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Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Meeting in common of Haringey and Islington's Health and Wellbeing Boards

Members of Health and Wellbeing Board are summoned to a meeting, which will be held in Committee Room 5, Town Hall, Upper Street, N1 2UD on **31 January 2017 at 9.30 am.**

Stephen Gerrard
Director of Law and Governance

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Despatched	:	23 January 2017

Membership

Councillors:
Councillor Richard Watts (Chair)
Councillor Janet Burgess MBE
Councillor Joe Caluori

Local NHS Representatives:
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust

Clinical Commissioning Group Representatives:
Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Melanie Rogers, Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group

Islington Healthwatch Representative:
Emma Whitby, Chief Executive, Islington Healthwatch

NHS England Representative:
Dr Helene Brown, Medical Director, NHS England

Officers:
Julie Billett, Joint Director of Public Health Camden and Islington
Sean McLaughlin, Corporate Director Housing and Adult Social Services
Carmel Littleton, Corporate Director Children's Services

A. Formal Matters

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1. Filming at Meetings

Please note this meeting may be filmed or recorded for live or subsequent broadcast by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting.

Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. Welcome and Introductions

3. Apologies for Absence

4. Notification of Urgent Business

5. Declarations of Interest

If you have a Disclosable Pecuniary Interest* in an item of business:

- if it is not yet on the council's register, you must declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may choose to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you must leave the room without participating in discussion of the item.

If you have a personal interest in an item of business and you intend to speak or vote on the item you must declare both the existence and details of it at the start of the meeting or when it becomes apparent but you may participate in the discussion and vote on the item.

*(a)Employment, etc - Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all voting members present at the meeting.

6. Questions from members of the public

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11. Dates of Future Meetings

The Committee Clerk will provide an update on dates for future meetings of the new Haringey and Islington Joint Health and Wellbeing Board for the new municipal year 2017/18.

12. Urgent Non-Exempt Matters

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

13. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

14. Urgent Exempt Matters

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Wellbeing Board will be on 26 April 2017

Please note all committee agendas, reports and minutes are available on the council's website: www.democracy.islington.gov.uk

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Report for: Health and Wellbeing Board – 31 January 2017

Title: Update on the North Central London Sustainability and Transformation Plan

Report Authorised by: Zina Etheridge, Deputy Chief Executive, Haringey

Lead Officer: Julie Billett, Director of Public Health, Camden and Islington

1. Describe the issue under consideration

1.1 This report updates the Health and Wellbeing Boards on the development of the North Central London Sustainability and Transformation Plan (STP), a five year, strategic plan for the health and care system across the five boroughs of North Central London (NCL) – Islington, Haringey, Camden, Barnet and Enfield.

1.2 The NCL STP was submitted as a work in progress to NHS England on 21st October 2016, and shortly afterwards made publicly available via publication on the websites of all five local authorities across North Central London.

1.3 This paper provides an overview of the key transformation workstreams set out in the STP, the ongoing work to develop STP plans and workstreams since submission in October 2016, and the developing structures and arrangements that are being established in order to move from plan development to implementation.

1.4 The paper articulates some of the key opportunities and alignment between STP ambitions and workstreams and those of the Wellbeing Partnership, but also highlights key issues and concerns, in particular from the perspective of the local authority members of the Wellbeing Partnership. Key themes to emerge from resident engagement and feedback on the NCL STP across Haringey and Islington are also described.

1.5 Finally, the report considers how, through the system transformation and integration work being taken forward across the Wellbeing Partnership, partners across Islington and Haringey can support and influence delivery of the NCL STP. The importance of shaping the work being taken forward across the two boroughs, as well as influencing the work across the wider NCL geography, in order to effectively address or mitigate key concerns in terms of STP content, scope, approach and prioritisation of investment is discussed

1.6 Children make up approximately 25-30% of the population across the NCL footprint, if we are genuinely concerned with improving population health (health and well being and preventative, mental health strand of the STP) then the clinical and care pathways should have children and young people within them.

1.7 The Better Health for London Care Commission report has mentioned the importance of focussing of vulnerable groups, linking up with midwifery, Family Nurse Partnerships, health visiting and training, focusing on the dedicated work stream linked to prevention around obesity and long term conditions such as asthma.

2. Recommendations

2.1 The Joint Health and Wellbeing Board is asked to:

1. Note the update on Sustainability and Transformation Plan development and implementation in North Central London.

2. Note and discuss the key opportunities, risks and concerns set out in this paper. Consider and discuss how the transformation and integration work being taken forward across Islington and Haringey aligns with and can support STP delivery, and how the Partnership, building on our local progress and strengths, can positively influence STP development and delivery in support of our local ambitions.

3. Background Information

3.1 Through the NHS Shared Planning Guidance issued in December 2015, every local health and care system in England was asked to come together to create a place-based, multi-year strategic plan built around the needs of local populations. These Sustainability and Transformation Plans (STPs), and this new partnership approach to strategic planning, are intended to be the vehicle for delivering the NHS Five Year Forward View.

3.2 Haringey and Islington are part of the NCL strategic planning 'footprint', alongside Barnet, Enfield and Camden. The overarching ambitions of the STP are to:-

- Improve health and wellbeing outcomes;
- Improve care quality; and
- Achieve financial sustainability.

3.3 Following submission of an initial, high level plan in June 2016, which set out a broad direction of travel for the NCL STP, CCGs, health providers and local authority officers across the health and care system continued to work together over the summer of 2016 to finalise the 'case for change' and to further develop the STP workstreams. The next iteration of the STP was submitted to NHS England on 21st October 2016.

3.4 Islington and Haringey Councils took the decision to publish in full the STP document submitted to NHS England on their respective Council websites, alongside the other three local authorities in NCL. Publication was a direct response to considerable concern about the lack of public transparency as well

as Council involvement in the development of the STP plan (see section 4.0 below).

3.5 The STP and the accompanying case for change sets out the key population health, care quality and financial challenges facing the health and care system across NCL over the medium term. It describes the health and care needs of the NCL population, as well as the significant variation in need, care quality and health and wellbeing outcomes seen within and between different population groups and geographies across the footprint. It also articulates the scale of the challenge to the health and care system's financial sustainability, given population growth, rising demand, the rising costs of service provision and severely constrained public sector finances. The STP estimates the financial gap in NCL NHS services alone as £876m by 2020/21. For social care, the combined social care budget gap across NCL's boroughs will be in excess of £300m by 2020/21.

3.6 The strengths as well as the complexity of the health system in NCL are also described within the STP, with a multiplicity of acute, community, mental health and specialist providers operating in a system that, historically, has neither promoted provider collaboration nor a longer-term, place-based and population health focused approach to strategic planning across these wider geographies. In that context, this shift towards place-based planning across the health and care system is both welcome, as well as difficult to deliver, given the immediacy of current challenges.

3.7 NCL's STP describes at a high level the key workstreams and building blocks of transformational change needed across the health and care system, in order to tackle the issues set out in the case for change. The workstreams covered are:-

- Delivering care closer to home, including:
  - population health and prevention
  - transforming primary care
  - mental health
  - urgent and emergency care
- Optimising planned care pathways
- Consolidation of specialties
- Organisational-level and system-level efficiencies

3.8 The STP also includes a number of important "enabling" workstreams, covering the health and care workforce; the health and care estate; digital and information; and new commissioning and delivery models.

3.9 The document submitted in October is regarded as a work in progress, with workstream plans described at a high level. Work has been ongoing to develop a 'refreshed' plan by the end of January/early February which details these high

level workstream proposals; implementation plans are being developed and will be finalised by 31 March 2017.

4.0 Other recent developments

4.1 Since submission of the STP in October, NHS organisations have been focused on operational planning and agreeing contracts for 2017/18 and 2018/19. This year, the NHS planning process was built around the STP, to ensure that commitments and changes set out in the STP were built into operational plans and contracts for the next two years. In other words, anticipated reductions in secondary care activity linked to delivery of STP interventions have been modelled and built into contracts with providers. The timetable for signing off contracts was bought forward to just before Christmas 2016. In NCL, all contracts were agreed with providers by this deadline. This was a significant achievement and move away from past experience, where contract negotiations continued well into the next financial year. Capacity in the NHS locally can be focused on managing immediate winter pressures and system resilience issues, as well as on wider system transformation.

4.2 Other key developments include some move away from historical, activity-based payment for acute providers (payment by results) through the two-year contracts that have been agreed, in order to incentivise providers to manage demand and promote system-focused behaviours. Although changes to these contracts did not go as far as CCGs had initially hoped, they can be regarded as a positive step in the right direction towards a more population focused approach. Additionally NHS organisations across NCL will now be held accountable for delivery of a system-wide financial control total across NCL, as well as their own organisational control total.

4.3 There remain some significant financial gaps and risks in the system for this year and for 17/18, including the risk of acute hospital activity exceeding the levels planned and budgeted for, and a lack of certainty regarding the level and availability of funding to support delivery of those STP programmes and interventions necessary to achieve transformation and support the required shift in activity out of secondary care into health and care settings closer to home. Indications are that there will be limited or no additional money for some of the transformation workstreams.

4.4 Work to develop a new set of commissioning arrangements across the five NCL CCGs is also moving forward. A Joint Committee of North Central London CCGs will be established (and operate in shadow form, until formally convening in April 2017) for the joint commissioning of acute services, NHS contracts associated with the Transforming Care (learning disabilities) cohort, specialised services not commissioned by NHS England and all integrated urgent care (including the Out of Hours and 111 contracts). A shared management team is being established to work across the five CCGs, with the creation of four executive posts. Appointment to the NCL Accountable Officer post is expected to conclude in January 2017. Responsibility for commissioning other services will remain with individual CCGs

and an executive director will lead individual CCGs – Haringey and Islington CCGs have agreed to share an Executive Director, a positive commitment to our Partnership across the two boroughs which will further support our joint work and enable effective use of commissioning expertise across our local system.

4.5 Public engagement

4.6 Since publication of the NCL STP, residents and stakeholders in Islington and Haringey have been encouraged to provide feedback and input via each respective Council's and CCG's website. Additionally, a public event was convened by Keep Our NHS Public in Islington on 15th December, which was also attended by the Leader of Islington Council, Cllr Richard Watts, senior leaders from Whittington Health NHS Trust and local MPs. Islington CCG met with members of 38 Degrees Islington to discuss the STP, and most recently discussed the STP at their Governing Body meeting held in public, in January 2016. In Haringey, officers have also met with members of 38 Degrees Haringey to talk about the STP and answer their questions, as well as presenting at the Bridge's Voluntary and Community Sector Forum in October 2016. Haringey CCG discussed the STP at their public meeting in September, as well as with their Engagement Network in November, with a follow up meeting planned for January 2017.

4.7 The key issues and themes to emerge from this engagement with residents on the NCL STP are summarised in below.

4.8 Scrutiny of the NCL STP by the Joint Health Overview and Scrutiny Committee (JHOSC)

4.9 During November and December 2016, the NCL JHOSC undertook a review of the draft NCL STP submitted to NHS England in October. The Committee took verbal and written evidence from a range of stakeholders. The Committee produced a report:

http://democracy.camden.gov.uk/ieListDocuments.aspx?CId=268&MId=7168)

4.10 This sets out a number of key principles and recommendations across eight key themes, to help inform and challenge the development and delivery of the NCL STP going forward. The eight themes covered by the JHOSC's recommendations are: transparency, governance, finance, digital services, adult social care and integrated working, outcomes, estates and workforce. The NCL STP Transformation Board is currently drafting a response to these recommendations.

5. Key issues for consideration

5.1 STP content

5.2 The overall health and care system challenges the STP is seeking to address and the need for whole-system transformation to improve outcomes and achieve system sustainability are widely recognised and supported by partners across the health and care system in Islington and Haringey. Indeed the narrative and challenges set out in the NCL case for change mirror local understanding of the needs and issues that underpin both the work of the Wellbeing Partnership, and local, borough specific integration and transformation activities and programmes focused on health and care.

5.3 Moreover, the themes and focus of the STP on prevention, mental health, integrated out of hospital health and care services and supporting residents closer to home, align strongly with the focus and ambitions of the Wellbeing Partnership. The principles of placing residents and patients at the heart of care and orientating the health and social care system around people rather than organisations is a STP aspiration that fits well with overall HWB aspirations and principles in both boroughs.

5.4 Whilst the STP makes clear the importance of social care to the whole system, the potential impact on social care from shifting more care out of hospitals, or harnessing the real opportunities from genuine integration have not been fully articulated. Directors of Adult Social Services (DASSs) across NCL convened in January 2017 to agree next steps on engaging with the STP process. The shared view was that the STP presents both risks and opportunities to adult social care, therefore active DASS engagement and influence to ensure new models of care are developed looking across the health and care system is needed.

5.5 The focus on prevention and early intervention in the STP is welcome and aligns strongly with our HWBB strategic priorities. Our concern is that an exclusive focus on the short to medium term, and on the benefits that can be realised over this time horizon, will jeopardise the longer term sustainability of the system and population health improvement. There remains an inadequate upstream focus on keeping people well in the first place because of the financial imperative to deliver savings in the shorter term. Inevitably, this shorter-medium term focus within the STP has meant an inadequate focus on children and young people and on giving children the best start in life. Achieving a radical and systematic upgrade in prevention across the health and care system will require a greater proportion of health system spend to be directed towards prevention, and, as we have in the Wellbeing Partnership, strong recognition of of the importance and contribution of wider social determinants to health and wellbeing outcomes.

