Report for:	Health and Wellbeing Board – 23rd February 2016

Title:	Working with Partners – Integration of Health and Social Care Services

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Lead Officer:	Tim Deeprose, Interim Joint Integration Programme Manager

1 Describe the issue under consideration

1.1 This paper provides an update on several strands of joint working between Haringey Council and Haringey Clinical Commissioning Group and the other councils, CCGs and healthcare providers in North Central London. The paper is intended to inform members and to seek confirmation for the direction taken.

2 Cabinet Member introduction

2.1 Supporting everyone to be healthy and have a high quality of life for as long as possible is a core aim for the Council and its partners. Integrating health and social care so that care is person centred, joined up and meets their needs is core to that vision. Joint working with partners both within Haringey and with health and social care partners in other boroughs helps meet that objective.

2.2 Patients, service users, and residents are involved in the many project groups working to better integrate health and social care services through the redesign of clinical or service pathways eg Healthwatch Haringey are members of the Older Adults Working Group of the BCF programme. When decisions are required to enter into formal integration arrangements (eg Section 75 pooled budgets) such recommendations will be taken to the appropriate governing bodies.

3 Recommendations

3.1 The Health and Wellbeing Board is asked to:

- note the overall progress in partnership working in several areas
- support the approach taken to closer working with partners in North Central London (section 6.1)

- support the approach taken to closer working with partners in Islington (section 6.2)
- agree to Chair's actions to approve the BCF submission for 206/17 (section 6.3)

4 Background information

4.1 Successive Governments have set out a direction for greater health and social care integration[1]. The Better Care Fund Policy Framework published in December 2014 made it a requirement for Health and Social Care to create a pooled budget for joint delivery of services.

4.2 The Autumn Spending Review (25th November 2015) set out the government's intention to go further, faster to deliver joined up care. It announced that the BCF will continue as a key programme in 2016/17. The Spending Review also set out an ambition that by 2020 health and social care would be integrated everywhere and have a plan to do so by 2017. The guidance also proposed that '*areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution'*. No single blue print is proposed for this. The examples given included Accountable Care Organisations such as in Northumberland, devolution deals joining up health and social care such as Greater Manchester and lead commissioner arrangements as in North East Lincolnshire.

4.3 It is important to clarify that the ultimate objective is to integrate services as this will provide better care for the people using them. Organisational integration or closer working is a means to achieve this greater integration of service delivery. It is expected that greater integration between commissioners and providers of service will lead to improved outcomes and more sustainable financing of service provision.

4.4 This year's NHS Planning guidance requires NHS leaders to produce two separate but connected plans:

- a one-year operational plan for 2016/17, focused on individual organisations
- a five-year sustainability and transformation plan (STP), place-based and driving delivery of the *NHS five year forward view,* for the period October 2016 to March 2021.

4.5 For the five-year sustainability and transformation plan (STP), CCGs, local authorities and providers are to agree the geographical footprint covered by the plan. The STP will be an 'umbrella plan, holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints'. Devolution proposals are expected to use these boundaries as their footprints. As well as describing how services will be transformed to meet the Five Year Forward View vision, plans will need to address a series of 'national

[1] 2010 to 2015 Government Policy: Health and Social Care Integration (published 25 March 2013 and updated 8 May 2015)

challenges', which fall broadly into three themes: improving health and wellbeing, improving quality and developing new models of care, and improving efficiency to achieve financial balance. From 2017/18 onwards, STPs will 'become the single application and approval process for being accepted onto programmes with transformational funding', with the most credible plans – judged on a number of criteria – securing the earliest funding. Full sustainability and transformation plans are due for submission at the end of June 2016.

5 Partnership Working

5.1 North Central London Strategic Planning Group (SPG). The 5 CCGs, 5 Borough Councils and NHS Trusts in North Central London (Barnet, Enfield, Haringey, Camden and Islington) will work together to develop a five year sustainability and transformation plan (STP) as defined in the planning guidance.

5.2 Collaborative work across the SPG area had already begun following the financial analysis undertaken for NCL by Carnall Farrar in 2015:

- A first iteration of the financial base case has been agreed demonstrating the challenges faced over the next five years
- Four system-wide priorities have been established in urgent and emergency care, mental health, primary care development and estates utilisation and planning
- A programme management team is being developed to support the work going forward.
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5.3 Governance arrangements to oversee and guide the development of our STP are being agreed and established. This will take the form of a Transformation Programme Board with supporting groups which initially will oversee and guide the development of the STP. In the medium and longer term it is anticipated that this group, which will include representation from all partners in NCL, may extend its remit to oversee delivery and implementation of the STP. This work will be developed in partnership with existing established governance arrangements including Health and Wellbeing Boards. Care will be taken to ensure that work programmes are aligned so as to avoid duplication.

