

DRAFT

HARINGEY INTEGRATION PROGRAMME

Vision and scope

September 2014

Desired outcome – achieving Haringey’s vision for Integrated Care

With changes in the system, legislation and policy, an increasing emphasis for integrating and joining up services.

Haringey’s shared vision for Integrated Care is the key outcome for an Integration Programme:

*We want people in Haringey to be healthier and to have a higher quality of life for longer.
We want everyone to have more control over the health and social care they receive,
for it be centred on their needs, supporting their independence
and provided locally wherever possible.*

This means:

- The patient’s perspective is at the heart of any discussions about integrated care.
- When planning and providing integrated care services **the patient’s perspective should be the organising principle of service delivery**

To meet Haringey’s vision for Integrated Care, there is a need for more integration and collaboration between the Council and the CCG.

Need for change

- A number of individual projects already underway
 - Focused on integrated health and social care
 - With collaboration across the CCG and the Council (and providers), where
- Proposal to establish a Health and Care Integration Programme
 - A more focussed and co-ordinated approach to integration projects
 - Establishing the conditions and environment where Integration is ingrained into day-to-day operation
- Incorporating existing projects, including:
 - Better Care Fund Programme
 - Value Based Commissioning
 - Haringey Learning Disabilities Partnership
 - Mental Health Framework
 - Implementation of SEND reforms / Children & Families Act, and Care Act
- Ensuring other transformation programmes, particularly in the Council, support the aims of integration and any interdependencies are managed
- Integration will help in addressing the financial challenges facing the CCG and the Council
 - but acknowledged that it will not fully resolve these challenges

Principles for Collaboration / Integration Programme

- Collaborate based on trust – open, honest and transparent
- Leadership at all levels
 - Each project has a **senior sponsor who has an organisational stake in the integration of health and social care services in Haringey**
- Integration Programme covers both commissioning and **provision of services** (i.e. delivery models)
- Governance model allows for quick decision making as long as within the agreed principles and scope of the Programme
- All agreed and approved integration initiatives are delivered and managed as a project
 - Adoptions of best practice, such as Haringey Council's Programme Management Framework
- Cost reduction would not be the overriding criteria for Integration
 - Cost savings will be identified and tracked where possible
- The model and degree of integration will be determined and agreed for each project
 - Best approach for the situation
 - Considering approaches tested and used in other projects

Initial scope align with the priorities in Health and Wellbeing Strategy

- Frail and elderly people

Initial focus on:

- Better Care Fund Programme (scope of 2014/15)
- Value Based Commissioning Project
- Some work to assure alignment between these two projects

- Children 0-25

Initial priorities to include:

- SEND reforms
- Integration with Early Help models
- Integrated service offerings for “Conception to 5”

- Mental Health (and Wellbeing)

