Whittington Health NHS

Trust Public Board 3 May 2017

Title:	Draft Haringey and Islington Wellbeing Partnership		
Agenda item:	**17/070**	**Paper**	**10**
Action requested:	For approval		
Summary of recommendations	Organisations in Haringey and Islington have agreed to work more closely together to address the health and care needs of the population. Current service redesign through integrated working has shown that this approach enables better provision of services in the future. The organisations want to formalise this approach and are doing so by signing up to the attached Haringey and Islington Wellbeing Partnership Agreement. At this stage, the agreement sets out the reasons for working collaboratively and the ways in which this may be done. It sets commitments to increased collaboration and timescales for achieving these milestones. The agreement sets out a governance structure with a Wellbeing Partnership Board. This partnership forum enables partners to share and align their strategic plans, their intended use of resources and their service transformation work. It does not require approval for those plans by the Partnership Board except in the spirit of sharing intentions which have impact upon partners. It does not delegate any powers from statutory organisations to the Board. Organisations have expressed the wish to work towards full collaboration. This might be in the form of an Accountable Care Partnership or Accountable Care Organisation. Such a development, with the need to establish clear accountability and delegated authority would be proposed in a future refresh of this agreement.		
Fit with WH strategy:	Aligned with Whittington health Clinical Strategy and NCL STP		
Reference to risk:	BAF		
Date paper:	April 2017		

Author name and title:		**Tim Deeprose, Health and Wellbeing Lead**		**Director name and title:**		**Simon Pleydell, Chief Executive**	
Date paper seen by EC	**2017**	**Equality Impact Assessment complete?**	**2017**	**Risk assessment undertaken?**	**BAF**	**Legal advice received?**	**n/a**

Haringey and Islington Wellbeing Partnership

Health & Care: working together with the people in Haringey & Islington

Partnership Agreement

1st June 2017

Signatories

The following organisations support the Haringey and Islington Wellbeing Partnership.

Organisation	Council Leader / Chairman	Chief Executive
Haringey LONDON	……	……
ISLINGTON	……	……
NHS Haringey Clinical Commissioning Group	……	……
NHS Islington Clinical Commissioning Group	……	……
Haringey GP Federation	……	……
Islington GP Federation	……	……
Camden and Islington NHS NHS Foundation Trust	……	……
NHS North Middlesex University Hospital NHS Trust	……	……
University College London Hospitals NHS Foundation Trust	……	……
Whittington Health NHS	……	……

Haringey and Islington Wellbeing Partnership Agreement

Date effective: 1 June 2017

Signatories: 'The partners', the CEOs/Accountable Officers & Chairs of:

1. London Borough of Haringey
2. London Borough of Islington
3. NHS Haringey Clinical Commissioning Group
4. NHS Islington Clinical Commissioning Group
5. Haringey GP Federation
6. Islington GP Federation
7. Camden and Islington NHS Foundation Trust
8. North Middlesex Hospital NHS Trust
9. University College London Hospitals NHS Foundation Trust
10. Whittington Health NHS Trust

The Partners recognise that as the work of the partnership develops other organisations may wish to join or become more formally affiliated with the partnership approach embodied in this agreement.

Purpose

The Wellbeing Partnership has been established to enable local organisations to deliver better health and care services, to reduce inequalities and improve the health and wellbeing outcomes for the people of Haringey and Islington. It is working towards the integration of health and social care services in the boroughs in order to deliver these improvements. As a result, the Partnership will be better able to deliver, at a local level, the necessary service transformation to achieve a sustainable health and social care system. It will do this by building upon locally delivered initiatives such as the Care Closer to Home Integrated Networks.

The need for change

Haringey and Islington populations are 263,386 and 215,667 respectively. The populations are expected to grow by about %% over the n next 5 years but there will be a much bigger increase in the over 65 population of 12% over the same period. 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 and major drivers of health inequalities. 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 and the demographic pressures. Therefore, we must change the way we deliver services, preventing poor health and supporting individuals, families and communities to achieve healthier, happier and longer lives. When people need services we must ensure they are delivered effectively and efficiently, improving outcomes.

The current focus each organisation has to have on its own goals, structure, regulators and finances, with relationships based upon a contractual framework, continues to hinder effective collaboration, creating inefficiencies and constraining our collective ability to achieve more for the local population. All the organisations face potential financial deficits in future years and so continuing to operate independently is not an option.