5.4 One opportunity presented by the current cross boundary working is the chance to be one of five London Health and Care Collaboration Agreement pilots. The estates devolution pilot is seeking extra powers to manage the estates of health care providers, councils and CCGs across NCL. A series of workshops are being held to identify which devolved powers would enable better coordinated management and planning of all estate across NCL. The aspiration is to develop a regional capital programme, devolve powers to approve NHS capital business cases and retain more of the proceeds of sale. This approach is being supported by the Mayor's Office and London Councils and the Office of London CCGs. If benefits can be achieved during the 2017/18 pilot year in NCL, the same powers will be devolved to other boroughs across London.

5.5 It is recognised that, although the NCL footprint is already established as a group of organisations which is working together on some health and care issues (such as the Estates Devolution pilot, and the 111/OOH procurement), additional work is also undertaken at the sub-NCL level, recognising that it is at this level where many productive longstanding and natural alliances exist. NCL partners are clear in their intention to develop and build on this local work, whilst at the same time working together to ensure that full advantage is taken of the opportunities available on a bigger footprint where there is a clear benefit to the communities we serve.

5.6 A number of key principles will be important to the way NCL working will develop:

- NCL working will complement the already established local work and is not intended to slow down or delay additional sub-NCL partnerships and networks
- Working as part of the NCL geography will not preclude the partners working with other organisations in other SPG areas where this would benefit the communities we serve
- Decisions will be taken at the most local level.

5.7 Partnership work with Islington Council and CCG. Since the work last year to develop a Vanguard proposal, the two councils and both CCGs have continued to explore the opportunity to transform health and social care services together for the people of Haringey and Islington. For example, a clinical workshop on 29 January considered place-based systems of care and a population segmentation approach to identifying health and care needs.

5.8 There are many similarities in the demographics and health needs of the two boroughs. The combined population is expected to grow 14% in the next 15 years. Highest growth is in those aged 65+, both have high BME populations and a mix of deprived and affluent neighbourhoods. There is similar prevalence of long term conditions (20% of overall population) and of lifestyle risk factors. Both boroughs face similar challenges although these are not unique to Haringey and Islington

5.9 Tackling these issues requires transformation of the health and care system. This is best done by working together. As discussed earlier there is a need to work together at several different geographical footprints in order to tackle these problems. For example clinically the ideal catchment population for an A&E department is between 3-500,000 people while for a stroke unit it is up to 700,000 population. So it is helpful to explore what might be achieved within Haringey and Islington as well as supporting the North Central London wider work.

5.10 Why Haringey and Islington?

- Vanguard proposal - developed buy in and commitment from all involved
- Positive and trusting relationships between clinicians across organisations
- Good relationships between senior executives of health and care organisations
- Shared community services
- Similar demography and health needs of populations
- Increased impact working across a bigger geography

5.11 So what might a single approach across Haringey and Islington mean?

- opportunity to define the populations served where we can make the biggest impact.
- agree outcomes and a common service model to deliver to those people
- agreeing a governance model to deliver common purpose across the organisational boundaries.
- Identifying resources to support the work - system and clinical leadership
- agree a joint team across partners to resource delivery
- agree an approach to infrastructure - workforce, estates, IT - to enable delivery of new models

5.12 There is much to do to realise the benefits of such an approach. Three broad steps are to:

- Seek Health and Wellbeing Board support as sponsors to the programme
- Establish a project management team to develop the opportunities

- By end of March, aim to have a strategic proposal, committed resource and leadership and delivery milestones.

5.13 Better Care Fund Plan 2016/17. The Better Care Fund planning for 2016/17 is progressing well with positive discussions on budget planning and a review of appropriate services to be included within the BCF. Promised technical guidance is still awaited but it is anticipated that the current outcome measures will be maintained with the likely requirement for a delayed transfers of care action plan and a possible change in use of the payment for performance funding for out of hospital services.

5.14 A draft plan was submitted in early February to NHS England and feedback should be provided before the end of March. The final submission is due on the 20th April and should include Health and Wellbeing Board sign off. The final plan will be reviewed by the Health and Social Care Integration Board before recommendation to the Health and Wellbeing Board. As the required submission date is before the next Health and Wellbeing Board meeting agreement is sought that the Chair of the Health Wellbeing Board can sign off the final version on behalf of the HWB.

