

Report for:	Health and Wellbeing Board – 23 rd February 2016
Title:	Progress on establishing a Devolution Prevention Pilot (Healthy Environment and Sustainable Employment strands) in Haringey 2016-17
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1. Describe the issue under consideration

1.1 This report provides an update on the early progress of the Haringey Devolution Prevention Pilot including the results of scoping work carried out by the Council and partners, which covers:

- potential proposals as to the priorities/ focus of the pilot
- rationale behind the proposed priorities
- what work these priorities entail
- indication of the internal resources required to pursue these priorities and
- indication of what resources we would seek from external partners in order to pursue these priorities

The Pilot will have two strands. The Healthy Environment strand will be a series of projects in which we will carry out qualitative health research and focused licensing enforcement activity to expose the limits of existing licensing regimes (alcohol), or demonstrate the consequences where we have no positive licensing powers (Fixed Odds Betting Terminals and Tobacco). We will use the evidence gathered to make the case for new powers to be devolved to London (such as Minimum Unit Pricing).

The Sustainable Employment strand will focus on the whole system transformation required to develop a locally tailored employment support system that will be effective for those with mental health problems. We will be focusing on early help and prevention as well as more intensive support for people with severe mental illness.

2. Cabinet Member Introduction

2.1 Haringey is a borough that faces major challenges and inequalities around health and wellbeing. The life expectancy gap between the most and least deprived

wards is 7 years for men and 3 years for women. The borough is facing an ‘obesity crisis’. The number of people with long term conditions, such as diabetes and heart disease is increasing, and there are approximately 4,000 adults with severe mental illnesses.

- 2.3 The Council and its partners are determined to meet these challenges and improve the health of local residents at pace and scale. We recognise that nothing less than a whole system approach is required in which we embed health objectives in all policies and shift every partner’s core business towards prevention. Our vision for prevention is fundamentally to ‘normalise good health’. This involves shifting resources towards population level approaches that change norms of behaviour. It is about using the Council’s place-making role to shape the physical environment in which healthier decisions are made – recognising that where we live is the biggest determinant of our health. It is about breaking the reinforcing cycle of inequality, poor health and unemployment by working with employers and joining up services to prevent people with health problems becoming locked out of employment.
- 2.3 The Prevention Pilot will enable us to accelerate our progress towards this whole system approach to prevention. We will work with London and national partners to leverage the expertise and support we need to embed best practice, test the limits of existing powers, and build the case for devolution as a means of delivering prevention goals in London.
- 2.4 The Prevention Pilot is one example of our integrated approach, working with partners within the borough and other boroughs on a wider geographical footprint. Further information and examples of the benefits of this way are set out within Agenda Item 9: ‘Working with Partners – Integration of Health and Social Care Services’.

3. Recommendations

- 3.1 That the HWB notes the content of this report and the proposals for the development of a ‘Prevention Pilot’ (and the aims contained within the Healthy Environment strand and Sustainable Employment strand), as set out in appendix 1 below.
- 3.2 That the HWB notes the next steps in terms of submitting final proposals for the delivery of the ‘Prevention Pilot’ to the London Devolution Programme Board, by the end of February, and the suggested timetable for detailed project planning from April 2016.
- 3.4 That the Devolution Steering Group provides regular updates on progress to the HWB.

4. Reasons for decision

4.1 The level of health need in Haringey is set out in paragraph 2.1 above. The Council recognise that a whole system approach to the prevention of ill-health is required if the health of local residents is to be improved. In order to achieve this Haringey has become a 'Prevention Pilot', which means that it is exploring how it can use collaboration, integration and devolution (in London), to prevent health problems from developing. The pilot will test the limit of existing powers, and help make the case for powers to be devolved, with the aim of delivering a significant preventative effect. The pilot would be consistent with the Health and Wellbeing Strategy's vision for 'Place Shaping' and improvement of mental health and wellbeing.

5. Alternative options considered

There is the option not to proceed with the Pilot, but an expectation has been created by the public declaration of Prevention Pilot status at the December launch of the London Health Devolution Agreement.

There is the option to reject the proposals set out in appendix 1 and carry out further scoping to identify alternative proposals. The risk is that Haringey lags behind the other London Health Devolution Pilots, and misses out on opportunities to work with London and national partners. There is scope to continue developing proposals as the pilot progresses - i.e. to have a phase 2, such that the proposals in appendix 1 do not necessarily have to be the limit of what the pilot focuses on.