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. This provides a collective mitigation of risks faced by individual organisations within the system.

To help us achieve our vision for our residents we will now form a Wellbeing Partnership, a form of an Accountable Care Partnership, enabling us to move towards full collaboration between organisations in a measured way.

Objectives

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 do need care and treatment.
- To support people, families and communities to stay and be healthy, to reduce the level of ill health within our population and reduce health inequalities.
- To simultaneously focus on improving outcomes and reducing costs for population groups who are currently high consumers of health and care.

How will we do this?

The most important way relates to a new set of behaviours from all the Partners, in order to build longstanding trusting relationships that replicate those of an accountable care system.

- By shifting resources over the longer term towards prevention and early intervention to keep people well and avoid preventable ill health e impacting directly on the health and wellbeing of the population of Haringey and Islington
- By bringing together all our resources (including 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 and experience available to us across our collective workforce recognising that these are not vested in one organisation or professional approach.
- By ensuring every organisation is seen to succeed through 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 improving service user experience as well as outcomes, efficiency and effectiveness we should reduce inequalities.
- By bringing teams together, acting on behalf of each other, to more efficiently use our staff.
- By working together with all our communities and the whole health and social care workforce we will accelerate the transformation of the health and care system in Haringey and Islington.
- By collectively taking budget decisions, agreement will be reached on levels of activity and cost, creating joint commitment to collective financial and activity targets. This should also reduce transaction costs between organisations.

Scope

This agreement does not seek delegated powers from its statutory partner organisations. It aims to develop collective decision making through a partnership forum where the impact of service change can be managed across the whole health and care system. Partners are therefore asked to share and align their decision making recognising that for some partners there are commitments outside the Haringey/Islington geography.

The range of services which might best be collaboratively managed in this way will become clearer as the partnership develops.

Timeframe

The expressed aim of the Wellbeing Programme's Sponsor Board members is to achieve full collaboration between organisations. This will take time as organisations move from partial to full collaboration. This agreement is a stepping stone to more formal future agreement as the confidence and level of collaboration increases. This particular agreement will expire on 31st March 2020 but is expected to be refreshed within a year, by 31st March 2018, to reflect the increasing levels of collaboration or when it is replaced by a more formal partnership agreement.

Commitment 1: One ambition: To meet the challenge facing the health and care system by working together as a single team to:

- Support local people, families and communities to take an active and full role in their own health and to reduce inequalities
- Focus on prevention and early intervention, to keep people well, realise their potential, avoid preventable ill health and promote resilience and independence
- Use the best, evidence-based, means to deliver on outcomes that matter
- Focus on what adds value (and stop what doesn't)

Public expectations are that health and social care organisations should be working together around the needs of individuals, so this approach is in line with that expected of each organisation.

In practice, the Partners recognise the pressures caused by current funding, structures and contracting mechanisms. To manage these conflicting pressure we commit to be honest, transparent and to provide mutual support of each other's position. Where possible we will influence the view of regulators or external assurance bodies about the importance of the partnership approach to future local system sustainability.

Commitment 2: One set of behaviours:

All Partners agree explicitly to exhibit the beneficial behaviours of an *accountable care system*. In particular, partner organisations collectively agree to:

- **People first**: solutions that best meet the needs of today and tomorrow's local residents and health and social care users must be the guiding principle on which decisions are made. This principle must over-ride individual or organisational self-interest. Embedding the voice and views of service users in service improvement will be key to ensuring this principle is not forgotten.
- **Collective decision-making**: Chairs, CEOs, SROs and clinical leads have dedicated time *face-to-face* to build trusting relationships, improve mutual understanding and to take shared strategic decisions together.
- As **system leaders**, Partners will work together with integrity and the highest standards of professionalism, by:
    - Recognising mutuality and equality of the partnership
    - Not undermining each other
    - Speaking well of and respecting each other
    - Recognising we are each trying to optimise performance in our own part of the system
    - Behaving well, especially when things go wrong
    - Keeping our promises - small and large
    - Speaking with candour and courage
    - Seeking success as a collective
    - Sticking to decisions once made
- **Open book**: finance (cost and spend), activity and staffing data are shared between all parties transparently and in a timely manner. The purpose of this sharing is to support collaborative problem-solving.
- **Common messaging**: there is a consistent set of messages we tell our service users, residents and our staff about why we need to work together, what benefits it

will bring and how we are doing it, although how the story is told will be tailored to the audience. Each partner organisation will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials.

