

Report for: Leaders Decision 16th May 2017

Item number: 4

Title: **Haringey and Islington Wellbeing Partnership Agreement**

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Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

Organisations in Haringey and Islington have been working ever more closely together to address the health and care needs of the population. Service redesign, through integrated working, has shown that this approach enables better provision of services in the future. The organisations want to formalise this approach and are doing so by signing up to the attached Haringey and Islington Wellbeing Partnership Agreement (**Appendix 1**). At this stage, the agreement sets out the reasons for working collaboratively and the ways in which this may be done. It sets commitments to increased collaboration and timescales for achieving these milestones.

To support this approach and provide the local context there is a companion report - 'Haringey's 'Design Framework for Integrated Health & Care' that outlines how we have been working in partnership across Public Health, Adult Social Care and Haringey Clinical Commissioning Group to develop an approach that will ensure all adults in Haringey are able to live Healthy, Long and Fulfilling Lives. This will ensure that together we deliver our vision for all adults which places an emphasis on the values which promote and maximizes an individual's independence, wellbeing, dignity, choice and control, shifting away from institutional care towards community and home based solutions where appropriate.

2. Cabinet Member Introduction

Health and care services in Haringey are under significant pressure. In a borough where there is already a life expectancy gap of seven years between residents in the more affluent west of the borough and those in the east, recent reductions in central government funding mean that the council faces *significant challenges in addressing health inequalities in Haringey*.

Overall the populations of Haringey and Islington have similar health and care needs and both face similar challenges to improving health and care outcomes for their residents. There are therefore significant opportunities for the boroughs to integrate health and care, and a range of organisations want to formalise this approach by signing the Haringey and Islington Wellbeing Partnership Agreement.

There are already many good examples of partners working collaboratively and delivering between services for the people of Haringey and Islington. In addition we are keen to deliver a range of improvements together in the future:

- People will be able to access care that allows them to be supported in their homes within 24 hours of being agreed as ready to leave hospital;
- There will be increased capacity in primary care and faster access to local services through four integrated care networks allowing people to be cared for in their own home;
- Physiotherapy will be provided in GP practices reducing need for onward referral to hospital and increasing the ability of primary care to manage patients in the community;
- The number of occasions when people have to be admitted to hospital or are placed in residential or domiciliary care will be reduced;
- Two test sites will be set up for diabetic patients, with quick wins such as a streamlined system of access to education and supported self-management.

By working in a different way, building on existing relationships between organisations across Haringey and Islington, partners are aiming to meet current challenges by providing more care outside of hospital where this is appropriate.

3. Recommendations

To agree that the London Borough of Haringey becomes a signatory of the Haringey and Islington Wellbeing Partnership Agreement which is attached as Appendix 1.

4. Reasons for the Decision:

The statutory Health and Wellbeing Boards in Haringey and Islington have been meeting in common for over 8 months and have agreed to meet as a single joint subcommittee from June 2017. The demographics, health and care needs of the people of the two boroughs are similar and benefits have been identified in tackling the challenges facing health and social care systems together. The Boards have also supported the development of a Partnership Agreement between partner health and care organisations in Islington and Haringey in order to better address service improvements.

The Partnership Agreement sets out the governance structure for health and care partners, working together, to deliver: better health and care services, to reduce inequalities and improve health and wellbeing outcomes for the people of Haringey and Islington. This agreement includes formal commitment to the Islington and Haringey Wellbeing Partnership Board which will be the forum through which system wide partnership working will be taken forward and will interact with a range health and social care groups to enable better delivery of services through closer working.

Community involvement is also a key factor of the governance structure and it includes a 'community reference committee' to ensure engagement, co-production and assurance of user involvement in service redesign. Local stakeholders are being supported to co-produce the stakeholder input to the Wellbeing Partnership governance arrangements.

A formal commitment to the Partnership Agreement is needed from the respective borough's decision making bodies and it is envisaged that any decisions arising from the Islington and Haringey Wellbeing Partnership Board, which is an informal body, would be taken back through the decision making structures of partner organisations.

