will support the work of staff to better manage patient and service user care.
Priority 3: Person Centred	"Being treated decently and with kindness". Haringey people emphasised that their care and support are intensely personal services and the ways in which they are delivered have a direct impact on both the quality of people's experiences and on their general sense of wellbeing.	Integrated services will be person centred and highly personalised to the experiences and views of the people who use them. Services will uphold peoples' sense of self-worth, focusing on peoples' assets and refusing to define people by their disabilities. Services will offer people as much choice and control as possible, which may include personal budgets.
Priority 4: Information	To exercise choice and control Haringey people need high quality up-to-date information which identifies available services and how to access them. They also stressed the need to protect personal information and for it to only be shared with their consent.	Integrated services will provide good and timely information, from a variety of sources including the voluntary and community sector. Consent will be sought before any personal information is shared with other services and professionals.
Priority 5: Self-Care	Haringey people are worried about being a 'burden' on carers and do not want services to take-over and do things for them, thereby, creating avoidable dependency. They want to maximise the amount of time they spend in good health and value services that help them to do things for themselves, supporting their independence.	Integrated services will enable individuals to do things for themselves through prevention of ill health, self-management of existing long term conditions and reablement towards independence when recovering from a period of poor health. Support will also be offered to carers, friends and families of patients and service users so that they can continue to care.
Priority 6: Team Work	Haringey people recognise that health and social care services that work together as one team, including the service user/patient, deliver a better experience and outcomes. Communication is seen as central to this: "I want people to speak to each other – pick-up the old telephone instead of unnecessary paperwork".	Integrated services will work together as one team, including the patient/service user, with clear and constant communication. Staff will come from primary, community, social and acute care services, as well as the voluntary and private sector, and include GPs, community matrons, district nurses, therapists and social workers.
Priority 7: Wellbeing	Older people in particular value services that promote wellbeing and reduce loneliness as expressed by one respondent "I want to see people, to have companionship, to have someone to talk to."	Integrated services will promote wellbeing and reduce loneliness through the building of community capacity and caring networks in partnership with the third sector. Services will better align responses to physical and mental health needs.

Haringey Outline Strategy 2014/15—2018/19

Haringey CCG has summarised its plans for the next five years in a 'Plan on a Page', which sets out what the CCG wants to achieve for the people of Haringey to improve their mental and physical health and wellbeing.

Vision and Values

The vision for Haringey is to **make primary care closer to home really work for all local residents.**

Table 6: Vision and Values in Haringey

Improved Health Outcomes	Population Centred	Self-Care	Partnership
Moving from buying healthcare to buying improved health outcomes as defined by residents.	A population centred approach to commissioning – fitting in with people's lives, improved and more flexible access.	Specifically promoting and supporting self-care where appropriate – the public empowered in their own care.	Strengthening and extending partnership working across the whole Haringey community.

Aims and Objectives

To achieve the vision, the following objectives have been outlined:

Table 7: Haringey Aims and Objectives

Objective 1: **Explore and commission alternative models of care.**	• Actively promote and support self-management in the most appropriate setting • Look at *"developing the most suitable settings for car, recognising that this will men reducing our spend in the acute sector"* • A global transformation of services and service providers
Objective 2: **More partnership working and integration as well as a greater range of providers.**	• Explore opportunities to extend integrated packages of support *"beyond our conventional partnerships with Adult Social Care and children's Services to include working with: housing, public health and the third sector."* • Look to expand our range of providers • Develop collaborative packages with other CCGs and work differently with NHS England • Work with partners to *"better define the ideal outcomes for residents"*
Objective 3: **Engaging communities in new / innovative ways to build capacity for populations**	• Build communities and social networks through a more positive approach which enhances existing strengths and resources within communities. • Think more creatively about providers, particularly how we work with community and voluntary groups.
Objective 4: **A re-defined model for primary care providing proactive / holistic services for local communities**	• Look at developing the role of practices in prevention and community interventions so our GPs are responsible for "health in Haringey" overall • Develop better mechanisms for case management. • Improving how primary care teams respond to complex needs; referring appropriately to more specialised services • Primary care will continue to work together to achieve quality improvements for patients, better access and economies of scale.

