
Meeting	Health and Well Being Board
Date	04 October 2012
Subject	Health and Social Care Integration programme update
Report of	Deputy Director, Health and Adult Social Care, London Borough of Barnet
Summary of item and decision being sought	<p>This report provides an update on progress to implement the Health and Social Care Integration work programme and delivery governance proposal that was endorsed by the Health and Wellbeing Board at its meeting on the 31 May 2012.</p> <p>The report includes a summary of the agreed actions from the Health and Social Care Integration Summit meeting held on the 27 July which includes the following:</p> <ul style="list-style-type: none"> • A strong commitment from all commissioning and providers organisations present to support the delivery of a single coordinated health and social care integration programme • Endorsement of the programme delivery governance structure approved by the Health and Wellbeing Board at the meeting on the 31 May 2012 • Establishment of a Health and Social Care Integration Programme Delivery Board to lead the implementation of a programme of spearhead health and social care integration projects that will deliver whole system benefits <p>The Health and Wellbeing Board is requested to note the report.</p>

Officer Contributors	Rohan Wardena, Programme Lead, Adult Social Care and Health, LBB
Reason for Report	Update Board Members on progress to implement the Health and Social Care Integration work programme
Partnership flexibility being exercised	None apply to the proposals in this report. However, the programme will seek to develop business cases for integration projects that will benefit partners and these

may include use of the flexibilities available under section 75 of the National Health Service Act 2006.

Wards Affected All

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1. RECOMMENDATIONS

- 1.1 That the Board notes the Health and Social Care integration Programme update on progress.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The agreement of the Health and Wellbeing Strategy and integrated commissioning strategy scoping document by the Board on 26 May 2011 proposed that integration in commissioning and / or service delivery should be considered in any area where health and social care overlap or are interdependent. This proposal was accepted by the Council, the Barnet Clinical Commissioning Group and NHS North Central London. The draft Health and Wellbeing Strategy was subsequently endorsed by the Board on the 22 March 2012. The Health and Social Care Integration Strategic Outline Case was endorsed by the Board on the 31 May 2012.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELLBEING 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

- 3.2.1 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 and the linked draft Integrated Commissioning Plan.

3.3 Links To Commissioning Strategies

- 3.3.1 As noted above, a draft Integrated Commissioning Strategy is being developed as one of two delivery vehicles for the Health and Wellbeing Strategy. This commissioning plan will form part of the Barnet Clinical Commissioning Group’s overall commissioning plans for 2012/13.
- 3.3.2 The delivery of an integrated frail elderly community based service is included in the draft NHS NCL Commissioning Strategic Plan and associated QIPP (Quality, Innovation, Productivity and Prevention) plan.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 Needs Assessment Implications

- 4.1.1 Any integration of health and social care services needs to be done where this is the most appropriate option to improve outcomes and the customer experience and where there is firm evidence that this will benefit people using care in Barnet. The available research does not support a view that integration is always beneficial, but rather that it provides positive results for certain groups within society, such as those with multiple or long term conditions and complex care needs.
- 4.1.2 All identified opportunities for the integration of health and social care services in Barnet will be informed by an analysis of local and national data and evidence of what has been proven to work elsewhere. It will ensure that any subsequent work on integration is informed by the local population needs identified in the Joint Strategic Needs Assessment and the priorities for health improvement and wellbeing set out in the Health and Wellbeing Strategy.
- 4.1.3 The benefits from the proposed programme of integration initiatives should enable partner organisations to identify more effective ways of meeting some of the future demographic challenges that are facing the commissioning and delivery of health and social care services in Barnet, such as the aging population and substantial growth in the numbers of frail older people.

4.2 Equalities Implications

- 4.2.1 The integration of local health and social care services could have a disproportionate impact on different groups and communities in Barnet. This could include people within the protected characteristics of age, disability and gender as defined by the Equality Act 2010, such as older people and carers of older people or disabled people. An Equalities Impact Assessment will be conducted for each health and social care integration initiative to determine its impact and the requirement for any reasonable adjustment.
- 4.2.2 The integration of health and social care services may also have a disproportionate impact on staff with protected characteristics. An Equalities Impact Assessment will be conducted for each health and social care integration initiative to determine its impact on staff and the requirement for any reasonable adjustment.