This governance structure could also enable partners, in future, to work together towards the full collaboration of an accountable care system. Such sharing should build the base for future delegation of powers to the Partnership.

5. Alternative options considered

No other formal partnership arrangements with other boroughs have been considered at this time. Haringey and Islington councils are both facing similar health and care issues in their populations, are neighbouring boroughs and this agreement would build on the existing positive history of joint working between these boroughs. Not taking forward a partnership agreement would impact on the focus and structure of the organisations working together to tackle health inequalities and also mean that services such as education, housing, planning, which have a real impact on people's health and wellbeing, are not fully involved in a much needed wider approach to meeting the health and care needs of both borough's populations.

6. Background information

The populations in Haringey and Islington have many similarities, which are greater than the differences in health and care needs. For example, there are high levels of poverty, a bigger proportion of young people and high turnover of people moving in and out of the boroughs. And although life expectancy is increasing in Haringey and Islington, people live over 20 years in poor health and often require a lot of support from health and care services. This means that the organisations in Haringey and Islington are trying to address similar issues in each borough.

Across the country health and care organisations are being asked to work together in different ways, over bigger areas, in order to tackle the shared problems that are being faced by everyone. This includes high demand for services, not enough money, an ageing population who have a number of long term health conditions, and a system which is more centred on people being treated in hospitals, rather than supported in the community. There is also a lot of variation in the quality of community and primary care services across our boroughs and people's ability to access them.

There is a simple logic to working together to address these problems. We want to look at how we can invest our combined resources across health and social care to get the best value for people in our boroughs. There is a positive history of joint working between the organisations in Haringey and Islington; not just within each borough but also between the boroughs.

What do our local residents tell us?

Our engagement with local residents over the years has clearly shown us what's important to them and what they want from local services. The things we hear regularly include:

- People want services that are easy to access - the routes into health and social care are often confusing for people and there is a lack of clarity about what services are available amongst both communities and healthcare professionals.
- Most people don't like going to hospital and would prefer to be treated in or near to their homes.
- People want services that are joined up, and work together as one team, with the service user being the key team member.
- We need to improve services so they better meet the needs of people who face barriers when accessing services, particularly around languages, transport and homelessness.
- We need to improve our administration processes - people often face barriers or feel frustrated when trying to access services or appointments.
- There is a willingness among the local population to engage in activities with a focus on preventing health problems, supporting their own health and

wellbeing and managing their own conditions. However, we know that barriers exist which prevent some from taking these steps.

- People want services that promote wellbeing and reduce loneliness and want their physical health and mental health needs to be considered together.
- People want services that enable them to do things for themselves - they want to maximise the amount of time spent in good health and want services that support them to do things for themselves, promoting their independence.
- People want more use of the voluntary sector and recognise the important role it plays in supporting people's health, in both a formal and informal capacity. Social Care, CCGs and providers need to work more closely with grass-roots organisations that work within specific local communities and have built trust with residents. This could provide opportunities to improve the health and wellbeing of disadvantaged local communities by increasing the reach of prevention and early intervention.

How will we do this? What do we mean by working in partnership?

Partners will all share collective responsibility for meeting the health (mental and physical) and care needs of our population in the long term. We will:

- Make decisions about services and how we allocate our resources together
- Set priorities together
- Have joint programmes of work
- Share leadership
- Have common goals
- Pool our resources (budgets and staff) and manage money in a fundamentally different way
- Share risks and incentives
- Plan health and social care together
- Work without organisational boundaries
- Have a single decision making and accountability structure
- Provide proper integration across health and social care
- Think as a single system – rather than as commissioners and providers

What will the benefits be of working in this way?

- We believe that by coming together as a partnership and removing organisational boundaries, we will be able to focus on people's journey through the system as oppose to thinking as single organisations.
- Having councils involved in the partnership means that we will be able to work much more closely with areas like education, housing, planning – all things that have a real impact on people's health and wellbeing.

