Meeting	Health and Well-Being Board
Date	29th November 2012
Subject	**Health & Social Care Integration Programme**
Report of	Deputy Director Adult Social Care & Health
Summary of item and decision being sought	To note development and plans for scoping work.

Officer Contributors	Richard McSorley, Programme Lead HSCI, LBB Matthew Kendall, Associate Director, Joint Commissioning (Interim), Adult Social Care & Health, LBB
Reason for Report	To brief members on next steps towards defining the Integration 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 76 of the National Health Service Act 2006.
Wards Affected	ALL

Contact for further information: Richard McSorley, ☎ 020 8359 3877; email Richard.mcsorley@barnet.gov.uk

1 RECOMMENDATION

1.1 That the Board note the outcomes of the successful Health and Social Care Integration (HSCI) Delivery Board meeting in October 2012.

1.2 These include:

1.2.1 Members of the Board present agreed to sign a 'Health and Social Care Integration Concordat', which describes the high-level vision and aims of the HSCI Programme;

1.2.2 Agreement of the Terms of Reference for the HSCI Programme;

1.2.3 Attendees agreed next steps for the programme, which included further scoping and definition of the programme and development of programme controls, involving scaling up the Frail Elderly Project, setting-up a pilot to improve quality in care homes and testing stratification of risk on a pilot of 50,000 plus residents;

1.2.4 Attendees agreed that 'project sponsors' should be appointed from across all stakeholders and partner organisations for all HSCI projects.

1.3 The Board consider how the NHS and specifically the Primary Care Strategy can complement the planned activity by the Health and Social Care Integration Programme and the £1.1m investment from Barnet Council to deliver the vision outlined in the HSCI Concordat.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 On the 31st May 2012, the Health and Wellbeing Board endorsed the Health and Social Care Integration Strategic Outline Case, considered the proposed vision for integration; agreed the shared governance structure and integration initiatives, and endorsed the initial commitment of £1m by Barnet Council to fund the delivery of a local health and social care integration work programme.

2.2 Prior to the 31st May meeting, the Board 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 and the final Strategy adopted on 4th October 2012.

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**

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 2013/14..

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 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 indicates it provides positive results for 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 An Equalities Impact Assessment will be conducted for each health and social care integration initiative to determine its potential impact on different groups and communities in Barnet, including 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, and the requirement for any reasonable adjustment and or mitigating steps that can be put in train.

4.2.2 An Equalities Impact Assessment will be conducted for each health and social care integration initiative to determine its impact on staff with protected characteristics and the requirement for any reasonable adjustment.

5. RISK MANAGEMENT

5.1 The Strategic Outline Case document includes an initial risk register for the proposed health and social integration work programme. Work to further scope and define the programme, including establishing a central programme office, will build on the initial risk assessment and implement a shared risk management approach across all projects that will feed into a centrally managed programme risk register.

5.2 The NHS Transformation Programme and the wide ranging impact of major change to all aspects of the health service and all health delivery organisations, represents a major risk to delivery through the constraint on resource and competing priorities. 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 The evidence base for health and social care integration is small but growing. Not enough documented evidences exists 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 will be an essential component of integration project development and delivery.

5.4 Previously it was reported that there is a risk that partner organisations may be unwilling to commit to support and invest in integration projects that do not deliver an equal distribution of benefits and where they do not see a proportionate return on their investment. The suggested risk management approach was to mitigate the risk through a programme management approach which will ensure that the mix of benefits across the portfolio of projects are fairly distributed at programme level.

In fact, discussion at the October HSCI Programme Delivery Board demonstrated that all participants fully recognised that the benefits of the HSCI Programme will be realised at a programme level and this acknowledgement in no way diminished the enthusiasm and support for the programme, nor did it affect partner's commitment to investment and resource allocation.

6. LEGAL POWERS AND IMPLICATIONS

6.1 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 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. 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:

- Reducing admissions to hospital and care homes
- 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 £3.3m savings in adult social care expenditure over three years and will contribute towards the local health economies £4.2m 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. An Integration Programme Office is in the process of being established and will be progressing the work on business case development.

7.2 **Investment Commitments**

7.2.1 The London Borough of Barnet has estimated the health and social care integration implementation to cost £1.1m. This will be delivered through its One Barnet Programme, subject to an outline business case for the spend being approved by CRC.

