

Task and Finish Group Recommendation Update

Health and Social Care Task and Finish Group – Cabinet, 4 th April 2012			
Recommendation to Cabinet (accepted)	Status (RAG)	Information	Contact Officers
<p><u>Recommendation One</u></p> <p>Cabinet and the Health & Well Being Board are requested to endorse the vision proposed by the Task and Finish Group for the integration of health and social care in Barnet, as set out in section 1. <i>(of the final report)</i></p>	GREEN	<p><u>Cabinet Resolution</u></p> <p>To agree the recommendations of the Overview & Scrutiny Task and Finish Group on Health and Social Care Integration, with the exception of recommendation 4, which comprised a recommendation to the Business Management Overview and Scrutiny Committee.</p> <p><u>Update February 2013</u></p> <p>The Cabinet Resources Committee report from June 2012 endorsed the vision for the Health and Social Care Integration programme and approved £1.1m One Barnet funding for its implementation.</p> <p>In October 2012, a report was approved by the Barnet Health and Well-Being Board which outlined the Health and Social Care Integration Vision.</p> <p>As a consequence a Health and Social Care Integration Concordat was drafted and the October 2012 meeting of the Health and Social Care Integration Delivery Board all members signed up to the agreement.</p>	<p>Community and Well-Being Assistant Director, Mathew Kendal (Service Lead) / Adults and Communities Director, Dawn Wakeling (Sponsoring Senior Officer)</p>

		<p><u>Update September 2013</u></p> <p>This is now in the process of implementation through the One Barnet Health and Social Care Integration Programme. Projects are now underway developing integrated care for older people and for quality development in care homes. Multi-Disciplinary Case Working is now in place in the West of the borough for the most vulnerable older people known to the NHS and to social care. This model will be extended across the borough following the pilot phase. In addition, the council and Clinical Commissioning Group are developing an overarching service model for integrated care for frail older people in response to the government policy directive on integrated care published in June 2013. Therefore the vision has been embedded into the Council's approach to integrated care and the recommendation can be considered implemented.</p>	
--	--	--	--

Recommendation to Cabinet (accepted)	Status (RAG)	Information	Contact Officer
<p><u>Recommendation Two</u></p> <p>Cabinet and the Health & Well Being Board consider and agree the principles proposed by the Task and Finish Group for the integration of health and social care, as set out in section 2. <i>(of the final report)</i></p>	<p>GREEN</p>	<p><u>Cabinet Resolution</u></p> <p>To agree the recommendations of the Overview & Scrutiny Task and Finish Group on Health and Social Care Integration, with the exception of recommendation 4, which comprised a recommendation to the Business Management Overview and Scrutiny Committee.</p> <p><u>Update February 2013</u></p> <p>The Cabinet Resources Committee report from June 2012 included the principles drawn up by the Task & Finish Group and was approved. In October 2012, a report was approved by the Barnet Health and Well Being Board which included the principles underpinning the Health and Social Care Integration Programme. All principles in Section 2 are addressed by the Concordat.</p> <p><u>Update September 2013</u></p> <p>The principles have been incorporated into the concordat, which guides the development of all projects and new services in relation to integrated care. Therefore the principles have been embedded into the Council's approach to integrated care and the recommendation can be considered implemented.</p>	<p>Community and Well-Being Assistant Director, Mathew Kendal (Service Lead) / Adults and Communities Director, Dawn Wakeling (Sponsoring Senior Officer)</p>

Recommendation to Cabinet (accepted)	Status (RAG)	Information	Contact Officer
<p><u>Recommendation Three</u></p> <p>Cabinet and the Health & Well Being Board consider and agree the recommendations on the approach to Health and Social Care Integration proposed by the Task and Finish Group as set out in section 3. <i>(of the final report)</i></p>	<p>AMBER</p>	<p><u>Cabinet Resolution</u></p> <p>To agree the recommendations of the Overview & Scrutiny Task and Finish Group on Health and Social Care Integration, with the exception of recommendation 4, which comprised a recommendation to the Business Management Overview and Scrutiny Committee.</p> <p><u>See updates under each recommendation</u></p> <p>Timing</p> <p>1. Make a commitment to full integration in delivery and commissioning, but take a targeted approach at groups most likely to benefit first.</p> <p><i>Integrated care is in place for people with mental health problems and people with learning disabilities.</i></p> <p><i>Integrated care is being piloted for frail older people in the west of the borough, prior to roll out across the borough. This includes targeting those most at risk through risk stratification/case finding tools, care navigators and care</i></p>	<p>Family Services Director, Nicola Francis / Community and Well-Being Assistant Director, Mathew Kendal (Service Lead) / Adults and Communities Director, Dawn Wakeling (Sponsoring Senior Officer)</p>

		<p><i>managers working with those most at risk and full multi-disciplinary case planning. See recommendation 1 above for more information.</i></p> <p>2. Children's health & social care should also be integrated where it will benefit children. However, this is likely to be more complex so should not be addressed first.</p> <p><i>Joint commissioning of children's health and social care is now operational, with an integrated team based in North London Business Park consisting of Clinical Commissioning Group and council staff. Implementation of service integration will be led by this unit, based in the Family Services Delivery Unit.</i></p> <p>Engage people during the change:</p> <p>3. Plan each integration carefully involving all partners (health, social care, councillors, private sector, voluntary groups, patient groups) and engaging with the people affected.</p> <p><i>The Health and Social Care Integration Delivery Board membership comprises all partner and provider organisations.</i></p> <p><i>Future consultation and engagement work with pilots and interventions will involve social care, health service, patient and voluntary groups.</i></p>	
--	--	---	--

