

Wellbeing Partnership Progress on Partnership Agreement							
Theme	#	Action	Responsibility - lead	Qtr	Target Date	Status	Action/progress
A. Joint Health and Wellbeing Strategy	1	Public Health Leadership Group: Form a Haringey-Islington Public Health Leadership group by June 2017 to determine a process for developing a future operating model for collaborative working.	Jeanelle de Gruchy/ Julie Billet	Q1	Jun-17	Ongoing and on track	The H&I Directors of Public Health are working together on thematic areas in common and have been successful in winning bids in relation to diabetes and a BHF bid for stroke. The next step is to develop the evolving process into a future operating model for collaborative working. It is suggested a stocktake paper co-incide with the commissioning update in 4 below.
	2	Joint Strategic Needs Assessment: Bring together the iterative processes underpinning the JSNA as a precursor to establishing a single Health and Wellbeing Strategy for the two boroughs.	Jeanelle de Gruchy/ Julie Billet	Q2	Sep-17	Complete	A JSNA summary has been produced and shared with the Joint health and wellbeing strategy (2 below).
	3	Joint Health and Wellbeing Strategy: Develop a single Strategy for the boroughs of Haringey and Islington by December 2017.	Jeanelle de Gruchy/ Julie Billet	Q3	Dec-17	Complete	The process of aligning the two strategies has been completed.
	4	Public Health Commissioning: Review commissioned services and budgets between both boroughs by September 2017: providing a deeper understanding of the services commissioned and supported by both Public Health teams. In the future, this work will serve as a guide for (1) which services might be jointly recommissioned to potentially improve outcomes for the populations for both boroughs and (2) which services would be better managed locally.	Jeanelle de Gruchy/ Julie Billet	Q2	Sep-17	Ongoing and on track	The review of PH commissioning will follow the development of an operating model (1 above) and joint strategy (3 above), so that form follows functions identified through these processes. The review would include alignment of JSNA processes (2 above) in future years. In the meantime, joint areas of work are underway, including work on obesity and Sugar Smart.
B. Joint Transformation Programmes and Management Teams	5	Transformation Programmes: To share each organisation's programmes with Partners by 30 June 2017	Sanjay Mackintosh	Q1	30-Jun-17	Complete	A joint staff workshop was held on 4 May at which programmes were shared. Areas for collaborative working between councils including CHC, workforce training and market management are being taken forward through STP.
	6, 11	Transformation Programmes: To establish joint work on council transformation programmes and peer review priorities by September 2017 and align local authority social care transformation programmes by 30 July 2017	Sanjay Mackintosh	Q2	30-Jul-17	Limited Progress	From discussions in 5 above, it was agreed that Assistive Technology is a key area for collaboration, in addition to existing joint work already taking place on intermediate care and reablement. There is little appetite to formally merge transformation programmes. The intention is to bring a paper to the Sponsor Board relaying feedback and how we might refine the actions, as discussions have since progressed further.
	7	Service Improvement Projects: To bring together existing projects undertaken by separate organisations where they are addressing similar cohorts of the population, conditions or diseases so as to optimise improvement work under the leadership of the Wellbeing Partnership by September 2017	Sean McL/ Beverley T/ Rachel L/ Paul S/ Carol G	Q2	Sep-17	Limited Progress	This is happening for CHIN / QIST, MSK, intermediate care and to a degree for diabetes. It is only happening to a limited degree for Children and Young People and mental health. There is mixed appetite for integrating existing work and projects.
	8	Service Savings and Transformation Plan: To develop a joint plan for 2018/19 between Councils, CCGs and Trusts by October 2017 so that this can be built into each organisation's financial plan for 2018/19	Stephen B / Ahmet K/ Paul D / Shakeen Y	Q3	Oct-17	Limited Progress	Requires capacity - plan for 18/19 both to develop a strategic financial plan and to employ a member of staff to develop a shared savings plan.
	9	Single Management Leads: To establish by 30 th June 2017, a single management lead across all organisations for specified services e.g. diabetes, with the autonomy to make system wide decisions to improve services. The role would have accountability to all organisations through the Partnership Board.	Project Director	Q1	30-Jun-17	Limited Progress	This is happening to a limited degree. Leadership for much of the work within the Wellbeing Partnership sits within commissioning and operational teams. There would need to be a clear case for change and significant level of buy-in to having single management leads which is not in place at the moment.