7.2.2 The London Borough of Barnet is currently funding a project management support delivery of health and social care integration projects.

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.

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 was 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. The output from these events has informed the development of the strategic outline case and the integration opportunity priorities.

8.3 This work will now be refreshed by the scoping and definition exercise, the HSCI Programme Delivery Board and the appointment of project sponsors.

8.4 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 All provider organisations were invited to the October HSCI Programme Delivery Board and most attended. This quarterly Board will ensure providers are involved in all decision-making and with aligning strategic direction. The next Board is planned for January.

9.2 Board members from provider organisations will be invited to be ‘project sponsors’ to ensure continual commitment and ownership of the programme’s work.

9.3 Provider organisations have been involved in the development of both the strategic outline case and integrated commissioning plans. These recognise the important role providers have to play in improving levels of integration an innovation within the local system of care and this is reflected in the prioritisation of a health and social care

summit which seeks to engage providers in the transformation of health and social care in Barnet through integration.

10. DETAILS

10.1 This report provides an update on the work of the HSCI Programme and the outcome of the October HSCI Programme Delivery Board, which meets quarterly. This report was preceded by the approval of a Strategic Outline Case and a draft Integrated Commissioning Plan which describe the initial scoping of the programme and how it will contribute to the delivery of the Health and Wellbeing Strategy and meet the needs outlined in the Joint Strategic Needs Assessment (JSNA).

10.2 On the 17th October, the Health and Social Care Integration Programme Delivery Board met with representatives from the majority of provider organisations, the Barnet Shadow Clinical Commissioning Group, the North Central London NHS Cluster and Barnet Council. The formal minutes of the meeting are provided in 'Background Papers'.

10.3 The Board discussed and formally approved a number of significant definition documents and outlined next steps. The definition documents discussed were:

- The Health and Social Care Integration Concordat
- The terms of reference for the HSCI Programme Delivery Board
- The Gateway Review of Projects and the Project Prioritisation document

10.4 The Health and Social Care Integration Concordat
The Concordat (included at Appendix A) describes the vision and aims of the programme through a description of a fictional resident ("Mr. Colin Dale") and his experience with health and social care services. In this blueprint for future integrated health and social care services, delivered through multi-disciplinary and multi-skilled teams, Mr. Dale is offered a seamless and integrated service with the result that the patient experience and outcomes are greatly improved and savings are realised throughout the system through reduced hospital admissions and reduced admissions to care homes.

10.5 The principles underpinning the integrated service are stated as:

- *A single point of contact*
- *Quick and responsive services*
- *To tell their story once*
- *Professionals and services that talk to each other.*

10.6 The Concordat contains a commitment for all health and social care organisations to work cooperatively together to deliver the vision for integration in Barnet and through it create substantially improved outcomes for patients, service users and their families and carers. All organisations and providers present signed up to the Concordat

signalling their continued commitment to leading on and delivering integrated health and social care.

10.7 The terms of reference for the HSCI Programme Delivery Board
The Terms of Reference (included as Appendix B) outlines the governance arrangements to control the programme and bring together all key partners to make decisions.

10.8 A number of amendments were proposed at the meeting, including the need for forward planning and to define the scope and substance of the issues and decisions considered by the Board. All attendees signed up to the Terms of Reference on the basis of these amendments; the document attached to this report includes all revisions.

10.9 Importantly it was recognised by participants and explicitly stated in the Terms of Reference, that benefits would be realised across the system and not necessarily evenly or proportionate to investment. This is an important point and signals the commitment of all organisations and providers to delivering improvements to the patient experience and efficiencies in health and social care delivery irrespective of organisational boundaries.

11 The Gateway Review of Projects and the Project Prioritisation document
The latest Gateway Review of Integration projects (included at Appendix C) was used as the basis of a discussion on next steps and the work required to define programme scope and realise benefits.

11.1 Most 'projects' are at concept stage and require scoping and definition. To aid understanding of the issues and to provide examples of successful initiatives, James Reilly, Chief Executive of the Central London Community Health NHS Trust, presented on the NHS NWL Whole System Integrated Care programme.

11.2 His presentation illustrated how the patient experience can be improved and savings made by responding quickly to treat multiple co-morbidities and complex social and health needs outside of hospital or care home settings. The illustrative case of 'John' was used to explore how collaborating in multi-disciplinary teams to reduce unplanned hospital admissions brought an improved level of care and led to financial savings.

