

Report for: Health and Wellbeing Board – 19 May 2016

Title: Haringey and Islington Wellbeing Partnership

Organisation: Haringey Clinical Commissioning Group

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1. Describe the issue under consideration

- 1.1 This report provides information to the Health and Wellbeing Board about a partnership that is being formed between NHS organisations and local authorities in Haringey and Islington.
- 1.2 This partnership is driven by a shared recognition that major changes are needed to ensure that health and care services are of the right quality and capable of meeting the future needs of our local communities. It outlines the rationale for working together across Haringey and Islington; key work areas; how the Partnership fits within the North Central London Sustainability and Transformation Plan (STP) and the next stages of the programme.
- 1.3 HWB members are asked to discuss the direction of travel for the work, noting the intention for Haringey and Islington to work as a strong partnership, where this will add value and improve outcomes for our residents, within North Central London.

2. Recommendations

2.1 The Board is asked to note the immediate areas of work:

- Developing care that supports independence in older people with health and social care needs
- A re-designed pathway for people needing musculoskeletal care (ranging from physiotherapy to treatment for chronic pain and rheumatology)
- An integrated model of care for people with learning disabilities
- A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease.

The cross-cutting themes across all these four areas will include: sustaining good mental health, prevention, action on the wider determinants of health (including housing and the environment), early identification of illness and maintaining independence.

- 2.2 The Board is asked to support the approach being taken by the Haringey and Islington Health and Wellbeing Partnership, noting the principles underpinning our joint work and recognising the value in working across organisations in Islington where this offers scope for increased impact and pace of change for people in Haringey.

3. Background information

- 3.1 Organisations in Haringey and Islington individually and collectively face significant challenges with meeting health and care needs in the face of serious budget constraints.
- 3.2 We do not want a system that we cannot sustain and neither do we want to cut care down to the core. We are therefore all looking for fundamental changes in the orientation of our health and care system, away from a focus on providing reactive care and towards helping our populations to live healthier lives and to retain their independence for longer. This will involve using technology to ensure that people have the information that they need, in the way that they want it, so that they are more in control. It means taking a shared responsibility across health, housing, education, welfare and social care rather than passing people between agencies. It means recognising the links between mental and physical health. It means never passing up an opportunity to grow and learn from great practice and ideas within and outside our Boroughs.

4. Rationale for working together across Haringey and Islington

4.1 Haringey and Islington have similar populations:

- Combined populations c 500,000 with expected growth of 14% in the next 15 years
- Ageing populations – highest growth in those aged 65+ although this age group remains the smallest in absolute numbers
- Deprived and affluent neighbourhoods side by side
- High population churn

4.2 Our populations have similar health and care needs:

- Overall life expectancy is increasing in both boroughs, however people live (on average) the last 20 years of their life in poor health
- Similar prevalence of lifestyle risk factors

- Similar prevalence of long term conditions (20% of the overall population living with long term conditions). This means more long term, complex illness and disability – increasing demand for health and social care. There is also inequality, with deprived communities experiencing more illness and shorter lives than those in more affluent areas.
- High prevalence of severe mental ill health and high rates of co-morbidities in people with mental ill health

4.3 We have shared ambitions

- We are committed to change: to fitting our organisations and care around people's needs. We need to focus now on people whose needs are complex. Too often we make people fit in and around our own organisations.
- We want to provide world class care. To do this we need to enable those who are well to stay healthy and to support those whose lifestyle puts them at risk to make healthier choices. Our local plans for housing, schools, employment, business as well as health services need to support this. But we recognise that agencies alone do not drive change. People, technology and communities drive innovation to which we will respond.
- Within and across different public sector organisations we are willing to work together, to listen carefully to our diverse populations; to challenge ourselves; to innovate and to learn from our staff and residents who hold the answers to how health and care could be improved.

4.4 We have shared values

Our focus is on preventing poor health and working towards demonstrable improvements in outcomes when people need care and treatment. Given the financial pressures on all organisations, we need to make sure that services are of value, affordable and fit for the future.

