Report for:	Haringey and Islington Health and Wellbeing Board Joint Sub Committee
Title:	Proposal for resident and community and staff engagement in the development of integrated health and wellbeing networks
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

Haringey and Islington are undertaking informal engagement around the development of local integrated care networks. This engagement aims to ensure that networks are being developed in a way that is visible and responsive to local residents and patients. It is also a way of raising awareness of the Wellbeing Partnership.

The joint sub-committee is asked to note that this engagement represents a statement of commitment from health and care organisations in.

2. Recommendation

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

- Discuss and comment on the proposal to engage with communities about the Wellbeing Partnership.
- Note that we will be moving away from using the term Care and Health Integrated Networks (CHINs) to describe our local integrated networks.
- Approve plans for further engagement about the Wellbeing Partnership.

3. Next step with CHIN development and engagement

This paper proposes a process of engagement with both health and social care staff and members of the public around the Wellbeing Partnership. It suggests that this engagement process is used to discuss the vision and the aims of the Wellbeing Partnership. The development of integrated networks offers a clear way of communicating what we are trying to achieve through the Wellbeing Partnership. It is also vital that integrated networks respond to the priorities of local people. Communicating about the Wellbeing Partnership and about the development of local networks is part of how we, as organisations, can create a

meaningful dialogue with residents and patients, and work together with people living in our boroughs to promote better health and wellbeing.

3.1 **Strengthening integrated local networks**

Progress with the development of Care and Health Integrated Networks in Haringey and Islington is described in the report on this agenda entitled "Haringey and Islington Wellbeing Programme Partnership Agreement". These developments have been supported by all Partnership member organisations and were and continue to be a strong feature of the STP:

> "At the heart of the care closer to home model is a 'place-based' population health system of care delivery which draws together social, community, primary and specialist services. This will be underpinned by a systematic focus on prevention and supported self-care with the aim of reducing demand on the system over time. We will deliver the right care at the right time for the whole population"

Working in this way involves early identification of vulnerable patients or patients at risk of developing poor health. For this, access to registered patient lists is critical. So it is appropriate that GPs have been the starting point for this work. However, the vision for CHIN development is for integrated care and leadership. Much of the enthusiasm amongst GPs and primary care teams more widely is the potential opportunity through CHINs to address the wider determinants of ill health and to connect more readily and efficiently with professionals in other sectors, particularly those working in mental health, the voluntary sector and social care.

There has already been very good engagement in CHINs from professionals within Trusts and councils. However, for integrated local networks to progress, staff need permission to dedicate more time to becoming part of these teams and to work in new ways. Managers of front-line staff need assurance that this is in line with organisational priorities and financial plans. If local networks of care are going to have longevity, then they will need to be strongly driven and supported by councils and all Trusts.

It is therefore very important to establish, as leaders of health and care organisations within our local system, a shared commitment towards the development of integrated local networks. In order to engage with residents on network / CHIN development, leaders would need to have clarity about what they see as the function and purpose of local networks, both now and in future.

Across London and nationally a range of different approaches are being taken, with networks having different levels of formality and responsibility. On the one hand, networks are being developed as small multi-professional teams working on care coordination and case management. In other places local networks are preparing to take on a more formal role as multi-agency leadership teams, able to plan health and care services and preparing to hold budgets to support managing the health needs of their population. Thus far, no one approach has been demonstrated to be more effective than another; however, any model requires commitment from system leaders.

Under any model, networks offer an opportunity to draw different professionals together around the needs and strengths of the people and communities within a geography. Building a multi-professional team provides opportunities for people to share skills, communicate more easily and make smarter use of non-clinical staff. Having a local unit of organisation around a group of practices makes it possible to consider new solutions to entrenched issues. It can act as a prompt to engage the staff who provide care and for particular populations in a dialogue about how they consider care could be provided most efficiently and effectively. The development of integrated networks provides the opportunity for residents and patients to help shape in a tangible way how care and support is defined, delivered and experienced at a local level.

3.2 **A 'road map' for network development**

A piece of work is now being undertaken to set out, in conjunction with stakeholders, the next steps in developing local networks.

CHINs need to develop more consistently and their coverage needs to be extended so that no Haringey or Islington patients or groups of residents are excluded.

Some of the headline expectations for how CHINs will develop over the next year are set out below.

Current position	**2019 position**
Population coverage • Not all practices within a network	Population coverage • All registered patients are located within and part of a defined network • CHIN has considered local geography and assets

Leadership • Largely GP led • CCG driven	Leadership • All networks have multi-agency leadership • CHINs able to define health and wellbeing priorities for their area
Level of public awareness and engagement • Only in relation to particular projects	Level of public awareness and engagement • Neighbourhood engagement events held and local priorities informing plans
Demonstrating improvement • Planned improvements identified	Demonstrating improvement • Explicit, measurable objectives and evaluation underway
Governance • Structure being established to support decision-making and clear accountability	Governance • Process is in place for CHIN to influence decision-making • Accountability for delivery/performance and for finances is clearly established

Recommendation:
The Joint Sub-committee is asked to note and approve that Haringey and Islington will develop a new term, which replaces CHINs, to describe our local integrated networks. We will use our existing engagement meetings to test some options with residents and service users.

3.3 Building on a strengths-based approach

For Haringey and Islington Councils, this is an opportunity to connect the work that is happening in the Wellbeing Partnership with the asset and strengths-based approach that is being developed as part of the Spark Programme in Islington and through the Target Operating Model in Haringey.