5.6 The ‘health and care closer to home’ workstream sets out a model of integrated and strengthened primary, community, social and mental health care that aligns well with our Wellbeing Partnership vision and workstreams. However, it is important to consider the potential impact of the service transformation proposed in this STP workstream on demand for adult social care for older people and adults with mental health problems, through any shift in care from hospitals into the community. The plan acknowledges that social care is a crucial part of the STP. The STP also recognises the significant potential to look

at workforce transformation to help address challenges in both health and care system and work more closely with, for example, the voluntary and community sector

5.7 Improving mental health services in NCL is a key priority in the STP. It is generally recognised that mental health services have historically seen a relative lack of investment compared to services for physical health needs. Improving mental health services in NCL is also an important part of delivering the government's policy of "parity of esteem" between mental and physical health. The STP sets out a clear framework focused on adult mental health. In areas such as mental health liaison, there is a clear case to work together across NCL as these hospital services cover populations from multiple boroughs and the quality of mental health liaison is currently inconsistent. The STP also includes a focus on promoting mental wellbeing, recovery and resilience, which aligns closely with the Wellbeing Partnerships' workstream on mental health recovery and resilience. The Plan includes an on-going focus on prevention and early intervention, developing community resilience and a public mental health approach. Primary care is an area that requires significant development to better meet adult mental health needs. The STP sets helpful expectations, but this needs to be tailored to local needs. Plans include mental health specialist support around clusters of GPs so more needs are met in general practice and easier, swifter access to specialist advice. For those with life-long mental health needs, there must be a greater focus on meeting physical health needs. There is also an opportunity to look at the wider determinants of good mental health, for example strong supported accommodation options and sustainable employment opportunities.

5.8 The urgent and emergency care strand of the STP seeks to reduce the risk of unplanned admission to hospital but also to support the discharge of people from hospital in a more timely manner. It is critical to recognise the immediate risk but also the opportunity for adult social care in this context. Both elements rely heavily, but not completely, on the ability to put in place packages of social care or support from the voluntary and community sector, in order to succeed. Like many local authorities across the country, all five Councils across NCL are facing demand pressures and reduced budgets, meaning key providers in the community – namely residential, nursing and homecare organisations – are finding it difficult to sustain their businesses and are closing their facilities and leaving the marketplace. This is resulting in less beds or support for people in their own home being available for local authorities to commission. This strand of work requires system-wide thinking between the NHS and local authorities across NCL to plan new models of care and investment in the right part of the system to alleviate this pressure.

5.9 In terms of workforce, there is an opportunity to think more broadly about how we harness the strengths of our workforce in health and social care. For the NHS, this includes both clinical and managerial staff, and for local authorities it includes managers, frontline practitioners (e.g. social workers) but also staff in the voluntary and community sector (e.g. volunteers who offer befriending, support at home etc). There is an opportunity to look across these systems at all our staff, their skills and competencies, and create new roles and career

pathways that harness the strengths of staff in our respective organisations and systems, support staff to work more closely together on the ground and provide employment and career progression opportunities, particularly for local residents.

5.10 In the more acute hospital-focused workstreams, in particular looking at productivity and elective pathways, there is a lack of detail within the current plan on what is being proposed and what the impact of the associated changes will be.

5.11 STP Processes and Governance

5.12 To date, there has been a lack of transparency, public and resident engagement and consultation in the development of the NCl STP. This has been a key weakness in the STP process to date and is the reason why the Councils took the decision to publish the STP as soon as it was submitted to NHS England. All partners to the joint HWBB want to see resident involvement at the heart of service transformation and experience tells us this is critical to the future success of any plan. The adult social care communications lead from Islington Council has been seconded to lead and develop the communications and engagement work of the STP going forward, which is a positive step towards addressing this gap and increasing transparency and resident engagement.

5.13 There has also been a lack of democratic oversight and legitimacy within the STP process, with no political leadership involvement in STP structures and governance. If it is to be a truly integrated system in the future, then joint governance and decision making is needed to ensure the accountability of any new arrangements through oversight by elected members of the statutory responsibilities of the local authority that could be part of an integrated system. The health and wellbeing board should also have an important role in any future governance arrangement. As the STP shifts from a phase focusing on plan development to plan implementation, all STP governance structures and arrangements are being reviewed to ensure they are fit for purpose, including the Transformation Board and the Clinical Cabinet. Importantly this provides the political leadership of all five boroughs with the opportunity to say how political involvement and democratic oversight should be best secured.

5.14 There is also concern that changing commissioning arrangements risk a potential loss of focus, capacity, expertise and strength of relationships at the local level that are essential to local commissioning and integration owing. In order to ensure the continued strength of local commissioning and joint work between and across both CCGs and both local authorities, it will be important to continue to invest in and develop local commissioning arrangements that are best designed and delivered close to communities.

5.15 The key themes that have emerged from resident feedback and engagement across Haringey and Islington broadly align with the concerns set out above and with the issues covered in the JHOSC's recommendations. A brief summary of the issues raised by residents is as follows:

- A lack of transparency, of genuine co-production or simply not asking the right questions of local groups to help shape the STP. Specific concerns related to insufficient publicity of the STP, and that the language used to describe the plans was inaccessible to a public audience. Residents and stakeholders noted that the user voice was necessary in order to make proposals work.
- Given the lack of opportunities to input into the STP before it was submitted, residents were also concerned that future changes will be made to services without resident input and consultation.
- Insufficient detail in the plan to really understand what changes are being proposed. People were keen to have more practical and specific details on some of the themes of the STP, including the assumptions and modelling that lay behind proposals contained in the Plan.
- Concern as to whether the STP will result in improvements to the local NHS for patients or instead result in cuts to services.
- Lack of clarity as to how the STP arrangements were structured and how governance would work, and what it would mean for the public in terms of accountability.
- Whilst some expressed the view that there was little to disagree with in the plan, how the proposals would be implemented and funded was a key concern.
- Some scepticism was expressed as to whether the necessary shift in investment and resources into local, community, primary care, social care will be achieved, given the financial challenge facing the NHS and wider public sector.
- The need for assurance that service quality would be maintained.
- The need for a priority focus on workforce issues.
- In some fora, resident concerns regarding NHS privatisation and about the future of health care estates were also raised.

6. Alignment to strategic outcomes and approach going forward

6.1 Given its focus on transforming the way that health and care services are commissioned and provided in NCL, and its ambition for improving health and wellbeing outcomes for NCL residents, the STP is a key determinant of the work of the Haringey Islington Wellbeing Partnership. In turn, the Wellbeing Partnership is an important vehicle for delivering key aspects of transformation and change within the STP, across Haringey and Islington.

6.2 In Haringey and Islington, our move towards an accountable care partnership approach and genuinely thinking how we use our collective resources and assets across the system to improve outcomes, reduce demand for and reliance on secondary care, and strengthen community, primary, social care and prevention.

6.3 However, the STP and associated developments must not constrain or limit our ability to take forward our Wellbeing Partnership population-based plans for integration and improving health and wellbeing outcomes. There will be necessary and important work for our Partnership to take forward that is not contained within the scope of the STP – and our ambition for integration in

these other areas of mutual interest and concern should not be constrained by this.

6.4 Through our local CCG/borough level work, and through the Partnership, Islington and Haringey are at the leading edge in terms of implementing some of the new service models and transformation articulated in the STP. A few such examples include: the development of integrated locality teams and networks, value based commissioning service for psychosis, the ambulatory care service at Whittington Health, community reablement and rehabilitation pathways, primary care mental health teams, locality navigators, and the development of integrated digital care records. Through our local work we can help to test, develop and build learning to support adoption and scaling up as appropriate across the wider NCL geography.

6.5 The joint HWBB has the opportunity to use its system leadership role to help shape the further development of the STP and its implementation over the coming months and years. We will continue to engage with, influence and shape STP development and delivery, but transparency, robust and meaningful resident engagement and co-production and political accountability are essential to how we move forward and to the future of STP development and delivery across our two boroughs. HWBB partners want to continue to work very closely together to engage with the public to promote transparency, public engagement and political accountability. In doing so, we want to ensure that the STP can become a driver for health and social care integration.

7.0 Statutory Officer Comments (Legal and Finance)

This development complies with Section 195 of the Health and Social Care Act 2012 (duty to encourage integrated working), which 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.

8.0 Environmental Implications

There are no significant environmental impacts related to the development of the STP for North central London. However, improved integration and joint working can help reduce duplication, which in turn can have a positive impact on the environment.

9.0 Resident and Equalities Implications

The Council must, in the exercise of its functions, have due regard to the need 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 disadvantage, 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. No specific resident impact assessment is required in regard to this report.

10 Use of Appendices

None.

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Report for: Health and Wellbeing Board – 31 January 2017

Title: Developing the Wellbeing Partnership Agreement

Report Authorised by: Zina Etheridge, Deputy Chief Executive, Haringey Council

Julie Billett, Director of Public Health, Camden and Islington

Lead Officer: Tim Deeprose, Programme Director, Haringey and Islington Wellbeing Programme

1. Purpose

This paper seeks direction from the Health and Wellbeing Board (HWB) on the extent of the collaboration that should be reflected and formalised in the Wellbeing Partnership Agreement (a form of Accountable Care Partnership) to be presented to Council Cabinets, Trust Boards and CCG Governing Bodies in April and May 2017.

2. Describe the issue under consideration

Support was given to establish a Haringey and Islington Wellbeing Partnership at the 3rd October 2016 joint meeting of the Health and Wellbeing Boards. This support reflected the strength of collaborative working between organisations in Haringey and Islington and the commitment of local stakeholders. The next stage is to agree the areas for greater joint working and to reflect these in a Wellbeing Partnership Agreement.

This paper suggests seven inter-related areas where we can work together in an even more integrated way:

- Planning: working to a joint Health and Wellbeing Strategy
- Designing: bringing together our work to drive service efficiency and quality improvement
- Scoping services: collective oversight of the services we manage and deliver
- Financial decisions: taking decisions about spend and savings collectively
- Delivering: forming a joint management structure
- Monitoring: reporting together rather than separately
- Decision making: designing a system of decision-making that enables joint working

If the ultimate aim is full collaboration, we might think about each area as a series of stages from limited collaboration to full collaboration. HWB members are asked to discuss each area of joint working and to consider how collaborative we might strive

to become and over what timescale. Similarly, over the next two months Wellbeing Partnership organisations should consider the scale and pace of the changes they wish to achieve.

A series of discussion groups, are exploring in a greater level of detail, how we might extend and develop our level of integrated working. The suggestions from the discussion groups and the HWB discussion will help develop the Wellbeing Partnership Agreement.

3. Recommendation

That the Board consider and give views on the discussion questions in Paragraph 4 below.

4. Discussion Questions

There will be a short presentation at the HWB to help steer the discussion and the members will be asked to consider several questions about the areas of joint working and the pace at which we might integrate. Questions such as:

1. Would the HWB support the move towards a joint health and wellbeing strategy?
2. In which services might we best address our individual organisation's responsibilities through joint service redesign?
3. Our starting point is that all services are included. Are there any exceptions to this?
4. Would the HWB support the development of a partnership board at which significant financial decisions (e.g. savings and investment plans) are discussed and reviewed between organisations and at which delivery is monitored?
5. Can partners see how a single performance monitoring and reporting system could be developed across the Partnership?
6. Would the HWB support the extension of current joint management structures?
7. Does the HWB have specific comments on the governance model set out? Specifically, does it adequately allow us to address social as well as health needs? Does the draft governance model allow appropriate input from the community stakeholders? What might improve this approach?

5. Background

5.1 What is the Haringey and Islington Wellbeing Programme?

Over the past year several organisations in Haringey and Islington have come together to explore the benefits and opportunities to improve the health and wellbeing services for people who live in Haringey and Islington by working more closely together.

The organisations are Haringey and Islington Councils, Haringey and Islington GP Federations, Whittington Health, UCLH, North Middlesex, Barnet, Enfield and Haringey MH Trust, Camden and Islington FT and Haringey and Islington CCGs.

The organisations want to take a 'population approach' to improving health and care provision for the nearly half a million people who live in the two boroughs. This means collectively bringing all the resources of their organisations to bear on reducing ill health and improving health and care.

To begin with the Wellbeing Programme has been working on this approach for specific services e.g. **diabetes and CVD, frailty, learning disabilities, and MSK**. Clinicians and service professionals have met together to review existing services and to propose improvements to the way services are delivered. Our aim is to work together to support people to be and stay healthy, and deliver a preventative approach, strong community services and improved outcomes for people. By December 2016 business cases were beginning to be developed to seek agreement to change how those services might be delivered.

From this joint work and from the experience of working together on previous initiatives such as the Vanguard bid and value based commissioning, the programme has set out a series of objectives.

- To take a whole population approach to health and care delivery.
- To support all of our residents to achieve healthier, happier and longer lives, with a focus on preventing poor health and improving outcomes when people need care and treatment.
- To support people to stay and be healthy, to reduce the level of ill health within our population.
- To simultaneously focus on improving outcomes and reducing costs for population groups who are currently high consumers of health and care.

5.2 How will we do this?

- By bringing together all our resources (budgets), sharing budget information and taking collective decisions about their most effective use.
- By 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.
- By ensuring every organisation is seen to succeed by collective success.
- By 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.
- By bringing teams together, acting on behalf of each other to more efficiently use our staff.

- By collectively taking budget decisions, agreement will be reached on levels of activity and cost so reducing the transaction costs (need for lengthy complex contract negotiations) between organisations
- By working together with our communities and workforce we will accelerate the transformation of our health and care system in Haringey and Islington.

5.3 The need for change

Haringey and Islington populations are 263,386 and 215,667 respectively. The populations are expected to increase by 12% over the next 5 years. This is twice the national average. This rate of growth will put enormous pressure on social care and health services.

Poverty and deprivation are key determinants of poor health and wellbeing outcomes. Islington and Haringey have high levels of deprivation relative to the national picture. Residents are more likely to spend less of their life healthy compared to the England average (approx. 20 years of their life living in poor health).

Funding for social care and health services will not increase to meet the growth in demand on services. Therefore, we must change the way we deliver services, preventing poor health and supporting people to achieve healthier, happier and longer lives. When people need services we must ensure they are delivered effectively and efficiently, improving outcomes.

The Wellbeing Partnership members see an opportunity to achieve this by working more closely together than is possible as separate organisations under the current NHS and local government financial and contracting systems.

5.4 Why Haringey and Islington?

The population demographics in Haringey and Islington have many similarities and these are greater than the variation in health and care needs across the boroughs. This means that the organisations in Haringey and Islington are trying to address broadly similar issues in each borough. There is a simple logic to working together to address these problems.

There is a history of joint working between the organisations in Haringey and Islington, not just within each borough but also between the boroughs.