5. How will the Wellbeing Partnership work together?

5.1 The current Wellbeing partner organisations are:

Haringey Council, Islington Council, Whittington Health, Camden & Islington Foundation Trust, Islington Clinical Commissioning Group, Haringey Clinical Commissioning Group. Together these organisations provide and commission a significant proportion of the social and clinical care for the residents of Haringey and Islington.

Other health providers have been involved during the preparatory work and will further join in with the partnership work as plans develop. We are building an extensive stakeholder group to be engaged in the work plan, including the

voluntary and third sector, our workforce, Healthwatch and other community, public, patient and service user representative groups.

5.2 We have established some agreed principles which are summarized here:

- Partner organisations will work together for the benefit of local people
- We will involve local people in our design, planning and decision-making
- Partner organisations will find innovative ways to cede current powers and controls to explore new ways for working together
- We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates
- Partner organisations have agreed to find ways to 'risk share' during transformational change
- We will find ways to share joint incentives and rewards
- Partner organisations will make improvements by striving to be the best, together
- We will be rigorous in ensuring value for money and financial sustainability

6. How does the Wellbeing Partnership fit with the North Central London (NCL) Sustainability and Transformation Plan (STP)?

6.1 NHS England has mandated all areas of the country to be part of a pre-determined local footprint that will prepare health and social care sustainability and transformation plans for 2016-2021. Haringey and Islington are part of the North Central London footprint.

6.2 The Chief Officers/Executives of the Wellbeing Programme are all actively engaged in and, in some instances, leading key areas of work in the NCL STP.

6.3 There will be some areas of transformation and change where there are clear benefits from working collaboratively across the wider NCL footprint. In time it will provide access to central funding for transformation activity.

The critical question posed by the Wellbeing Partnership will always be: how will the proposed NCL plans benefit the residents of Haringey and Islington. We will work on the footprint that we consider will enable the needs of our populations to be met most directly and most sustainably.

7. Preparation work

7.1 We started working together to establish the Wellbeing Partnership late in 2015. We held a senior stakeholder event in the autumn and clinical and care practitioners' early in 2016. We took all the information and learning found in each organisation from what our workforce and local people told us in the past about their experience of health and care.

- 7.2 Using all available information to inform future plans, we grew our understanding of the health needs of the local population and the evidence of what is working well locally. We have identified some priority area in population segments and clinical & care pathways.
- 7.3 We have looked at local 'good practice and innovation': to see where we might scale up across the partnership as a 'quick win' for positive change.
- 7.4 We have undertaken an outline financial analysis, identifying the precise scale of the financial challenge and are working out what the potential is for efficiencies and what requires bigger changes across the whole system.
- 7.5 We have set up a programme structure to take forward an agreed work plan which recognises current governance and decision making within the health and care systems.

8. The Wellbeing Partnership: what next – recommended priority work programme

- 8.1 Using all the information and data described above, the Wellbeing Partnership has identified the following key priorities areas for the next phase of work. It is proposed to engage in co-production with key stakeholders, develop detailed scoping work and business cases for each of the pathways to identify the opportunities for working together in a different way.

Population based and health and care pathways:

- A model of care that supports independence in older people with health and social care needs.
- A re-designed musculoskeletal care pathway
- An integrated model of care for people with learning disabilities
- A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease.

The cross cutting themes across all these four areas will include: sustaining good mental health, prevention, action on the wider determinants of health including housing and environment, early identification and diagnosis of illness, maintaining independence.

8.2 Forms of Health and Care

In addition, an important area of work will focus on future care models; identifying the range of options which might be most appropriate for providing health & care and commissioning health & care.

We propose to undertake detailed financial modeling of savings and investments required across the whole system and look at additional key enablers: workforce, IT, estates.

9. Use of Appendices

Appendix 1: Proposed Governance structure for the Haringey and Islington Wellbeing Programme

Appendix 2: Population and Health and Care Profiles