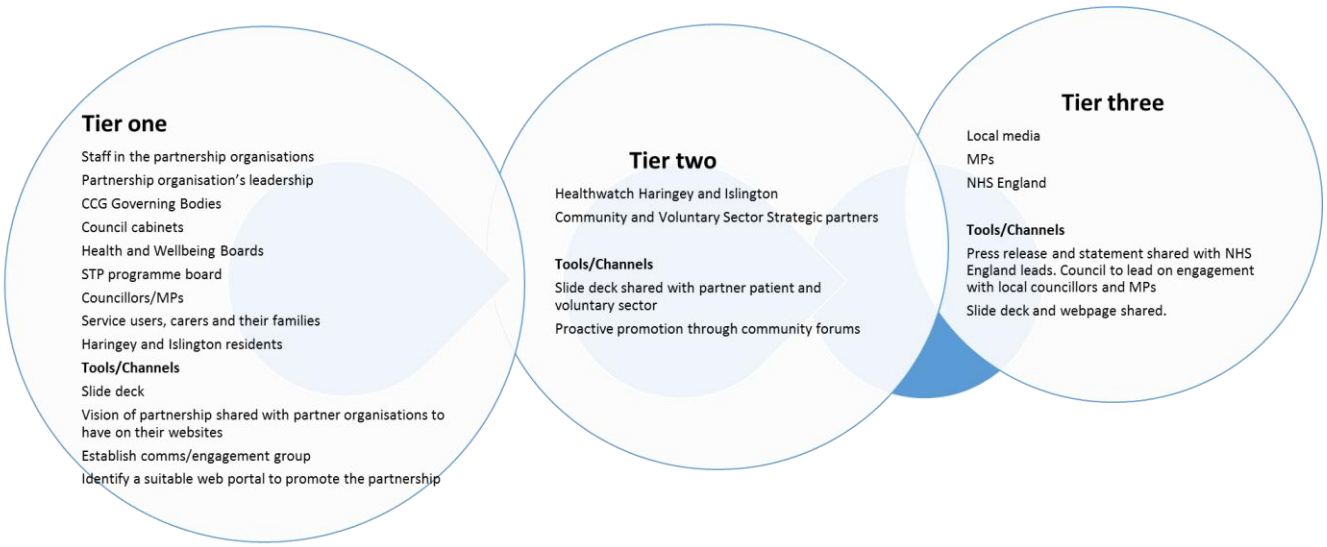
A strengths-based approach reverses the traditional and paternalistic care model. Rather than starting with ‘what's wrong’ and deciding which services can ‘fix’ things for people, a strengths-based approach concentrates on the assets of individuals, families, groups and community organisations, which can allow people to live independently and do more for themselves.

For social care this is seen as part of moving towards more personalised services which focus on prevention and building resilience in individuals and communities. Clearly there is also strong alignment with the move towards supporting personalisation and self-management in health.

A focus on building resilience, and on individual, family and community assets and strengths, provides the Wellbeing Partnership with an opportunity to set out a positive vision for health and care transformation. This does not negate or disregard our system challenges, particularly around health inequalities and the financial sustainability of the system. However, it does allow us to have a dialogue with patients and residents about how we can work together to improve health and wellbeing.

3.4 Engaging and communicating – next steps

A process below is proposed for developing communications and starting informal engagement on the Wellbeing Partnership.



Setting out our approach

Initial steps Jan- April 2018

- Communication and engagement leads group in place
- Assigning overall leadership for communications and engagement

- Collecting case studies to help bring the partnership to life, which would be an opportunity for partners to come forward to feature as part of the partnership. Considering how we promote the partnership with community groups and residents through forums and events – and ensuring this is meaningful.

Mid-term April – July

- Communications and engagement group up and running with case studies being shared regularly on proposed portal site and across partner organisations.
- Ongoing discussions of progress shared with local patient and resident partners. Plans to host a series of engagement events, using existing forums in both boroughs for Wellbeing Partnership partners to share with residents what we want to achieve and how local people can get involved.

Long term – July 2018 – March 2019

- Proposed events aligned to local existing fora and events to share vision and engage on the Wellbeing Partnership; engagement tailored / aligned to Council priorities
- Determine whether we host an official re-launch of the Partnership with Council and NHS leaders post local elections.
- During this period continue work to promote the work of the partnership with frontline services in both boroughs which reflect the ambitions of working together.

Audience	Channel/tools	Lead	Time scales
Tier one	Slide deck vision of partnership shared with partner organisations to have on their websites Establish comms/engagement group Identify a suitable web portal to promote the partnership	Head of Comms Haringey and Islington CCG Islington and Haringey Council comms leads Haringey and Islington CCG comms lead	Jan- March 2018
Tier two	Slide deck shared with partner patient and voluntary sector	Engagement lead for Haringey and Islington CCG	March – July 2018

	Proactive promotion through community forums		
Tier three	Press release and statement shared with NHS England leads. Council to lead on engagement with local councillors and MPs Slide deck and webpage shared.	Head of Comms Haringey and Islington CCG Islington and Haringey Council comms leads Haringey and Islington CCG comms lead	July 2018 - 2019

Recommendation
The joint sub-committee is asked to comment on and approve this engagement process.

4. Contribution to strategic outcomes

4.1.1 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

5.1 Legal

There are no legal implications arising from the recommendations in the report.

5.2 Finance

Paragraph 1.1 of the previous 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.

Any details relating to such actions will be assessed for financial implications as and when they arise.

6. Environmental Implications

Not applicable at this stage

7. Resident and Equalities Implications

Public bodies 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.

8. **Use of Appendices**
   Presentation
9. **Local Government (Access to Information) Act 1985**
   Background papers: None