5.5 What are the benefits of working collaboratively across two boroughs?

<u>For Patients</u>

- A greater focus on prevention and early resolution of problems
- Better health for longer in life
- Maximising individuals' independence

- Care will be more joined up eg Care closer to Home Integrated Networks (CHINs)
- An opportunity to ensure there is a consistent standard of service for everybody
- Better access and availability from the economies of scale in delivering some services over a wider geographical area
- Clinicians and service professionals learn the very best practice from each other

In the way we work

- Creating proper integration across health and social care
- Bringing together people with providing and commissioning skills to work collaboratively to improve services
- Bringing together our collective leadership resource to work together on delivering the best possible health and care
- Developing wider clinical forums eg GP Federations and clinical leader meetings, bringing together more skill, experience and knowledge than previously
- The Joint Wellbeing Programme has been prompted by people choosing and wanting to work together, which is a stronger driver for change than enforced joint working.
- Providers have a real stake in improving delivery of population-wide health and care
- By providers and commissioners engaging differently and planning services and outcomes together, we can collectively achieve the changes to services we need and maximize benefits to service users

Organisational

- Provides democratic engagement and accountability with more local governance and greater transparency for residents and patients through the Health & Wellbeing Board role
- Economies of scale available across the two boroughs increasing efficiency
- Larger ‘clout’ as partner organisations with one voice
- Reduced transaction costs for contracting and multiple performance reviews
- A larger organisation enables retention of high calibre staff and offers opportunity to specialise
- Identifying a single leads for services across organisations improves efficiency and reduces duplication
- Haringey and Islington Councils have made a strong commitment to the programme providing a key local government foundation to the approach

crucial in terms of engaging with the full range of local services and providing local accountability

5.6 Where will the Wellbeing Partnership fit with the NCL Strategic Transformation Plan (STP) and North Central London (NCL) CCG reorganisations?

The STP is a largely NHS financial and service transformation plan developed across the five borough foot print (Barnet, Camden, Enfield, Haringey and Islington) involving NHS providers and commissioners with some limited local authority input. It is a plan for NHS finances and does not yet have social care finance factored in.

The STP service transformation work streams are: **elective care, urgent and emergency care, care closer to home, mental health and prevention**. By taking a 5 borough wide approach covering a population of 1.5 million, it focuses on changes to services which most benefit from standardised approach across a wider geographical and population footprint e.g. elective clinical pathways.

The Wellbeing Partnership has broadly similar objectives as the STP however it has been developed by the two councils social care (adult and children), CCGs and local health organisations seeking benefits from joint work on local delivery of services in two boroughs It is also able to build on the strong local connections to primary care, third sector and community organisations already engaged in the individual boroughs,

Its service transformation initiatives are aligned with several in the STP such as care closer to home, urgent and emergency care, mental health. However, it also includes others of importance in Haringey and Islington, such as Children and Young People and Learning Difficulties which are not a high priority in the NCL STP. The Wellbeing Partnership, with social care as a crucial partner in delivering change, is the way local services will be improved.

Many of the clinical and managerial leads from the Haringey and Islington Wellbeing Partnership are also leading work streams of the NCL STP. Indeed, the STP is looking to Haringey and Islington to test some developments such as an integrated digital database, before rolling them out across NCL.

The Wellbeing Partnership is offering local solutions to national systemic problems. Synergy with the STP will come from clarity about where and at what point in the system demand is best influenced and managed. Its success will depend upon the incentives there are for people to change approach. The STP requirement for collaborative working and a single management structure has accelerated organisational work between the CCGs particularly in moving Haringey and Islington commissioning structures more closely together.

So if those are the benefits, what do we have to change in our current system to be able to make this happen?

5.7 What needs to change?

Operational collaboration

Coming together across boroughs and provider and commissioning organisations requires a range of changes in how we plan; deliver, fund, manage and monitor services:

1. **Planning: working to a joint Health and Wellbeing strategy** - the work of public health teams will come together to help develop a shared population approach with an emphasis on prevention. There are already many similarities in the public health priorities across the boroughs and the potential for the development of a single Joint Strategic Needs Assessment (JSNA).
2. **Designing: bringing together our work to drive efficiency and quality improvement** – alter the current individual organisation service redesign processes to a collaborative process where skills available from all parts of the system are brought to bear on solving problems.
3. **Scoping services**: – considering and prioritising the range of services that will be planned or delivered by the partnership.
4. **Financial decisions: taking decisions about spend and savings collectively** - share budget information to enable decisions to be made collectively, transparently and reduce current transaction (contracting) costs.
5. **Delivering: forming a joint management structure** - identifying roles across organisations to maximise impact, increase efficiency and effectiveness particularly when management resources are scarce.
6. **Monitoring: reporting together rather than separately** - establish a collective, streamlined performance management response on behalf of the partnership organisations rather than each responding separately.
7. **Decision making: designing a system of decision-making that enables joint working**- the changes proposed above require the support of the partnership whose governance enables organisations (Local authority and NHS; commissioners and providers) to work together equitably and transparently, sharing risk and gaining from joint success

Cultural changes

Behaviour change supporting an organisational change
An Organisational Development programme needs to commence to help people in all the organisations become familiar with, build trust in and begin to work differently with colleagues in other organisations. Chief Executives and the most senior managers began this process many months ago in their work on the vanguard bid

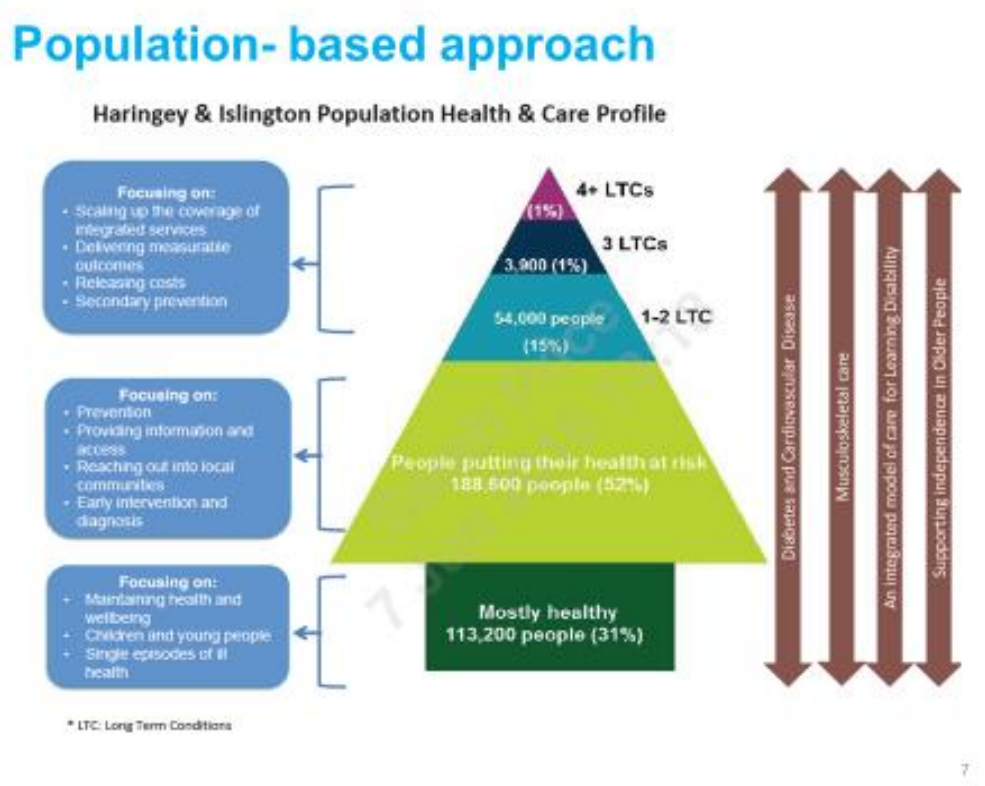
and value based commissioning. Most senior managers in the organisations and few middle managers have had exposure to that emerging collaborative approach and the current system usually mitigates against this behaviour.

There are several way in which the changes identified above might be implemented. Each may be considered on a sliding scale from small levels of collaboration to full collaboration. The ultimate aim is full collaboration. The section below outlines a range of stages to help move from small scale to full collaboration. Over the next two months organisations should consider the scale and pace of the changes they wish to achieve. The stages described should assist Governing Bodies, Council Cabinets and Trust Boards in their commitment to the future development of the partnership.

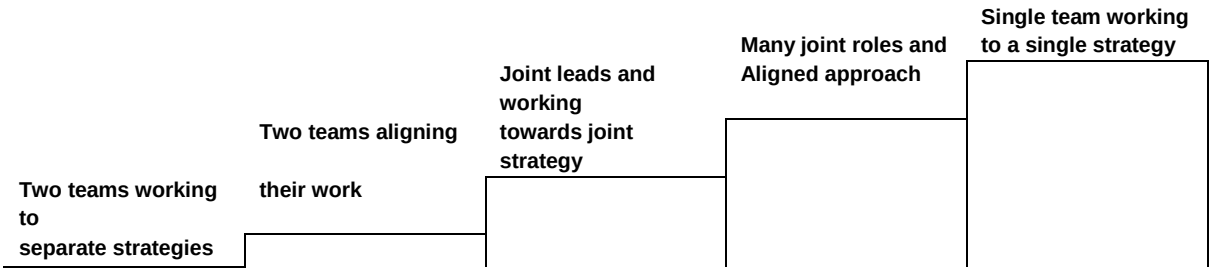
6. Areas for Increased Joint Working

6.1 Planning: working to a Joint Health and Wellbeing Strategy - bring together the work of public health teams to help develop the one population approach and the emphasis on prevention.

The Partnership has emphasised the need for a whole population approach to improving health and care for the people of Haringey and Islington. The public health teams in each borough play a crucial role in developing this approach. The approach has been summarised in the diagram below.



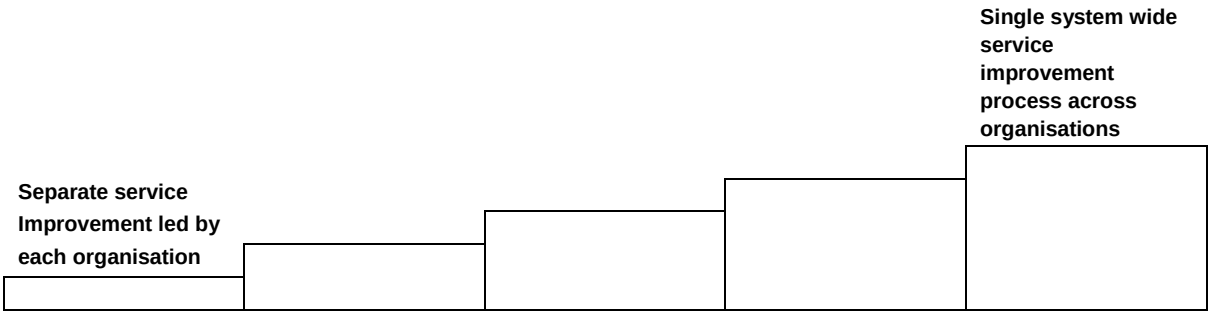
The proposal to establish a joint Health and Wellbeing Board naturally leads to the question of developing a single Joint Strategic Needs Assessment and a joint Health and Wellbeing Strategy. The current Health and Wellbeing Strategies have many similarities in content and structure. An analysis has been undertaken which shows the broadly similar prioritisation given by the separate teams to the common initiatives they are working on. Teams might work together to deliver a joint strategy which might lead to a merging of the teams.



partial collaboration *full*
collaboration

6.2 Designing: bringing together our work to drive efficiency and quality improvement – alter the current separate service redesign processes to a collaborative process where skills available to us from all parts of the system are brought to bear on solving problems. This takes us to agreeing a single service redesign lead acting for all organisations.

We currently have different service improvement processes within separate organisations such as hospital service improvement programmes and CIPs or council MTFS transformation programmes. CCGs operate a commissioning cycle for system service change which usually leads to a potentially divisive contract renegotiation or procurement process. If we bring these separate processes together we can bring all our energy to resolving the service issues rather than managing organisational processes.



partial collaboration *full*
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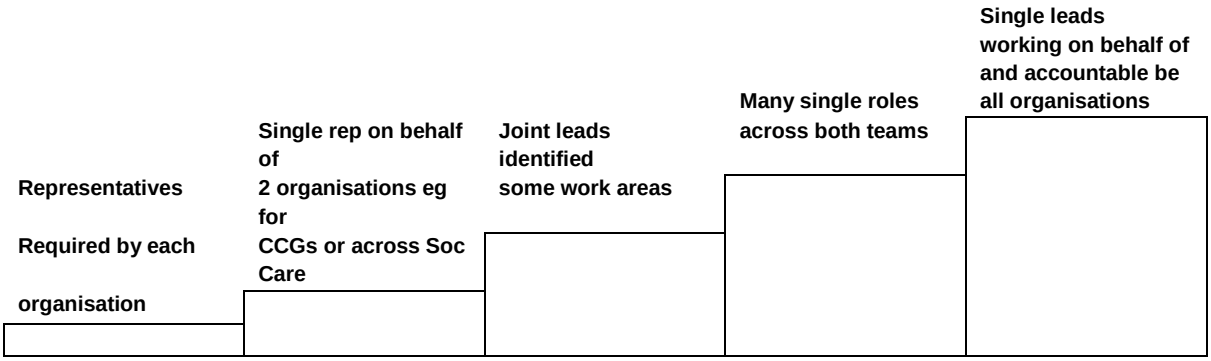
Furthermore, we can continue to send one representative from each organisation to collective meetings and so preserve the existing role - health / social care / commissioner / provider - or we can identify leads for individual service changes and give them access and accountability to each organisation to act on behalf of all.

