



Haringey Council

Report for:	Health and Wellbeing Board – 30 September 2014	Item Number:	
Title:	Five borough 5 year plan 2014/15 – 2018/19 Barnet, Enfield, Haringey, Camden and Islington Clinical Commissioning Groups (CCGs)		
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Ward(s) affected: All	Report for Key/Non Key Decisions: N/A		

1. Describe the issue under consideration

- 1.1. This report provides the Haringey Health and Wellbeing Board (HWB) with an update on NHS strategic planning and progress towards the next submission of the North Central London (NCL) Strategic Planning Group (SPG) Five Year Plan which aligns the plans across Barnet, Camden, Enfield, Haringey and Islington CCGs, Public Health, and NHS England (primary care and specialised services). This submission is due to NHS England (NHSE) in late October 2014.
- 1.2 In February 2014 the Health and Wellbeing Board (HWB) was asked to review and support Haringey Clinical Commissioning Group's (CCG) 2 year operating plan which formed the first two years of a wider five year strategic plan. Subsequent to this update, the five North Central London CCGs have been working together as a Strategic Planning Group (SPG) to develop an overarching five-year strategic plan. The rationale of the five borough approach being a stronger platform for collaborative working that will drive innovation and better health service design for our population.
- 1.3 Haringey CCG is now seeking to:
 - inform the HWB of progress with the NCL CCGs' five year strategy



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- demonstrate how it incorporates and builds on the existing work of the Haringey CCG local five year strategic plan
- clarify the impact of the NCL five year plan for the population of the borough of Haringey
- secure the support of HWB for the NCL plan.

1.4 An early draft of the NCL strategy was submitted to NHS England (London) in June. The NCL SPG is currently working towards the next submission of the NCL 5 year plan which is due in late October 2014.

2. Recommendations

2.1 The HWB members are asked to **NOTE** the contents of this paper, progress to date and the next steps.

2.2 The HWB members are asked to **SUPPORT** the NCL plan.

3. Background

3.1. North central London (NCL) comprises Barnet, Camden, Enfield, Haringey and Islington CCGs, each of which works both individually and collaboratively to meet the challenges of delivering high-quality, patient-focused health care services to their local populations.

3.2 The NCL CCGs and NHSE (London) are responsible for planning and commissioning NHS services across north central London. Together they are working in partnership with local authorities, local providers and other key stakeholders to define a five-year strategy for health and integrated care services across north central London.

3.3 The NCL Strategic Planning Group (SPG) was formed earlier this year to respond to the NHSE request for a five year strategic plan across the five boroughs for the period 2014-2019. The SPG membership includes Directors of Commissioning, Strategic Planning and others representing CCG planning functions. Local authority, provider organisations and other strategic partners are invited to attend sessions regularly on topics important to the development and shared delivery of commissioners' five year vision.

3.4 The vision and values of North Central London Strategic Planning Group

3.4.1 The vision across NCL is to develop **an integrated care network between organisations (supported by current technology to share clinical records) that is focused on outcomes for and shaped by patients**. There is also a need to support patients in having a more independent role in looking after their own health needs which will be achieved through greater patient participation in shaping local healthcare. Seven day working underpinned by the implementation of the Better



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Care Fund is seen as key to providing the infrastructure to deliver better access and services closer to home.

3.4.2 NCL CCGs have agreed the core values on which this vision is built. This reinforces the intention to deliver high quality care for patients, in the most efficient, and cost effective way. NCL is pioneering a value-based approach to commissioning as it is believed that commissioning for better health outcomes is fundamental to creating a better health service and healthier population.

3.4.3 Our vision will be achieved when the north central London health system demonstrates the following characteristics which are in line with HWB strategies:

- 3.4.3.1 A systematic approach to prevention including earlier diagnosis of disease
- 3.4.3.2 Reducing inequalities in health outcomes by targeting vulnerable groups
- 3.4.3.3 Individuals encouraged and supported to take greater responsibility for their health
- 3.4.3.4 Integrated, compassionate, high quality, effective and efficient care pathways that are shaped by patients
- 3.4.3.5 Easy access to services delivered in ways and places convenient to patients
- 3.4.3.6 Financial sustainability through a clinically driven focus on quality of services.

3.5 Developing stronger partnerships across North Central London

3.5.1 In order to develop a collective five year plan amongst the many diverse organisations in NCL it is fundamental to establish a shared understanding of key challenges and ascertain where stronger partnership working would enhance the health and wellbeing of local people. Collaboration does not only mean all five CCGs working together. There will be occasions when two or more CCGs collaborate. There will also be occasions when the collaboration involves working with local authorities or other organisations from outside the area.

3.5.2 Our shared aims and objectives for collaboration are to:

- 3.5.2.1 Achieve clinical improvements and better health outcomes for local people across NCL
- 3.5.2.2 Deliver other tangible benefits for patients, for example, reduction in waiting times, easier access to services, smoother care pathways etc
- 3.5.2.3 Ensure efficiencies in service delivery including better value for money and associated savings through improved leverage with providers
- 3.5.2.4 Achieve greater resilience and better risk management within organisations and across the health and care economy as a whole
- 3.5.2.5 Bring in and share additional knowledge and expertise
- 3.5.2.6 Declutter workloads and avoid duplication of effort
- 3.5.2.7 Reduce fragmentation and inconsistency of delivery across the five boroughs
- 3.5.2.8 Strengthen and build a sustainable health economy within the context of an agreed vision.