6. Background information

6.1 Haringey became a pilot for London Health Devolution when the London Health Devolution Agreement was announced on 16th December 2015. The Agreement is a framework/structure for London wide devolution regarding health and social care, signed by Government, NHS England, Public Health England, the 32 boroughs and CCGs and their London representative bodies. It sets up a governance system for closer integration and collaboration in London, and for managing the future, progressive devolution of powers and budgets. Alongside the governance structure, 5 London pilots have been established, to build the case for different aspects of devolution. The other 4 pilots are:

- Barking & Dagenham, Havering and Redbridge - developing an Accountable Care Organisation, where primary and secondary care are more closely integrated
- Lewisham - seeking to integrate physical and mental health services alongside social care
- Hackney - health and social care integration, aiming for full integration of health and social care budgets and joint provision of services. This will also have a particular focus on prevention

- North Central London (Barnet, Camden, Enfield, Haringey, and Islington) will run an estates pilot to test new approaches to collaboration on asset use. See below for details of Haringey's involvement in this pilot.
- 6.2 Haringey is a Prevention Pilot which means we are exploring how we can use collaboration, integration and devolution in London to prevent health problems from developing, or intervene earlier when problems emerge. It is about testing the limit of existing powers, making the case for powers to be devolved, and locally rewiring national systems so as to shift resources to prevention and early intervention.
- 6.3 Our declaration as a Prevention Pilot featured two overarching objectives:
- Healthy Environment - maximising licensing and planning powers to tackle alcohol, fast food, gambling and tobacco, and seeking new powers to create health enhancing environments where the healthier choice is the easy choice.
 - Sustainable Employment - integrating health and employment systems to intervene earlier to prevent the mutually reinforcing issues of ill-health and unemployment.
- 6.4 The Pilot is a partnership initiative - the pilot declaration was signed by LBH, Haringey CCG, police and Healthwatch. It was agreed that the Health and Wellbeing Board would be the ultimate governance body for the pilot.
- 6.5 The declaration was a high level document, providing only a general declaration of our objectives, rather than any detail on what types of powers, policies and interventions we would be exploring through the Pilot. To move the Pilot forwards we need to agree locally on what our specific areas of focus should be, what work this will entail, and crucially what support from London and national partners we require.
- 6.6 The onus is very much on the pilots to clarify their priorities and specify their support asks. The London and national partners behind the Agreement (including London Councils, London Office of CCGs, GLA, NHSE, PHE) are ready to provide support, particularly in terms of brokering contact with those government departments (DH, DCLG and DWP) that are expected to be the focus of the pilots' devolution asks.

Provisional timetable

- 6.7 There is no fixed timetable for the London Health Devolution Pilots - the impetus is meant to come from the pilots themselves. A sub-committee of the London Health Board will be responsible for progressing the London Health Devolution Agreement and will monitor the pilots, help share their learning etc, but this will not be an onerous monitoring regime. NHSE are organising a meeting of all the pilots in early

March which will be an opportunity to compare plans and progress. Based around this milestone we have been working to the following provisional timetable:

23 rd February	Health and Wellbeing Board reviews pilot priorities
24 th February	Pilot Steering Group agrees priorities
End of February	Letter sent to London and national partners laying out our pilot priorities and support asks
Early March	Meeting with other pilots
March	Detailed negotiations of support with London and national partners
April	Support agreed, detailed scoping of projects/development of business cases can commence
April 2017	Pilot report published, recommendations for devolved/new powers are made; where business cases for new delivery models have been agreed, piloting of new models commences.

