

MINUTES OF MEETING CABINET MEMBER SIGNING HELD ON Tuesday, 16th May, 2017, MEETINGACTUALTIMERANGE

PRESENT:

Councillors: Claire Kober

ALSO ATTENDING: John Everson, Stephen Lawrence Orunwense, Ayshe Simsek

11. FILMING AT MEETINGS

The Leader referred those present to agenda Item 1 as shown on the agenda in respect of filming at this meeting and asked that those present reviewed and noted the information contained therein.

12. URGENT BUSINESS

There was no urgent business to consider.

13. DECLARATIONS OF INTEREST

There were no declarations of interest.

14. HARINGEY AND ISLINGTON WELLBEING PARTNERSHIP

The Leader was aware in her role as Chair of Health and Wellbeing Board, that organisations in Haringey and Islington have been working ever more closely together to address the health and care needs of the population. Service redesign, through integrated working, as this approach enables better provision of services in the future.

Health and care organisations in Haringey and Islington wanted to formalise this approach and were doing so by signing up to the attached Haringey and Islington Wellbeing Partnership Agreement (**Appendix 1**). At this stage, the agreement sets out the reasons for working collaboratively and the ways in which this may be done. It sets commitments to increased collaboration and timescales for achieving these milestones.

A formal commitment to the Partnership Agreement was needed from the respective borough's decision making bodies and it was envisaged that any decisions arising from the Islington and Haringey Wellbeing Partnership Board, which is an informal body, would be taken back through the decision making structures of partner organisations.

RESOLVED

To agree that the London Borough of Haringey becomes a signatory of the Haringey and Islington Wellbeing Partnership Agreement which was attached as Appendix 1.

Reasons for the Decision:

The statutory Health and Wellbeing Boards in Haringey and Islington have been meeting in common for over 8 months and have agreed to meet as a single joint subcommittee from June 2017. The demographics, health and care needs of the people of the two boroughs are similar and benefits have been identified in tackling the challenges facing health and social care systems together. The Boards have also supported the development of a Partnership Agreement between partner health and care organisations in Islington and Haringey in order to better address service improvements.

The Partnership Agreement sets out the governance structure for health and care partners, working together, to deliver: better health and care services, to reduce inequalities and improve health and wellbeing outcomes for the people of Haringey and Islington. This agreement includes formal commitment to the Islington and Haringey Wellbeing Partnership Board which will be the forum through which system wide partnership working will be taken forward and will interact with a range health and social care groups to enable better delivery of services through closer working.

Community involvement is also a key factor of the governance structure and it includes a 'community reference committee' to ensure engagement, co-production and assurance of user involvement in service redesign. Local stakeholders are being supported to co-produce the stakeholder input to the Wellbeing Partnership governance arrangements.

A formal commitment to the Partnership Agreement is needed from the respective borough's decision making bodies and it is envisaged that any decisions arising from the Islington and Haringey Wellbeing Partnership Board, which is an informal body, would be taken back through the decision making structures of partner organisations.

This governance structure could also enable partners, in future, to work together towards the full collaboration of an accountable care system. Such sharing should build the base for future delegation of powers to the Partnership.

Alternative options considered

No other formal partnership arrangements with other boroughs have been considered at this time. Haringey and Islington councils are both facing similar health and care issues in their populations, are neighbouring boroughs and this agreement would build on the existing positive history of joint working between these boroughs. Not taking forward a partnership agreement would impact on the focus and structure of the organisations working together to tackle health inequalities and also mean that

services such as education, housing, planning, which have a real impact on people's health and wellbeing, are not fully involved in a much needed wider approach to meeting the health and care needs of both borough's populations.

15. HARINGEY'S DESIGN FRAMEWORK FOR INTEGRATED HEALTH & CARE

The Leader considered the attached report which set out the progress made in developing a Design Framework for Integrated Health & Care in Haringey that seeks to ensure all adults in Haringey are able to live Healthy, Long and Fulfilling Lives. This had been developed by working with Public Health, Haringey CCG, and other key stakeholders.

The report described a framework between Public Health prevention opportunities and health and social care services that will help address the demand and budget challenges faced by the system now and in the future.

The Design Framework, at this point, was meant to provide a strategic point of reference in continuing to develop and inform a model of integrated health and care for the future with key stakeholders and partners.

It was designed to ensure a clear and consistent process and 'framework' to align the transformation and development of health and care services, reducing the risk of fragmentation and missed opportunities to use limited resources more effectively.

