Report for:	Haringey and Islington Health and Wellbeing Board Joint Sub Committee
Title:	Haringey and Islington Wellbeing Programme Partnership Agreement
Report authorised by:	Dr Jeanelle de Gruchy, Director of Public Health, Haringey Julie Billett, Director of Public Health, Camden and Islington
Lead Officer:	Rachel Lissauer, Director, Wellbeing Partnership

1. Describe the issue under consideration

The Joint Health and Wellbeing Sub-Committee provides the strategic leadership for the Haringey and Islington Wellbeing Partnership.

This paper describes progress with the Wellbeing Partnership in relation to the ambitions set in the Partnership Agreement and the aims of individual workstreams. The Partnership Agreement will be refreshed in April 2018. The paper recommends a process for discussing and agreeing next steps for the Partnership.

2. Recommendation

The Joint Health and Wellbeing Sub-Committee is asked to:

- Note good progress in many areas against the ambitions set out in the Partnership Agreement and some areas where progress has been slower than intended.
- Note the evolving model of care in which we have 'horizontal integration' at a local level from integrated community and primary care networks, together with 'vertical integration' for managing long term conditions like diabetes.
- Note the requirements for integrated working emerging from CQC area inspections and NHSE criteria for accountable care systems.
- Approve or amend the suggested process for reviewing the Partnership Agreement, particularly the recommendation that the Partnership Agreement is carried forward which will allow options to be discussed in June.

3. Issue under consideration

3.1 **Progress Report Haringey and Islington Wellbeing Partnership 2017/18**

The Wellbeing Partnership is both a strategic alliance and a commitment to joint working 'on the ground' to accelerate improvements for particular cohorts of the population.

Priority population groups for shared focus were selected following a process, led by public health of reviewing health needs, health and care spend and potential for improvement.

We need to see our progress both in relation to the strategic aims set out in the Wellbeing Partnership and the aims of programmes of work for particular population cohorts.

3.2. The changing landscape

Over the past year, organisations across Haringey and Islington have made some significant progress towards becoming a system that takes shared responsibility for improving the health of our populations.

Certain structural changes have supported this direction of travel. Between July and September 2017 Haringey and Islington CCGs came together under a combined management team. This has consolidated the joint approach between the two CCGs. The CCGs' finances and statutory responsibilities remain clearly distinct. However, drawing together the management teams has brought transparency about finances and opportunities to align commissioning approaches. The two CCGs are connecting decision-making through joint Governing Body committees and meetings. Differences and similarities in embedded commissioning approaches are coming into much clearer focus. In practice, there is greater communication and movement of staff and practical joint working between the different CCGs than has been seen before. This is happening alongside continuation of existing joint commissioning arrangements between CCGs and the Local Authorities.

The leadership and governance landscape has changed considerably within the year, with appointments of new chief executives for Whittington Health, North Middlesex, Haringey Council and a single Chief Operating Officer for the CCGs. Whittington Health and UCLH have continued to make progress on a clinical partnership.

A key area of change has been the development in the ability of primary care to work 'at scale'. GP Federations in both boroughs have significantly strengthened their infrastructure. Federations have continued to consolidate out-of-hours access to GPs through hubs. Quality Improvement teams are

being developed to support primary care to focus on reducing unwarranted variation. On the ground we have seen the development of integrated networks, in which practices have linked together around their particular geographies to drive improvements based on local need. These have focused on management of long term conditions and frailty and are explored in more detail later in this paper.

However, the past year has also seen considerable challenges for individual organisations, financially and operationally. Overall, capacity within the workforce at every level has been a significant constraint both in running day-to-day services and in delivering system transformation. Changes in the levels at which decisions are being made, both across North London Partners and across Haringey and Islington has created considerable complexity. The Wellbeing Partnership has therefore been working within a stretched and complex health and care environment.