Early progress

- 6.8 Since the New Year, initial scoping workshops have taken place involving a range of Council departments (Public Health, Policy, Planning, Licensing, Community Safety, and Economic Development) and local partners (CCG, GPs, CAB, Police, JCP, local VCS). We have also consulted with London and national bodies/experts to gain additional information, explore our ideas and confirm the viability of our emerging proposals. For example we have had conversations with Manchester City Council and the Home Office to understand more about Minimum Unit Pricing, and meetings with Islington Council to find out more about their Health and Employment Programme.
- 6.9 This scoping work has enabled us to identify some priority areas that we propose should be the focus of the Prevention Pilot. These cover both internal/partnership improvements that are within our gift, and things that require support from Government/external bodies.
- 6.10 The proposals template in **appendix 1** details these priority areas and outlines
- the rationale behind the proposed priorities;
 - what work these priorities entail;
 - the internal resources required to pursue these priorities and;
 - the resources we would seek from external partners in order to pursue these priorities
- 7. Contribution to strategic outcomes**
- 7.1 The Prevention Pilot has been conceived as one way of achieving the Corporate Plan's vision for enabling all residents to live healthy, long and fulfilling lives. The Health and Wellbeing Strategy identifies our key priorities - obesity, healthy life

expectancy and mental health - and the Prevention Pilot reflects these priorities with its focus on Hot Food Takeaway planning policies, alcohol licensing and employment support for people with mental health issues.

7.2 The Corporate Plan identifies working in partnership as one of the key means through which we will pursue our objectives. The Prevention Pilot represents a deeper form of partnership working, one that will may involve 'whole system' rewiring with local partners, and a new relationship with national partners involving data sharing, new forms of support and ultimately it is hoped the devolution of powers and budgets. The Prevention Pilot represents the next step in our strategic commitment to partnership working, and to take advantage of the opportunities presented by devolution.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance and Procurement

In general the spirit behind the proposals set out in this document seems to be about making best use of public resources through changes to powers and responsibilities, processes and systems rather than through seeking large amounts of new resource. As such the financial implications are limited. The appendices outline the local investment required from Haringey which will be met from our existing resources. In addition there are a number of asks from central government and other partners; the proposals will need to reviewed when it is clear which of these will be met.

The external resources identified for this project, external secondees or temporary posts funded by external bodies need to be appointed in line with Council procedures.

The Head of Procurement notes the content of the report.

8.2 Legal

8.2.1. The Assistant Director of Corporate Governance has been consulted in the preparation of this report, and makes the following comments.

8.2.2. In recognition of the importance of this initiative, legal input will be provided at Assistant Head level.

8.2.3. Confirmation can be given of the fact that all of the pilot initiatives set out in Appendix 1 of the report, are consistent with the two topics assigned to the Council under the London Health Devolution Agreement.

8.2.4. As the five devolution pilots have been intentionally configured to test the feasibility of delivering the reshaping of healthcare across London - with the consequential

opportunity to tackle the challenges which exist in this Borough – the Assistant Director of Corporate Governance confirms that there are no legal or Constitutional reasons which would stop the Board from adopting the recommendations contained in this report.

8.3 Equality

- 8.3.1 We know obesity levels are closely linked to deprivation - Year 6 children (10-11 year olds) living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas. There are large inequalities in life expectancy between the east and west of the borough (on average 8 years for men and 3 years for women). Health-related unemployment is also concentrated disproportionately in the east of the borough, where there is the greatest ethnic diversity and a higher proportion of disabled residents.
- 8.3.2 The Prevention Pilot has the potential to have a positive impact on equalities. It will explore how to maximise the use of planning and licensing powers to create healthy environments that reduce obesity. Tottenham regeneration will mean that it will be in east of the borough that there will be the greatest opportunity to exercise new health-promoting planning and licensing powers. The Pilot's employment strand will focus on residents with mental health issues who need employment support, and again it is anticipated that it will be residents in the east of the borough that will benefit most from this. The Prevention pilot therefore has the potential to help address the health inequalities in the borough.
- 8.3.3 Whenever the Prevention Pilot leads to changes in policy or the delivery of services, an Equalities Impact Analysis will be carried out for each individual proposal - as part of the Council's normal decision making process. Service user data will be analysed and steps taken to consult the people who are likely to be affected by the proposal.
- 8.3.4 More broadly it is an aspiration of the Pilot to carry out the exploratory and policy development work in collaboration with residents and service users - through co-design, service user interviews and representation in the Pilot's working groups. This will help ensure that equalities considerations always inform the work of the Pilot.

9. Use of Appendices

Appendix one – Prevention Pilot: Healthy Environment strand proposals

Appendix two – Prevention Pilot: Sustainable Employment strand proposals

10. Local Government (Access to Information) Act 1985

Not applicable