5. RISK MANAGEMENT

- 5.1 The Health and Social Care Integration Programme includes an initial risk register. This will be reviewed as a regular agenda item at each Integration Programme Delivery Board meeting.
- 5.2 Resourcing constraints are expected to impact local NHS organisations that are undergoing major transitions during the next 12 months. This is partially mitigated through the commitment of NHS organisations and Barnet Council

to provide resources to support the delivery of social care and health integration initiatives and the investment of Section 256 monies.

- 5.3 There is little documented evidence that demonstrates the measurable return on investment for social care integration and the timescale for benefit realisation. This risk is mitigated by building local insight through the piloting and evaluation of integration initiatives prior to a large scale commitment or long-term investment decision. Insight building and the definition of benefits measurement is an essential component of integration project development and delivery.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.
- 6.2 In public law terms this *target* duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions.
- 6.3 Regulations setting out the detailed obligations are yet to be issued.
- 6.4 Proper consideration will need to be given to the duties arising from the Equality Act 2010 as mentioned above.
- 6.5 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006. The provision of health and social care services takes place within a complex regulatory environment and the potential impact of this on any integration proposals arising from this outline business case will be explored as part of the development of specific proposals. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions.

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

7.1 Financial Implications

- 7.1.1 Integration has the potential to increase value for money of health and social care and enable public funds to meet increases in health and social care demand by:

- Improving outcomes for people who use care, reducing demand for repeat interventions and crisis services such as emergency departments
- Increasing the opportunities for whole system efficiencies
- Reduction of duplication in assessment and provision
- Preventing demand for more intensive and high cost services such as acute hospital and residential care, through coordinated use of prevention and early intervention services

7.1.2 The strategic outline business case identifies that health and social care integration initiatives will contribute £4.2m savings in adult social care expenditure over three years and will contribute towards the local health economies £30m recurrent integrated care Quality, Innovation, Productivity and Prevention (QIPP) 2012/13 savings requirements. This represents the minimum expected savings that will be delivered by integration initiatives. Full business case development and benefits modelling will be conducted for each health and social care integration project as part of the initiation and assurance phase.

7.2 Investment Commitments

7.2.1 The London Borough of Barnet is committing to provide £1.1m for health and social care integration in 2012/13 through its One Barnet Programme which has been agreed by the Cabinet Resources Committee. This will be in addition to the Section 256 funding for social care integration investment which has already been endorsed by the Health and Wellbeing Board.

7.2.2 Some of the £1m One Barnet funding will be used to provide resources to establish an Integration Delivery Programme Management Office to support the operation of the Integration Programme Delivery Board and management. This will be dependent on the governance support requirements and scale of the programme management function agreed by the Integration Programme Delivery Board.

7.3 Staffing Implications

7.3.1 It is expected that the integration of health and social care services will impact staff currently working for the Local Authority and NHS organisations. This will be defined as part of the development of specific project business cases and through the equalities impact assessment process described in section 4.2.2 above.

7.3.2 Recruitment of a programme manager and programme management office administrative officer to support the operation of the Integration Programme Board and programme management office. This will be subject to approval of a resource plan by the Integration Programme Delivery Board and One Barnet Programme Board.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 A list of key stakeholders involved in the development of a shared position statement on health and social care integration is included in the strategic outline case. This work recognises that stakeholders have different strategic requirements and this is reflected in the shared position described in the outline business case.
- 8.2 Service users, carers and key stakeholders have been involved in the development of the integrated commissioning plan through a series of engagement events. Local service user and voluntary groups will be included in the membership of programme and project delivery boards and will provide input and assurance on all health and social care integration projects.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