3.3 Progress in relation to the Partnership Agreement

Appendix 1 sets out progress against the commitments set out in the Partnership Agreement.

Aims of the Partnership Agreement

- Shifting resources over the longer term to prevention and ill health avoidance impacting directly on the health and wellbeing of the population of Haringey and Islington
- Bringing together all our resources (including budgets), sharing budget information and taking collective decisions about their most effective use.
- Working together to redesign services in a different way using all the skills available to us across our collective workforce recognising that the necessary skills are not vested in one organisation or professional approach.
- Ensuring every organisation is seen to succeed by collective success.
- Developing using our collective information to create insight into how we can improve systems as a whole, where investment needs to go and to drive innovative ways of doing things.
- Bringing teams together, acting on behalf of each other, to more efficiently use our staff.
- Working together with our communities and workforce we will accelerate the transformation of our health and care system in Haringey and Islington.

- Collectively taking budget decisions, agreement will be reached on levels of activity and cost creating joint commitment to a collective financial and activity target. This should also reduce transaction costs between organisations.

The review in Appendix 1 highlights good progress at a strategic and practical level, including bringing together public health needs assessments and working collaboratively on preventative programmes.

Public health teams have produced a joint Strategic Needs Assessment. This represents a strong, shared point of reference and a mechanism for identifying priorities. Public health teams have successfully bid for additional resources to focus on improving the management of diabetes and cardio-vascular disease.

Progress has been made in developing a shared outcome dashboard which is an articulation of our collective aims and how they will be measured.

The Sponsor Board has acted as a forum for reviewing investment decisions and progress, most notably reviewing use of the Better Care Fund and investment into primary care both for integrated working and for quality improvement. It is notable that joint areas of focus between councils, such as market-management, continuing care and workforce development, have been taken forward primarily at STP level.

Progress has been more limited in several key areas. One is the plan for a system-wide financial control total. There has been limited capacity or appetite for exploring a Haringey and Islington system control total given the work happening at the level of North London Partners, North Central London's STP. The overwhelming direction has been towards sharing financial risk and planning at this wider level. It has not been clear that the benefits of disaggregating a bi-borough financial position within the wider North London Partnership, would be proportionate to the work required, given the complexity and challenge of this disaggregation, nor whether a two-borough control total would be acceptable within the wider North London partnership.

However, within the Wellbeing Partnership we do share a strong ambition to use our partnership and its aims as a way of directing more resource within our system towards prevention and the determinants of ill health. A proposal is being taken to the Sponsor Board in January to commission a piece of work to articulate our shared model of care across Haringey and Islington health and social care and to assess the financial implication for the Boroughs of delivering this model of care. This would provide a high level assessment of the financial position across our system, looking across our constituent organisations. This will be the basis of a system level

financial plan that will inform decisions about how resources are used and managed, without necessarily seeking to delineate a system-level control total.

Our experience is that some very good progress has been made in developing joint leadership. We have examples of programme leads from one organisation working across boroughs and leading on service developments across agencies. This has progressed well for MSK, intermediate care, frailty, diabetes/CVD and children and young people. Where it has worked well it has enabled rapid scale-up of schemes across both Boroughs. Implementation of a simplified and more personalised process for discharging people from hospital is a very good example. However, it is challenging to lead across organisations, whilst individual organisations already have their own programmes of work, leadership structures and governance in place. We can consider whether there needs to be greater permissions and enablers to facilitate leadership across organisations in the next phase of work.

A small team with project management and service improvement expertise has now been recruited to support the Wellbeing Partnership and will be taking up posts from February 2018, based at Whittington Health. Members of the team have been seconded from councils, CCG and Whittington Health. This will make a significant impact on the ability of the Partnership to progress at pace and to measure and evaluate its impact.

Recommendations

The joint Health and Wellbeing sub-committee is asked to note the key areas of progress in relation to the Partnership Agreement commitments, as well as areas where progress has been slower or more challenging.

