

Report of: Director of Housing and Adult Social Services

Health and Wellbeing Board	Date: 6 July 2016	Ward(s): All
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SUBJECT: 'Our Wellbeing Partnership' – Update on the Islington and Haringey Wellbeing Programme

1. Purpose of the report

- 1.1 This paper describes the development and delivery of a programme of joint work across the Haringey and Islington health and care system through the 'Wellbeing Partnership'. This Wellbeing Partnership is focused on supporting our populations to live healthier, happier and longer lives, improving health and care services so that people experience more joined up, better quality services at the right time in the right place, and making sure our health and care system delivers high value care, and is financially sustainable.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to:

- Note progress to date in the development and delivery of the Wellbeing Partnership; and
- Support the proposals for the next phase of work as set out in Section 8 of this report.

3. Background

- 3.1 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.
- 3.2 We know that our health and care system cannot be sustained in its current form. For Islington and Haringey that means helping our populations to live healthier lives and retain their independence for longer. It means using technology to make sure that people have the information that they need, in the way that they want it, so that they are more in control. It means taking a shared responsibility across

health, housing, education, welfare and social care rather than passing people between agencies. It means recognising the links between mental and physical health. It means never passing up an opportunity to grow and learn from great practice within and outside our Boroughs. We do not want to create a system we cannot sustain and neither do we want to cut care down to the core. That means changes for people: across public services, voluntary organisations and, most importantly, for the people living in Haringey and Islington.

4. Why have Haringey and Islington organisations chosen to work together?

4.1 Haringey and Islington have a similar population:

- Combined population c. 500,000 with expected growth of 14% in the next 15 years;
- Ageing population – highest growth in those aged 65+ (48%) although this age group remains the smallest in absolute numbers;
- Deprived and affluent neighbourhoods side by side;
- High population churn.

4.2 Our populations have similar health and care needs:

- Overall life expectancy is increasing in both boroughs however people live (on average) the last 20 years of their life in poor health;
- Similar prevalence of lifestyle risk factors;
- Similar prevalence of long term conditions (LTC) (20% of overall population living with LTC). This means more long term, complex illness and disability - increasing demand for health and social care. There is also inequality, with deprived communities experiencing more illness and shorter lives than those in more affluent areas;
- High prevalence of severe mental ill health and high rates of co-morbidities in people with mental ill health.

4.3 We have shared ambitions:

- We are committed to change: to fitting our organisations and care around people's needs. We need to focus now on people whose needs are complex and who need coordination, quick help and support to remain as independent as possible. Too often people experience form filling and multiple referrals. Currently we make people fit in and around our own organisations.
- We want to provide world class care when people need it. To do this we need enable those who are well to stay healthy and to support those whose lifestyle puts them at risk to make healthier choices. Our local plans for housing, for schools, for employment, for business as well as for health services all need to support this. But agencies alone do not drive change. People, technology, communities will drive innovation and we will respond.
- Within and across different public sector organisations we are willing to work together; to listen carefully to our diverse populations; to challenge ourselves, to innovate and to learn from our staff and our residents who hold the answers to how health and care could be improved.

4.4 We have a shared 'vision':

- Our commitment is to support our population to live healthier, happier and longer lives. We will improve health and care so people get more joined up, better quality services. There will be a focus on preventing poor health, as well as better outcomes when people need care and treatment.
- At the same time given the financial pressures on us all, we need to make sure services are of value, affordable and fit for the future.
- We will work together linking our residents and patients, hospitals, voluntary and community organisations, mental health services, social care and primary care services, in a system with one shared commitment to achieve our vision.

5. How will the Wellbeing Partnership work together?

- 5.1 The current Wellbeing partner organisations are: LB Islington, LB Haringey, Whittington Health, Camden & Islington NHS Foundation Trust, Islington Clinical Commissioning Group, Haringey Clinical Commissioning Group and Barnet, Enfield & Haringey MH Trust (joined June 2016).
- 5.2 Other health providers have been involved during the preparation work and will further join in with the partnership as the work plan is developed. We are building an extensive stakeholder group to be engaged in the workplan, including the voluntary and third sector, our workforce, Healthwatch and other community, public, patient and service user representative groups.
- 5.3 We have established some agreed principles which are summarised here:
- Partner organisations will work together for the benefit of local people;
 - We will involve local people in our design, planning and decision-making;
 - Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together;
 - We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates;
 - Partner organisations have agreed to find ways to 'risk share' during transformational change;
 - We will find ways to share joint incentives and rewards;
 - Partner organisations will make improvements by striving to be the best, together;
 - We will be rigorous in ensuring value for money and financial sustainability.