- We will be able to look across all partner organisations at how services are provided and identify opportunities to add value (by improving outcomes and reducing costs)
- We will be able to ensure that there is a consistent and high standard of service for everybody in both boroughs, particularly in community and primary care.
- We will be able to look at data and intelligence from all our organisations to understand our population better, and intervene earlier to help keep people well and out of hospital.
- We will be able to improve the communication and information sharing between different teams and organisations which will benefit service users, and make life easier for staff.
- We will share collective responsibility for the health and social care of the population and have shared budgets and staff teams which will ensure that services and care are much more joined up than it's ever been before.

Developing the Partnership Agreement

The Partnership Agreement has been developed through discussion in the Wellbeing Programme meetings and the most recent draft was circulated for Governing Bodies to discuss and comment on informally before the final draft was produced. Most organisations offered comments and amendments have been made to reflect those comments. They may be summarised as:

- Greater emphasis given to the aim of reducing inequalities and the aims of supporting communities as well as individuals
- Offering clarity that relevant budgets and services are included as several organisations deliver services outside Haringey and Islington
- A better emphasis on the role of social care in certain paragraphs
- Suggestions on managing situations where organisations do not appear to be acting for the collective good
- Improved wording to reduce health or social care jargon.

The final version of the Partnership Agreement, attached at appendix 1, has been presented to governing bodies in May 2017 for their approval and signature of membership.

7. Contribution to strategic outcomes

LBH membership of the Haringey and Islington Wellbeing Partnership will contribute to the following strategic outcomes:

Priority one - Enable every child and young person to have the best start in life, with high quality education

Priority two - Enable all adults to live healthy, long and fulfilling lives

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

Finance

Whilst the agreement proposes to align budgets and practises at a future date, there is currently no commitment to amounts at this stage, therefore it does not impinge on the Medium Term Financial Strategy.

It is anticipated however that these proposals will deliver efficiency savings in the longer term and be tabled in support of the Council's overall budget position.

When formalised proposals are available at a later date, these will be presented for agreement and subject to financial analysis where comments can be made.

Procurement

The Head of Procurement supports the recommendations made in this report. The recommendations align with Strategic Procurements mid to long term strategy of collaboration with other boroughs in the Health and Care Sector.

Haringey has recently rolled out a Dynamic Purchasing System (DPS) across a number of care related categories that are designed to be adopted by other Boroughs enabling Boroughs to move towards a single market place and obtain parity of prices and efficiencies across our regional partners. There is an opportunity for Islington to adopt the DPS as an early enabler to support the opportunities stated in this report.

Legal

The agreement sets out a number of commitments and targets by partners aimed at fostering a collaborative approach in strategic planning and decision making and to improve the health and care economy for residents across Haringey and Islington.

The commitments as they are developed and progressed may require formal partnership agreements between some or all the partners and will need to be managed in accordance with the partners constitutional and decision making framework.

Overall, the push in the agreement towards more collaborative working is in accordance with health and social care legislations which actively promotes health and social care integrated working and partnership arrangements to improve the health and wellbeing of residents.

The Haringey and Islington Health and Wellbeing Board Joint Sub-Committee should have strategic oversight of the Wellbeing Partnership arrangement.

Equality

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

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

This duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

An equality impact assessment is not needed for this decision but consideration will be needed in the governance process of how members of partnership will pay due regard to the Public Sector Equality Duty in an effective and proportional way when making decisions through the partnership.

Becoming a signatory of the Haringey and Islington Wellbeing Partnership Agreement will allow Haringey Council to provide more effective services and help reduce health inequalities for all protected characteristic groups, particularly older people, disabled people and children and young people.

9. Appendices

The Haringey and Islington Wellbeing Partnership Agreement final version 7.0
(Appendix 1)

10. Local Government (Access to Information) Act 1985

No background papers are included