

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

**Title: Locality Working – Developing locality-based care in Haringey**

### **Report Authorised by:**

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### **Lead Officers:**

Beverley Tarka – Director of Adults and Health, Haringey Council,

Dr Will Maimaris – Interim Director of Public Health, Haringey Council,

John Everson – Assistant Director of Adult Social Care, Haringey Council,

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

## **1. Purpose**

- 1.1 To describe Haringey's approach to developing and testing locality based care in North Tottenham;
- 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 care in Haringey.

## **2. Recommendations**

- 2.1 The Joint Sub-Committee is asked to support development of Haringey's locality based care as discussed 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 locality based care and also to consider if there are any areas where we need a common approach.

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

### **Background**

- 3.1. Locality based care is about taking a partnership approach to improving population health and wellbeing outcomes in a defined population. This is not just about commissioners and providers working together to deliver integrated health and social care. It is also about how we engage and involve residents, community and voluntary sector groups and other partners such as housing organisations, schools and businesses in improving health and wellbeing. Furthermore, the approaches we take are not just limited to the provision of integrated, accessible health and care services, but might also include community development and place shaping approaches. Locality based care is about making the best use of assets in a local area, whether these assets are health and care budgets, buildings, local communities, leisure facilities and parks or businesses.

- 3.2. In Haringey we have a good foundation to build on to take locality based case forward. In terms of integrated care, we have been seen as an exemplar in our development of integrated locality health and care teams and on our joint work on developing patient-centred, joined up hospital discharge pathways. Whole systems work on stroke has seen a reduction in early death rates from stroke by 33% since 2012-14. We also have good foundations to build on in terms of our links to the community and voluntary sector, both in terms of direct provision of services and also in terms of work to understand the needs and perspectives of our residents about health and wellbeing. In terms of locality based working, over the past 12 months the development of 3 care closer to home integrated care networks (CHINs) 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. It can also build on other initiatives such as the Council's Community First approach which is scoping opportunities for a new prevention and early intervention model that cuts across all organisational boundaries (see appendix)
- 3.3. In Haringey, we are proposing that we take forward placed based working in a defined locality in the East of Haringey. We are provisionally looking at North Tottenham as an area of focus. This might include all or parts of the following wards: White Hart Lane, Northumberland Park, West Green, Bruce Grove and Tottenham Hale.
- 3.4. We are focussing on North Tottenham because of the inequalities in health and wellbeing currently experienced in this part of the borough. There is a 17 year gap for women and 15 year gap for men in years in healthy life expectancy in Haringey between our most affluent populations in West Haringey and the most deprived populations in East Haringey. In addition, people living in Tottenham have worse health outcomes throughout the life course than the west of the borough. These outcomes include childhood obesity, early death rates from cardiovascular disease and increased prevalence of serious long-term mental and physical health conditions such as diabetes and schizophrenia.
- 3.5. Focussing on North Tottenham will allow us to build on existing locality based initiatives in the area. Some of these are described in the appendix to this paper and include:
- The East Haringey Care Closer to Home Integrated Network (CHIN), which is focused on improving care for people with type 2 diabetes and includes partnership working between Whittington Health, Haringey's GP federation and voluntary sector care navigators.
  - Local area-co ordination – with a community based local area co-ordinator based in White Hart Lane ward, who works with residents and communities in an open way that is not based on formal referral to
  - Social regeneration work
  - Locally based support for children and families including
    - Early Help locality teams for children and families
    - Park Lane Children's Centres
  - Work led by Homes for Haringey

### **What we have done so far**

- 3.6. An initial scoping meeting for locality-based care was held in September 2018 of local health and care partners including representatives of North Middlesex University Hospital NHS Trust, Whittington NHS Trust Haringey GP federation, Homes for Haringey, Haringey Clinical Commissioning Group and Haringey Council and the Bridge Renewal Trust. At this meeting partners agreed that North Tottenham could be a geographical area of focus to test how we further develop locality based care in Haringey. It was noted that community involvement and community development approaches would need to be a key part of our plans.

### **What we are doing next**

- 3.7. In mid-December 2018 we are holding a facilitated workshop to firm up our plans for locality based care in North Tottenham. This will bring together front line staff working on improving health and wellbeing in North Tottenham including those involved in the initiatives described in section 3.5 above as well as senior managers from Health and Care organisations in Haringey to:
- Identify key health and wellbeing outcomes we should be collectively focusing on
  - Understand how health and care, community sector, housing and other front line staff teams are currently working to improve health and wellbeing of residents
  - Hear about issues commonly raised by service users and residents
  - Understand how front line teams would like to work differently to improve the wellbeing of residents
  - Develop short and long-term priorities for improving integration and join up of care
- 3.8. Following on from the workshop we will develop both short and longer-term plans for developing locality based care. Short-term plans will include interventions and service changes that can begin to be tested by teams already working on the ground in the first half of 2019. Longer-term plans will look at the wider issues needed to support locality based working including
- Designing services in innovative ways and how we involve residents in this
  - Developing priority outcomes, which might for example include:
    - Improving emotional wellbeing in children and young people
    - Improving outcomes (e.g. employment) for young people with and without care needs moving into adulthood
    - Supporting people to live well with long-term conditions (building on diabetes work in the East Haringey CHIN)
  - Thinking about how we use our shared estates differently
  - How we collectively manage and use our financial resources to improve outcomes for residents
  - How we develop shared systems of governance across organisations.

It is proposed that the Haringey and Islington Wellbeing Partnership will review and steer Haringey's place based approach, encouraging shared learning with the approach taken in Islington.

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

4.1 This work has the potential to contribute to the following strategic priorities and outcomes:

Haringey Health and Wellbeing Strategy 2015-18 (all 3 priorities):

- Reducing Obesity
- Increasing healthy life expectancy
- Improving mental health and wellbeing

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

##### Legal (Haringey)

5.1 The issue under consideration and the recommendation falls within the terms of reference of the Board to encourage joint consideration and co-ordination of health and care issues that are of common interest to both Haringey and Islington.

Chief finance officer (ref: CAPH18-31)

5.2 There are no immediate financial implications arising from this paper, which at this stage sets out proposals and next steps.

#### **6. Environmental Implications**

6.1 Environmental implications for the planned work identified in this report includes that associated with office usage (energy and water use, waste generation) and publicity (use of resources for leaflets, if used).

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

7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

7.2 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

7.3 Locality based care will aim to tackle health inequalities in Haringey including the 17 year gap in healthy life expectancy for woman and 15 year gap for men between least and most deprived parts of the borough (Public Health England data).

**8. Appendices**

Examples of relevant current initiatives linked to locality based care and map of Haringey, showing deprivation by locality.

**9. Background Papers**

None.