- **Collective monitoring**: if an organisation appears not to be acting for the collective good, Chairs / CEOs will reflect this to the organisation and provide evidence to illustrate their concern. If there isn't a change in approach, in extremis, the organisation may be asked to leave the partnership.

Commitment 3: One Plan: Joint Strategic Planning:

Recognising the strong similarities in health profile of the population of the two boroughs, **Haringey and Islington Health and Wellbeing Boards** have agreed that they will meet as a joint committee from April 2017. This significant commitment to joint working immediately prompts greater integration of the two public health teams, potentially transforming the way health and inequalities challenges are approached.

All partners have individual corporate or operational plans, for example, recently working together with other boroughs as part of the North Central London Sustainability and Transformation Plan. Partners commit to aligning individual plans where joint working can optimise delivery of improved services in Haringey and Islington.

Target:

- Form a Haringey-Islington Public Health Leadership group by June 2017 to determine a process for developing a future operating model for integrated working.
- Bring together the iterative processes underpinning the Joint Strategic Needs Assessment as a precursor to establishing a single Health and Wellbeing Strategy for the two boroughs.
- Develop a single Health and Wellbeing Strategy for the boroughs of Haringey and Islington by December 2017.
- Review commissioned services and budgets between both boroughs by September 2017: providing a deeper understanding of the services commissioned and supported by both Public Health teams. In the future, this work will serve as a guide for
    i. which services might be jointly recommissioned to potentially improve outcomes for the populations for both boroughs and
    ii. which services would be better managed locally or with other arrangements.

Commitment 4: One transformation approach: bringing together our service redesign work: Currently each organisation has (or is part of) a separate service transformation programme linked to the need to meet their financial commitments. These include Cost Improvement Programmes within Trusts, Local Authority Transformation Programmes to meet their Medium Term Financial Strategies, and CCG and Trust input into the North Central London Sustainability and Transformation Plan.

The commitment within the Wellbeing Partnership is to bring together these often complementary work programmes to optimise delivery within Haringey and Islington in order to deliver the best possible services with the resources available. Work programmes proposed by any organisation will first be shared at the Partnership Board so that the impact on the local system can be understood and collective support given to

the project. The Partnership Board will act as a sponsor board to the project. Where the project has limited impact beyond the initiating organisation this process will ensure understanding of the redesign workload in each organisation.

Target:

- To share each organisation's transformation programme with Partners by 30 June 2017
- To align local authority social care transformation programmes by 30 July 2017
- To bring together existing service improvement projects undertaken by separate organisations where they are addressing similar cohorts of the population, conditions or diseases so as to optimise improvement work under the leadership of the Wellbeing Partnership by September 2017
- To assess, by July 2017, whether the Wellbeing Partnership needs a particular focus on workforce development, to add to the work being undertaken at NCL level.
- To develop a joint savings / service transformation plan for 2018/19 between Councils, CCGs and Trusts by October 2017 so that this can be built into each organisation's financial plan for 2018/19

Commitment 5: One delivery team: The Wellbeing Programme was established with a 'light touch' programme infrastructure as the majority of staff resource coming from the alignment of organisational and joint programme priorities. Partners commit to continuing this approach by prioritising joint service redesign and supporting this with staff as part of business as usual.

All Partners commit to using the Wellbeing Partnership as an opportunity to redefine the reporting relationships of staff within their own organisations to align with joint service redesign work.

Target:

- To establish by 30 June 2017, a single management lead across all organisations for specified services e.g. diabetes, with the autonomy to make system wide decisions to improve services. The role would have accountability to all organisations through the Partnership Board.
- To complete the alignment of the CCG management teams by September 2017
- To establish joint work on council transformation programmes and peer review priorities by September 2017
- To establish two Care Closer to Home Networks (CHINs) in each borough as local delivery teams by September 2017.

Commitment 6: One approach to quality improvement and a shared approach to performance improvement: As the Wellbeing Partnership Board develops as the forum for collective management of the health and care system, then partners commit to bringing together the separate quality improvement, performance monitoring and assurance processes where possible. Providing single returns from the Wellbeing Partnership will establish the organisation as a collaborative venture.