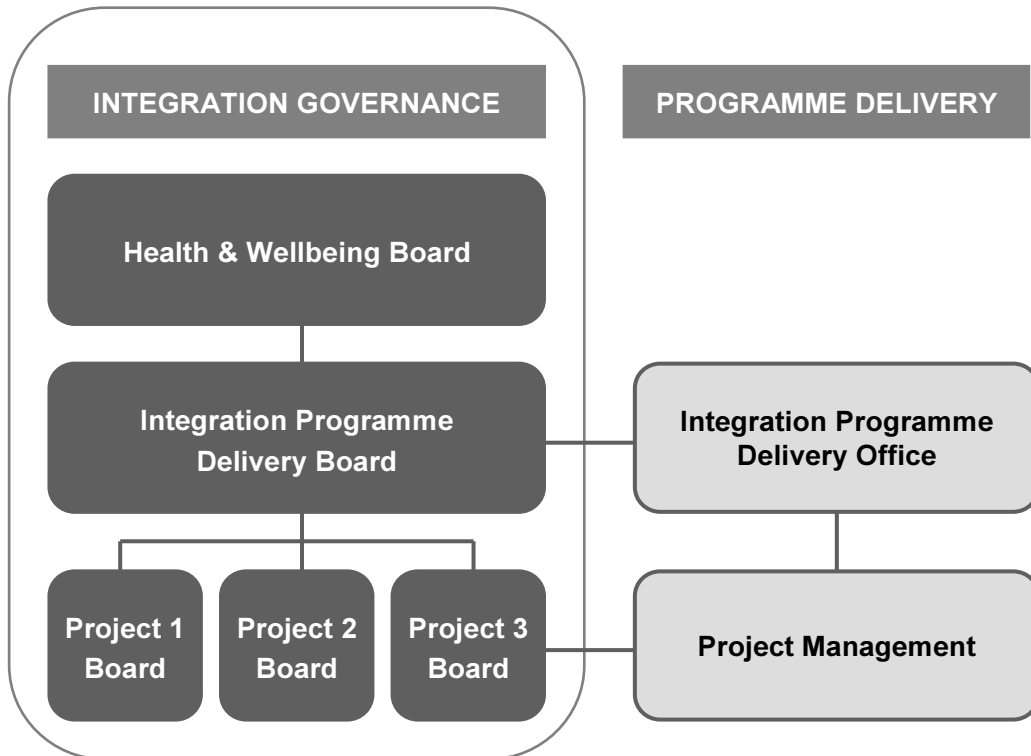
- 9.1 Provider organisations have been involved in the development of both the strategic outline case and integrated commissioning plans and are represented on the Integration Programme Delivery Board.

10. PROGRESS UPDATE

- 10.1 The first phase of the project has been successfully completed with the delivery of the Health and Social Care Integration Summit on the 27 July. One of the key outcomes from the Summit was a unanimous agreement from health and social care Commissioning and Provider organisations to proceed and establish a Health and Social Care Integration Programme Delivery Board. It was agreed that the Board would only include senior leaders in its membership who have a clear mandate to make decisions and commit resources on behalf of their Organisations.
- 10.2 The first Integration Programme Delivery Board meeting is scheduled for the 17 October and will then meet at least quarterly to ensure projects are being delivered to plan and the expected programme benefits are on track to be fully realised.
- 10.3 The proposed list of integration opportunities that was prioritised by the Health and Wellbeing Board was also endorsed at the Summit and it was agreed that a small number of projects should be selected to spearhead delivery of the Health and Social Care Programme. Work is underway to review the status of each initiative to determine which projects have the necessary coverage and benefits potential to be selected as spearhead projects.
- 10.4 Barnet Council has agreed to provide Programme Management resources to assist in the operation of Integration Programme Delivery Board and establishment of a Programme Management Office to oversee delivery of the work programme. This function is expected to have the mandate from Integration Delivery Board members to support and work across multiple organisations involved in the delivery of the integration programme.

11. INTEGRATION PROGRAMME GOVERNANCE AND DELIVERY

11.1 The following Integration Programme Governance and delivery structures have been endorsed by the Membership of the Integration Programme Delivery Board:



11.2 The Integration Programme Delivery Board membership will include executive and director level representation from the following organisations:

- Barnet and Chase Farm Hospitals NHS Trust
- Barnet Clinical Commissioning Group
- Barnet Council
- Central London Community Health NHS Trust
- Community Barnet
- Enara
- Housing 21
- NHS NCL Barnet
- Personnel and Care Bank
- Royal Free London NHS Foundation Trust

11.3 The Programme Delivery Office will initially be resourced by Barnet Council with appropriate support and input from the Integration Delivery Board member organisations. This will be reviewed and adjusted to reflect the scope and programme management support requirements for the spearhead work programme once this has been agreed.

