

**Report for:** Health and Wellbeing Board – 3 October 2016

**Title:** Population Health – Challenges, Similarities and Differences Across Haringey and Islington

**Report authorised by :** Julie Billett, Joint Director of Public Health (Camden and Islington)

**Lead Officer:** Mahnaz Shaukat, Head of Health Intelligence, Islington Council

**1. Describe the issue under consideration**

- 1.1 This report and the attached presentation provide the Joint Health and Wellbeing Boards of Islington and Haringey with an overview of the demographics and population needs of both boroughs, drawing out key similarities and differences.

**2. Recommendations**

- 2.1 To note and comment on the information in the presentation, particularly the opportunities and challenges facing the two boroughs.

**3. Background Information**

- 3.1 Overall the populations of Haringey and Islington have similar health and care needs and both boroughs face similar challenges to improving health and care outcomes for their residents. These shared needs, together with a focus on common health and wellbeing priorities and on reducing health inequalities and a shared provider landscape, provide significant opportunities for working across both boroughs to integrate health and care and to improve population health outcomes for residents.
- 3.2 Engagement with residents, service users and carers in both boroughs, as part of integrated care and service transformation developments locally, have also identified very similar issues and concerns amongst the residents of both boroughs, including: the desire for a more coordinated and seamless experience of health, care and support services; easy access to quality services, including those services that support people to stay well; services that promote choice, control and independence; and an holistic approach to addressing health, care and wider social needs.

- 3.3 The concept of population segmentation is introduced as a way of grouping the population according to similar health and care needs. The model presented segments the population into four segments; those who are healthy, those who are at risk of developing long term conditions, those who have 1-2 long term conditions and those who have 3 or more long term conditions. By segmenting the population in this way, we want to understand the needs and health and care experience of these groups in order to plan and provide better, more integrated health and care. The model is currently based on anonymous health data relating to individual residents and patients. An ambition going forward is to explore the potential for more sophisticated ways of segmenting and understanding our populations' health and care needs, including those wider determinants and risk factors for health and wellbeing at both the individual, family and household level.
- 3.4 A copy of the presentation is attached at Appendix A. The information provided to the Boards will help inform their decisions to enable the shared challenge of improving population health outcomes, care quality and system sustainability in both boroughs, in face of the significant financial constraints.

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

The Haringey and Islington Wellbeing Partnership involves the organisations that provide and commission a significant proportion of the social and clinical care for residents of Haringey and Islington. The focus of the partnership is to work together on preventing poor health and on achieving demonstrable improvements in health care outcomes. The use of evidence and analysis to understand current and future health and care needs should be used to help determine what actions the partnership needs to take to improve the health and wellbeing of the local population and reduce health inequalities.

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

##### **5.1 Legal**

The Health and Social Care Act 2012 states that every local authority must establish a Health and Wellbeing Board for its area. Both Islington and Haringey's Health and Wellbeing Boards are responsible, on behalf of their Councils, for promoting the health and wellbeing of local residents. They must encourage integrated working and commissioning between health and social care services in order to secure the best possible health outcomes for all local people and reducing health inequalities, based upon the joint strategic needs assessment and the joint health and wellbeing strategies. Health and Wellbeing Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Well-Being Board meetings.

## 5.2 Finance

There are no financial implications arising directly from this report.

## 6. **Environmental Implications**

6.1 There are no significant environmental implications arising directly from this report.

## 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 A resident impact assessment has not been completed because an assessment is not necessary in this instance.

## 8. **Use of Appendices**

Appendix A – Presentation

## 9. **Background papers**

None.