Meeting Health and Well-Being Board

Date 26 July 2012

Subject Integrated Commissioning Plan

Report of Cabinet Member for Public Health and Clinical

Commissioning Group Chair

Summary of item and decision being sought

The Health and Wellbeing Board's Joint Health and Wellbeing Strategy is out for consultation until the end of July. Key to delivery of the strategy is development of two underpinning implementation plans; the Integrated Commissioning Plan and the Integrated Prevention Plan. This paper sets out progress to date on the Integrated Commissioning Plan which is in the final stages of development, for comment by the Board.

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Reason for Report To present the draft Integrated Commissioning Plan for comment

by the Board

Partnership flexibility being

exercised

The report presents the Board with the opportunity to comment on the draft commissioning plan prior to the health and social care

integration summit meeting with provider organisations.

Wards Affected All

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1. RECOMMENDATION

- 1.1 The Board is asked to comment on the draft commissioning plan (as set out in Annex A) prior to the health and social care integration summit meeting with provider organisations and prior to the plan being brought to the HWBB in October for final approval.
- **1.2** Provide a steer on priorities for action for the integration programme from this plan to inform the discussion at the summit

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 26 May 2011 HWBB approved integrated commissioning strategy scoping document
- 2.2 20 July 2011 Engagement process with clinical and social care professionals agreed
- 2.3 22 March 2012 Health and Wellbeing Strategy approved for consultation
- 2.4 31 May 2012 HWBB approved the Health and Social Care Strategic Outline Case
- 3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)
- 3.1 Links To Sustainable Community Strategy
- 3.1.1 The Sustainable Community Strategy 2010-2020 is committed to achieving its objectives through working "together to draw out efficiencies, provide seamless customer services; and develop a shared insight into needs and priorities, driving the commissioning of services and making difficult choices about where to prioritise them." The integration of health and Social care services embodies this approach to partnership working.
- 3.1.2 Successful integration of health and social care services should promote the Sustainable Community Strategy priority of *"healthy and independent living"*.

3.2 Links To Health And Wellbeing Strategy

The Health and Wellbeing Strategy sets out the aspirations of the Health and Wellbeing Board and its member organisations. The Health and Wellbeing Board is responsible for promoting greater coordination of planning across health, public health and social care. This is recognised in the Health and Wellbeing Strategy

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 An equalities and impact assessment will be carried out once the draft plan is finalised following the Integration Summit planned for July 27 2012.

5. RISK MANAGEMENT

5.1 There is a risk that the integrated commissioning plan will not deliver the expected benefits. This risk is mitigated by an invest to save approach to business cases to ensure financial benefits are realised. Evaluation plans for each initiative will include ensure improved outcomes for patients and service users are achieved.

5.2 There is a risk that health and social care providers may have limited capacity or appetite to deliver integration projects included in the plan. This risk is being mitigated through a programme of engagement. This has included workshops in 2011; personal meetings with key senior managers and an Integration Summit planned for July 27 2012. The summit will be used to secure commitment of providers and commissioners from across the health and social care system to delivery of the plan.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The NHS Act 2006 provides a legal framework enabling NHS bodies and local authorities to work together through delegation of functions, grant arrangements and flexibilities such as pooled budgets.
- 6.2 Section 256 of the NHS Act 2006 is the enabling power for a PCT to make payments to a local authority towards expenditure incurred or to be incurred by the authority on community services. This enables NHS Barnet to transfer to the council the social care allocations in connection with its health functions.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The Council is utilising Health Funding for Social Care transferred to the Council under a Section 256 to support integrated working. The current proposals which are in various stages of planning and implementation are listed in the table below;

| Current Proposals for Investment in Integration | Amount £'000 |
|---|-----------------|
| Information and Advice GP surgery : signposting | 290 |
| Frail Older People, includes urgent care | 300 |
| Health and Social Care Integration incl PH transition | 70 |
| Health enablement extra cover | 440 |
| Hospital Social Work avoidable Admission | 120 |
| Local shared Care record NHS and social care | 100 |
| CCG Relationship Management and Development | 290 |
| Integrated CHC commissioning | 200 |
| Telecare and Telehealth | 750 |
| Total | 2,560 |
| | |

- 7.2 NHS enablement funding has been committed to service developments that will support integrated working.
- 7.3 Future investment decisions relating to initiatives included in the Integrated Commissioning Plan will be developed as invest to save schemes. Approval of business cases will be given by the Health and Wellbeing Board Finance Sub-Group and by each organisations own decision making Boards where appropriate.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 A workshop was held for service providers in August 2011 and for service users and carers in September 2011. The workshops helped to prioritise where integration effort should be focused

- 8.2 In March 2012 a workshop with commissioners from across health and social care; including members of the Barnet CCG, was held to agree initial integration proposals for inclusion in the plan.
- 8.3 A reference group, drawn from the Barnet Older People Assembly has been established to support work on the integrated Frail Elderly Pathway

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 A workshop was held for service providers in August 2011 and for service users and carers in September 2011. The workshops helped to prioritise where integration effort should be focused

10. DETAILS

- 10.1 The Integrated Commissioning Plan has been developed following engagement with a range of stakeholder and is integral to delivery of the Health and Social Care Integration SOC.
- 10.2 The plan will deliver the fourth strand of the Health and Wellbeing Strategy; Care when needed
- 10.3 The draft plan is attached as Annex A.

11 BACKGROUND PAPERS

11.1 Health and Wellbeing Strategy

Legal – MB CFO – JH