5.15 The Haringey Devolution Prevention Pilot. This is another of the five London Health and Care Collaboration Agreement pilots mentioned in the section above. Focussed on our approach of 'Health in all Policies', the proposal aims to work with London and national agencies on two goals: healthy environments and sustainable employment.

5.16 The ‘Healthy environments’ strand aims to find the most effective ways of using planning and licensing powers to create healthy environments (testing the capacity of existing powers and working through the issues and risks that enhanced powers would bring). The ‘Sustainable employment’ strand seeks to pilot new ways of supporting more people into sustainable employment – integrating the employment support and health systems, with a particular emphasis on supporting people with mental health issues, workplace retention and working with employers.

5.17 Health and Social Care Integration Programme. The Haringey Health and Social Care Integration Programme continues to progress well. Following a review prior to Christmas a workshop was held in early January which highlighted the opportunity to prioritise integration of services in four areas:

- Integrated Care (BCF)
- Children's Services
- Mental Health
- Continuing Health Care

5.18 It was also clear that an action plan was required to address organisational matters such as budget pooling, sharing IT systems and an organisational development

programme to help staff better understand the way in which each organisation worked and make access to colleagues easier.

5.19 Integration on differing geographical footprints. The various programmes described above work at differing geographical footprints yet all aim to maximise the opportunity of increased integrated working between organisations to deliver better outcomes and ensure sustainable financial planning.

5.20 At the most local level, the Health and Social Care Integration Programme seeks to ensure integration of services delivered in Haringey for our residents, eg continuing health care packages. Similarly, the Prevention devolution pilot brings together local organisations to use devolved powers to make improvements for residents.

5.21 There are some services which are better planned and managed across a slightly wider footprint. Working with the council, CCG and health providers in Islington enables better organisation of community health and social care services to prevent unnecessary admission to hospital or quicker discharge from Whittington Hospital.

5.22 As described in section 6.1 there are some health services which require a larger population from a wider catchment to ensure safe operating levels of activity and sustainability of services. Hence the work with other organisations in North Central London to identify and plan such services together.

6 Comments of the Chief Finance Officer and financial implications

6.1 This report is an update for noting about the progress of the Health and Care Integration Programme. The activity set out in this report is funded from various sources including Better Care Fund and the Council's Transformation reserve. There are no further financial implications as a result of this update report.

7 Comments of the Assistant Director of Corporate Governance and legal implications

7.1 The Council's Assistant Director of Corporate Governance has been consulted about this report.

7.2 The Health and Care Integration programme is conducive to the Board's statutory duty to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population (Section 195 of the Health and Social Care Act 2012).

7.3 The Integration Programme is also conducive to the Council's and the CCG's statutory powers to promote integrated commissioning and provision of services in health and social care. The powers for these arrangements are set out within the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI 2000/617), which include powers to pool budgets and undertake joint or lead commissioning pursuant to sections 75 -76 of the National Health Services (NHS) Act 2006 (as amended) (arrangements between NHS bodies and local authorities for

the delegation of functions), Sections 13N and 14Z1 of the NHS Act 2006 (14Z1 Duty as to promoting integration), Sections 25 and 26 of the Children and families Act 2014 (Education, health and care provision: integration and joint commissioning) and Section 3 of the Care Act 2014 (Promoting integration of care and support with health services etc).

7.3 There are no direct legal implications rising out of this report.

8 Equalities and Community Cohesion Comments

8.1 The proposed Health and Care Integration Programme is designed to provide health and social care services that produce better outcomes and a better experience for all local people. As a result it serves the interests of all protected groups, whose health and wellbeing it promotes, and is aligned with the Council's commitment to equalities.

8.2 Equality impact assessments will be carried out as part of the project planning and delivery process.

9 Head of Procurement Comments

9.1 There are no direct procurement implications arising out of this report however as and when the projects identify procurement requirements the appropriate processes will be followed.

10 Policy Implication

10.1 Integration of health and social care is a national policy arising from the Better Care Fund and Care Act Implementation and this programme of work will complement and add value to work under this remit.

11 Reasons for Decision

11.1 A draft Better Care Fund plan was submitted in early February to NHS England and feedback should be provided before the end of March. The final submission is due on the 20th April and should include Health and Wellbeing Board sign off. The final plan will be reviewed by the Health and Social Care Integration Board before recommendation to the Health and Wellbeing Board. As the required submission date is before the next Health and Wellbeing Board meeting agreement is sought that the Chair of the Health Wellbeing Board can sign off the final version on behalf of the HWB.

12 Use of Appendices

None.