

## Strengthening future joint working – Scope for Integration Haringey Council and NHS Haringey

### 1. Introduction

This paper sets out a joint statement of intent to raise our ambitions, accelerate our journey towards deeper integration and maintain a sense of Haringey as a place with diverse communities. We aim to exploit the benefits of strengthened joint working through better co-ordination of commissioning and local delivery achieving increased efficiency through the integration of our management, back office processes, our asset base and removing any duplication of effort.

We have developed a collective vision for Haringey:

#### 1.1. Vision

**'One Ambition: Better outcomes for our communities - improving life chances for all'**

We recognise that many factors combine to affect the health and well-being of individuals and communities. Although access to and use of health care services have an impact, life chances are also determined by individual circumstances and the local environment. Factors such as where people live, inherited characteristics, income, education, life experiences, behaviours and choices as well as relationships with friends and family are crucial.

#### 1.2. Key Principles

##### 1.2.1. Shared Goals

- Adopt the social model of health with a focus on tackling the wider determinants to reduce local health inequalities to benefit all residents
- Develop a new contract with residents promoting healthier lifestyles and encouraging self sufficient communities
- Maintain a sense of Haringey as a place

##### 1.2.2. Local Focus

- Tailor local commissioning to meet the needs of diverse Haringey communities
- Integrate commissioning to deliver a 'package' of public services to allow greater choice and control by people needing services
- Reduce reliance on hospital/residential care by providing a choice of services and support at or close to home

##### 1.2.3. Prevention a Priority

- Invest in public health programmes to encourage healthier life choices
- Improve access to primary care services
- Provide early intervention to prevent a crisis later
- Encourage stronger communities which will benefit local people's health
- Address the wider determinants of health by reducing crime, homelessness and worklessness; increasing educational attainment; making Haringey cleaner and greener

##### 1.2.4. Accountability

- Provide people with a direct voice and a choice on how they access services
- Involve people who use public services in decision making
- Achieve a more integrated form of governance at local level

### 1.2.5. Total Haringey

- Make more efficient use of our resources, delivering at least the 'same outcomes for less'
- Make it easier for the customer, cheaper for the taxpayer
- Reduce duplication and/or close gaps in service provision

## 2. Scope for integration

### 2.1. Strategic leadership of community planning building on a Total Place perspective

#### Where we are now:

- Adult Services joint Leadership Team meets monthly
- Children's Trust / Executive sub group meets monthly
- Joint Chief Executives and Directors meet six-weekly
- Cabinet Member for Adult and Community Services meets monthly with all NHS senior commissioning and operational leads
- Health and Council representation on HSP and all thematic boards
- Well-being Partnership Board and Children's Trust report to HSP
- Joint programme boards
- Active Health Scrutiny recognised by DH Health Inequalities Support Team as good practice

This current model is the **Strategic Partnership** approach.

#### Our ambition:

We will ensure that:

- Roles are developed to be 'Local Leaders of Place' to ensure that, where there is a clear benefit, services deliver a 'Total Haringey' approach such as reducing delayed discharges - a key area of under performance for both organisations. Using Total Place methodology the discharge/rehabilitation services would be run by a single agency and performance and financial gains would be immediate.
- More senior staff at Assistant/Director level will be jointly appointed to remove barriers and join up commissioning and delivery of local services
- JSNA feeds commissioning intentions

► The future model will reflect an **Integrated Management** approach in the short term but will explore richer forms of integration as the benefits accrue.

### 2.2. Public Health and improved health and well-being

#### Where we are now:

- Joint Director of Public Health
- Cabinet Advisor for Health Inequalities
- Collaborative working on JSNA
- Partnership Well-being Strategic Framework
- Well-being Partnership Board uses ABG, Communities for Health to commission preventative/well-being services
- Other partnership boards use ABG to commission services to address worklessness, meet housing need, create a safer, cleaner, greener, safer Haringey
- Neighbourhood Well-being Networks established
- Haringey Council libraries host a wide range of activities led by partners in the statutory, voluntary and community sectors environment

This current model is the **Integrated Management** approach.

**Our ambition:**

We will ensure that:

- A joint Local Information Service for data sharing is developed
- A joint intelligence team is created
- A joint public health function is created

► The future model will reflect an **integrated leadership** approach.

### **2.3. Commissioning services for adults - delivering personalised, preventative and integrated services**

**Where we are now:**

- A combination of formal and informal agreements exists. Section 75 pooled Budget and Section 28A arrangements and some joint posts for:
  - Joint Equipment Store
  - Managing delayed discharges
  - Learning Disability (pooled fund for the Combined team and some care arrangements)
  - Adult Mental Health
  - Joint Commissioning Managers and Joint Stroke Care coordinator and three joint LD Manager posts
  - Joint working with other boroughs e.g. Barnet, Enfield and Haringey Mental Health Trust, North London Strategic Alliance
  - Use DH/Government grants – for example on employment, volunteering and social capital and CSED work on re-ablement and the transformation of equipment services
  - The Strategic Commissioning programme is currently piloting Council/NHS integration for Extra Care Housing

(See also public health and well-being)

This current model is nearest to the **integrated management** approach.

**Our ambition:**

We will ensure that:

- A single joint commissioning body is established to oversee the development and implementation of our commissioning strategies
- A joint Director of Commissioning for Adults post and team are created

► The future model will reflect an **integrated leadership** approach in the longer term removing ring fences on NHS and LA funds.