Engagement Strategy

Haringey CCG developed an Engagement Strategy (2014-15) which focuses on aspirations for engagement; required to focus on promoting wellbeing and preventing ill health. The CCG recognises a need to work with patients, carers, local people, voluntary and community groups and other agencies and together build healthier communities which have strong networks, friendships and trust. There is a need to make changes in the health service to meet the needs of an ageing population and the increasing number of people living with long term conditions, such as diabetes and asthma. A partnership with patients and carers is required to create effective service change.

Vision and Values

The vision for Haringey is to make primary care closer to home really work for all local residents.

Table 8: Vision and Values in Haringey

	Improved Health Outcomes	Population Centred	Self-Care	Partnership
Vision and Values	Moving from buying healthcare to buying improved health outcomes as defined by residents.	A population centred approach to commissioning – fitting in with people's lives, improved and more flexible access.	Specifically promoting and supporting self-care where appropriate – the public empowered in their own care.	Strengthening and extending partnership working across the whole Haringey community.

Aims and Objectives

The aims and objectives are outlined below:

Table 9: Haringey Aims and Objectives

Objective 1: **A global transformation of services and service providers.**	Explore and commission alternative models of care which actively promote and support self-management in the most appropriate setting.
Objective 2: **A greater range - as well as more integration - of providers.**	Explore opportunities to extend integrated packages of support "*beyond conventional partnerships with Adult Social Care and Children's Services to include working with: housing, public health and the third sector*".
Objective 3: **Engaging communities in new and more innovative ways to build capacity for populations to enhance their own health and wellbeing.**	Build communities and social networks through a more positive approach which enhances existing strengths and resources within communities.
Objective 4: **A re-defined model for primary care providing proactive and holistic services for local communities, supporting "healthier Haringey as a whole".**	Look at developing the role of our GPs so that they are responsible for "*health in Haringey*" overall – e.g. greater role in prevention and early intervention; navigation to other services including partner provider organisations such as the Local Authority.

Local Authority

Haringey council offers a range of services for local residents, to improve their health and wellbeing. This includes:

- Active for Life
- Alcohol Support
- Cancer Screening
- Diabetes Prevention
- Drug Addiction Support
- Immunisations and Vaccinations
- Infectious Diseases
- NHS Health Checks
- Pregnancy and Birth
- Sexual Health
- Smoking Cessation

Public Health Responsibilities

Public Health is concerned with improving the overall health and well being of communities and addressing inequalities. It encompasses three broad areas of work and diverse activities:

- Health Improvement — this includes programmes that work with individuals and communities to improve life styles. Examples are: support in stopping smoking, encouraging physical activity and NHS Health checks.
- Health Protection — this includes protection against communicable diseases and use of legal or regulatory powers to improve health. Examples are: immunisation and vaccination against childhood diseases, cancer screening programmes and traffic calming.
- Improving Health and Social Care Quality — this incorporates the production and use of best evidence and a description of the needs of a community. It is about working with others to ensure commissioning and provision of health care is of high quality, equitable, appropriate to the needs of the population and gives good value for money. Examples include Joint Strategic Needs Assessments and design of evidence based care pathways.

Public Health

The Annual Public Health Report (2014) includes two priority areas of focus:

Supporting people and communities

- Including new teenage parents
- Building community connections
- Providing free 24/7 online support
- Promoting recovery
- Supporting people with disabilities
- Schools
- Turkish and Kurdish communities

Challenging stigma and discrimination

- Among young people through sport
- Through Mental Health First Aid training for front line staff
- Through the MAC –UK Integrate Project

Recommendations:

- Ensure 'healthy public policy' to create a supportive environment to enable people to lead healthy, fulfilling, independent lives.
- Ensure that plans for the regeneration of Tottenham address factors closely related to poor mental wellbeing such as employment, poor quality housing and overcrowding, noise, 'ugly' environments and lack of green space, antisocial behaviour and fear of crime.
- Undertake a survey of issues affecting our residents' wellbeing to understand the key issues we need to focus on.
- The Council and partners to sign the Time to Change pledge - with clear plans to promote wellbeing and tackle stigma and discrimination against those with mental health problems.
- Develop a Mental Health and Wellbeing Framework to ensure a quality service offer that improves outcomes for service users.
- Continue to focus on the early years of a child, on the bond between parent and baby.
- We each need to look after our own mental health, support each other and build resilience in our communities.