The sub-committee is asked to consider what the key issues are for consideration when thinking about the next iteration of the Partnership Agreement. Some suggested areas are:

Is the geography of the partnership right?
Are our aims and principles fit for purpose?
Do we have a clear shared vision and focus?
Do we want to go further in articulating a shared model of care?
Do we want to maintain or revise our governance?

3.4 Achievements from work-streams

The Sponsor Board, after securing agreement to the Partnership Agreement through Governing Bodies in May and June 2017, has been keen to focus on delivery over the past 6 months. At its meeting in August, the Sponsor Board also provided a steer for the Wellbeing Partnership to have a greater focus on the development of integrated primary and community services at a local level.

Some of the key deliverables from the workstreams over the past 6 months include:

- Discharge to Assess has saved an estimated 1466 bed days between April and October 2017 in Haringey.
- The waiting time for MSK services has reduced progressively for patients in both Boroughs. In.
- A clinical model for MSK services has been agreed and a pilot is now being launched across Haringey and Islington.
- In Haringey there has been a 1.03% reduction in non-elective admissions compared to the same period in 2016/17, which is in line with the progress of vanguard sites
- In Islington there has been a significant reduction in acute activity for patients who were discussed by a multi-professional team, with some networks showing a reduction of greater than 50%.
- An asthma pathway has been developed to support improved management of asthma in children across both Haringey and Islington. This has now been expanded to include other boroughs.
- A Haringey and Islington air-pollution group has been established involving children's commissioners, Whittington Health and air pollution leads.
- Over 70 staff and volunteers received training to implement blood pressure checks as part of the British Heart Foundation programme grant;
- Haringey and Islington are now both commissioning GPs to improve the management of diabetes and CVD.
- Joint borough plans are in place to improve achievement of 3 diabetes treatment targets (blood pressure, cholesterol and blood glucose) through Quality Improvement Support Teams (QISTs).

3.5 General practice at scale and multi-professional working

Significant work from GPs and from primary care teams within CCGs has gone into the development of Care and Health Integrated Networks (CHINs) and setting up Quality Improvement Support Teams, which are being run by each borough's GP Federation.

CHINs and QISTs - overview

CHINs are networks of integrated services, where non-primary care services are integrated with primary care and other service providers (e.g. social care, mental health, community and voluntary sector), to manage the health needs and improve outcomes for the populations of a group of practices. CHINs bring staff together from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector to provide care closer to patients' homes.

CHINs give patients faster and easier access to health professionals and other services that can help to resolve their issues at an early stage before they become more serious. They help people to take control of their own wellbeing, manage their long term health conditions and be active members of their community.

Quality Improvement Support Team (QIST) is a team of professionals, supporting a CHIN and whose role is to drive continuous quality improvement and innovation across the patient journey, by reducing variation and sharing good practice. It supports the CHIN to deliver the outcomes for which it is jointly accountable.

There has been good progress with getting projects up and running at a local level in both Haringey and Islington. The common areas of focus are early identification / diagnosis and pro-active case management of patients with long term conditions and frailty.

An example of how a CHIN is working – North Islington

What is it?

The Islington North Frailty initiative is building a multi-disciplinary team in the community to support people who are frail or becoming frail. It is using technology, phone triage and physical assessment to:

- Identify "people of interest" from across the population (in this case around 70,000 patients in North Islington, from nine GP practices) who are mildly or moderately frail and who are likely to benefit from proactive support.
- Identify from that list a "patient register" of people who could benefit from a co-ordinated, proactive response from health, care and voluntary sector services to reduce any duplication, and reduce or delay the need for long-term formal care.
- Provide new and appropriate pathways to support these patients in the community — clinical, social prescribing or other welfare support.

How is it working?

GP practices have allowed the GP Federation, through a very carefully managed process, to create a register of patients who fall into mild, frail or 'unsure' frailty status. The initial focus is on supporting people who might be struggling with taking medication and who are at risk of falls.