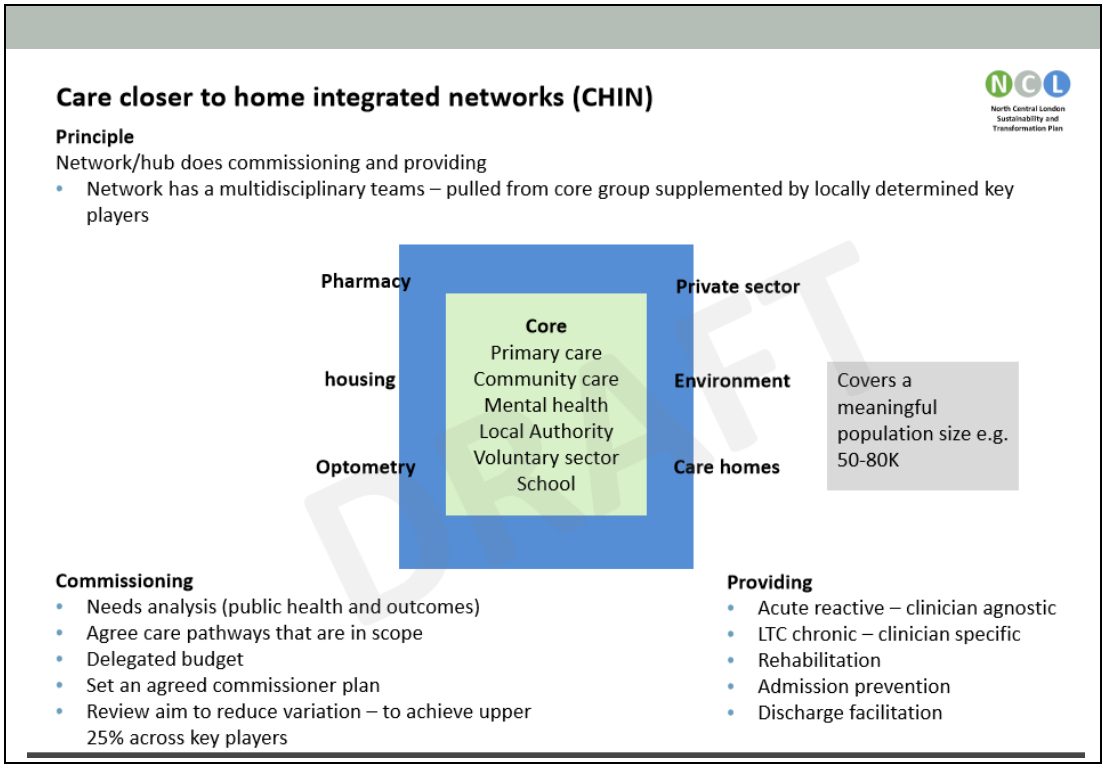


partial collaboration *full collaboration*

Care closer to Home Integrated Networks (CHINs)

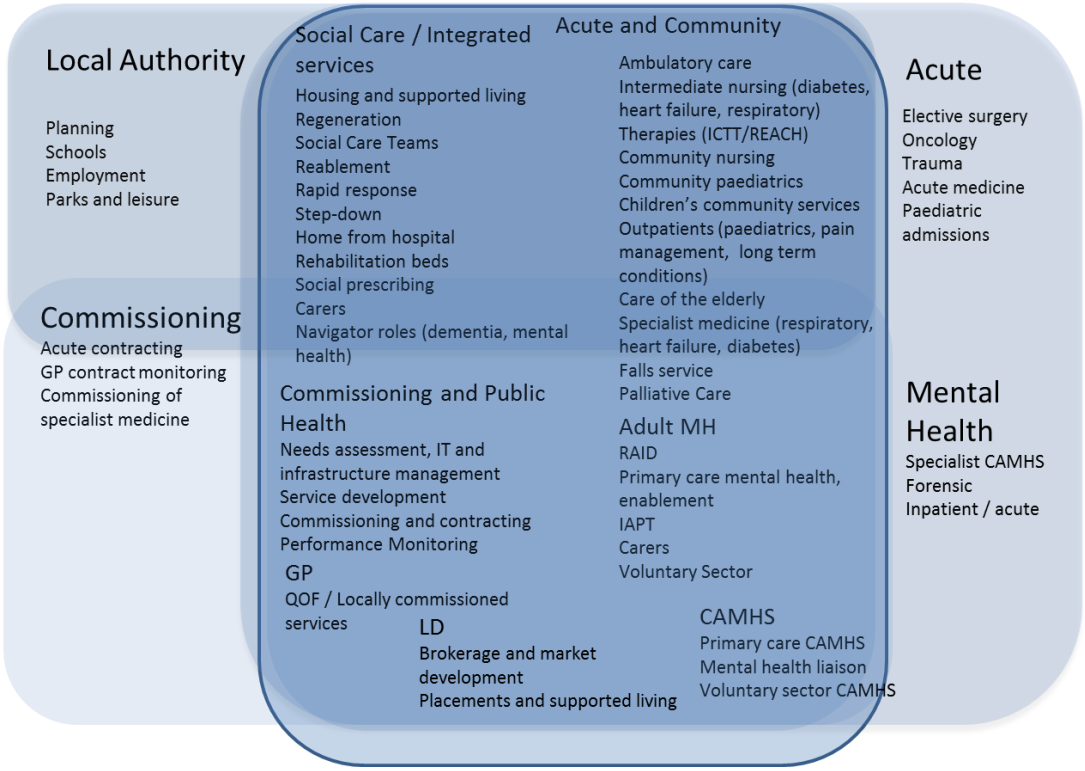
The STP "health and care closer to home" work stream proposes the development of CHINs as set out in the diagram below. CHINs will drive, at a local level, the transformation of care delivery that is required to support many of the changes set out in the STP. They will build stronger local integrated care so that patients are provided with a quality, consistent service across NCL. Furthermore capacity will be built within CHINs to enable a shift of activity from hospital into the community so that patients can be cared for closer to home. They are an opportunity to operationalise a population based approach to health and care provision by staff working in a more integrated way across organisational boundaries.

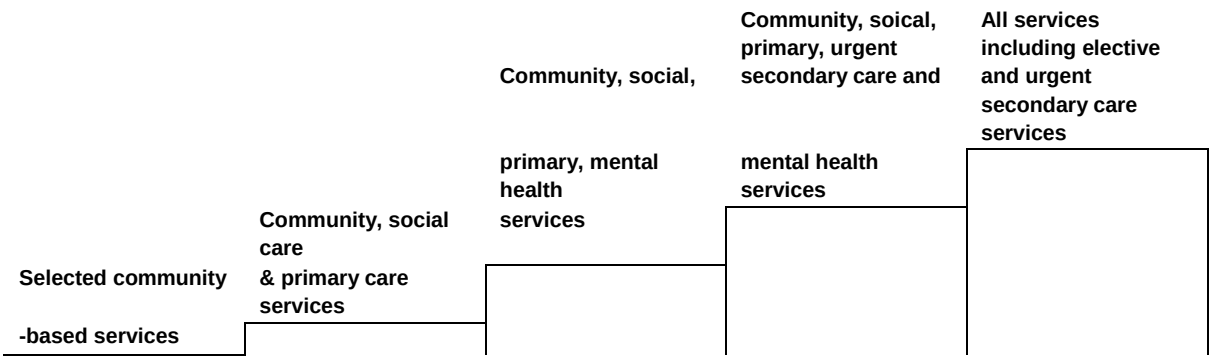
In Haringey and Islington this model is being adopted as a practical way in which we can test out cross organisational working to deliver services close to people in their community.



6.3 Scoping services: considering what range of services will be planned or delivered by the partnership.

The diagram below show the services organisations currently provide or fund – we will need to work out which of these are to be covered by the partnership. There will be some services which are best planned and consistency achieved over a larger geographical footprint. A good example are many elective clinical services where consistent referral and treatment criteria help ensure high quality of care. Other services fit well within local delivery and are best planned and delivered by the Partnership within the local boroughs.



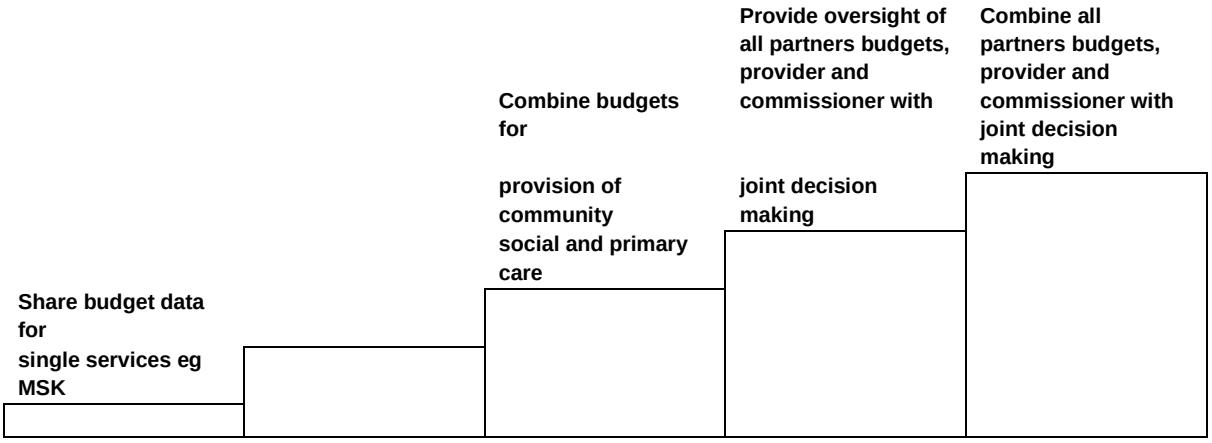


partial collaboration *full*
collaboration

6.4 Financial decisions: taking decisions about spend and savings collectively - share budget information to enable decisions to be made collectively, transparently and reduce current transaction (contracting) costs

One interpretation of 'a whole population approach' suggests the collective oversight of the total funding available to health and care statutory organisations in Haringey and Islington. The budget allocations of the two CCGs and both boroughs' adult and children's social care departments would be managed together with clarity on how that funding is used in local providers. The critical question is how prioritisation decisions are taken across the system and how these are enacted in a budget setting rather than contracting process within the Partnership?

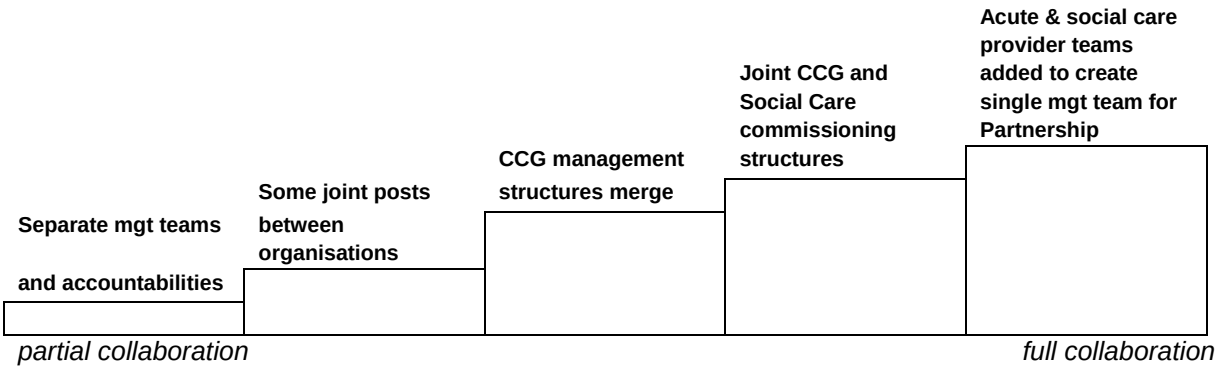
Alternatively, the partnership could begin working together and sharing four or five individual service budgets eg MSK, LD budgets. As the number of services managed in this way increases so the scale of the jointly managed budget increases.



6.5 Delivering: forming a joint management structure - identifying roles across organisations reduces duplication, increasing efficiency and effectiveness when management resources are scarce.

Economies of scale in support services such as HR, IT, procurement & legal services should also be considered in this area of collaborative working.

Closer working gives us the opportunity to review the efficiency of our use of management resources. The CCG changes are prompting an early consideration of management structures but we could use this to go further in developing a virtual management structure for the future partnership. Changes in joint commissioning at Haringey and current arrangements at Islington could also be reviewed. A further significant step would be to consider the implications of including management resource at the providers.

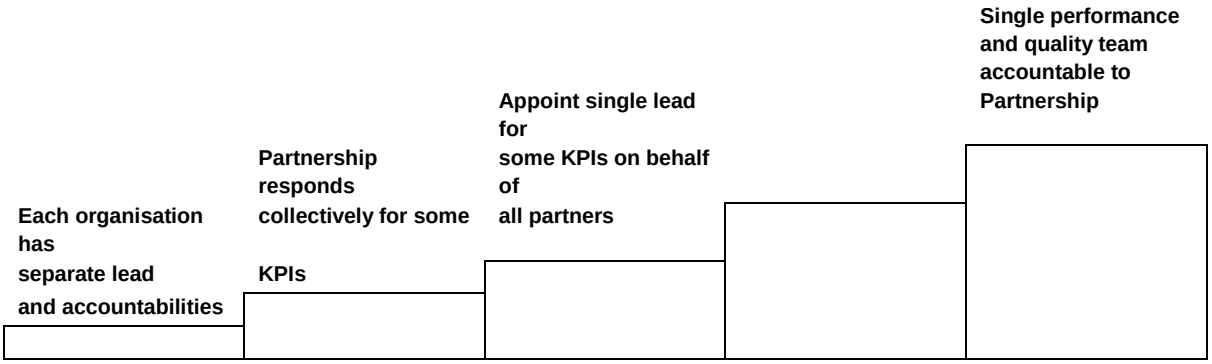


Clinical Commissioning Group (CCG) management arrangments

Following the development of the North Central London Sustainability and Transformation Plan (NCL STP), agreement has been reached to appoint a single CCG Accountable Officer for NCL. In Haringey and Islington there is agreement to bring together the management teams in the two CCGs. This process is at an early stage but is intended to progress within the next few weeks. This offers an opportunity to consider management structures within the Partnership and how lead arrangements for service redesign might be developed.

6.6 Monitoring: reporting together rather than separately - establish a collective performance management response on behalf of the partnership organisations rather than each responding separately.

NHS England, NHS Improvement, CQC and other regulatory and monitoring organisations currently hold each of the partnership members to account. We each provide a lead to represent us to these bodies. Alternatively we could appoint one lead for certain performance areas to act on behalf of all organisations. This would be more efficient, reducing duplication and present the partnership as a single body with one 'position' on issues. The opportunity for a blame culture is reduced. An added benefit is that all organisations can reflect in the collective success of the group in the same way that all share in the risks.



