

Report for: Leader's Decision 16th May 2017

Item number: 5

Title: Haringey's Design Framework for Integrated Health & Care

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Ward(s) affected: All

**Report for Key/
Non Key Decision:** Non Key Decision

1. DESCRIBE THE ISSUE UNDER CONSIDERATION

Our vision for all adults in Haringey places an emphasis on the values which promote and maximizes an individual's independence, dignity, choice and control, shifting away from institutional care towards community and home based solutions where this is appropriate for the individual.

This paper sets out the progress made in developing a Design Framework for Integrated Health & Care in Haringey that seeks to enable this, ensuring all adults in Haringey are able to live Healthy, Long and Fulfilling Lives

It describes a framework between our public health prevention opportunities and our health and social care services that will help us address the demand and budget challenges faced by the system now and in the future

The Design Framework provides a shared point of reference for partners working across a complex and rapidly changing health and care landscape. Therefore ensuring a clear and consistent process and 'framework' to align the transformation and development of our health and care services, reducing the risk of fragmentation and missed opportunities to use limited resources more effectively.

It also underpins locally the work to develop the Haringey and Islington Wellbeing Partnership agreement which provides the opportunity to shape and integrate services across a wider footprint, and therefore accompanies this report to Cabinet.

2. CABINET MEMBER INTRODUCTION

Health and care services in Haringey are under significant pressure. In a borough where there is already a life expectancy gap of seven years between residents in the more affluent west of the borough and those in the east, recent reductions in central government funding mean that the council faces significant challenges in addressing health inequalities in Haringey.

Haringey's Design Framework for Integrated Health & Care provides a strong process and framework to align the transformation and development of our health and care systems. It also importantly represents a process that will help to keep our residents and those who use services at the centre of our decision-making and help us focus as a system on those people at risk of losing their independence and declining health.

Key to our efforts in creating a more sustainable health and social care system within Haringey is a greater focus on prevention activities with partners.

As a result of the approach outlined in this report the Council and its partners will be better able to support residents to access information and make healthier choices more easily; live more independent and fulfilling lives; receive responsive and high quality services from a range of networks; and have greater confidence that they will be safeguarded from abuse when receiving care.

3. RECOMMENDATIONS

- 3.1 To agree the approach set out Paragraph 6.9 and **Appendix 1** and that the Design Framework be used as the strategic point of reference in continuing to develop the Council's model of integrated health and care with key stakeholders and partners.
- 3.2 To agree the next steps set out in Paragraph 6.10 in the application of the Design Framework. That is to:
 - a. *Strengthen and align the Council and Haringey CCG approach to co-design*
 - b. *Establish shared governance arrangements with Haringey CCG to address shared challenges & opportunities*
 - c. Join-up analysis and services around different 'at risk' resident groups developing the Design Framework to reflect their specific circumstances e.g. those with Autism and Learning Disabilities and their carers.

4. REASONS FOR DECISION

Adult Social Care and Health partners in Haringey, Islington, North Central London, pan-London and Nationally are operating in a highly constrained environment, with demand projected to rise at a time when funding is under considerable pressure.

The changes that will determine the financial sustainability of local services and the quality of life for our residents requires action from a wide range of stakeholders, with health and care services aiming at the same outcomes of prevention and early help to maximise independence and wellbeing .

Residents and community groups have a central role in helping both develop and inform approaches, with all council services needing to have due regard for the way their policies and decisions can enhance, or hinder, the ability of our residents and communities to live healthy, long and fulfilling lives.

We need to address fundamental questions about how we use resources and deliver services differently with our partners and we need to continue to work on these challenges together. This agenda will only become more significant over the medium term and Haringey are playing a leading role in seeking innovative solutions as part of the Haringey & Islington Wellbeing Partnership and the NHS Sustainability and Transformation Plan across North Central London.

In that context, without a process and a framework to align the transformation and development of our health and care system, there is a risk of fragmentation and missed opportunities to use limited resources more effectively.

The Design Framework proposed in this paper provides a strategic point of reference for working across this rapidly changing landscape both as a council and with our partners. It will need to develop over time, for example to reflect the circumstances of those with more specific complex needs and their carers, but it represents a process that will help to keep our residents and those who use services at the centre of our decision-making.