Providers

Providers looks at local provider Annual Reports and Quality Accounts to identify how provider plans meet with the commissioning intentions identified by the CCG.

Providers

Ambulance Services

Ambulance services in Haringey are commissioned by the CCG and provided by the London Ambulance Service (LAS).

In 2013/14 LAS handled over 1.7 million emergency calls from across London and attended more than one million incidents. There is no specific mention of the delivery of ambulance services within Haringey. The CCG will need to ensure however that ambulance services are incorporated into their future commissioning plans for the locality.

Mental and Community Health Services

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH MHT)

The Trust provides a full range of child and adult community health services in Enfield and is increasingly integrating these with mental health services to provide a range of holistic services.

The BEH MHT Clinical Strategy 2013 – 18 presents a strategy for the future developments of the Trust's clinical services.

Current Estate

The Trust's current estate and facilities is presented below:

- St Michael's Hospital, Enfield
- St Ann's Hospital, Haringey
- Edgware Community Hospital, Enfield
- Baytree House, Enfield
- Springwell Unit, Barnet

Changes in Estate

The Trust is reviewing the future of the acute mental health inpatient beds at St Ann's in Haringey as part of the planning for the redevelopment of the overall St Ann's site. The following options are being considered:

- Retaining inpatient mental health beds at St Ann's in improved facilities or
- Consolidating the mental health beds for Haringey and Enfield in much more suitable, modern, facilities based at Chase Farm in Enfield

The future vision for the St Ann's Hospital site is to create a modern health campus with a sustainable mix of mental health and other services including the existing Moorfields Eye hospital, Whittington health services, North Middlesex Hospital and breast screening services, with a mix of new family houses and flats and public open space.

Acute Trusts

Whittington Health

Whittington Health (WH) provides general hospital and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden.

The organisation delivers care across North London and from 30 different locations in Islington and Haringey.

Current Estate

The Whittington Hospital is the main acute site situated in the borough of Islington. WH also has rights of occupancy over two further buildings:

- Highgate Wing
- Off-site residential accommodation at 220 Sussex Way, London, N19 4GH

WH is also responsible for providing community services previously managed by Haringey and Islington PCTs. The principle community estate lies at St Ann's Hospital site where WH occupies a number of buildings.

The community properties WH operates services from include:

- 1 -3 Edwards Drive
- Simmons House Adolescent Unit
- Hornsey Central Health Centre
- Lordship Lane Primary Care Centre
- Lansdowne Clinic
- Hornsey Rise Health Centre
- Northern Health Centre
- Tynemouth Road Health Centre
- New Stroud Green Health Centre
- Somerset Gardens Family Health Centre
- Stuart Crescent Health Centre
- Tottenham Health Centre

Additionally, WH takes responsibility for providing services from the following properties which are occupied either from a sub-lease or under the terms of a Service Level Agreement:

- Hunter St Health Centre
- Laurels Healthy Living Centre
- Bloomsbury Day Hospital
- Finsbury Health Centre
- New Park Day Centre
- 133 St John's Way
- Lordship Lane HC
- Hornsey Central HC
- Bingfield HC
- Partnerships P Care Centre
- Belsize Priory HC
- Crowndale HC
- Kings Cross PCC
- Kentish Town HC
- Hanley Road HC
- St Ann's Hospital

Changes in Estate

WH have been working closely with BEHMHT to facilitate the relocation and removal of WH departments where required as part of the BEHMHT site rationalisation programme.

Acute Trusts

North Middlesex University Hospital

North Middlesex University Hospital is one of London's busiest acute hospitals, serving more than 350,000 people living in Enfield and Haringey and the surrounding areas, including Barnet and Waltham Forest. Most of its patients live in Enfield and Haringey - about half in each borough.

Next Steps

This SSDP is the first stage of strategic planning for Haringey, producing high level recommendations formulated from a combined service review of strategic plans, for discussion by key stakeholders. The SSDP is a service driven document which will go on to inform the estate solutions for Haringey, delivering a joined up, cohesive plan for the CCG area.

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