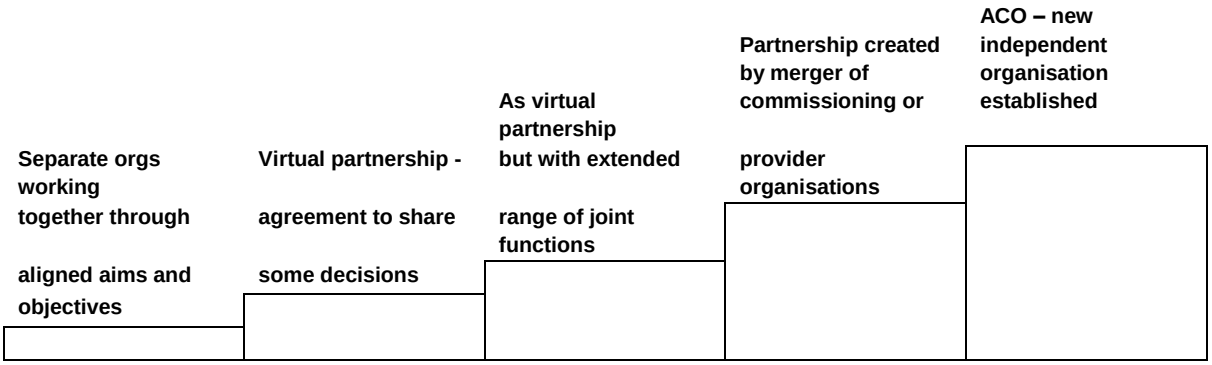
6.7 Decision making: designing a system of decision-making that enables joint working - the changes proposed above require the support of a partnership whose governance enables organisations to work together equitably and transparently, sharing risk and gaining joint success**.**

A governance structure is required for organisations to commit to sharing and making joint use of budgets within which **service providers** can seek efficiencies through joint working to deliver services more effectively. There are several models broadly termed Accountable Care Organisations.

An ACO brings together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs take many different forms ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups and other providers.
The Kings Fund 22 March 2016

The Wellbeing Partnership Agreement might be viewed as an ACO but where the agreement between parties, rather than forming a new organisation, is based upon a legally binding partnership agreement and explicitly involves commissioners and providers.

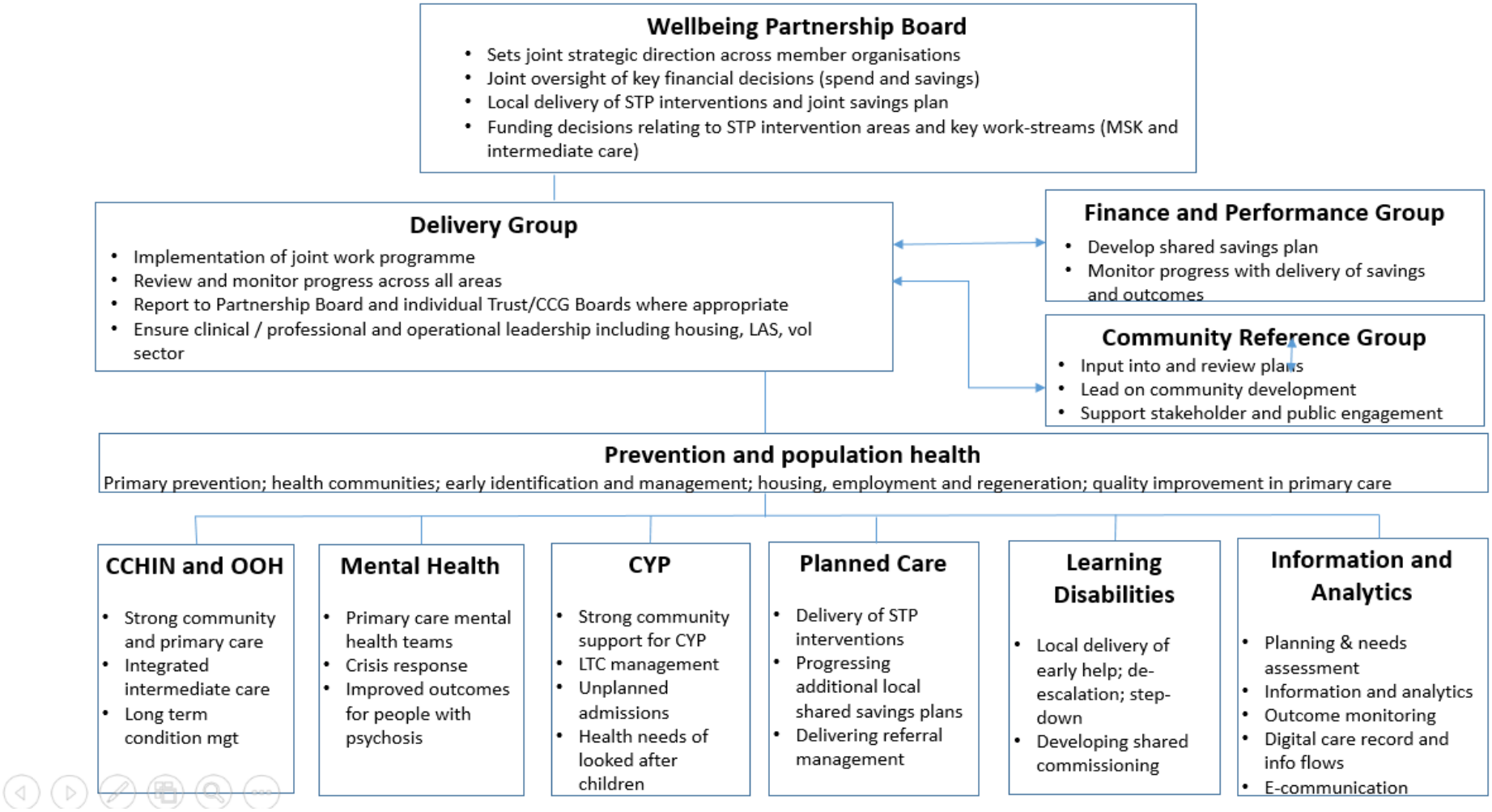
The form of the MCP and PACs models described in previous papers to the Joint Health and Wellbeing Board are predominantly developments of NHS provider organisations and do not fully involve social care. Whilst elements of each might be helpful, the Wellbeing Partnership has set out a vision which brings together commissioning organisations with providers and social care in a central role.



At the Joint Health and Wellbeing Board in October, there was agreement that a virtual partnership might be the most useful arrangement for 2017-18. During the year further close working would lead organisations to accept a more formal partnership agreement for a future phase of collaboration.

A draft governance structure for 2017-18 is outlined in the table below. This describes the functions for each of the committees as the functions will help define membership for the governance arrangements. The current Wellbeing Programme workstreams have been grouped under each of the NCL STP service transformation groups. This is deliberate to reduce confusion about service change over different geographical footprints but does not prejudice the Wellbeing Partnership's priorities.

Draft governance structure for 2017-18



7. Evaluation

In the Wellbeing Partnership agreement which goes to the various Governing Bodies in April and May, we need to include a section on how we will evaluate the success of the Partnership approach. This should primarily be focussed on service and efficiency improvements prompted by a collaboration between partners but should also include lessons learnt in the partnership development process itself. This will require a properly established evaluation process. There are several organisations who are experts in this area who can be engaged for this work.

Several success factors have been identified in developing ACPs elsewhere. These include:

- Taking responsibility for the full budget associated with a population, with a risk / gain share in place to create incentives to address need, manage demand and share the risks of population growth or activity increases
- Using information and analysis about the population to predict health and care need and inform planning
- Developing strong and clear links between primary care physicians who can coordinate all medical care for high-risk patients and community services and specialist teams
- Focusing on the small proportion of people who account for a high proportion of use and targeting interventions
- Developing case management programmes for people with multiple chronic illnesses
- Sharing access to the clinical information about the patient, regardless of where previous treatments and care was delivered.

8. Next steps

During January, February and March a series of discussion groups are underway to develop more detail about the steps required to move from partial to full collaboration. This detail will be reflected in the final Partnership Agreement. The Partnership Agreement will aim to clarify the degree of integrated working to which partners commit. It will also signal the pace at which movement to fuller collaboration might occur.

If there is another meeting of the Health and Wellbeing Board before the end of March 2017 the draft agreement can be shared for discussion. The intention is to take the final Partnership Agreement to the Council Cabinets, Trust Boards and CCG Governing Bodies for signature during April and May 2017 so that the Partnership governance arrangements can begin formally from June 2017.

A ‘heads of terms’ for the Partnership Agreement is included in Appendix 1 below for comment.

9. Contribution to strategic outcomes

These proposals support the strategic principles and outcomes of the Haringey and Islington Wellbeing Partnership as well as priorities in the key strategic plans of all partners to the arrangements.

10. Statutory Officer Comments (Legal and Finance)

Legal

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.

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.

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. 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.

Chief Finance Officer

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.

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.

11. Environmental Implications

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

12. Resident and Equalities Implications

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.

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

13. Appendices

Appendix 1 - Content of the Partnership Agreement

Appendix 1 - Content of the Partnership Agreement

The table below outlines some of paragraphs which might need to be set out within the Partnership Agreement. The list is not meant to be definitive or comprehensive but is intended to prompt consideration as to how arrangements will be articulated.

Heads of Terms

1	**Duration of the Agreement** The initial agreement may be for the period to 31 March 2018 by which time more collaborative work will be underway and an updated agreement necessary for April 2018	
2	**Summary of Partnership Arrangements** Broad details of what the partners have agreed to work together to achieve in the context of the organisations overall corporate objectives	
3	**Shared & Aligned Budget Arrangements** To specify the budget sharing arrangements, perhaps providing transparency, single management of smaller budgets (a version of a S75?), collective decision making on larger budgets.	
4	**Joint Savings Plans; Overspends and Underspends** The Partnership is exploring joint development of savings plans. These will require collective monitoring and clarity on management variation in achievement.	
5	**Lead Management Arrangements** To specify the responsibilities and accountabilities for any lead management arrangements or posts on behalf of partnership members	
6	**Staffing Arrangements** This section will clarify the joint management structure arrangements and the terms of any secondment or accountability agreements required	
7	**Financial Contributions and Cross Charging** There will be a need for contributions (monetary or in kind) to the running of the Partnership. This and the agreed basis of any recharges between partners will be specified.	
8	**Non-Financial Contributions** As above	

9	**Information Sharing** Current and new information sharing protocols will be required to remove barriers to joint working.	
10	**Performance Monitoring and Reporting**	
11	**Risk Management And Risk Sharing Arrangements** Crucial to developing joint work is agreement on how to manage risks between and on behalf of other partners	
12	**Governance Arrangements** Details of membership and associate membership will be specified as well as agreements on quorate voting requirements	
13	**Dispute Resolution**	
14	**Complaints**	

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Report for: Health and Wellbeing Board - 31January 2017

Title: Haringey and Islington: Tackling Obesity Together

Report authorised by : Dr Jeanelle de Gruchy, Director of Public Health, Haringey
Julie Billett, Director of Public Health, Camden and Islington

Lead Officer: Debbie Millward, Healthy Public Policy Officer, Haringey
Jason Strelitz, Assistant Director, Public Health, Islington

1. Describe the issue under consideration

This report sets out a proposed approach to working together to tackle obesity across Haringey and Islington.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to consider and agree the following recommendations that Haringey and Islington work together to:

1. Create healthier food environments and reduce sugar consumption

- Sign up to London's Sugar Smart Campaign and agree a joint pledge to make healthier food more affordable and accessible for our residents.
- Encourage sign up to the Sugar Smart Campaign from our partners (including schools and community organisations).
- Undertake a snapshot audit of the current food offer in public sector facilities across both boroughs in order to understand the quality and nutritional value of food on sale to our residents.
- Develop a food standards policy and toolkit to work with providers to improve the food offer for all our residents.
- All organisations on the joint board work towards Healthy Workplace Charter 'Excellence'.

2. Building capacity and knowledge within the wider public health workforce

- Promote Making Every Contact Count (MECC) within all organisations represented in the Haringey and Islington Health and Wellbeing Board.

3. Work together to identify joint funding to increase levels of physical activity

- The Health and Wellbeing Board are asked to support a joint Haringey and Islington bid for the Local Area Fund pilot.

3. Background information

3.1 Haringey and Islington face similar challenges with over 1 in 3 children aged 10-11 classed as overweight or obese. Tackling obesity through the partnership emerged as a priority area following the scoping of the CVD/diabetes, children's and prevention work streams.

3.2 Haringey and Islington Public Health teams held a joint workshop in December 2016 aiming to:

- Identify and agree areas of collaboration and joint action on obesity across Haringey and Islington
- Develop a proposal of recommendations for the Haringey and Islington Health and Wellbeing Boards meeting in January.

3.3 Key elements of the two borough's approaches are outlined below:

Haringey Council's approach to tackling obesity:

- Co-ordinating and galvanising action from the whole community to tackle obesity by co-ordinating action at scale through a wide range of partners which include Schools, Hospital Trusts, Community and Voluntary Sector organisations. This is being achieved through Haringey's Obesity Alliance which has 65 members.
- Creating healthier environments and changing society norms through physical and socio-economic regeneration

Islington Council's approach to tackling obesity

- Creating an environment that supports good health and wellbeing by improving the food offer and promoting physical activity. Long established multi-sectoral partnerships (Proactive Islington and Islington Food Strategy Group) oversee action in these key areas.
- Encouraging settings such as workplaces, schools and children's centres to promote good health (UNICEF baby friendly, healthy schools/children's centres).
- Supporting people to adopt healthy lifestyles. These include the Families for Life programme, healthy living nurses, 'This Girl Can' and work with disabled young people.