Currently, performance and assurance returns to external bodies are required separately from each partner organisation. Organisations continue to have statutory duties to fulfil and these will be maintained. However, whilst separate organisation or borough based data will continue to be required, there are also opportunities to compare data returns

and to bring together the processes or organisations responsible for providing that information e.g. NHS Commissioning Support Unit.

Target:

- To identify, by 30 September 2017, areas of best practice in quality and quality improvement and to share these across organisations.
- To establish by 30 September 2017, a set of performance indicators (ideally from existing data sources) which will help demonstrate increased collaborative working across the Partnership.
- To investigate joint measurement of service initiatives such as the Better Care Fund and shadow these from July 2017.
- To confirm existing data sharing agreements and ensure consistency, establishing new ones where needed by December 2017, so data can be used between organisations to improve and deliver services to users.

Commitment 7: One financial plan: in line with developing the positive behaviours of an accountable care system, and in recognition of the fact that one organisation's decisions about the level of service may impact another's costs, the Partners agree they will collectively focus on activities that take cost out, make agreed investments in order to save elsewhere, and manage financial pressure across the system. System costs may be reduced by activity reductions and by unit cost reductions, and we recognise that all Partners can influence both.

Acting in this way requires:

- Commissioning intentions will be based on a clinically led, evidence-based and person-focussed appraisal of how best to meet local people's need and will be based on coproduction with local people. Once developed, Partners will discuss openly within the Wellbeing Partnership Board any new service developments, closures or relocations prior to public and staff engagement and consultation as required. The Wellbeing Partnership Board and the workstream delivery groups will be the fora for agreeing commissioning intentions.
- Relevant financial and operational plans will be aligned across health and social care: the Partners agree to plan finances and operational capacity together, neutralising any inclination to cost shift or not invest in one part of the system to save elsewhere. This will involve working from common assumptions, producing plans for regulators that are realistic and doing our best to ensure there are no in-year surprises. Where appropriate, this will also include greater use of pooled budgets between NHS and council commissioners, which will be determined on a case by case basis.
- Contract negotiation activity will be minimised during 2017/18 and 18/19 with early collective CEO engagement to agree key investment priorities and risk sharing parameters at the outset (rather than at the end). Contract management meetings will be replaced with joint place or care programme based financial assurance, performance and planning meetings.
- It is clear that developing this level of collaboration will take time to enable partners to develop an understanding of each other's business, the sometime conflicting priorities each organisation faces and through this to develop trust and mutual support. The following milestones have been suggested to begin this process.

Targets:

- To establish a regular monthly sharing of budget (and activity data) at a level of detail that enables each organisation to understand how resources are being used to deliver health and care services from June 2017.
- To bring significant investment / disinvestment decisions (eg over £250k capital or annual revenue) to the Partnership Board where this investment relates to local services for the populations of Islington and Haringey, to enable partners to understand the impact such changes might have. This does not fetter an organisation's independent decision making autonomy but ensures one organisation does not make unexpected changes which negatively impact upon another (from April 2017).
- To establish system wide budgets for specific services e.g. for diabetes, MSK, to support the transformation work of the individual work streams (by April 2017).
- To shadow a single system 'control total', taking into account the fact that several providers run services that serve a wider population (from September 2017)

Commitment 8: One set of governance arrangements: the focus of the Wellbeing Partnership is on better delivery of services through closer working. The form of the Partnership (its governance arrangements) can support staff in that closer working arrangement. The Wellbeing Partnership Board and the groups reporting to it (e.g. Delivery Board, Finance and Performance Group, and service workstreams), will be the vehicle through which system wide business is conducted.