12. KEY PROGRAMME STAGE PLAN MILESTONES

- 12.1 The current phase of the project is focused on establishing the Integration Programme Delivery Board and the Programme Management Office to support the delivery of the programme plan. The key milestones that will be completed during this phase of the programme are summarised below and the full Integration Programme Milestone Plan is provided in Section 14 of this report:

High-level Milestone Description	Delivery Date	Status Commentary
Health and Social Care Integration Leadership Summit held	27 JUL 12	Completed
Establishment of an Integration Programme Delivery Board agreed	27 JUL 12	Completed
Health and Social Care Integration One Barnet WAVE 2 Member engagement event held	01 AUG 12	Completed
Internal integration project assurance Gate Review conducted and overview and recommendations report for initiatives to spearhead programme delivery produced	24 SEP 12	Project Gate Reviews Confirmed and will be held on the 24 th September.
Draft Integration Programme Delivery Board Concordat produced for sign-off at the first Programme Delivery Board meeting	28 SEP 12	On track to be completed by the original plan date.
Health and Social Care Integration Programme Delivery Board meeting arranged and held	17 OCT 12	Scheduling the meeting has taken longer than expected due to the limited availability of CEO and lead Director level representation from Integration Programme Delivery Board membership.
Spearhead initiatives prioritised and resources assigned by the Integration Programme Delivery Board	31 OCT 12	On track to be completed by the original plan date
Programme Governance and Delivery workstream plan completed	31 OCT 12	On track to be completed by the original plan date

High-level Milestone Description	Delivery Date	Status Commentary
Programme Concept and Definition Phase completed.	31 JAN 13	Dependent on the decision on spearhead projects and outcomes from the Integration Programme Delivery Board meeting.

13.LIST OF BACKGROUND PAPERS

None

Legal: HP

Finance: JH

APPENDIX 1

1. HEALTH AND SOCIAL CARE INTEGRATION SUMMIT OUTCOMES

1.1 Summary of Decisions

- Integration Initiatives - All organisations represented at the Summit Meeting agreed the proposed integration programme initiatives and provided an overwhelming commitment from their organisations to provide the necessary leadership and support to deliver this.
- Governance and delivery structures - All representatives agreed the proposed governance structure to oversee the delivery of system-wide integration initiatives, including the establishment of a single Integration Programme Delivery Board. It was agreed that the governance arrangements should be proportionate to the level of investment and complexity of the work programme being delivered and should promote rather than hinder delivery of initiatives and benefits realisation.
- Investment In Integration - Barnet Council has confirmed that it is prepared to commit £1m to invest in funding care integration initiatives that will deliver tangible system-wide benefits.

1.2 Agreed Actions

Key Action	Supporting Actions & Information
1. Arrange and hold first Integration Programme Delivery Board Meeting	<p>Barnet Council will liaise with each organisation to identify a date in late August/early September and will arrange the first Programme Delivery Board meeting.</p> <p>Organisations will nominate a director level representative to attend the Integration Programme Delivery Board meeting, with the appropriate mandate to make decisions on behalf of their respective organisations.</p>
2. First Integration Programme Delivery Board Meeting Agenda	<p>Meeting agenda to include:</p> <ul style="list-style-type: none"> • Agreement of a partnership concordat and principles for engagement • A review and agreement of work programme delivery priorities and next steps
3. Produce Draft Care Integration Programme Concordat	<p>NHS NCL Barnet and Barnet Council will prepare and circulate a draft Integration Programme Partnership Concordat for review and comment by each commissioning and provider organisation. The draft will be produced and circulated for review in August. It will then be formally agreed at the first Integration Programme Delivery Board meeting. The Concordat will also clearly describe a personalised vision for integration from the perspective of a</p>

Key Action	Supporting Actions & Information
	person and carer who uses health and social care services in Barnet using a similar approach like Torbay's Mrs Smith.
4. Identify and prioritise Spearhead Initiatives	Integration initiatives to quickly build momentum and spearhead delivery of the integration programme will be prioritised and agreed at the first Integration Programme Delivery board meeting.
5. Spread the word and build support for the integration programme within each organisation	Each organisation representative will take responsibility for communicating the output from the Summit meeting and building support for the programme of initiatives within their respective organisations.

