Report for: Health and Wellbeing Board – 3 October 2016

Title: Developing an Accountable Care Partnership across Haringey and Islington

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1. Describe the issue under consideration

1.1 This report provides an update to the Joint Health and Wellbeing Board on the work being undertaken around health and social care jointly across Haringey and Islington through the Wellbeing Partnership. Specifically, the report highlights work to develop an Accountable Care Partnership locally.

1.2 Members of the Joint Health and Wellbeing Board will be familiar with the overall programme of work underway across the two populations to drive a more integrated approach and to maximise use of resources for local health and care benefits. This Joint Health and Wellbeing Board meeting is an example of the different ways of working together which are already being put in place. As part of this work, the benefits of a more formal partnership structure to ensure that this work is taken forward at pace and scale, and with optimal accountability to local populations, are being explored.

1.3 The report proposes that now is an opportune time to build on the significant work already completed within each of Islington and Haringey across partner agencies to improve patient and user pathways, to build community and resident engagement, to streamline decision making and to develop shared governance over resources and seeks agreement in principle to the development of an Accountable Care Partnership for Haringey and Islington.

2. Recommendations

3.1 The Joint Health and Wellbeing Board is asked to:

a) adopt the principles and high level outcomes as developed by the Sponsor Board of the Haringey and Islington Wellbeing Partnership
b) agree in principle to the development of a form of accountable care partnership which best supports the outcomes sought by the Haringey and Islington Wellbeing Partnership
c) endorse further work to develop the detail of such a partnership, with the aim of gaining agreement on the final structure and form from constituent decision making bodies by April 2017

d) require the Sponsor Board to report back on progress in developing and implementing a project plan
e) request the Sponsor Board to consider as a matter of priority how community and stakeholder engagement will be undertaken and involve key stakeholders including Healthwatch

3. Background information and next steps

3.1 This paper proposes that the development of an Accountable Care Partnership across Haringey and Islington is agreed in principle and that work to develop the detail is now carried out.

3.2 Accountable care partnerships can take many forms but at their core are designed to be accountable to local populations for the care they deliver, collaboratively. They offer an innovative way of addressing some of the fundamental challenges facing health and social care in meeting the needs of local populations. Accountable care partnerships differ from Accountable Care Organisations as they do not seek to establish a single organisational structure but rather to harness the strengths and assets of existing organisations by working more effectively within a formal partnership with shared governance and shared accountabilities, risks and incentives. An accountable care partnership for Haringey and Islington would build on work already underway to reset our local commissioner-provider relationships – embedding a culture of acting within a single system with collective agreement as to how we allocate resources and deliver better for our local populations. There would need to be shared responsibility for the care of the whole population – and agreement as to how we continue to deliver at a very local level for our diverse local communities whilst working to shared principles and outcomes at a population level. This will mean working differently with our local populations and engaging effectively with them in planning and delivery.

3.3 A local accountable care partnership would itself need to operate effectively within the wider North Central London (NCL) sub-region and the complex landscape of health and care organisations which the Sustainability and Transformation Plan describes. We believe that our populations across Haringey and Islington are large enough to sustain an accountable care partnership – but we also know that they are not static and that they move across borough and organisational boundaries in different ways, accessing different services to meet their needs, as part of a global city. Many providers operate across populations and any partnership we develop would need to recognise the complexity of this landscape and the strength and myriad of relationships to be developed with partners, both locally and at a regional and national level. In developing further an accountable care partnership, we would need to demonstrate how it will help to achieve wider NCL goals for system transformation and sustainability and enable us to play a stronger role in meeting NCL's wider challenges.

3.4 The Haringey and Islington Wellbeing Partnership (the Wellbeing Partnership) has made significant progress in a short period of time and brought together a range of organisations, both commissioning and delivering health and social

care, to work differently and collaboratively to improve the health and wellbeing of their local populations. These organisations currently comprise the London Boroughs of Haringey and Islington, Haringey and Islington Clinical Commissioning Groups, the Whittington NHS Trust, the Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust.

3.5 The work carried out to date has led to:

3.5.1 A deep and rich understanding of our local populations, their needs and desired outcomes

3.5.2 A developing awareness of existing issues and complexities

3.5.3 Effective engagement with our communities, with close ties with local populations and strong support for more integrated provision

3.5.4 Strong, progressive relationships in place across local government and NHS; across providers, commissioners and front-line staff and with strong clinical and practitioner engagement

3.5.5 Significant progress in our integrated governance arrangements through the Wellbeing Partnership

3.5.6 A growing track-record of delivering successful integrated care initiatives across both boroughs, including working together to address the wider determinants of well-being and health (housing, employment etc).