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3.5.3 Working with local authorities is a priority to ensure the delivery of the NCL vision and truly integrated services which respond to what patients tell us about their experience of health and care. Our vision for integration extends beyond achieving more joined up health and social care services and includes an enhanced role for voluntary sector organisations.

3.6 Key challenges for North Central London

3.6.1 The challenges can be summarised as follows:

3.6.1.1 Population and Demand – the health of the population continues to improve but inequalities still persist

3.6.1.2 Quality and Outcomes - our health services have many strengths but quality remains unacceptably variable

3.6.1.3 Finance and Sustainability - the 'do nothing' scenario is unsustainable and will deliver a financial gap of £463m in 2019.

3.6.2 Many of the clinical priorities and issues facing the five boroughs in north central London are similar. Common factors relate to management of long-term conditions, the balance between primary, community and secondary care, access to unscheduled care, population changes, variation in quality, activity and patient experience, and the challenges of addressing significant financial challenges.

3.6.3 System challenges include a lack of integration between organisations resulting in fragmented services for patients that cross organisational and local authority boundaries. System-wide changes enabled by the Better Care Fund and collaboration between providers are necessary to deliver seamless services and optimal outcomes for patients. There is also a significant challenge to educate the local population on the most appropriate access to care, and for each individual to be supported to start to take ownership for their own self-management.

3.7 Alignment with local plans and HWB strategies

3.7.1 The CCGs' current plans and commissioning intentions are based on JSNA data and are aligned with HWB strategies. Haringey CCG is closely involved with the refresh of the Haringey HWB strategy.

3.7.2 The NCL plan is also closely aligned to the Haringey CCG five-year plan in making primary care and care closer to home really work for all Haringey residents by:

3.7.2.1 Moving from buying healthcare to buying improved outcomes as defined by our residents

3.7.2.2 Moving to a population centred approach to commissioning – fitting in with people's lives, improving access

3.7.2.3 Specifically promoting and supporting self care where appropriate – the public empowered in their own care.



3.8 Risks for Haringey

- 3.8.1 There is a risk that Haringey CCG's plans for the local population will be overshadowed as the NCL plans evolve. This has been partially mitigated by ensuring that Haringey's strategic plans are embedded into the NCL overarching strategy. Haringey's focus will be on continuing to translate these plans into high quality local services that address local health needs. Where wider collaboration adds value to our population, we will work closely with our partners to develop seamless pathways of integrated care, simplifying access to specialist care with patients returning home for further care and support. The development of the NCL strategy will continue to pose a degree of risk to Haringey.
- 3.8.2 The pace and scale of implementing transformational change across many organisations and stakeholders poses a further risk for Haringey and its partners. To mitigate this risk Haringey CCG will build on the extensive local communications and engagement we have carried out to develop the Haringey vision and the Haringey CCG five year plan. We will continue to offer people in Haringey the opportunity to inform the development of our plans and shape and improve the quality of services, in line with our local engagement strategy. This will be achieved through many conversations with different stakeholders, including the workforce and at public meetings, engagement visits, Network meetings and stakeholder events.

3.9 Next Steps

- 3.9.1 Next submission of the NCL Five Year Strategic Plan to NHS England is due in late October 2014.

4. Comments of the Chief Finance Officer and financial implications

- 4.1 This report provides an update on the progress of the five year strategic plan for North Central London. The activity and plans mentioned in this strategy are funded by the NHS. With the exception of some areas of joint work with Local Authorities, there is little impact on Council budgets. Any potential impact as a result of changing the way that healthcare is delivered locally is difficult to define at this stage. This risk will continue to be managed through the development of the Better Care Fund and the integration and joint working that will grow as a result of this initiative.

5. Comments of the Assistant Director of Corporate Governance and legal implications

- 5.1 The Assistant Director Corporate Governance has been consulted about this report. There are no legal issues arising for the Board

6. Equalities and Community Cohesion Comments



6.1 The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself, and the specific duties which came into law on the 10th September 2011. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

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

The Act also states that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

6.2 All the statutory agencies involved in the collaboration – NHS Barnet, Camden, Enfield, Haringey and Islington constituting North Central London – are all public bodies within the meaning of the Equality Act 2010 and as such subject to the general equality duty as set out above.

6.3 The NCL five year strategy takes account of this duty by setting out its plans and actions over the next five years to reduce health inequalities for the population of north central London. The plan takes into account the diversity of populations across the five boroughs of NCL with a people centred and integrated approach to commissioning which will contribute to improved access and health outcomes for all NCL residents.

7. Policy Implication



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7.1 The NCL five year plan has been developed in partnership with commissioning leads and with reference to the Joint Strategic Needs Assessment (JSNA) and is closely aligned to the Joint Health and Wellbeing Strategy

8. Use of Appendices

8.1 None

9. Local Government (Access to Information) Act 1985

N/A