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	10	Management Team Alignment: Managing alignment of CCG management teams to support a partnership approach by September 2017	Tony Hoolaghan	Q2	Sep-17	Complete	Single executive team is in place across the two CCGs
C. Joint Performance Measures	13	Performance Indicators: To establish by 30 th September 2017, a set of performance indicators (ideally from existing data sources) which will help demonstrate increased collaborative working across the Partnership.	Jill S / jenny W / Jess McGreggor/Charlotte P	Q2	30-Sep-17	Complete	Outcome dashboard has been completed
	14	Better Care Fund - Joint Measures: To investigate joint measurement of service initiatives such as the Better Care Fund and shadow from July 2017.	Jess McGreggor/Marco Inzani	Q2	Jul-17	Complete	BCF leads have shared their approaches and BCF reporting will now come to a joint Wellbeing Delivery Board. This will align reporting and evaluation of schemes.
	15	Data Sharing Agreements: To confirm existing data sharing agreements and ensure consistency, establishing new ones where needed by December 2017, so data can be used between organisations to improve and deliver services to users.	Sarah Dougan	Q3	Dec-17	Limited Progress	Considerable progress has been made towards sharing data to enable joint working within primary care and within integrated networks. This has been led by Federations and primary care leads. Data sharing across primary and secondary care and across agencies has made little progress.

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D. Joint Budget Management	19	System Control Total: To shadow a single system control total (from September 2017)	Stephen Bloomer	Q2	Sep-17	Limited Progress	The benefit and requirement of a system control total at Haringey and Islington level needs further investigation. A statement of shared strategic aims and a shared financial plan to achieve this is a priority and the Sponsor Board will make a decision in January about whether to commission this work.
	16	Budget Sharing: To establish a regular monthly sharing of budget (and activity data) at a level of detail that enables each organisation to understand how resources are being used to deliver health and care services (from April 2017).	Ahmet K	Q1	From April 17, monthly	Limited Progress	As above
	17	Dis/Investment Decision-making: To bring significant investment / disinvestment decisions (eg over £250k) to the Partnership Board to enable partners to understand the impact such changes might have. This does not fetter an organisation's independent decision making autonomy but ensures one organisation does not make unexpected changes which negatively impact upon another (from April 2017).	Simon Pleydell	Q1	From April 17, monthly	Ongoing and on track	This has occurred with BCF plans and CHIN / QIST investment being brought to the Sponsor Board for multi-agency discussion.
	18	System-wide Budgets: To establish system wide budgets for specific services eg for diabetes, MSK, to support the transformation work of the individual work streams (by April 2017).	Finance Directors	Q1	Apr-17	Limited Progress	In progress for MSK. This will be explored for intermediate care in Haringey. There needs to be a strong case for change for this to be progressed.
E. Governance	20	Governance: To establish the overall governance arrangements as described below by 30th June 2017.	Programme Director	Q1	30-Jun-17	Ongoing and on track	Governance structure has changed in light of the governance for CHINs. Need to consider how Trust Chairs are involved in decision-making. Governance and membership of Operational Board has now been reviewed.
	21	Community Reference Group: To support local people to coproduce the community reference group by 30th June 2017.	Lizzie Stimson	Q1	30-Jun-17	Ongoing and on track	Agreement reached in July not to progress with a separate community reference group. Healthwatch and residents are represented on the Delivery Board.
	22	New Governance Forms: To consider alternative, stronger governance arrangements and organisational forms such as Multispecialty Community Providers (MCP) or Primary and Acute Care Systems (PACS) between September 2017 and March 2018.	Programme Director	Q2	1 Sept 17 to 1 April 18	Limited Progress	Not pursuing currently
	23	Partnership Agreement: To refresh this Partnership Agreement for April 2018.	Programme Director	Q4	Apr-18	Ongoing and on track	This will be progressed through February and March.
	12	Delivery Plan - to include: To establish four Care Closer to Home Networks (CHINs) as a local delivery teams by September 2017.	Clare Henderson Cassie Williams	Q2	Sep-17	Ongoing and on track	On track