6. How does the Wellbeing Partnership fit with the North Central London Sustainability & Transformation Plans (STPs)?

- 6.1 NHS England has mandated all areas of the country to be part of a predetermined local footprint that will prepare health and social care sustainability and transformation plans for 2016-2021. Haringey and Islington are part of the North Central London (NCL) footprint. The Chief Officers of the Wellbeing Programme are all actively engaged and in some instances, leading, key areas of work in the NCL STP. We are well represented on the NCL Transformation Board and other key workstreams. There will be some areas of transformation and change where there will be clear benefits from working collaboratively across the wider NCL footprint. In time it will provide access to central funding for transformation activity.
- 6.2 There may well be local Wellbeing Partnership initiatives that may be more appropriate to local needs; and where the Wellbeing Partnership makes proposals for change, we will not suggest unnecessary delay because of the NCL STP where there are material benefits to local people either in terms of financial sustainability or in terms of quality of service delivery.

7. Wellbeing Partnership preparation work

- 7.1 We started working together to establish the Wellbeing Partnership late in 2015. We held a major stakeholder event in the autumn and a clinical and care practitioners' event early in 2016. We took all the information and learning found in each organisation from what our workforce and local people told us in the past about their experience of health and care. Using all available information to inform future plans, we grew our understanding of the health needs of the local population and the evidence of what is working well locally. We have identified some priority area in population segments and clinical and care pathways. We have looked at local 'good practice and innovation': to see where we might scale up across the partnership as a 'quick win' for positive change.

- 7.2 We have undertaken an outline financial analysis, identifying the precise scale of the financial challenge and are working out what the potential is for efficiencies and what requires bigger changes across the whole system. We have set up a programme structure to take forward an agreed workplan which recognises current governance and decision making within the health and care systems.

8. The Wellbeing Partnership: what next – recommended priority work programme

- 8.1 Using all the information and data described above, the Wellbeing Partnership has identified the following key priorities areas for the next phase of work. It is proposed to engage in co-production with key stakeholders, develop detailed scoping work and business cases for each of the pathways to identify the opportunities for working together in a different way.
- 8.2 Population based and health and care pathways:
- A model of care that supports independence in older people with health and social care needs;
 - A re-designed musculoskeletal care pathway;
 - An integrated model of care for people with learning disabilities;
 - A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease;
 - Mental Health: Recovery & Ablement (*New – June 2016*).

Each workstream is led by a senior manager with at least 20% of time identified and freed up to work on the programme, supported by a small programme management office (PMO).

The **cross cutting themes** across all these five areas will include:

- Sustaining good mental health;
- Prevention, early identification and maintaining independence;
- Action on the wider determinants of health including housing and environment;
- Primary Care;

Each cross-cutting theme is led by a senior manager with at least 20% of time identified and freed up to work on the programme, supported by a small PMO.

- 8.3 Islington and Haringey have agreed to work together to identify opportunities to align the public estates with new service delivery models. The plan considers changes in demography, demand and service provision, including integration of health and social care, improved accessibility, new commissioning models and financial challenges. Implementation of the opportunities identified in the plan will occur through NCL Sustainability and Transformation Plan and the Wellbeing Partnership programmes of work.
- 8.4 In addition, an important area of work will focus on future care models; identifying the range of options which might be most appropriate for providing and commissioning health and care. We propose to undertake detailed financial modelling of savings and investments required across the whole system and look at additional key enablers: workforce, IT, estates.

9. Implications

Financial implications:

- 9.1 Islington Council has agreed to commit £75,000 in the current financial year to support the cost of the programme management office. There are no other financial implications arising as a direct result of this report although this will involve an element of officer time. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council, CCG and partner organisations.

The financial impact of any plans or strategies need to be assessed and understood with particular attention in understanding what the effect on Health and/or Social Care will be and how this affects each organisation.

Legal Implications:

- 9.2 The proposal complies with the need for the closer integration of health and social care services and complies with the Health and Social Care Act 2012 which makes provision for the establishment of Health and Wellbeing Boards for the advancement of the health and wellbeing of the community.

Environmental Implications:

- 9.3 There are no significant environmental impacts related to the programme. However, improved integration and joint working can help reduce duplication, which in turn can have a positive environmental impact.

10. Resident Impact Assessment:

- 10.1 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.
- 10.2 No resident impact assessment has been undertaken during this initial phase of programme scoping and development. RIAs will now be undertaken as part of the next phase of work to further scope, develop and implement the work in relation to each of the priority work streams and pathways.

11. Reasons for the recommendations / decision:

The Health and Wellbeing Board is asked to note progress to date in the development and delivery of the Wellbeing Partnership and support the proposals for the next phase of work as set out in Section 8 of this report.

Signed by:



Director of Housing and Adult Social Services

Date 28 June 2016

Appendices

- Wellbeing Partnership Governance Map

Background papers:

- None.

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