5. ALTERNATIVE OPTIONS CONSIDERED

Initial thinking focused on the role of adult social services in developing a target operating model. However to continue with the design and development of adult social services without recognising the role of Public Health, Health and other key stakeholders, in shaping our work with partners within the Council, with local partners and across North Central London would risk fragmentation of health and care services and reduce the ability to coordinate resources for greatest impact across the local and wider system.

Secondly, developments to aim for a more fixed and detailed integrated target operating model across the whole health and social care system was also considered. However it's lack of flexibility with partners, feedback from stakeholders and opportunities to evolve our thinking together in a time of dynamic change helped to steer thinking towards a 'Design Framework' approach. This embeds our commitment to working closely with stakeholders in Haringey (such as Haringey CCG), into Islington (as part of the Wellbeing Partnership) and across North Central London (through the Sustainability and

Transformation Plan) to ensure our joint developments remain responsive and joined up as we move forward.

6. BACKGROUND INFORMATION

In June 2015, Cabinet approved a paper on developing a new Target Operating Model for Adult Social Services, which set out high-level principles for the redesign, aligned with three drivers for reform: the Care Act 2014; Priority 2 of the Corporate Plan 2015-18; and the Council's Medium Term Financial Strategy 2015-18.

These drivers have guided management actions and developments since the paper was agreed, particularly focused on delivering MTFs savings such as a focus on supporting people to remain in their own homes rather than residential care and instilling an enabling approach with practitioners as part of their practice. However the significant pressures on the health and social care system locally (as nationally) has provided the catalyst to drive forward the development of a clear design framework for health and care with Public Health and Haringey CCG to increase the scale and pace of our developments across the health and social care system.

Haringey is therefore ambitious to drive transformation, recognising we are operating in a very dynamic environment, in which we are trying to develop a model of integrated health and care that is *broader* than just delivering and commissioning as a single borough, and *deeper* than the traditional focus on health and care services.

Our ambition is not only reflected in the joint development of Haringey's design framework across Health and Social Care in Haringey, but also in the development of the Haringey and Islington Wellbeing Partnership agreement which provides the opportunity to shape and deliver transformational impact across a wider footprint - as outlined in; '*The Haringey and Islington Wellbeing Partnership Agreement*'

Within this emerging context we recognise the interdependency and immediate opportunities presented by both programmes, and are seeking to take advantage of, and build on, work that can be joined up or integrated to deliver the greatest impact on demand and costs, whilst improving the health and wellbeing of our communities.

6.1 Vision

Our vision for all adults in Haringey, and the guiding principle for all service transformation places an emphasis on the values which promote and maximize an individual's wellbeing, independence, dignity, choice and control, shifting away from institutional care towards community and home based solutions where appropriate.

This approach is embodied by Priority 2 of the Corporate Plan, which seeks to 'empower all adults to live healthy long and fulfilling lives', and is underpinned by

the following objectives:

- 1) A borough where the healthier choice is the easier choice
- 2) Strong communities where all residents are healthier and live independent fulfilling lives
- 3) Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
- 4) Residents assessed as needing formal care and /or health support will receive responsive high quality services
- 5) All vulnerable adults will be safeguarded from abuse

6.2 Challenges

The funding and demand challenges facing health and social care are severe. A key reflection of the challenge for Haringey Council is that it is estimated that in adult social care services the natural demand trajectory represents the equivalent of a c4% increase in costs every year. This is driven by increasing complexity of care needs for working age adults (LD, MH, PD), an ageing population, with large projected increases in the 65+ population, and rising prevalence of long term conditions, including dementia, diabetes and depression requiring more complex, and longer term interventions. At the same time Government funding to the local authority continues to shrink year on year.

Additionally Haringey's population faces levels of deprivation and health inequalities that are more comparable to the profile of inner-city, rather than suburban areas, yet Haringey has a comparatively smaller funding base to spend on adult care services than neighbouring inner city boroughs.

6.3 Evidence-based transformation

In response to the challenges we have put in place rigorous and systematic actions since early 2016. This included putting in place immediate measures to realise saving requirements, implementing service improvement approaches to provide strong foundations for next step developments, as well as building up engagement between Adult Social Services, Public Health and Haringey CCG to secure a consensus around the actions that could guide us coherently towards a more financially sustainable health and social care system.