A multi-disciplinary team has been formed from the participating GP practices, Whittington's Community Health ICAT team, Age UK and Islington GP Federation. Through a mix of agreements and individual honorary contracts, with Islington GP Federation being the primary responsible/accountable body.

The team includes:

- An AGE UK navigator who will provide 'universal' support for clinical and social prescribing activities
- Pharmacist with expertise in care of the elderly and a physiotherapist
- Clinical supervision from the Care of the Elderly Team at Whittington Health
- GP Federation provides a range of data searches, analysis, quality improvement support, project management and clinical leadership.

Does this type of multi-professional input work?

We have strong emerging evidence of the positive impact that multi-professional working has in providing support for people with complex needs.

A multi-professional team has been running in Haringey since 2015, supporting people at high risk of a hospital admission. The team is made up of nurses, physiotherapists, a pharmacist, social workers, a mental health nurse and a dementia navigator.

They were put in contact with Mr R, 35 years' old who had anxiety and depression with post-traumatic stress disorder, alcohol dependency and housing problems. Members of the team spent time with Mr R and became aware of underlying mental health problems. They worked with him to identify goals and assigned a care coordinator. They supported Mr R to link with multiple services and to engage with the GP and physical health services and worked with the mental health dual diagnosis team. Mr R is now in appropriate housing. His alcohol consumption has reduced and he is using techniques to manage his anxiety.

The graph below indicates the difference in A&E admissions for patients at practices that use the locality team by comparison to practices that do not. Through the development of CHINs the aim is to make sure that this approach is embedded across both boroughs.

Recommendation

The joint Health and Wellbeing sub-committee is asked to:-

Note progress within workstreams and, in particular, note the emerging model of care, in which CHINs are supporting 'horizontal' integration across agencies at a local level to offer pro-active management of 'at risk' populations. Workstreams are also driving and supporting 'vertical' or pathway integration and are putting specialist health and care services into closer contact with local primary and community teams.

Note that in 18/19 this approach will be consolidated further, with a clearer articulation of how individual project objectives link into and contribute towards delivery of an overarching outcome dashboard.

3.6 Regulatory drivers for integration

Haringey and Islington have been careful to resist classification or any formal contractual process for our partnership. It is important for us to use our own vocabulary and to forge a way of working that is driven by bringing real benefits for residents.

However, it is useful for us to work with an awareness of the expectations for joint working that are being set both by the Care Quality Commission (CQC) and by health regulators. Within North London Partners the Haringey and Islington Wellbeing Partnership is one of the more developed examples of joint working and we are therefore going to be asked to evaluate our progress in these terms.

3.6.1 CQC

CQC local area reviews include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources. These reviews are looking at how people move between health and social care, including looking at delayed transfers of care, with a particular focus on people over 65 years old. These reviews will not include mental health services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.
It is important for us to work with an awareness of this upcoming requirement so that, at Borough level and at the level of the Wellbeing Partnership, we are in a strong position to respond to changing system level regulation.

3.6.2 NHSE

Within the NHS, Accountable Care Systems (ACSs) are increasingly being viewed as the next, evolved iteration of successful Sustainability and Transformation Plans.

NHSE proposes that ACSs are able to agree a performance contract in which the system commits to make quicker improvements in relation to the NHS 5 Year Forward View. In return, the system gains some of the benefits associated with devolution. These include, for example, freedom to access and allocate transformation funding and a single regulatory arrangement.

It is unlikely that any of the next wave of Accountable Care Systems will be from London, given the requirement of ACSs to meet and exceed performance targets and be in a position to achieve financial balance.