3.6 The Wellbeing Partnership is also overseeing a broad programme with a number of work streams which will shape service redesign, resident and patient pathways, workforce development and have the potential to change fundamentally the way services are delivered locally. This paper does not cover further detail on this part of the programme.

3.7 Despite the work of the Wellbeing Partnership, the focus of and drivers for each organisation remain their own goals and finances given current accountability and governance arrangements. These individual organisational priorities can hinder further collaboration, contributing to inefficiencies and limiting our collective ability to achieve more, within our constrained resources. The work undertaken so far has confirmed that duplication of some services across providers still exist, that resources are not deployed optimally around some of our key drivers including prevention and early intervention, that staff work within fixed organisations boundaries and that we do not always work to a strong evidence base, often because of the poor quality of our information and data resources. Our current analysis and case for change often focus on system wide issues which can have a significant impact on both our service users and front-line staff – but without a system wide approach which can tackle them effectively.

3.8 One of the workstream groups, the Strategy and Commissioning Group, of the Wellbeing Partnership has been meeting to consider what if any changes to governance and structures would best support the existing work programme or whether the Wellbeing Partnership's ambitions can be delivered within existing structures. The group has now reached consensus in a number of areas and supports the thinking that changes to organisational structures through an Accountable Care Partnership, as described above, would help to drive integration across Haringey and Islington, improve outcomes and make most effective use of resources. In particular, the group suggested that the following issues will need to be addressed in developing such a partnership for Haringey and Islington:

3.8.1 The Wellbeing Partnership already has in place a firm set of principles and outcomes which are aligned to facilitate greater collaboration and strengthened joint governance and which will need to drive any next steps. It is suggested that agreement to this set of principles and outcomes could be further cemented by the development of a Memorandum of Understanding across all partners to underpin the detail required to determine the form of the appropriate accountable care partnership for Haringey and Islington.

3.8.2 The way funding flows within an accountable care partnership is often significantly different from current, organisationally based funding. The Wellbeing Partnership is already exploring what a single control total across organisations could mean – in effect, it could constitute the agreed, pooled financial resources for the local population in respect of health and care. It is noted that not all aspects of service provision or all budgets for organisations would necessarily be within the scope of the single control total – for local mental health trusts in particular, it is recognised that delivery within Haringey and Islington may constitute a relatively small element of their overall budget and operation. From experience, we know that there are challenges in working out pooling arrangements between two organisations and that moving to new ways of thinking about population level pooling will add further complexity to this picture which can be supported by operating to shared outcomes and criteria.

3.8.3 A further issue is the determination of which services and budgets would be brought within or would remain outside scope of the accountable care partnership. Primary and community care, as well as wider forms of community based provision, are critical to a model which operates at a population level, enables prevention and early intervention and delivers system wide transformation, both financially and in terms of outcomes for local residents. This is a key decision which will shape the future scope of the outcomes to be delivered. This oversight is required if we are to change service delivery on the ground to drive improved outcomes and reduce costs in the system.

3.8.4 An accountable care partnership would move away from individual Quality, Innovation, Productivity and Prevention targets, Cost Improvement Programmes and savings plans within organisations to plans that reduce system wide costs and optimise use of resources in the medium to long term.

A new contract form with acute /community providers will need to be explored and would need to apply across all acute providers delivering to local populations. The intelligence we hold with and about our local populations would need to be effectively used to make decisions and build the ongoing evidence base for greater collaboration. Whilst it is constructive to start with the money in order that we can work through to consider the appropriate governance model, we need to ensure that our interventions reflect a strong understanding of what works locally, within the context of Haringey and Islington. We would begin to map the growing consolidation of partnership arrangements as we move, in time, from sharing information through to exercising shared decision-making.

3.8.5 The areas of work suggested above would aim to facilitate the 'bottom up' work of scaling up areas of good practice so that there is a constant iteration between new ways of planning, resourcing and delivering services and an organisational form that facilitates these approaches. Our aim is for these approaches to engage fully with local communities and to build their voice into everything we do and engaging on principles with both residents and our workforce will be a core plank in the process. Work to develop a clear and meaningful communications plan will be required, fully engaging with key stakeholders and creating transparency through all stages of the process.