Haringey's approach places an emphasis on moving towards services that promote and maximize an individual's independence, dignity, choice and control, shifting away from institutional care towards community and home based solutions.

This has been informed by evidence from the sector and from working with respected experts in the field, such as Professor John Bolton. As an indication of ambition for adult social services, the evidence suggests that if the early help offer is targeted and robust it can help support up to 75% of all adult care contacts without the need for formal support. It goes on to highlight that if the 'front door' to adult services and the reablement and rehabilitation offer is strong, it can take the percentage of those not requiring longer term support to 90%.

This evidence has pointed us towards developments (already delivering positive impact in other Local Authorities) that we have been able rapidly to learn from and begin to apply, in building the foundations for our approach. These include the following examples:

- Improving our 'front door' to services systems, processes and staff location to deliver better information, advice and guidance so that more contacts can be dealt with and, where appropriate, supported away from Adult Social Care. This has also included the redesign and continuing development to content and layout of Haricare and the Haringey Advice Partnership coming on line delivering IAG services.
- Ensuring more appropriate referrals are considered for reablement or short term packages of care that can support service users towards independence.
- Developing new approaches and improving the skills mix in hospital discharge teams to reduce unnecessary referrals to social care from hospitals.
- To inform the future model of Adult Social Care services we have instigated new approaches to delivering reviews to ensure we are maximising the wellbeing and independence of people in receipt of care, and only providing the best targeted and enabling support for the period it is required.
- To provide a stronger demand and performance management approach we have developed and introduced the Adult Social Care Performance Tracker. This has required considerable improvements in data recording and management and provides key measures that will allow the service to track and evidence the impact from remodelling and developing/improving services areas.

6.4 *Developing an Integrated Approach*

The evidence and the foundations that we developed reinforced the need to work in radically different ways to ensure we can address the medium and longer-term demographic, demand and cost pressures.

Therefore in 2016 we agreed a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG to ensure our vision of maximising wellbeing, independence and managing future demand pressures, whilst moving towards financial sustainability, would be delivered.

The road-map to the achievement of this was initially developed as part of an Integrated Target Operating Model (ITOM) project. This helped us to start to set out a clear and joined up framework for developing interventions to support adults who may develop or have health and care needs.

In particular, it started to provide a more coherent link between our Public Health prevention opportunities and our health and social care community support, early intervention and responsive high quality service intervention options; all of which are underpinned by the need to safeguard those people who are most vulnerable within our communities.

6.5 *Mapping 'as is' services*

To develop this approach further and to better understand the baseline from which a future model would be developed, we undertook a comprehensive 'As Is' service mapping that provided a detailed picture of the existing user pathway through Adults social care. This particularly highlighted the way the current configuration of services (including Front Door, hospital discharge, assessments and reviews) had limited the ability of Adult Social Services to manage its demand at an earlier stage and support people towards shorter-term support that maximised and maintained their wellbeing and independence.

In addition we were able to develop a comprehensive picture of the commissioning spend across the council, CCG and others (such as Homes for Haringey) that allowed us to map spend by commissioning and/or delivery organisation, service user group (e.g. mental health, learning disabilities, substance misuse), Prevention type (i.e. primary, secondary and tertiary) and Service type.

This provided a much clearer view of the health and social care pathway as it currently stands and has been overlaid with the existing and pilot activity to ensure that new opportunities identified throughout this process could be aligned with projects already in progress.

6.6 Embedding prevention

The centrality of prevention and early help to our approach guided innovative work that for the first time provides a clear guide for how prevention activities and services should be embedded.

This was consolidated into the 'Prevention pyramids', which forms a key part of our integrated design framework, showing how the prevention offer fits with the health and social care pathways and how key services commissioned and/or delivered across the council, CCG and partners, map across primary, secondary and tertiary prevention. This is explored in more detail in section 6.11.

6.7 Coproduction and Member Engagement

Coproduction and engagement with service users, carers, staff, Members and partners has been key in gaining an understanding of what is important to people to help them maintain their health and independence and to steer the development of our future ways of working.

Building on the feedback provided through the Better Care Fund programme and Haringey Council's Corporate Plan development a series of coproduction opportunities were held over the last twelve months, including stakeholder engagement workshops, one to one service user telephone interviews and Members Learning and Development Sessions.