For the Wellbeing Partnership, there is interest in understanding the degree to which we meet or aspire to meet the criteria for ACSs. In preparation for an assurance meeting with NHSE in October 2017 we considered that we met the majority of criteria, with the significant exception of achieving NHS constitutional targets and meeting a system control total. The Wellbeing Partnership will want to consider how far we want to monitor performance and finances across ourselves as a partnership rather than either as individual organisations, individual boroughs or as an STP. There appears to be relatively little appetite for this given our inter-dependencies with other boroughs and with Trusts outside Haringey and Islington, particularly given the approach towards managing finances across the STP as a whole.

However, the Sponsor Board and the Health and Wellbeing Joint sub-committee, in considering the next steps for the Wellbeing Partnership, may want to review this in more detail and provide a steer.

NHSE Criteria for Accountable Care Systems

Effective leadership and relationships

- Strong leadership and mature relationships across NHS and Local Authorities
- Effective collective decision-making
- Clinicians, including primary care, involved in decision-making
- Leaders share a vision

Track record of delivery

- Tangible progress towards delivery of Five Year Forward View (reducing avoidable A&E attendances; improving access to general practice; delivering cancer waiting time targets and priorities for mental health and management of frailty).
- Delivering constitutional standards
- Capability to exercise decisions on priorities

Strong financial management

- Delivering financial balance
- System wide plan to delivery control totals
- Shared system responsibility and risk arrangement

Coherent and defined population

- Meaningful geographical footprint (>0.5m)
- 'Core' providers cover 70% of care for the population
- Contiguous with local authority boundaries
- Effective operating arrangements within STP

Care Re-design

- Provider integration plans (vertical and horizontal) are in place
- Primary care and GP involvement
- Population health approach
- Draws on new models of care

3.7 Decision-making in the next phase

The Wellbeing Partnership Agreement commits partners to periodically reviewing the agreement.

It is proposed that, over next 4-5 months, the Partnership Agreement is discussed within the Sponsor Board and informally with Council Leaders and Executive/Cabinet members, with an options paper coming to the June meeting of the Joint Health and Wellbeing sub-committee. The aim will then be for the next iteration of the Partnership Agreement to be ready for review in September / October.

In March, it is proposed that an extended Sponsor Board meeting be held, and this will provide an opportunity to engage with and be challenged by external experts, including Sam Jones, who led the development of the New Care Models programme of work at NHSE. The Sponsor Board will then consider and develop options for 2018 / 2019, for further testing and development with Leaders and other Joint Sub Committee members.

This report invites members of the Joint sub-committee to discuss and comment on what they would like to see from the next iteration of the Partnership Agreement, in order to provide an initial steer to this next phase of development.

4. Contribution to strategic outcomes

The Wellbeing Partnership contributes towards the strategic outcomes set both by Haringey and Islington's Health and Wellbeing Boards: Ensuring every child has the best start in life; reducing obesity; improving healthy life expectancy; improving mental health and wellbeing and reducing health inequalities. It is expected to contribute towards delivering high quality, efficient services within the resources available.

5. Statutory Officers comments (Chief Finance Officer

Legal

There are no legal implications of this report.

Finance

Paragraph 1.1 of this report highlights that 'borough finances and statutory responsibilities remain clearly distinct' under the current arrangements.

If the Sponsor Board approves the commissioning of the piece of work to articulate the shared model of care, it is imperative that sufficient detail is provided on where responsibility for specific areas of activity will sit and the vision on the alignment of financial responsibility and associated resources that will be required.

Details will be required on the status quo and the new arrangements, so that the financial implications can be clearly identified and assessed at each decision stage. Particular considerations will include the need to ensure VFM, and how any savings/pressures will be managed within the confines of each entity's medium term financial strategy whilst securing the delivery of joint targets and outcomes.

Any future action that the council decides to take in order to further the objectives set out in this report will need to be managed from within relevant existing budgets.

6. Environmental Implications

Not applicable at this stage

7. Resident and Equalities Implications

Public bodies have 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.

8. **Use of Appendices**
Programme Update is attached as Appendix A.

9. Local Government (Access to Information) Act 1985
Background papers: None