3.4 Areas for collaborative work were identified (see table below).

Areas for potential collaboration	Haringey	Islington	Haringey and Islington
FOOD			
Sugar Smart Pledges (using Lewisham initiative)			**Area to collaborate**
Food Audit – council owned households	In progress	Potential to explore	**Area to collaborate**
Healthy Start vouchers – work in markets			Potential to explore
PHYSICAL ACTIVITY/ ACTIVE TRAVEL			
'No Ball Games'	Well established	**Potential to explore**	
Walking campaigns ie. Daily Mile	Well established	In discussion	Potential to explore
Weekend of Play (April 17)	established	**Potential to explore**	
'This Girl Can' (14+ girls)	**Potential to explore**	established	
Physical activity and older people in care homes	Scrutiny review underway	**Potential to explore**	**Area to collaborate (Sport England bid)**
PUBLIC AND COMMUNITY SETTINGS			
Health Social care and other settings –Embedding advice and support around physical activity and diet			Potential to Explore
Healthy Social care and other settings – Sugar Tax / Healthier Catering /Healthier options / Procurement etc.			**Area to collaborate**
Healthy Children's Centres	**Potential to explore**	established	
Healthy Workplaces	Established	Established	**Area to collaborate**

3.5 Recommended areas for collaboration:

1. Creating healthier food environments and reducing sugar consumption
2. Building capacity and knowledge within the wider public health workforce

3. Working together to identify funding opportunities to increase physical activity.

3.5.1 Working together to create healthier food environments and reduce sugar consumption

The Scientific Committee on Nutrition (SACN) published its final report 'Carbohydrates and Health' in July 2015. This included recommendations that the average population intake of sugar should not exceed 5%. This applies to all age groups from 2 years upwards. It identified particularly high consumption of sugar and sugar sweetened drinks amongst school age children and recommended that the consumption of sugar sweetened drinks should be minimized in children and adults.

Sugar Smart

Sugar Smart is a national campaign started by the Jamie Oliver Foundation and Sustain. The campaign was originally developed in Brighton and first launched in London by Lewisham Council and the Royal Borough of Greenwich. The Lewisham pledge is given as an example in Appendix 1.

Sugar Smart is an ambitious campaign helping boroughs, cities and towns, to raise awareness and reduce consumption of sugar across all age groups. The campaign aims to promote healthy alternatives and remove or reduce unhealthy food and drink. The principles of the campaign are aligned to the levers identified by Public Health England to reduce sugar consumption.

By signing up jointly as Sugar Smart boroughs, we have the opportunity to increase healthier affordable food for our residents.

Food audit of public sector catering facilities

Many Haringey and Islington residents use public sector catering facilities on a regular basis. The food and drink sold in a number of these facilities are often high in sugar, fat and salt and in some circumstances there are no healthy options available. This undermines both borough's ambitions to reduce obesity by creating a healthier environment to make the healthy choice the easier choice.

A review of food provision in our boroughs will give us a baseline and will inform the development and implementation of food standards policies; we will then work with providers to improve the food offer for all our residents.

The Healthy Workplace Charter

The Healthy Workplace Charter is a structured framework to recognise and support business investment in employee health well-being. Physical activity and healthy eating are two of the award criteria. Initiatives include: promotion of 5 a day and the “ONE YOU” website, reduced price gym membership, running clubs, walks at lunchtime, cycle to work schemes and the provision of showers and lockers for people to promote cycling and running to work.

NHS organisations have shown a keen interest and there is a CQUIN target attached to making the workplace healthier. To date Islington Council, Haringey Council and Haringey Clinical Commissioning Group have attained ‘Achievement status’ and The Whittington Hospital has ‘Excellence status’.

Recommended action:

- Sign up to the Sugar Smart Campaign and agree a joint pledge and policy which aims to make healthier food more affordable and accessible for our residents.
- Encourage sign up and commitment from respective partners including schools and community settings to sign up to the Sugar Smart Campaign.
- Undertake a snapshot audit of the current food offer in public sector facilities across both boroughs in order to understand the quality and nutritional value of food on sale to our residents. This will provide a baseline for improving the food offer.
- Develop a food standards policy and toolkit to work with providers to improve the food offer for allour residents.
- All organisations on the Health and Wellbeing Board work towards Healthy Workplace Charter ‘Excellence’.

3.5.2 Building capacity and knowledge within the wider public health workforce

Making Every Contact Count

MECC is a straightforward, evidence-based approach to behaviour change which aims to empower people to inform and enable others to make positive changes to their lifestyles and, in turn, to their health and wellbeing. MECC involves training, at minimal cost, non-specialist staff from a wide-range of service organisations in the basic skills of health promotion and disease prevention. This training embeds preventive thinking into the work of a wide-range of health and social care, local authority, private and third sector employees. It provides them with the knowledge and skills needed to offer brief, appropriate advice, and ‘signposting’ to services, as part of their everyday contact with members of the public. If staff working for all the organisations represented on the joint HWBB were involved in a MECC programme, the impact on population health and reducing obesity could be significant. There is the opportunity to build on already established and

developing MECC programmes in both Harinegy and Islington Councils, including locally developed and tailored MECC training for staff.

Recommended action

- Promote MECC within all organisations represented in the Haringey and Islington Board.

3.5.3 **Work together to identify joint funding to increase levels of physical activity**

Sport England Local Area Pilot Fund

In late December 2016 Sport England announced a new funding opportunity called 'Local Delivery Pilots'. Sport England, working closing with Public Health England, want to find a range of places across England where they can work to develop and deliver local pilots.

There is a desire to use local facilities and structures to deliver sustainable increases in physical activity. Sport England want to work within these local areas across the 'Whole Place'; not just the sporting infrastructure, in a truly collaborative way, investing time, expertise and money into 10 local areas.

There is £130M of funding available over 4 years. Both revenue and capital projects within local areas are likely to be considered.

The application process is in 3 stages:

- Attendance at a workshop (February 2017)
- The submission of an Expression of Interest (April 2017)
- Full application (TBC)

If this work stream is adopted by the Board, it could ultimately lead to the development of a truly transformational project. The funding stream and the bid process aligns to the Haringey and Islington Wellbeing Partnership's approach of; '*Shifting care upstream by supporting people to stay and be healthy, to reduce the level of ill health within our population'*

Recommended action

- The Health and Wellbeing Board is asked to support a joint Haringey and Islington bid for the Local Area Fund pilot.

4. Contribution to strategic outcomes

Tackling obesity together and the recommendations outlined in this report aligns to the Haringey and Islington Wellbeing Partnership's approach of; 'Shifting care

upstream by supporting people to stay and be healthy, to reduce the level of ill health within our population'.

Our joint approach to tackling obesity also support both Haringey and Islington's Health and Wellbeing Stratgeies and Corporate Priorities.

In Haringey it supports the Council's Corporate Plan, Building a Stronger Haringey Together 2015-18, in particular Priority 1 and 2 and cross- cutting themes, specifically: prevention and early intervention as outlined in Objective 1 'Become an organisation focused on prevention and early help'.

In Islington, it supports the Council's Corporate Plan 2015-2019, contributing towards the commitment "Making Islington a place where residents have a good quality of life", as well as being an important part of tackling some of the deep rooted and complex social challenges that are also the focus of the corporate plan. The underpinning principles of the Islington Corporate Plan, such as focusing on prevention and early intervention, making every contact count and building strong partnerships, are also key features of the proposed collaborative work on obesity.

5. Statutory Officers comments (Chief Finance Officer and Legal)

5.1 Legal

For Haringey, the reommenmdations sought are in line with Haringey Health and Wellbeing Board's operating principles and responsibilities to to promote prevention and collaborate and involve local stakeholders to secure better health outcomes for the local population.

5.2 Finance

There are no financial implications arising from the recommendations in this report. Officers will need to ensure the implications of accepting any grant funding are understood before entering into any new commitments. This might include any requirements for matched funding or prescribed use of monies or clauses relating to repayment in particular circumstances.

6. Environmental Implications

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

7. Resident and Equalities Implications

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.

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

8. **Use of Appendices**

Appendix 1: Lewisham Sugar Smart pledge
Appendix 2: Tackling Obesity Together presentation

Appendix 1

Join the Sugar Smart Lewisham revolution

Why Sugar Smart?
Everyone is eating too much sugar and it is bad for our health. Children and adults in the UK consume two to three times the recommended amount of sugar.

Consuming too much food and drink that is high in sugar is causing high rates of tooth decay, obesity and type 2 Diabetes.

We want to reduce the amount of sugar in our diets by raising awareness of these issues and providing an environment in which it easier to make the healthier and less sugary choice.

What is Sugar Smart Lewisham?
We are working with local businesses, schools, children's centres, hospitals and other organisations to promote healthier, lower-sugar alternatives and to limit less healthy choices.

You can help by joining the campaign and pledging to make some simple changes to what you provide for your customers, you can help people become 'sugar smart'.

Our vision
To be a **Sugar Smart** borough, where our community is supported to make healthier, lower-sugar choices.

Our aim
To increase awareness of and reduce sugar consumption across all age groups and communities in Lewisham.

How to sign up to be Sugar Smart
The campaign recognises premises that already promote healthier alternatives and supports those that want to become Sugar Smart. By joining the campaign you are pledging to take the appropriate steps to reduce the amount of high sugar products sold and promote healthier food and drink.

To join the campaign and be promoted through the Lewisham Council website (www.lewisham.gov.uk/sugarsmart), you need to agree to the following:

1) **State your commitment:** tell your employees and customers that you are developing and implementing a Sugar Smart policy.

2) **Pledge to make healthy food and drink more affordable and accessible, and to promote healthy food more:** you can adapt the pledges on the policy overleaf for your needs.

3) **Spread the word:** spread the message about reducing the amount and prominence of products high in fat, salt and sugar to your customers, employees, suppliers and other key stakeholders and publicise your involvement in Sugar Smart Lewisham.

4) **Complete the policy document.**

If you would like to sign up to Sugar Smart Lewisham, we can support you. Once you have decided on your pledges and filled in the form, we will contact you to discuss your pledges. You can also contact Alexander Allen at alex.allen@lewisham.gov.uk for additional information or support.

Sugar Smart Lewisham policy

We are a Sugar Smart premises. We are raising awareness of the health impact of high levels of sugar in foods and drinks and encouraging action to reduce sugar intake.

On behalf of……
(business/organisation name), I agree to:

1. tell our employees and the public that we are developing and implementing a Sugar Smart policy
2. change the type of food and drinks we offer and promote in order to make healthy food and drink more affordable and accessible
3. spread the message about reducing the amount and profile of products high in fat, salt and sugar, to our customers, employees, suppliers and others and publicise our involvement in Sugar Smart.

Our pledges

There are many ways to become Sugar Smart. Please tick at least one pledge from each section below. You can also add your own pledges.

Pledge 1. Drinks	
✓ Reduce the amount of fizzy and high-sugar drinks we sell and offer healthier options	☐
✓ Actively promote free drinking water e.g. by putting in a drinking fountain	☐
✓ Increase the price of fizzy and high-sugar drinks and sign up to the Children's Health Fund	☐
✓ Deliver workshops or displays on sugar content in drinks	☐
✓ Display information on the sugar content of drinks at point of sale	☐
✓ Other:	☐
Tell us how you will deliver this pledge:	
Pledge 2. Adverts, promotions and sponsorship	
✓ Remove all adverts for products high in sugar, salt and fat, wherever possible	☐
✓ Provide information on healthy food e.g. posters, flyers, training	☐
✓ Run promotions on healthier food and drink options	☐
✓ Sign up to the Healthy Workplace Charter	☐
✓ Other:	☐
Tell us how you will deliver this pledge:	
Pledge 3. Improve the food and drink we supply or control	
✓ Provide more healthy food and drink options	☐
✓ Remove unhealthy vending from premises, or work with vending suppliers to ensure only healthy produce is sold	☐
✓ Remove junk food from checkouts	☐

✓ Improve catering by working towards the Healthier Catering Commitment and encourage this in businesses that cater for us	☐
✓ Work towards healthy food standards, and encourage organisations we have influence over to do the same	☐
✓ Work with suppliers and encourage them to sign this policy themselves	☐
✓ Other:	☐
Tell us how you will deliver this pledge:	
Additional	
✓ Sign up to the Breastfeeding Friendly Scheme	☐

Signed
Date
Print name
Job title
Address
Return address required

Example of Sugar Smart Lewisham pledges

For a school:

- Make sure caterers do not serve non-diet soft drinks.
- Use the student voice and student council meetings to debate and educate about sugar, the sugar tax, what should be done at the school and how to promote it in local communities.
- Make sure citizenship and food technology classes promote the benefit of healthy choices and nutrition.
- Display and promote Sugar Smart messages around the school, including the amount of sugar in common drinks and snacks.
- Run competitions for healthy eating within the school, e.g. between houses, forms or year groups.
- Hold a ‘sugar assembly’ to educate children and parents on levels of sugar in foods and healthy alternatives.
- Include nutritional workshops in the core PE lesson programme.
- Provide healthy food at breakfast clubs. When using food provided by FareShare for breakfast clubs, choose the Sugar Smart profile of foods.
- Work with caterers to provide healthier options for school meals.
- Provide cookery lessons for parents.
- Sign the Lewisham Food Partnership charter.
- Use Sugar Smart activity as evidence for Healthy Schools and Food for Life award programmes.

For a sports club:

- Impose a 10p levy on non-diet versions of soft drinks, the proceeds of which can be used to fund initiatives that support child health, either locally or via the Children’s Health Fund.

- Put up signs showing the amount of sugar in common snacks or drinks, and highlighting more healthy options. Display these around cafés and food stalls and where families or children are likely to gather.
- Elect a player ambassador for Sugar Smart, and encourage staff to 'swap the pop' – switch to only diet drinks at work.
- Include a greater variety of healthy options at conference events. Only provide fruit for dessert.
- Use the scoreboard before matches or games, where appropriate, to promote Sugar Smart messages.

For a leisure centre:

- Make free water easily available via water fountains.
- Remove or reduce the number of vending machines and restock them with low-sugar drinks and snacks.
- Display Sugar Smart messages on signs in on-site cafés.

For a food or catering business:

- Put diet soft drinks/water at the front of the counter/fridge to encourage people to choose them.
- Reduce the soft drink portion size e.g. smaller cups, or from 500ml bottles to 330ml cans.
- Work with suppliers to provide healthier food e.g. desserts without icing or with lower sugar content.
- Add a 10p levy to non-diet drinks, the proceeds of which can be donated to the Children's Health Fund.
- Provide a healthy option for dessert e.g. low-sugar version or fruit.
- Display signs showing the amount of sugar in soft drinks on menus, fridges and tables.
- Automatically provide free tap water with table service.