These were in part designed to inform a strategic set of pithy, meaningful and readily understood statements that reflected, from an individual's perspective, what good looks like. These have been referred to as 'I statements' and are reflective of the Think Local, Act Personal approach outlined in *Making it Real - Marking Progress Towards Personalised Community Based Support*, which can be reviewed on the following link:

Collectively these statements are a starting point to begin to convey our shared ambition for Adult Social Services, Public Health and Health Services and explain how we will deliver on this. Our discussions with the Adult Social Care Planning and Oversight Steering Group have identified the need for these “I statements” to be developed further in the next steps, in order to fully reflect for example, the circumstances of those with more complex needs and their carers, recognising that the current statements are more generic rather than specifically tailored at this stage.

We recognise that coproduction and engagement with stakeholders is not a one-off activity but rather part of an on-going conversation. Therefore we committed with partners and stakeholders to develop and improve our approach to co design to both inform next step developments and measure the impact of implementation. This will ensure that those people affected are an integral part of all developments and evaluation, reflective of the disability rights movements’ slogan of *‘No decision about us, without us’*. This is outlined in more detail in section 6.12

6.8 Haringey’s Design Framework for Integrated Health and Care

Taking all of the information, feedback and learning gathered in the development phases of this work we recognised with partners in December 2016 that seeking to define a single and fixed ‘integrated target operating model’ across health and social care would not provide the flexibility required in such a changing and dynamic environment.

However we also recognised that to avoid the risk of fragmented or poorly aligned service development across the health and care partnership, we should use all of the work to date to inform a ‘Design Framework for Integrated Health and Care’ that would provide us with a shared and agreed point of reference to guide health and care transformation and development.

Therefore we have amalgamated all of our work to date into Haringey’s Design Framework (**see Appendix 1**). This offers us a common language and a conceptual model around the need to consider the health and wellbeing of the whole population (set out in the Prevention Pyramid), a set of guiding principles to test the strategic orientation of our projects (set out in the Design Principles) and offers an initial version of the ‘target user experience’ and outcome metrics that we are aiming towards (set out against the Priority 2 objectives from the council’s Corporate Plan).

This approach is not designed to be a single way of approaching transformation or service development, but we are proposing with Haringey CCG to apply it as a valuable point of reference as we seek to progress work with local partners, in other boroughs and with other services and sectors more widely.

To this end the design framework and its intended use, and proposed next steps have been agreed and endorsed to progress (pending Cabinet endorsement) by

Haringey CCG as part Joint Executive Team with Haringey Council and at the CCG Governing Body seminar.

6.9 Haringey's Design Framework – Three Key Components

A summary of the development of Haringey's Design Framework to date (slides 1 to 4) and the key components of the framework (slides 5 to 15) are represented in a presentation attached as **Appendix 1** for consideration. The following provides some additional narrative with regards to the key components to support the presentation.

The Design Framework contains three key components that we will continue to develop and build on with our partners and stakeholders across Haringey, as well as with Islington and the wider North Central London. The components are:

A. The 'Prevention Pyramid'

The 'Prevention Pyramid' sets out our whole population approach to health and wellbeing, reflecting the need to consider how we can support healthy, long and fulfilling lives for everyone by preventing or intervening early.

It sets out the contribution that is made to health and wellbeing by what happens in and is provided by partners within our communities and the overall policy and place-shaping decisions we make.

An example for those who are at risk of or have suffered a stroke is set out to highlight what and where we are undertaking across health and care to strengthen prevention and management of this condition.

In addition there are different health conditions (e.g. diabetes) and groups of vulnerable people (e.g. those with a Learning Disability or who are frail), where mapping our whole population approach to developing and allocating resources will help us deliver maximum impact for those at risk. In consultation with stakeholders it was recommended that developing these should be part our next steps.

B. Design principles

The design principles provide the criteria for all of our system wide development and transformation to ensure strategic fit of each of the parts to the overall direction of travel for health and care.

The principles reflect how we know our offer needs to change if we are to balance the constraints and the aspirations we have for health and care.