It also underpinned 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.

The Assistant Director for social care put forward the representations of the Learning Disability Sub Group of the Adult Social Care Programme Oversight Group, strongly supported by the Dementia Sub – Group which expressed full support for the position which the Learning Disability Sub Group had taken.

The representation started by commenting on the timing of this report and whether there had been allowed enough time for meaningful consultation on the report, continuing with objection to the content of the proposals and the manner in which they felt they were being imposed.

Responding to the timing of proposals, the Assistant Director advised that that the council and partners had been working with stakeholders over 12 months and building on previous consultation on the Better Care Fund and Corporate Plan developments. The report, which was not a key decision, had been put forward to May in order to accompany the Health and Wellbeing Partnership agreement which was already on the Forward Plan for agreement as a key decision in May.

The Assistant Director provided assurance that the approach outlined was not designed to be a single way of approaching transformation or service development, but a valuable point of reference to progress work and thinking. It was not an end point but provided a strategic point of reference for working with partners to make best use of resources to improve outcomes.

The Assistant Director also highlighted that co-production and engagement with stakeholders was not a one off activity but part of an on- going conversation. The council and partners with stakeholders were committed to developing and improving this approach as part of the next step proposals.

The groups expressed concern about the applicability of the prevention pyramid to those whose conditions were not known by anyone to be preventable and in particular the future priority which will be given to services for those with dementia , autism and other learning difficulties who cannot be helped by re-ablement, recovery, or rehabilitation.

The group expressed that there was benefit from specific interventions such as cognitive and behavioural programmes for people with dementia and 'positive behaviour support' programmes for people with learning difficulties and challenging behaviour. But these programmes required skilled and experienced staff and premises in which they can work.

In response to these concerns, the Assistant Director emphasised that a prevention approach is part of the council's strategy to manage and support those people who can be prevented from a deteriorating health and care situation. He outlined the joining up of analysis and services around different 'at risk' groups.

He explained that in developing the preventions pyramid, the value of understanding and mapping the council's and health partners whole population approach to different health conditions and vulnerable groups of residents was regarded as an important next step. Those groups of people where this has been highlighted was important and included those with learning disabilities, mental health conditions, people who are becoming frail and those at risk of CVD and diabetes.

The Assistant Director reiterated that the council will work with partners and stakeholders, using the evidence of where we should be targeting effort to inform next steps.

The Learning Disability Sub Group of the Adult Social Care Programme Oversight Group expressed strong concerns about the potential neglect of specific social care needs. There was no breakdown of the different categories of Adults currently receiving social care and no costings of current provision for adults in these categories or indications of how they were likely to be affected by the current wave of closures of residential and day care facilities.

In response, the Assistant Director recognised that the design framework in its current form cannot reflect the diversity of experience or needs of all of the borough's population, particularly those who need specialist services, due to overarching nature of the approach, so the report was recommending building on the strategic framework by exploring with service users, carers and other partners how it applies to different groups of vulnerable people.

It was also outlined that to support this, there was currently a joint review with users and carer representatives on whether the current arrangements for resident

involvement provide the oversight and the opportunities for co – design required to deliver on the principle recommended in the Design Framework.

The Learning Disability Sub Group of the Adult Social Care Programme Oversight Group questioned the evidence and research that informed the thinking behind the Design Framework.

In response, the Assistant Director reiterated that the Design Framework proposed in the report provided a strategic point of reference for working across a rapidly changing landscape both as a council and with our partners. The research and evidence was reflective of that used by other local authorities nationally, however as work developed to refine the approach in different areas, more detailed research and evidence would inform this, such as the 'Positive Behaviour Support' approach highlighted by the group.

The design framework would therefore help shape and focus developments over time, for example to reflect the circumstances of those with more specific complex needs and their carers.

The Leader thanked the Assistant Director for his response to the representations and was clear that the Design Framework was the start of a process and the concerns by stakeholders would need to be worked through as part of the ongoing development of the Framework. The Leader noted that the Assistant Director was due to meet with the sub group on Thursday to start the process of taking forward and responding to concerns.

RESOLVED

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.
2. To agree the next steps set out in Paragraph 6.10 in the application of the Design Framework. That is to:
 - *Strengthen and align the Council and Haringey CCG approach to co-design*
 - *Establish shared governance arrangements with Haringey CCG to address shared challenges & opportunities*
 - *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.*

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 report 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.

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.

16. LATE ITEMS OF URGENT BUSINESS

None

CHAIR:

Signed by Chair

Date