For a nursey or childcare

- Only provide milk or water between meals
- Sign up to the voluntary food and drink guideline for early years settings
- Display menu for meals and snacks for parents and carers to see
- Promote eating well for early years message in their setting
- Share healthy recipes with familes

<u>Questions and answers</u>

Why is Sugar Smart important?

Everyone is consuming too much sugar and it's bad for our health. In 2015 it was recommended that the population's intake of free sugar should be halved and consumption of sugar-sweetened drinks should be minimised by both children and adults. The new recommendations are as follows:

Age	**Recommended maximum free sugar intake**	**Sugar cubes**
4–6 years	No more than 19g per day	5 sugar cubes

7–10 years	No more than 24g per day	6 sugar cubes
11 years to adult	No more than 30g per day	7 sugar cubes

Sugar Smart Lewisham hopes to support people to reduce their sugar intake by working to reduce the sugar content of foods and drinks and enabling people to make healthier choices.

Why should I get involved with the campaign?
On average we consume too much sugar and sugar intake is particularly high in school-aged children, (teenagers in England are the biggest consumers of sugar-sweetened drinks in Europe). Sugar is a common ingredient in a wide range of foods, from biscuits, buns, cakes, breakfast cereals and confectionery to soups, ketchup and sauces. Soft drinks and juices are a major source of sugar.
By making simple changes to what you provide or promote you can help change the food environment and encourage action to reduce sugar intake.

When you sign up to Sugar Smart Lewisham your organisation and your pledges will be promoted on Lewisham Council's website to show that you are supporting people to make healthier choices.

Are all types of sugar the same?
No. The concern is free sugar, sometimes referred to as added sugar. Free sugars are any sugars added to food or drink products by the manufacturer, cook or consumer, including those naturally found in honey, syrups and unsweetened fruit juice. It does not include the sugars found in, for example, bread and other cereals.

What is the Children's Health Fund?
The Children's Health Fund was set up by Sustain with Jamie Oliver's help in August 2015. The aim is to get restaurants and cafés to put a voluntary 10p 'sugar drinks levy' on soft drinks that contain added sugar. The money raised by the self-imposed levy will be paid into the Children's Health Fund administered by Sustain. An independent board oversees the allocation of grants to programmes and schemes that aim to improve children's health and food education.

What if we have our own charity?
If you have your own charity that can support children's health, the money raised from your levy could go there.

What is the Healthy Workplace Charter?
The Healthy Workplace Charter is a pan-London intiative backed by the Mayor of London, and provides a clear framework for business to improve the health and wellbeing of their employees, and doesn't just include physical health. You can sign up here: https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter

What is involved and how much does it cost to join?
There is no cost to signing up to the Sugar Smart campaign. We just ask that:

- you sign the policy and return it to us (address at the end of the form)
- agree a minimum of three pledges, at least one from each area:
    - drinks

    - adverts, promotions and sponsorship
    - improve the food and drink you supply or control
- display the Sugar Smart sticker or certificate on your premises.

What is the difference between Sugar Smart Lewisham and the Change4Life Sugar Smart campaign?
The Change4Life Sugar Smart campaign is an NHS-funded campaign (www.nhs.uk/sugar-smart) which aims to educate about the dangers of sugar at a personal level. It includes a wealth of resources for individuals, including an app which shows the amount of sugar in common snack and drinks.

Our Sugar Smart campaign, supported by the food charity Sustain and the Jamie Oliver Foundation, aims to tackle the over-consumption of sugar from a higher level, working with businesses and other organisations to alter the obesogenic environment we live in. Both campaigns have the same overall goal, but are attacking the problem from different fronts. We would strongly encourage the use of both campaigns, as they complement each other.

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Joint Haringey & Islington Health and Wellbeing Board

Tackling obesity together

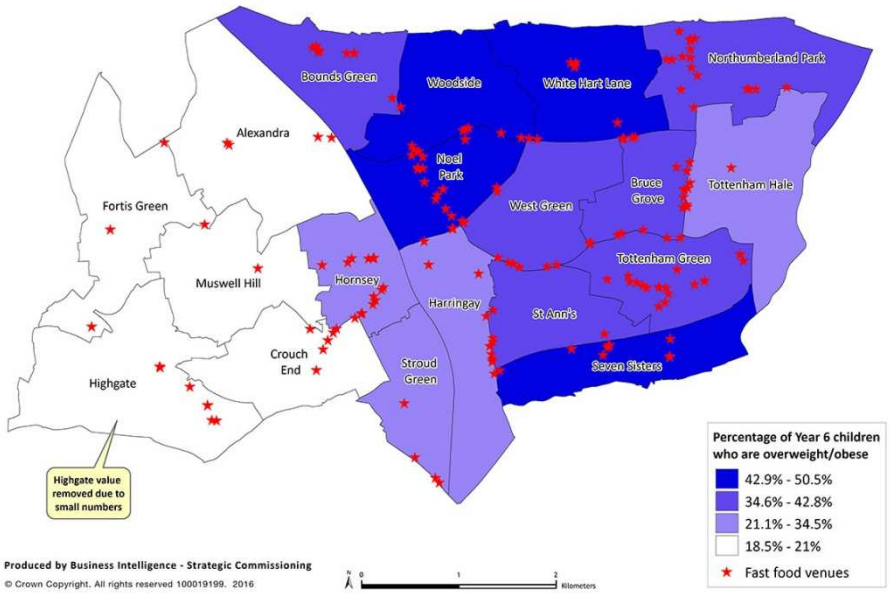
31 January 2017

Haringey LONDON

ISLINGTON

What the data says - similar trends

Haringey



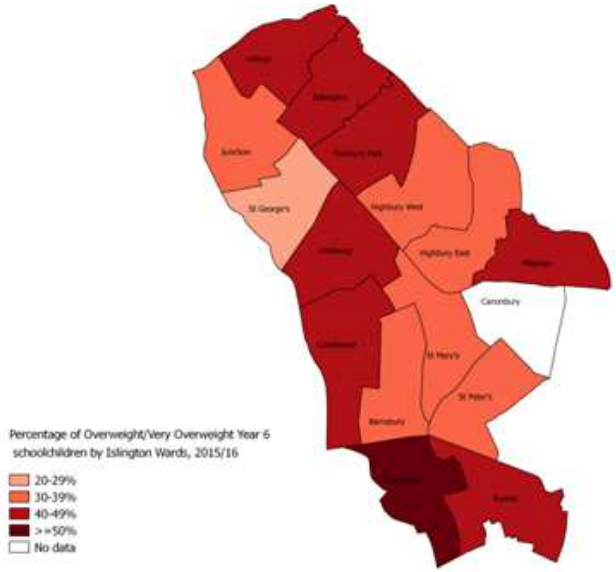
Over

1 in 3

Haringey children aged 10-11 are overweight, similar to London

(2014/15)

Islington



Over

1 in 3

Islington children aged 10-11 are overweight, similar to London

(2014/15)

Haringey LONDON ISLINGTON

Background - Haringey

Haringey Council's approach to tackling obesity

• Co-ordinating and galvanising action from the whole community through a strong multiagency obesity alliance
• Creating healthier environments and changing society norms including through physical and socio-economic regeneration
•Supporting innovation (removing 'no ball games' signs, healthy tuck shops, Chicken Town)

Key success

HARINGEY OBESITY ALLIANCE

65 partners and **60** pledges

131 (of 231) No Ball Games removed & **24** play days held

HARINGEY WALKS

20 walking events and **284** walkers over one weekend

Haringey LONDON ISLINGTON

Background - Islington

Islington Council's approach to tackling obesity focused on:

•Creating an environment that supports good health and wellbeing (food offer, active spaces, catering policies)
•Encouraging settings such as workplaces, schools and children's centres to promote good health (UNICEF baby friendly, healthy schools/children's centres)
•Supporting people to adopt healthy behaviours (families for life, health living nurses, 'This Girl Can', work with disabled young people)

Key success and learning

Healthy living nurses building stronger relationships with families

Strong multiagency partnerships e.g. **20mp** speed limits and planning guidance on fast food outlets

Accredited as Baby Friendly by unicef

Well established Healthy Children's Centre's

Haringey LONDON ISLINGTON

Recommendations

1. Create healthier food environments and reduce sugar consumption

- Sign up to London's Sugar Smart Campaign and agree a joint pledge to make healthier food more affordable and accessible for our residents.
- Encourage sign up to the Sugar Smart Campaign from our partners (including schools and community organisations)
- Undertake a snapshot audit of the current food offer in public sector facilities across both boroughs in order to understand the quality and nutritional value of food on sale to our residents.
- Develop a food standards policy and toolkit to improve the food offer for all our residents.
- All organisations on the joint board work towards Healthy Workplace Charter 'Excellence'

Recommendations

2. Building capacity and knowledge within the wider public health workforce

- Promote Making Every Contact Count (MECC) within all organisations represented in the joint Haringey and Islington Board.

3. Work together to identify joint funding to increase levels of physical activity

- Explore a joint Haringey and Islington bid for the Sport England Local Area Fund pilot.

Report for: Health and Wellbeing Board - 31st January 2016

Title: Haringey and Islington Joint Health and Wellbeing Board – Terms of Reference

Report authorised by : Stephen Gerrard, Director of Law and Governance, Islington Council

Bernie Ryan, Assistant Director, Coporate Governance, Haringey Council

Lead Officer: Jonathan Moore, Senior Democratic Services Officer, Islington Council

Stephen Lawrence-Orumwense, Assistant Head of Legal Serivices, Haringey Council

1. Describe the issue under consideration

1.1 The London Boroughs of Islington and Haringey have developed a joint health and care initiative known as the Islington and Haringey Wellbeing Partnership. The Wellbeing Partnership is the coming together of NHS organisations and local authorities in Haringey and Islington. It is driven by a shared recognition that major changes are needed to ensure that health and care services are of the right quality and capable of meeting the future needs of our local communities.

1.2 At the 3rd October 2016 meeting in common of the Haringey and Islington Health and Wellbeing Boards, it was considered that a more formal joint arrangements would strengthen the governance of the wellbeing partnership and provide a platform for joint working and oversight and decision-making in the future. It was agreed that further work be undertaken with a view to potentially establishing a Joint Committee, with three or four joint meetings a year considered to be appropriate.

1.3 Discussions have taken taken place between Islington and Haringey Councils and terms of reference for the proposed Joint Committee have been prepared and attached. The Heath and Wellbeing Board is invited to consider the draft terms of reference and to recommend that Islington and Haringey Councils formalise joint arrangements to commence from the start of the 2017/18 municipal year.

2. Recommendations

That the following be recommended to Full Council for approval:

2.1 That the Haringey and Islington Joint Health and Wellbeing Board (i.e. a Joint Committee) be established to discharge on behalf of both boroughs the function of encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations

2.2 That the Terms of Reference of the Haringey and Islington Joint Health and Wellbeing Board which is attached as Appendix 1 be approved.

2.3 That the Terms of Reference of the Health and Wellbeing Board be amended to permit when appropriate delegation of more functions to the Haringey and Islington Joint Health and Wellbeing Board.

3. Background Information

3.1 Haringey and Islington have set up a wellbeing partnership. The current Wellbeing partner organisations are: Haringey Council, Islington Council, Whittington Health, Camden & Islington NHS Foundation Trust, Islington Clinical Commissioning Group, and Haringey Clinical Commissioning Group. It is envisaged that other health providers and stakeholders will join the partnership. The partnership has agreed the following principles:

a) Partner organisations will work together for the benefit of local people;
b) We will involve local people in our design, planning and decision-making;
c) Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together;
d) We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates;
e) Partner organisations have agreed to find ways to 'risk share' during transformational change;
f) We will find ways to share joint incentives and rewards;
g) Partner organisations will make improvements by striving to be the best, together; and
h) We will be rigorous in ensuring value for money and financial sustainability.

3.2 On 31 January the Islington and Haringey Health and Wellbeing Boards will have their second meeting in common. As Islington and Haringey have not yet entered into formal joint arrangements these are technically separate meetings of each Board held concurrently. Each Board may make decisions related to its own functions, but functions cannot be exercised jointly. The usual procedure rules governing each meeting are applicable, including quorum and voting rights. Separate minutes will be produced for each meeting.

Draft Terms of Reference

3.4 Draft terms of reference of the proposed Islington and Haringey Joint Health and Wellbeing Board (i.e. Joint Committee) have been produced and are set out at Appendix 1. These state that the Joint Committee will encourage and promote local partnerships, collaboration and integrated working; provide strategic oversight to the Wellbeing Partnership; provide a mechanism to enable joint decision-making; and represent the collective interests of the boroughs. It is also intended for the Joint Committee to contribute to the development of the North Central London Sustainability and Transformation Plan.

3.5 It is proposed that most members of the constituent Health and Wellbeing Boards are members of the Joint Committee. To ensure equality between the boroughs, voting rights are limited to elected members, two CCG members, and Healthwatch, although in practice it is expected that decision-making will be on a consensual basis. The procedural rules governing meetings incorporates aspects of Islington and Haringey's current arrangements and the responsibility for hosting and clerking meetings is proposed to rotate between the boroughs.

3.6 As a joint committee of the local authorities, meetings of the Joint Health and Wellbeing Board would be held in public and the usual local government transparency requirements would apply. The terms of reference enable members of the public to ask questions and submit deputations to Board meetings. Scrutiny of the Joint Committee would be the responsibility of each borough's scrutiny committee.

3.7 Should the Health and Wellbeing Board endorse the joint arrangements, the Joint Heath and Wellbeing Board would need to be established in accordance with the constitutional requirements of both authorities. The arrangements for the joint committee including the terms of reference would require the approval of both authorities Full Council meetings and may require amendments to parts of their Consitutions relating to the Health and Wellbeing Board.

Further development of joint arrangements

3.8 It is expected that the joint arrangements will develop over time. For this reason, it is suggested that the Constitutions of Islington and Haringey Councils should be amended to allow the respective Health and Wellbeing Board to incrementally delegate more functions to the Joint Committee. This would allow the Joint Committee to take on additional functions as appropriate, and could, for example, enable statutory documents, such as the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, to be developed at a cross-borough level in future.