- **Prevention** – taking every opportunity to support healthy and fulfilling lives by preventing the emergence or escalation of health and care needs and reducing the long-run need for services
- **Stronger in communities** – working with residents, the voluntary sector and providers to ensure more of their needs can be met in a community setting and reflect their personal networks and relationships
- **Maximising wellbeing and independence** – helping residents, patients and service users to find ways to maintain control of their lives and their health and to receive services that are proportionate to changing needs and capabilities
- **Integrating health & care** – designing and commissioning services jointly so that resources are allocated in the most effective way and residents’ experience of maintaining or regaining their health and independence is joined-up and supportive
- **A fair & equal borough** – recognising the diversity of our communities and how different groups experience risk and vulnerability so that we can reduce inequalities in their health and wellbeing
- **Co-design** – ensuring that we actively engage and work with all stakeholders in identifying the detailed models of future services and how we will be using our resources, in particular working with users, carers and their representatives in a transparent and evidence-based

C. Objectives and Outcomes

The Objectives and Outcomes are based around the five objectives for Priority 2 in the Council’s Corporate Plan and are designed to ensure that we develop the right interventions, at the right time, in the right place to enable people to live healthy long and fulfilling lives.

We have developed and are committed to continue to evolve the strategic set of person-centred ‘I statements’ that summarise our shared aspirations for how Haringey residents will experience integrated health and care. In many cases, these do not describe the system as it currently works for people but indicate how we think it needs to work in future and how we can test it reflects what people tell us is important.

We have also revised the outcome metrics for each objective to ensure we are aligning our transformation work with the outcomes that matter most.

We recognise that the Design Framework in its current form cannot reflect the diversity of experience or needs of our population, particularly those who need specialist services, so we are recommending that we build on the strategic framework by exploring with service users and carers how it applies to different groups of vulnerable people.

6.10 Applying the Design Framework & Next Steps Recommendations

As described Haringey’s Design Framework has been developed to provide a point of reference and set out our ongoing process and approach to whole system transformation. As such, there are a number of next step developments that follow from endorsing this approach that we are recommending with Haringey CCG:

A Strengthening and aligning our approach to co-design

Co-design has been established as one of the design principles that will determine how we develop our future health and care models. Through working with the Adult Social Care Oversight and Planning Group, which is made up of user and carer representatives, the chair of Healthwatch and senior officers, we are defining and affirming this as central to our way of working in future.

It is recognised that Co-design involves a commitment to ensuring that service clients and carers (experts by experience) are involved at the beginning of a process, working with professionals on an equal footing with the same value being given to everyone's contribution.

A co-design culture in an organisation takes time to develop and embed as it involves a very different way of working, defining and valuing knowledge. Professionals have to accept that they are not the sole experts on the subject and they need to be skilled in active listening and working as equals in mixed groups of other professionals and experts by experience.

Commitment to co-design involves forward planning to identify all those future activities where this approach will be appropriate and to give time to recruit suitable experts by experience. There is significant transformation underway across adult social care and health services currently generating a range of different opportunities for engagement and co-design, which needs effective oversight and coordination.

We are therefore reviewing jointly with user and carer representatives whether our current arrangements for resident involvement provide the oversight and the opportunities for co-design required to deliver on the principle in the Design Framework.

In particular we will be seeking balanced representation from those with varying experiences, including users of mental health services and patient representatives via the CCG to inform the co-design of integrated health and social care services.

We are still developing and agreeing the practicalities of taking this forward but in principle we would look to embed a clear and transparent coproduction approach throughout all integrated care developments. This would include evolving the 'I Statements' further to get a deeper understanding of the resident experience and helping shape approaches that ensure adults in our communities have healthy long and fulfilling lives.

Appendix 2 'The Principle of Co-Design' prepared by the Adult Social Care Oversight and Planning Group, begins to set out our discussions and direction of travel in developing a shared commitment.

B Establish shared governance to address challenges & opportunities

Agreeing the design framework as our approach for developing integrated health and care will place us in a stronger position as the national and regional landscape changes.

Strategically, as an example, ensuring that the health and care system in Haringey (and across wider footprints) is able to demonstrate its maturity in terms of integration will become more important as part of the emerging 'Integration 2020' agenda.

Details of how we will be tested against this have not yet been published but as one of three pilot sites nationally, informing the DoH integration 'balanced scorecard', we do know that the components in the design framework are consistent with early indications.

We also have a number of important and complex local agendas that are driven by the Sustainability and Transformation Plan for North Central London, notably the development of Care Closer to Home Integrated Networks. The design framework will help to make explicit the design principles and user experience that should be considered in developing an effective model for Haringey.