### **2.4. Commissioning services for children and young people**

**Where we are now:**

In April 2010 the Children's Trust agreed:

- The establishment of the Joint Commissioning Group, reporting in to the Children's Trust Executive PMG
- NHS staff are co-located undertaking safeguarding work alongside social workers and police staff providing quick and expert oversight of cases

- Support in principle to the establishment of a Section 75 agreement between Haringey Council and NHS Haringey
- Educational Psychology service has close joint working relationships with CAMHS

In addition the Strategic Commissioning programme is currently piloting Council/NHS integration for Children with disabilities.

This current model is the **strategic partnership** approach.

**Our ambition:**

We will ensure that:

- A single joint commissioning body is established to oversee the development and implementation of our commissioning strategies reporting to the Children's Trust
- A joint Director of Commissioning for Children and Young People post and team are created
- A single management structure for a number of services where appropriate

▶ The future model will reflect an **integrated leadership** approach allowing a more efficient approach to addressing immediate operational pressures.

## **2.5. Polysystem development to redesign fundamentally how people access and use local health and other services**

**Where we are now:**

NHS Haringey has a goal aiming to take a wider range of services for all ages as close to people's homes as possible, reducing duplication, improving the patient journey and experience and providing better access to GPs. To date:

- Haringey has been divided into four GP-led commissioning collaboratives: West, Central, North East and South East
- Each collaborative has a locally developed commissioning plan, clinically led by GPs and supported by patient representation and local consultation.
- We have reshaped the commissioning structure to focus on the east and on the west of the borough to support the development of the four neighbourhoods
- Each collaborative has a patient panel, giving the public a real voice in how healthcare services are provided to meet local need
- We have established three neighbourhood health centres across the borough, each offering a range of services and providing diagnostics and long-term care management, intermediate care, access to unscheduled care
- GP opening hours have been extended; two neighbourhood health centres are open from 8am to 8pm seven days a week; Walk-in Centres
- GP premises are being improved as identified practices move into new neighbourhood buildings
- We are addressing inequalities in funding and performance expectations through our Primary Medical Services review

This current model is the **strategic partnership** approach.

**Our ambition:**

We will ensure that:

- The local authority is represented on the NHS Haringey board
- The local authority is represented on each GP collaborative
- Community services are co-located within the neighbourhoods

- GPs act as patients' expert guides and commission care on their behalf
- Seamless public face for NHS Haringey and the Council

▶ The future model will reflect an **integrated leadership** approach.

## 2.6. Support functions

### Where we are now

- Co-location of health, social care and JCPlus staff in Children's Centres
- Police co-located within the Council's Community Safety Team
- Hearthstone (Domestic Violence Centre) which brings together housing officers, victim support volunteers, Police Community Safety officers and the Council's Equalities Team

This current model is the **strategic partnership** approach.

### Our ambition:

We will ensure that:

- our real estate is shared effectively and we have a 'common front door' for accessing services by sharing reception facilities and customer contact centres
- back office functions such as HR and training are shared to avoid duplication
- Part of our Total Haringey approach will lead to sharing our financial capacity

▶ The future model will reflect an **integrated leadership** approach, exploring opportunities around asset management / co-location to achieve savings by reducing the levels of staff and premises used to deliver services and by creating 'single transaction points'.

## 3. Process Moving Forward

We have leads at director level from both organisations taking forward the integration agenda. Work is underway in scoping a change programme that takes the concept of Total Place to the needs of discrete areas of the borough and its communities. Examples include a 'Total Tottenham' which could harness collectively all the public resources such as the regeneration schemes of the White Hart Lane stadium redevelopment, the gyratory and spin offs from the Olympics. This can be supported by a public health programme and local licensing and enforcement policy that could make a major impact on our well-being agenda.

We are taking a practical approach to local challenges, developing opportunities and connecting with complementary programmes to deliver an offer that is better for the communities and individuals and more cost effective for the tax payer. This approach provides a more tangible base for deeper and broader integration than pure structural solutions.

There will be challenges: the national, regional, and local dynamics are going through rapid change, but if we are true to our vision of 'one ambition' and focus on improving outcomes through local knowledge, local commissioning and pooled resources then issues such as financial and staffing arrangements will be accommodated through a joint programme for change and not through organisational structures.

Work is needed to define governance arrangements in detail but there is agreement in principle to regular informal meetings between elected members and representatives from the NHS Haringey Board. Our aim is to have strengthened and closer financial working arrangements between both organisations while retaining the separate financial accountability of each organisation to the Cabinet for the Council's resources and to the Board of NHS Haringey for NHS resources.

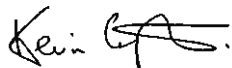
We have an executive steering group that will meet in the middle of June that will consider the scope of a Total Haringey programme and an outline of our plans for further integration.

Whilst our plans will need Cabinet and NHS Haringey Board approval, our informal discussions suggest that their response will be positive.

#### 4. Conclusion

We believe that by implementing the above we can:

- improve resident satisfaction with public services
- commission services more effectively
- improve access to services
- prevent unnecessary need arising in some cases
- make real savings and sound investments
- support both organisations to achieve and maintain excellence in delivering their functions
- over the long term, reduce health inequalities and regenerate neighbourhoods



Chief Executive  
Haringey London Borough

1 June 2010



Chief Executive  
NHS Haringey