3.9 It is proposed that the joint arrangements be reviewed after one year of operation to ensure that the Joint Committee operates effectively and for the benefit of both boroughs.

4. Contribution to strategic outcomes

Strategic outcomes

4.1 Both Islington and Haringey Health and Wellbeing Boards have expressed their support for the Wellbeing Partnership. The Partnership is intended to support the populations of both boroughs to live healthier, happier and longer lives; improve health and care services so that people experience more joined up, better quality services at the right time in the right place; and make sure the local health and care system delivers high value care, and is financially sustainable. Islington and Haringey have similar populations, with similar health and care needs, and a shared ambition and vision to provide high-quality, integrated, people-centred services. A Joint Health and Wellbeing Board will support the governance of the Partnership.

5. Statutory Officer Comments (Legal and Finance)

Finance

5.1 Holding joint meetings will have resource implications which will need to be met from existing budgets. However, the Wellbeing Partnership will support the financial sustainability of local health and care services.

Legal implications

5.2 Section 198 of the Health and Social Care Act 2012 provides that two or more Health and Wellbeing Boards may make arrangements for any of their functions to be exercisable jointly. In addition,Section 102 of the Local Government Act 1972 enables two or more local authorities to set up a Joint Committee to discharge their functions jointly. As mentioned above, the establishment of and the arrangement for the joint committee would require the approval of both local authorities.

6. Environmental Implications

None.

7. Resident and Equalities Implications

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.

The holding of joint meetings is a governance matter and does not have direct resident and equalities implications. However, the Wellbeing Partnership will help to tackle health inequalities in both Islington and Haringey.

8. Use of Appendices

Appendix 1 – Draft Joint HWB Terms of Reference

9. Background papers

None.

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Haringey and Islington Joint Health and Wellbeing Board

Draft Terms of Reference

1. Establishment of a Joint Committee

1.1 In exercise of their powers under Section 198 of the Health and Social Care Act 2012 which permits two or more Health and Wellbeing Boards to make arrangements for any of their functions to be exercised jointly and Sections 101(5) of the Local Government Act 1972 which permits two or more local authorities to set up a Joint Committee to discharge their functions jointly, the London Boroughs of Haringey and Islington have agreed to establish a Joint Health and Wellbeing Board.

1.2 The Joint Health and Wellbeing Board shall operate alongside the Health and Wellbeing Boards of each borough, which may continue to meet and consider matters within their terms of reference.

2. Purpose and function

2.1 The London Boroughs of Haringey and Islington have established the Joint Health and Wellbeing Board (HWB) (Joint Committee) to discharge on behalf of both boroughs the function of encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations.

2.2 The Islington and Haringey Wellbeing Partnership is intended to support the populations of both boroughs to live healthier, happier and longer lives; improve health and care services so that people experience more joined up, better quality services at the right time in the right place; and make sure the local health and care system delivers high value care, and is financially sustainable. Islington and Haringey have similar populations, with similar health and care needs, and a shared ambition and vision to provide high-quality, integrated, people-centred services.

2.3 The Joint Committee will oversee at a strategic level the programme of activities by the Wellbeing Partnership aimed at more integrated and joined up approach in service planning and delivery in health and care within and across both boroughs and to maximise use of resources and deliver better outcomes for service users. Both Islington and Haringey Health and Wellbeing Boards have expressed their support for the Wellbeing Partnership.

2.4 The Joint Committee will also consider and where necessary contribute to the development of the North Central London (NCL) Sustainability and Transformation Plan.

2.5 The Joint Committee will:

a) encourage and promote partnership working in health and social care within and across the two boroughs;

b) encourage joint consideration and co-ordination of health and care issues that are of common interest or concern to the population of the two boroughs;

c) encourage and promote integrated working between health and care commissioners and providers within and across the two boroughs;

d) provide strategic oversight for the Wellbeing Partnership and any future partnership models for joined up and integrated approach in health and care across the two boroughs;

e) provide a mechanism to enable joint decision-making in relation to future joint initiatives, service transformation and co-commissioning arrangements in health and care in the two boroughs;

f) give effect to the boroughs stated intentions to foster collaboration in health and social care between commissioners and providers within and across the two boroughs;

g) consider and where necessary contribute to the development of the North Central London (NCL) Sustainability and Transformation Plan; and

h) where appropriate, and in so far as it relates to integrated working, represent the collective interests of the two boroughs to national and local government and other bodies.

2.6 The Joint Committee shall operate and discharge its responsibilities in accordance with these Terms of Reference.

3. Public Meetings

3.1 The Joint Committee will meet at least four times a year. The meetings will be rotated between the offices of each of the Councils.

3.2 The meetings of the Joint Committee will be open to the public except to the extent that they are excluded under the following paragraph. The public may be excluded from a meeting of the Joint HWB during an item of business whenever it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that, if members of the public were present during that item, confidential information as defined in section 100A(3) of the Local Government Act 1972 or exempt information as defined in section 100I and Schedule 12A to the Local Government act 1972 would be disclosed to them.

4. Business to be transacted

4.1 The standing items for each meeting of the Joint Committee will include the following:

a) Filming at meetings
b) Welcome and introductions
c) Apologies for absence

d) Notification of urgent business
e) Declaration of Interest
f) Questions and deputations
g) New items of urgent business
h) Exclusion of the press and public
i) New items of exempt urgent business

4.2 The Chair may vary the order of business and take urgent items as specified in the Access to Information Requirements at his/her discretion. The Chair should inform the Members of the Joint Committee prior to allowing the consideration of urgent items.

4.3 An item of business may not be considered at a meeting unless:

a) A copy of the agenda included the item (or a copy of the item) is open to inspection by the public for at least five clear days before the meeting; or

b) By reason of special circumstances which shall be specified in the minutes the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency.

"Special Circumstances" justifying an item being considered as a matter of urgency will relate to both why the decision could not be made at the meeting allowing the proper time for inspection by the public as well as why the item or report could not have been available for inspection for five clear days before the meeting.

Public Questions

4.4 Members of the public may ask the Chair any question on anything for which the Joint Committee is responsible at any ordinary meeting.

4.5 Notice of questions must be given in writing to the Committee Clerk of either or both boroughs by 10 a.m. on such day as shall leave five clear days before the meeting (e.g. Friday for a meeting on the Monday 10 days later). The notice must give the name and address of the sender. Should a question be rejected, the questioner will receive a written response advising of this, including the reasons for the rejection.

4.6 The Monitoring Officer of either borough may reject a question if it:

a) Is not about a matter for which the two boroughs has a responsibility or which affects them;

b) Is defamatory, frivolous or offensive;

c) Is substantially the same as a question which has been put at a meeting of both boroughs in the past six months;

d) Requires the disclosure of confidential or exempt information; or

e) Names, or clearly identifies, a member of staff or any other individual.

4.7 The Committee Clerk of either borough may put questions into an appropriate form without affecting their substance and redirect them if necessary.

4.8 The questions to be asked shall be supplied to all Members of the Joint Committee no later than at the meeting. The minutes of the meeting will include the name of the questioner, a summary of the question and the response.

4.9 The Chair may allow one supplementary question for elucidation only.

4.10 A total time of 20 minutes (excluding any adjournment) shall be allowed for public questions and answers, but a question being answered at the time limit shall be completed.

4.11 Any questions remaining unanswered after the time limit, and any questions for which the questioner is neither present shall be answered in writing.

Deputations

4.12 A deputation may only be received by the Joint Committee if a requisition signed by not less than ten residents of either or both boroughs, stating the object of the deputation, is received by the Committee Clerk of either borough not later than 10am five clear days prior to the Committee meeting.

4.13 Requisitions for deputations shall not be accepted from, nor on behalf of, political parties, nor if submitted on paper bearing the name, insignia or other device of a political party.

4.14 Subject to the foregoing the Committee Clerk of either borough shall bring the requisition before the Chair, who shall decide whether notice shall be given of the deputation on the agenda paper for a meeting of the Joint Committee. The Chair must have regard to other business on the agenda in reaching such a decision; however a deputation will normally be accepted where there is an item on the agenda of the same subject matter. Where there is not an item on the agenda of the same subject, the Chair may refer the deputation to another relevant body of either or both boroughs.

4.15 The Deputation leader must be notified in writing as soon as possible if the deputation is not to be taken at that Committee meeting, advising of the reasons for the deputation not being taken at the Committee.

4.16 The Monitoring Officer of either borough may reject a deputation if it

a) Is not about a matter for which the Joint Committee has responsibility;

b) Is defamatory, frivolous or offensive;

c) Is substantially the same as a deputation, question or motion which has been put at a meeting of the Joint Committee in the past six months;

d) Requires the disclosure of confidential or exempt information; or

e) Names, or clearly identifies, a member of staff or any other individual.

4.17 Taking the deputation at the meeting

a) A total of 15 minutes shall be allocated to deputations on the Joint Committee agenda.

b) The deputation spokesperson will be given three minutes to introduce the deputation, following which they may answer any questions from the Committee. The Chair will allocate a maximum amount of time for each deputation, and will have regard to other items of business on the agenda when doing so.

Reports

4.19 The reports to the Joint Committee will be in the following order:

Report for:

Title:

Report authorised by:

Lead Officer:

1. Describe the issue under consideration
2. Recommendations
3. Background Information
4. Contribution to strategic outcomes
5. Statutory Officer Comments (Legal and Finance)
6. Environmental Implications
7. Resident and Equalities Implications
8. Use of Appendices
9. Background papers

4.20 Reports should be authorised for inclusion on the agenda by the Chairs of both the Islington and Haringey Health and Wellbeing Boards. This shall be indicated by the inclusion of their signatures on the report.

5. Extraordinary meetings

5.1 Arrangements may be made following consultation with Chairs of the boroughs HWB to call an extraordinary meeting of the Joint Committee. The Chair of the Joint Committee should inform the appointed Members prior to taking a decision to convene an extraordinary meeting.

5.2 The business of an extraordinary meeting shall be only that specified on the agenda.

6. Cancellation of meetings

6.1 Meetings of the Joint Committee may, after consultation with the Chair of the Joint Committee and the Chairs of the constituent boroughs Health and Wellbeing Boards, be cancelled if there is insufficient business to transact or some other appropriate reason

warranting cancellation. The date of meeting may be varied after consultation with the Chair and appointed members of the Joint Committee in the event that it is necessary for the efficient transaction of business.

7. Urgency Procedure

7.1 Where the Chair (following consultation with the appointed Members of the Joint Committee) is of the view that an urgent decision is required in respect of any matter within the Joint Committee functions and that decision would not reasonably require the call of an Extraordinary Meeting of the Joint Committee to consider it and it cannot wait until the next Ordinary Meeting of the Joint Committee, then they may request in writing the Chief Executive of each constituent borough (in line with pre-existing delegations in each borough's Constitution) to take urgent action as is required within each of the constituent boroughs.

8. Membership

8.1 The membership of the Joint Committee shall comprise the members of the London Borough of Haringey and the London Borough of Islington Health and Wellbeing Boards set out in the table below. "V" denotes the members with voting rights and "NV" members with non-voting rights. The constituent boroughs rules on attendance by substitute in the event that any one member is absent shall apply.

	LB of Islington HWB		**LB of Haringey HWB**
	Local Authority Members		Local Authority Members
1	Leader of the Council **(V)**	1	Leader of the Council **(V)**
2	Lead Member for Health and Social Care **(V)**	2	Lead Member for Children and Families **(V)**
3	Lead Member for Children, Young People and Families **(V)**	3	Lead Member for Health & Well Being **(V)**
	Local Clinical Commissioning Group		Local Clinical Commissioning Group
4	GP and Chair of the Islington Clinical Commissioning Group (CCG) **(V)**	4	Chair, Haringey Clinical Commissioning Group (CCG) **(V)**
5	GP/Joint Vice Chair of the Islington CCG (**NV)**	5	GP Board Member, Haringey CCG **(NV)**
6	Lay Vice-Chair, Islington CCG **(V)**	6	Lay Board Member, Haringey CCG **(V)**
7	Islington CCG Chief Operating Officer **(NV)**	7	Chief Officer, Haringey CCG **(NV)**
8	Islington CCG Director of Quality and Integrated Governance **(NV)**		Local Healthwatch
		8	Chair of Haringey Healthwatch **(V)**
	Local Healthwatch		
9	Islington Healthwatch **(V)**		Local Authority Officers
		9	Director of Adult and Housing Services **(NV)**
	Local Authority Officers	10	Director of Children and Young People's Services**(NV)**
10	Corporate Director of Housing and Adult Social Services **(NV)**	11	Director of Public Health**(NV)**
11	Corporate Director Children's Services **(NV)**	12	Deputy Chief Executive **(NV)**
12	Director of Public Health **(NV)**		
	Health Providers		
13	The Camden and Islington NHS Trust **(NV)**		
14	The Whittington NHS Trust **(NV)**		

8.2 Each member of the Joint Committee shall serve for as long as he or she is member of the constituent borough HWB. A member shall cease to be a member of the Joint Committee if he or she ceases to be a member of the constituent borough HWB.

9 Chair

9.1 The Chair of the Joint Committee shall be rotated between Chair of the constituent boroughs' Health and Wellbeing Board for each meeting of the Joint Committee.

9.2 The Vice-Chair of the Joint Committee shall be the Chair of the borough's Health and Wellbeing Board who is not the Chair of the meeting.

10. Quorum

10.1 A meeting of the Joint Committee will be considered quorate when at least three voting members from each constituent borough HWB are in attendance, including one local authority elected representative of each borough and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).

12. Voting

12.1 The Joint Committee decision making will operate on the basis of mutual cooperation and consent. It is expected that decisions will be taken on a consensual basis wherever reasonably possible.

12.2 Where a vote is required it will be on the basis of one vote per voting member and unless a recorded vote is requested, the Chair will take the vote by show of hands. Any matter shall be decided by a simple majority of those voting members present. Where there is an equality of votes, the Chair of the meeting shall have a second and casting vote.

13. Overview and scrutiny

13.1 Overview and scrutiny (within the meaning of the Local Government Act 2000 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013) will be the responsibility of each constituent borough and the appropriate scrutiny arrangements of each borough will apply.

14. Administration

14.1 Administrative support for the meetings of the Joint Committee will be rotated between the committee officers of the constituent boroughs.

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