		<p><i>Engagement is also being undertaken on a project by project basis.</i></p> <p>4. Engage all partners equally. Integrated services need all the partners involved to engage fully in their creation. Management and leadership structures in the new service should not be dominated by one partner, but reflect all the partners and their professions.</p> <p><i>The Health and Social Care Integration Board is continuing to guide local integration, under the auspices of the Health and Wellbeing Board and is ensuring partner engagement. This recommendation can be considered implemented.</i></p> <p>5. Do not attempt too many changes at once or you will overwhelm staff. If you are redesigning an organisation, complete this before redesigning the process. This ensures those running the processes feel responsible for making them work.</p> <p><i>New initiatives have been carefully planned and are being monitored through a programme management approach to ensure the above doesn't happen. Current projects are following this cycle: design; pilot and test; evaluate and make changes if needed; roll out. Review. This can be considered implemented.</i></p>	
--	--	---	--

		<p>6. The creation of integrated teams and services should not undermine professional development. This may mean dual management with a professional lead mentoring and developing staff, but day-to-day management being delivered by a team lead. Professionals need to agree what they can all do and what is reserved to each profession.</p> <p><i>Consultation and engagement is required both a local level with NHS and Social Care employers and at a national level with Royal Bodies and professional organisations to influence professional development routes and training, and recognise multi-skilled and integrated roles. These considerations will be made as part of the evaluation of the pilots, particularly the large-scale Frail and Elderly Pilot that uses multi-disciplinary teams and care navigators.</i></p> <p>7. Cultural change is very important and will take time to develop. Staff in integrated services should work together to agree: principles to govern their work, common language, how they will work together and share skills.</p> <p><i>This has been carefully planned and addressed in the development of the integrated care pilots, especially the older persons multi-disciplinary case conferencing and case planning work, which was developed by a group of multi-disciplinary staff.</i></p>	
--	--	--	--

		<p>Clear responsibility for the change</p> <p>8. Leadership is critical. There should be a small group of named leaders responsible for the overall integration and each project needs clear leadership and accountability. All the partners involved need to be committed to the change and this commitment should be reflected at all levels of management.</p> <p><i>The members of the Health and Social Care Integration Board are Chief Exec or director level officers with clear leadership credentials. To ensure there is clear leadership, members of the board have undertaken to be sponsors of each Health and Social Care Integration Initiative. In addition, a core group of the statutory Director for Adults, the Director for People, the CCG Chief Officer and director/assistant director level staff are driving the overall programme. This recommendation can be considered completed.</i></p> <p>9. Set targets for delivering benefits from integration, establish who is responsible for them and monitor them.</p> <p><i>All projects in the integration programme go through a reviewing cycle of initial business case, full business case, benefits realisation, monitoring and reporting. Progress against targets and benefits are monitored monthly through a robust programme management approach, using a programme management office. The integration programme</i></p>	
--	--	--	--

		<p><i>is part of the One Barnet Wave 2 Programme and is therefore monitored by the One Barnet programme management office and also reviewed by the leader and deputy leader on a periodic basis. This recommendation has been embedded into the creation of the integration programme and can therefore be considered implemented.</i></p> <p>10. Governance structures should support integration and represent all partners.</p> <p><i>The Health and Social Care Integration Board has been established to meet bi-monthly; it is supported by monthly meetings of the Health and Well Being Board Finance Group. The board reports to the Health and Well being Board and includes all partners. This recommendation can be considered completed.</i></p> <p>11. Ensure there is a mechanism in place to allow members an appropriate level of on-going scrutiny/monitoring of the integration process.</p> <p><i>A Central Programme Office has been established to provide this scrutiny and assurance to members. Member updates have also been given as part of the One Barnet programme: 2 evening briefing sessions have been held in 2012.</i></p>	
--	--	---	--

		<p>Investment to enable integration</p> <p>12. Compatible IT systems that enable data sharing and shared workflow are a vital building block of integration. Invest to get the right systems across all partners.</p> <p><i>The council is working on an N3 connection which enables council IT to connect with the NHS records system. A business case for a local shared care record has been produced.</i></p> <p>13. Health and Social Care services should be co-located wherever possible.</p> <p><i>This is being addressed through the development of the overarching model for integration.</i></p> <p>14. Integrated services should be based in buildings that meet staff and users' needs. GP practices could act as hubs for health and social care service.</p> <p><i>This is being addressed through the development of the overarching model for integration.</i></p> <p>15. Ensure there is expert procurement advice to the integration projects, especially on any IT procurement. Have one procurement organisation supporting the integrated services; do not maintain a separate health and social care</p>	
--	--	--	--

		<p>team.</p> <p><i>Procurement has been led by one partner on behalf of all the projects.</i></p>	
--	--	---	--

Recommendation to Cabinet (accepted)	Status (RAG)	Information	Contact Officer
<p><u>Recommendation Four</u></p> <p>The Business Management Overview and Scrutiny Committee consider and agree the proposal that the Task and Finish Group is given a longer term role in providing oversight to Health and Social Care Integration projects, as described in the Introduction. <i>(of the final report)</i></p>	<p>AMBER</p>	<p><u>Cabinet Resolution</u></p> <p>To agree the recommendations of the Overview & Scrutiny Task and Finish Group on Health and Social Care Integration, with the exception of recommendation 4, which comprised a recommendation to the Business Management Overview and Scrutiny Committee.</p> <p><u>Update September 2013</u></p> <p>This recommendation was discussed with the Governance Service and the final view was that a reference group should be set up for the programme when it was properly established. This would include elected Members and also others (e.g. NHS Non-Executive Directors). Draft terms of reference for this group have been produced and the intention is to establish the group at some point after the overarching model is developed.</p>	<p>Adults and Communities Director, Dawn Wakeling (Sponsoring Senior Officer)</p>