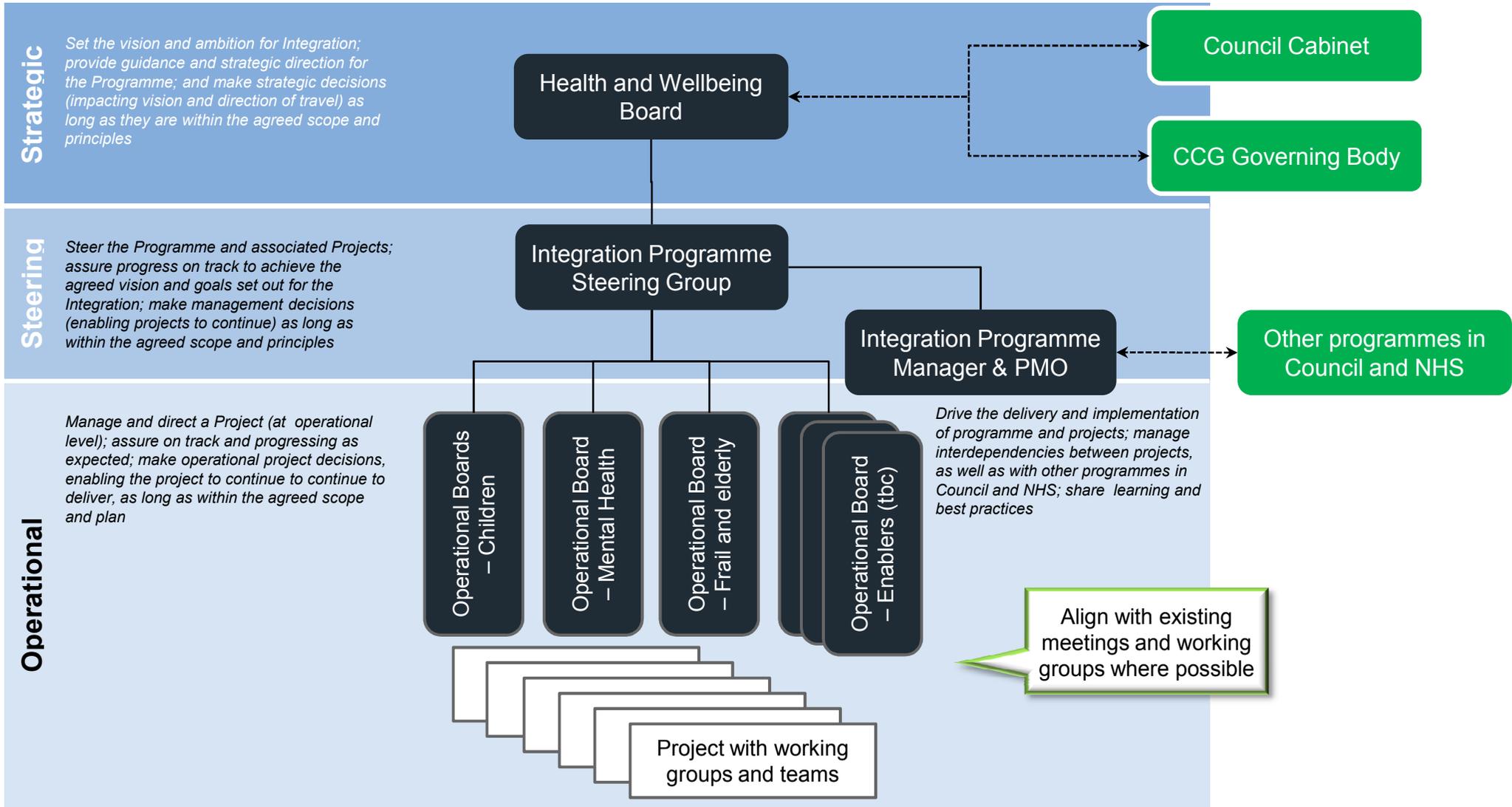
Initially covering:

- Mental Health Framework
 - Better Care Fund Programme (scope for 2015/16)
 - CAHMS services – integration and improvements
 - Early help pathway – both children and adults
 - Specialist mental health services (Tier 4)
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Potential key risks and issues

- Differences in organisational cultures
 - Existing controls and systems in the various organisations
 - Significant differences and complexity - specific to organisations
 - Not supporting collaboration and integration
 - Pressures to deliver credible and ambitious plans quickly
 - Financial pressures the CCG and the Council are facing
 - Significant cut in budgets
 - Organisational barriers
 - Organisational boundaries and separate teams both between and within an organisation
 - Infrastructure limitations – IT, data sharing
 - Effective Clinical Leadership and Political Leadership
 - Involvement and management of other NHS organisations
 - NHS England, neighbouring CCGs, health providers – both key stakeholders and contributors to the Programme
 - Locally no control or influence on centrally driven changes in organisational structures and policies, in particular in health
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Governance for Integration Programme



Next steps

- Define and scope the Health and Social Care Integration Programme
 - Overall programme – plan and other programme documents
 - Initial focus areas / themes / priorities
 - Existing / (potentially) new projects
- Define and document the governance model in further detail
 - ToR for Integration Programme Steering Group
 - Role and responsibilities for Integration Programme Manager and PMO
- Define and agree (extend) role and responsibilities for Health and Wellbeing Board
- Establish Operational Boards and structure
 - Work streams and projects
 - Align with existing meetings and working groups, where possible