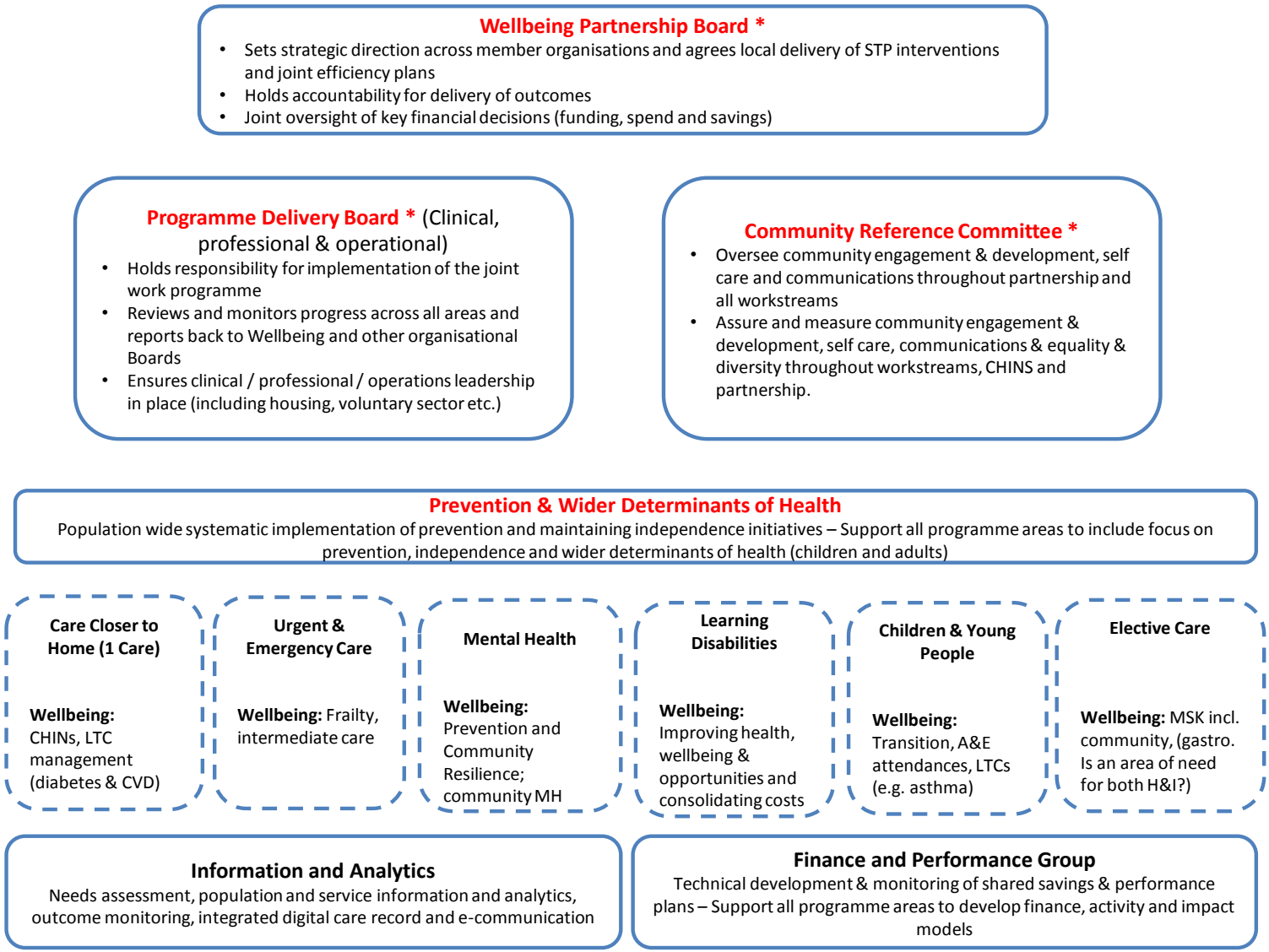
As much system wide business as possible will be conducted through the system governance described in the appendix below, particularly in those areas where there is a particularly strong system focus, such as care closer to home and out of hospital care to support admission avoidance. This provides the forum for sharing and aligning overall strategy and decisions. The power of the Partnership forum is based on the position power of the individual members and their commitment on behalf of their organisations to an agreed course of action. It is recognised that individual Partners' Boards or Governing Bodies have statutory accountability. Time will be allowed, when planning changes, to enable collective sharing and discussion.

Targets:

- To establish the overall governance arrangements as described below by 30th June 2017.
- To support local people to coproduce the community reference group by 30th June 2017.
- To consider alternative, stronger governance arrangements and organisational forms such as Multispecialty Community Providers (MCP) or Primary and Acute Care Systems (PACS) between September 2017 and March 2018.
- To refresh this Partnership Agreement for April 2018.

A Governance Structure is described on the next page. This continues to be developed, in particular:

- reflecting that certain programmes of work (e.g. CHINs/QISTs) will have system-wide impact and will act as the catalyst across a range of other areas
- local accountability through input from councillors and health organisation non-executive directors
- primary care leadership involvement at all levels
- co-production of the Community Reference Group with local service user groups.



*under development – see final paragraph on page 10