Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

Title: Membership and Governance

Report Authorised by:

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1. Purpose

1.1 The joint sub-committee will be aware of a range of drivers that are prompting consideration of governance. This paper sets out some of those drivers. It proposes further work within boroughs and as part of NCL. It does not require decision-making from the joint sub-committee at this stage.

2. Recommendations

2.1 The joint sub-committee is asked to note evolving governance designed to support the delivery of more integrated care at a locality and borough level.

2.2 The committee is asked to note that national and local plans to develop more integrated health and care services are likely to prompt further consideration of governance within and across. This will be brought back to borough Health and Wellbeing Boards and the joint sub-committee as appropriate.

3. Describe the issue under consideration

<u>Governance that supports connected care for residents and patients</u>

3.1 In our work we have been committed to the principle that form follows function. The overall driver for any decision-making systems is to ensure that we are set up to achieve the vision of ensuring that healthy choices are easy choices; strengthening communities to build social cohesion; providing early help to those at rising risk and delivering quick access to high quality care. Underpinning this is the need to make best use of resource working with the mentality of the public pound, targeting resource as effectively as possible in light of growing demand and very limited finances.

3.2 The immediate driver for thinking about how we make decisions is our desire to support staff within our prototype areas of North Tottenham and North Islington to work in this way.

3.3 As we move to open up conversations with staff and residents about priorities and opportunities within a place, there are likely to be requests for time to focus on service improvement or to spend more time working together; or to support changes in where people work or systems and processes that people are using.

3.4 We want to be fleet and to respond quickly to proposals. But system working, by its nature, challenges established processes. Whilst this creates opportunities, it can also create complexity. In order to be agile we will need to be pragmatic and to set up structures around what works in practice.

3.5 A loose model for organising at a locality level is starting to develop. Islington Federation, for example, has supported the formation of primary care networks with network coordinators. This provides an infrastructure for primary care at scale in which GP practices can work together and also provides a potential locus for other services. Whittington Health has identified named managers who can be the point of connection and leadership for locality based work.

3.6 We are now starting to bring together senior managers from across Haringey and Islington organisations to design the 'framework' for locality development – to setting the parameters and permissions and understanding the resource implications of working differently within a place.

3.7 Over the coming months we will want to take stock of these emergent systems; to assess how to strengthen them and to consider opportunities to connect decision-making so that leaders and senior managers can respond quickly across the system and can able to model the approach we are asking staff to take.

The North Central London context

3.8 Across North Central London (NCL) there is considerable focus on supporting this work. A recent event hosted by the STP convenor considered the way in which integrated care systems might emerge and some of the challenges with making this a reality within our complex health and care economy. North Central London has successfully applied for funding to replicate this type of event in each borough which creates an opportunity to explore these issues further as a system.

3.9 An issue highlighted at the NCL event was the need to establish the appropriate level and footprint for integration – what happens at a borough level, on a bi-borough level and across North Central London or London.

3.10 There was also a strong focus on the changing role of commissioning and a movement away from a transactional purchaser/provider arrangement which is particularly designed into the structures within the NHS. There was recognition that commissioning needs to become more strategic, with a focus on defining the outcomes required from a health and care system. Responsibility for how to achieve these outcomes needs to sit with organisations involved in integrated provision.

3.11 This connects strongly with our focus in Haringey and Islington on making best use of our resources. There is a clear recognition of the wider determinants of ill health and the impact on health and wellbeing of decisions in relation to housing; employment; leisure; crime as well as healthcare. This has already led to consideration of how we get greater strategic alignment of strategic decisions.

3.12 We are likely to want to explore this further over coming months within boroughs, the Wellbeing Partnership and within NCL to agree what we mean by strategic commissioning, at what level this happens and also how we move towards greater, more formalised, joint working between organisations in provision of care.

Membership and terms of reference for the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee

3.13 The Board is asked to note that Islington Health and Wellbeing Board is currently appointing a non-voting observer from the Islington GP Federation to the Islington Health and Wellbeing Board.

3.14 Haringey is also reviewing the membership of its Health and Wellbeing Board. The inclusion of the GP Federation as a non-voting member will be part of this wider review process.

3.15 The Terms of Reference of the Joint Sub-Committee will need to be amended to reference the changes in membership. This will require a decision by both the Haringey and Islington Health and Wellbeing Boards. However, during this transitional phase, the proposal here is that no further changes are made to the membership or terms of reference for the joint-sub committee of the Health and Wellbeing Boards.

4. Contribution to strategic outcomes

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

5. Statutory Officer Comments (Legal and Finance)

Legal

5.1 A decision should be made by Islington and Haringey's Health and Wellbeing Boards to amend the terms of reference for the joint sub-committee in due course. The terms of reference for Islington's Health and Wellbeing Board allows for the appointment of non-voting co-opted members of the board.

Chief finance officer

5.2 None.

6. Environmental Implications

6.1 Environmental implications for the planned work identified in this report includes that associated with office usage (energy and water use, waste generation) and publicity (use of resources for leaflets, if used).

7. Resident and Equalities Implications

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

7.2 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

7.3 Place based care will aim to tackle health inequalities; including the 17-year gap in healthy life expectancy for woman and 15-year gap for men between least and most deprived parts of Haringey (Public Health England data).

8. Appendices

None

9. Background papers

None