

**Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee**

**Title: Locality Working – Developing Place Based Services in Islington**

**Report Authorised by:**

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**Lead Officers:**

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Rachel Lissauer – Director of the Haringey and Islington Wellbeing Partnership.

## **1. Purpose**

- 1.1 To describe Islington’s approach to developing and testing locality based services, starting with a prototype in North Islington.
- 1.2 To seek support from partners on the Joint Health and Wellbeing Board at an early stage in our process of developing locality based services in Islington.

## **2. Recommendations**

- 2.1 The Joint Sub-Committee is asked to support scoping and development of Islington’s place based care proposal, as outlined below.
- 2.2 Members of the Joint Sub-Committee are asked to consider how we can share learning across Haringey and Islington in our approaches to place based care and also to consider if there are any areas where we need a common approach.

## **3. Describe the issue under consideration**

- 3.1 Our joint working, through the Wellbeing Partnership provides a strong structure and focus for integration. Over the past 12 months the development of 3 care closer to home integrated care networks (CHINs) in Islington (and paralleled in Haringey) has seen GP practices working collectively with other services to improve population health. The next stage of place based working can build on work in the CHINs to bring in a wider set of partners and develop a greater ambition in terms of collective working and the outcomes we want to achieve. We can also draw on the success of, among others, our integrated delivery model for early years, Bright Start, which has seen the council and Whittington Health collaborate in new and exciting ways.
- 3.2 We are now in a position to move to the next level with our work. We propose to do this by fully exploring the provision of place-based integrated services, starting with a prototype in North Islington, for an all-age, community-focused approach. We are calling this piece of work a ‘localities programme’.

- 3.3 We will take an all age approach that recognises that people are part of families and communities and rely on all of the assets and resources in the place where they live. We will build on the existing work in many parts of the council as well as primary care in a more joined up and holistic way recognising that lifestyle choice and changes, use of community services and assets and good quality housing have more impact on people's health and wellbeing than good quality clinical care.
- 3.4 We know that people are experts in their own lives. Providing high quality advice, support and universal services that keep people independent and able to care for themselves and their families will be at the heart of what we do. We want to support people at home and in their communities with high quality, consistent care when needed. We will make best use of all the assets in a place, whether that be the budget, the multi-agency workforce, buildings, leisure and recreation facilities or the local voluntary and community sector offer. We will aim to co-locate and integrate the workforce where possible.
- 3.5 This place-based approach and integration across care pathways requires a very different way of managing resources, involving joint decision-making between health and the council, sharing estates and potentially even management and services.
- 3.6 The key partners involved in this work are: Camden & Islington Foundation Trust, Whittington Health, Islington CCG, Islington GP Federation and Islington Council. Within the council, a whole range of departments are involved, principally children's and adults services, housing, Public Health and employment and skills services, reflecting the breadth of contribution local government services can make to wellbeing and the wider determinants of health. We want to work closely with the voluntary sector and have already begun engagement through Voluntary Action Islington.
- 3.7 We are proposing to develop this work as a partnership through a co-design and prototyping approach. We will start with North Islington as a locality, then seek to move to full roll-out across the borough fairly rapidly but in a test-and-learn way that enables each locality to learn from the others and to develop its own ways of working within the overall parameters and according to the needs and priorities of the locality.
- 3.8 Our immediate next steps are to hold a set of design days with a mixed audience including frontline staff, service users and carers as well as managers and elected members. Following that we will develop the prototype operating model in collaboration with a multi-agency practitioner group and a group of experts by experience.

#### **4. Contribution to strategic outcomes**

- 4.1 This programme of work is crucial to delivery of the council's Corporate Plan outcomes, as well as the joint Health and Wellbeing Strategy.

## **5. Statutory Officer Comments (Legal and Finance)**

### Legal

- 5.1 No legal implications, although any proposals changing service delivery will require individual legal advice to ensure legal compliance.

### Chief Finance Officer

- 5.2 One key goal of place based working is to manage demand for high-cost specialist services more effectively across the system. If this work is successful, then the long-term impact should be very positive for the financial position of the partner organisations. In the short and medium term there may be efficiency savings identified but there is also likely to be investment required to transform the offer. Once this has been scoped in detail the finance leads and senior teams of all organisations will need to work together to resource the programme and consider how to share any potential savings.

## **6. Environmental Implications**

- 6.1 None.

## **7. Resident and Equalities Implications**

- 7.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.
- 7.2 This proposal should represent a significant opportunity to advance equality of opportunity and promote good relations, by improving the partnership between public sector partners and with the voluntary sector to strengthen community connectedness, health and wellbeing outcomes, and focus on the wider determinants of health, all of which are significant factors in inequality in Islington. A full resident impact assessment is attached.

## **8. Use of Appendices**

Appendix 1: Resident Impact Assessment

## **9. Background Papers**

None.