1.3 Summary Points From Discussion Threads

- Building trusted and equal relationships is vitally important to the success of integrated working.
- We need to create the right environment for our staff and partners to be able constructively challenge established ways of doing things and professional and organisational boundaries.
- The vision for integration needs to clearly describe what improvements integration will make to patients, carers and people who use care services in language that is meaningful.
- Care organisation leaders need to make it easier for their staff to collaborate, innovate and to be able to quickly drive integration initiatives from the front line where this makes sense.
- We need to identify more opportunities for staff from different care organisations to have contact through co-location of teams and establishing co-location or contact hubs – There maybe opportunities for this at the new Finchley Memorial development.
- Move to an outcomes based model for contracting health and social care services which promotes the right behaviours and creates the space for people on the front line to collaborate.
- Share information to identify high risk groups (e.g. troubled families) and concentrate integrated and coordinated services around particular groups and places.

1.4 Organisations Represented At The Health and Social Care Integration Summit Meeting

Representatives from the following organisations attended the Barnet Health and Social Care Integration Summit Meeting on the 27th July 2012:

Organisation	Representative	Role
Barnet Clinical Commissioning Group	Dr Sue Sumners Dr Clare Stephens	Chair, Barnet Clinical Commissioning Group Board Member
Barnet, Enfield, Haringey Mental Health Trust (BEH)	Maria Kane	CEO
NHS NCL Barnet	Ceri Jacob	Acting Borough Director
Central London Community Health NHS Trust (CLCH)	James Reilly Howard Perry Murray Keith	CEO Interim Executive Director of Operations Executive Director of Strategy & Business Development
Royal Free London NHS Foundation Trust	Katie Donlevy	Director of Integrated Care
Personnel & Care Bank	Debbie Beavis	Project Director
Enara	Dr Andy Dun	CEO
Community Barnet	Yessica Alvarez-Manzano	Head of Engagement and Barnet LINK
Barnet Council	Kate Kennally Dawn Wakeling	Director of Adult Social Care and Interim Director of Children's Services Deputy Director, Adult Social Care and Health

APPENDIX 2 - HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME MILESTONE PLAN

The current programme milestone plan assumes that the concept and definition phase for all agreed spearhead projects will have been completed by December 2012 and the delivery phase will have been completed by December 2013. The expectation is that project benefits will start to be realised from January 2014 at the latest.

WORKSTREAM	KEY MILESTONES	TARGET DATE	2012												2013												2014					
			MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN				
PROGRAMME GOVERNANCE & DELIVERY	Health & Wellbeing Board Sign-Off HSCI Programme	31 MAY 12	◆																													
	Health & Social Care Integration Summit Held	27 JUL 12		◆																												
	Preliminary Project Assurance Gate Review Held	24 SEP 12			◆																											
	Integration Programme Delivery Board Concordat Produced	28 SEP 12			◆																											
	Health & Wellbeing Board HSCI Programme Update	04 OCT 12				◆																										
	Integration Programme Delivery Board Meeting Held	17 OCT 12					◆																									
	Spearhead Integration Projects & Resources Approved	17 OCT 12					◆																									
	HSCI Programme Delivery Office Set Up	OCT 12					◆																									
	HSCI Programme Stage Completed	OCT 12					◆																									
ADULT SERVICE INTEGRATED COMMISSIONING	Frail Elderly Commissioning Project Completed	JAN 13																														
	Dementia Care Commissioning Project Completed	JAN 13																														
	Stroke Care Commissioning Project Completed	JAN 13																														
	Primary & Community Mental Health Project Completed	JAN 13																														
	Mental Health Dual Diagnosis Project Completed	JAN 13																														
	Learning Disabilities & PSI Commissioning Project Completed	JAN 13																														
	Continuing Care Commissioning Project Completed	JAN 13																														
Telehealth & Telecare Commissioning Project Completed	JAN 13																															
INTEGRATED SERVICE DELIVERY	Childrens Services Multi-Agency Delivery Model Project Completed	OCT 12																														
	Integrated Primary Care Delivery Model Project Completed	OCT 12																														
	Learning Disabilities Services Project Completed	OCT 12																														
	Data Sharing Project Project Completed	JAN 13																														
	Health & Social Care Service Co-Location Project Completed	MAR 13																														