3.8.6 Learning from others, rather than starting afresh, is already being implemented as an approach and work with both the King's Fund and UCLP has informed the thinking to date. It is suggested that this approach should continue, with workshops led by such organisations who have been working with other health economies to understand how they progressed from the stage of the accountable care partnership concept to the next stage of working together in practice.

3.8.7 Finally, the governance arrangements required to support the vehicle for an accountable care partnership which is fit for our local populations and context will need to be worked up in light of the issues identified above.

3.9 To take forward the key areas identified above, which span principles and outcomes, finance, engagement, intelligence, legal and governance, it is proposed that the Joint Health and Wellbeing Board empower the Sponsor Board to draw up a project plan, setting out what is required to work through the steps identified above, and to bring key proposals back to the Joint Board for endorsement and decision. It is acknowledged that there are significant issues that will need resolving and it is considered that the Joint Board structure has the appropriate authority across the health and care landscape to consider these and respond with the best course of action.

3.10 It is acknowledged that the partnership will work closely with a wider range of partners, within the context of the Sustainability and Transformation Plan, affecting the outcomes that can be achieved across the population. This broader relationship working will include partners such as North Middlesex University Hospital NHS Trust and University College London Hospitals, which also serve the local population in a number of ways.

4. Contribution to strategic outcomes

4.1 These proposals support the strategic principles and outcomes of the H&I Wellbeing Partnership as well as priorities in the key strategic plans of all partners to the arrangements.

5. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

5.1 Legal

5.1.1 Accountable Care Partnerships are relatively new organisational forms intended to bring together commissioners and providers to take responsibility for the cost and quality of care for defined population, in this case Haringey and Islington, and within an agreed budget. Information available, suggest that accountable care partnerships may take many different forms including a fully integrated care systems with an opportunity to break down traditional barriers between organisations and to improve the quality of services. This form of system wide integration under a collectively defined and managed budget would require partners to sign an Accountable Care Partnership Agreement to affirm their collective accountability for outcomes, define their mutual responsibilities to deliver integrated care and to formally agree a joint governance structure to make decisions, allocate and manage funds, manage performance, share resources, risk and rewards and hold each other accountable for delivering outcomes. There may also be individual agreements between commissioners and providers that sits alongside or are aligned with the Accountable Care Partnership Agreement.

5.1.2 Section 195 of the Health and Social Care Act 2012 (duty to encourage integrated working) provides that, a Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. The recommendation to the Haringey and Islington Health and Wellbeing Board to endorse the move towards an accountable care partnership falls within the function of the respective Boards to encourage integrated working across health and social care. The same also apply to the proposal that partners agree a memorandum of understanding on principles, outcomes, expectations and responsibilities and as a prelude to the accountable care partnership arrangements.

5.1.3 In scoping out the work required to move towards this new partnership model, partners should, amongst other matters, consider whether there is likely to be changes to services provided to residents of the respective boroughs. If so, the nature and extent of the changes and the need for public consultation, in particular, if there is likely to be an adverse effect on services delivered to residents. Partners should also consider the implications on existing contractual and other partnership arrangements for example Section 75

Health and Social Care Partnership Agreements and how this can be aligned with the proposed accountable partnership arrangements.

5.1.4 Partners must ensure that they seek the required authority of their respective decision making body to enter into the proposed partnership arrangement. For the local authorities, this would require a report to their respective Cabinet for a decision.

5.2 Chief Finance Officer

5.2.1 The creation of an Accountable Care Partnership that potentially could involve the budgets for Adults Social Care and Health in LB Haringey, Haringey CCG, LB Islington, Islington CCG and partner healthcare trusts is a major undertaking. While it may provide significant opportunities for synergies and efficiencies across the partnership, there are also risks about individual organisations having less direct financial control of parts of their finances at a time of financial constraint. Moreover, there are likely to be significant resources required to bring such a partnership into being.

5.2.2 At this stage, the report is seeking an agreement in principle to the concept and to carry out more work to establish the practical steps that would be necessary. The Haringey and Islington Health and Wellbeing Partnership should ensure that it has access to sufficient resources to undertake this activity.

6. Environmental Implications

6.1 There are no significant environmental implications arising directly from this report.

7. Resident and Equalities Implications

7.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

7.2 A resident impact assessment has not been completed because an assessment is not necessary in this instance.

8. Use of Appendices

None.

9. Background papers

None.