As this and other developments will be reliant on clear governance and accountability structures across partners it is recommended that we establish a 'design authority' across the programme and with partners.

This will ensure programme-level oversight of how our projects (including those being implemented jointly with the CCG, Islington or NCL) are incorporating the design principles and are aligned to any agreed 'I statements' and outcome measures.

C Joining-up analysis and services around different 'at risk' resident groups

As outlined in section 6.11, in developing the 'Prevention Pyramid', the value of understanding and mapping our whole population approach to different health conditions and vulnerable groups of residents is regarded as an important next step.

This will ensure that we both develop and allocate resources that will help us deliver the best outcomes with the resources we have. Those groups of people where this has been highlighted as important include those with, learning disabilities, mental health conditions, people who are becoming frail, and those at risk of CVD & diabetes. However we will work with partners and stakeholders, using the evidence of where we should be targeting our effort to inform next steps.

7. CONTRIBUTION TO STRATEGIC OUTCOMES

The Design Framework for Integrated Health & Care builds directly upon the strategic outcomes and objectives set out in Priority 2 of the Corporate Plan 2015-18. Developing the framework has required and enabled extensive discussion with CCG colleagues about the shared contribution of the council and health services to the Priority 2 outcomes, many of which relate directly to the

health and wellbeing of our residents (for example, prevalence of hypertension) and to the effectiveness of local services (for example, delayed transfers of care).

The Design Framework also builds upon the cross-cutting themes in the Corporate Plan through the Design Principles, which will support officers, Members and partners in testing that the design of future services is aligned to our overall strategic direction of travel in a way that is clear and consistent. In particular, the principle of prevention and the related development of the prevention pyramid as a conceptual model for evaluating our local offer has provided a significant additional contribution to the prevention and early help theme from the corporate plan.

8. **STATUTORY OFFICERS COMMENTS**

Finance:

The Design Framework for Integrated Health & Care will facilitate the achievement of the council's Priority 2 strategic objectives and MTFs outcomes and enable the development of a sustainable adult health and social care system. These will be driven by improved partnership working and co-production which will enable more effective use of available resources.

Procurement:

Strategic Procurement notes the contents of the report. The Design Framework approach and focus on integrated working and co-production with the Council's stakeholders and partner agencies is both ambitious and welcome.

Importantly, the outlined approach will maximise efficiencies and resources in the design, delivery and implementation of wide ranging, transformative care and health strategies, focussed on enablement and prevention. This should create the deepest impact on the health and well being of the borough's adult community enabling them to live, healthier, independent and fulfilling lives in a challenging demographic and fiscal environment

There are, however, no procurement implications at this stage.

Legal:

The Design Framework which includes promoting individual wellbeing and independence, prevention and co-production/co-design would facilitate the discharge of the Council's obligations under the Care Act 2014. The integrated approach with Haringey CCG is in accordance with health and social care legislations which actively promotes health and social care integrated working and partnership arrangements to improve the health and wellbeing of residents.

Equality:

The Council has a public sector equality duty under the Equality Act (2010) to have due regard to the need to:

- a) Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- b) Advance equality of opportunity between people who share relevant protected characteristics and people who do not
- c) Foster good relations between people who share relevant characteristics and people who do not.

This duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Design Framework will help the Council develop and deliver more effective health and adult social care services that meets the needs of residents, promotes independent and healthy living and supports these services in a financially challenging climate.

The next steps in developing the framework include:

- a) Strengthen and align our approach to co-design: Consideration will be needed to ensure all groups are encouraged and able to participate in the co-production process, including offering reasonable adjustments when appropriate
- b) Establish shared governance arrangements to address shared challenges and opportunities: Within governance arrangements, consideration will be needed to ensure that the decision maker(s) are able to pay due regard to the Public Sector Equality Duty in an effective manner
- c) Join-up analysis and services around different 'at risk' resident groups developing the Design Framework to reflect their specific circumstances: Consideration will be needed to ensure this incorporates the needs and inequalities experienced by people with different protected characteristics.

9. APPENDICES

Summary of Design Framework Presentation (Appendix 1)
The Principle of Co-Design Paper (Appendix 2)

10. Local Government (Access to Information) Act 1985 No background papers are included