11.3 This Integrated Care programme on was supported by a shared system platform, involving user engagement, aligned incentives, joint decision making and accountability, clinical leadership and culture development, and information sharing initiatives.

11.4 Maria Kane, Chief Executive of the Barnet, Enfield, Haringey Mental Health Trust, followed the Integrated Care presentation by exploring the options for integrating

older people's mental health services, and developing new patient pathways involving mental health.

11.5 After consideration, the Board agreed the next steps for the HSCI Programme:

- **further scope and define the programme and programme controls** – an HSC Integration Programme Office will be established to centrally manage the assurance and governance work, and assist with the definition of projects;
- **scale up the Frail Elderly Project** – the 2nd phase element of this service transformation is upstream and focused on prevention and early intervention through;
- **set-up a pilot in a 'problem' care home** – a pilot to support a care home with health and social care support, focused around reducing A&E and acute admissions, improving safeguarding and reducing demands on GPs and out-of-hours (for example, through interventions to reduce pressure ulcers);
- **and test out stratification of risk on a pilot of 50,000 plus residents** (possibly in North Barnet) - that is 'place based' and involves multidisciplinary care planning and coordination, using multi-skilled workers, information sharing arrangements and potentially data warehouse tools to support risk stratification and reconfiguring of patient lists

11.6 Attendees also agreed that 'project sponsors' should be appointed from all stakeholders and partner organisations for all HSCI projects to ensure 'ownership' and continued commitment to the programme's aims and vision.

11.7 Work is now underway at Barnet Council's HSCI Programme Team to realise and implement the decisions of the Board. Initial work estimates that the programme will be further defined by the New Year. Work has already progressed on Phase II of the Frail Elderly Project and a business case has been prepared; the Integration Programme Team will align this work within the wider remit of the HSCI Programme. Currently a short briefing document is being developed to contextualise the existing project work and identify where there are gaps in provision that need to be filled. The concept of a pilot in to improving quality in care homes also requires definition to deliver the objectives of reducing A&E and unplanned hospital admissions, improve safeguarding and reduce pressure on out-of-hours GPs.

11.8 Finally, work is planned to develop a central programme office hosted by Barnet Council to control all projects, link in with existing governance and assurance systems, report against indicators and performance manage the programme's benefits. It is anticipated that the HSCI Programme Office will report to the Board and assure delivery of the Programme aims.

12 BACKGROUND PAPERS

12.1 None other than those attached as Appendices

Legal- HP
Finance- JH

APPENDIX A- The Health and Social Care Concordat

Barnet Health and Social Care Integration: our vision
A concordat to guide the integration programme*

Mr. Dale is an 82 year old gentleman living in Oakleigh. He has multiple needs and medical conditions and is receiving a range of services and support from health, social care and the voluntary sector. He has been admitted to hospital twice in the last year and on both occasions his family have felt that the system has not worked very well together and that the responsibility for his overall care and support is not properly co-ordinated and they find it difficult to know who is responsible for what. Mr. Dale's wife died 10 years ago and he lives alone with his dog, Sally. His daughter, Louise and her family live in East Finchley.

What do Mr. Dale and his family want for him when he needs help?

- A single point of contact
- Quick and responsive services
- To tell their story once
- Professionals and services that talk to each other.

We will work together tirelessly to deliver the Barnet vision of integrated care so that Mr. Dale and others like him enjoy better and easier access to services. This is our vision for integrated care:

Care integration in Barnet will place people and their carers at the heart of a joined up health and social care system that is built around their individual needs, delivers the best outcomes and provides the best value for public money. Integrated care will be commissioned by experts in collaboration with care providers and delivered seamlessly by a range of quality assured health, social care, voluntary and private sector organisations.

What does this mean for Mr. Dale?

Mr. Dale deserves the best care, at the right time and the right place. When Mr. Dale needs treatment, support or care, he will cross organisational boundaries effortlessly, supported by professionals who take responsibility for his whole care and treatment journey, regardless of who they work for. Services offered to Mr. Dale will be personalised to his individual needs and will promote his independence. Mr. Dale and his family can expect to be at the heart of what we offer.

We want to deliver excellence for everyone through integrated care. These are our integrated care commitments:

- People in Barnet will feel like they are dealing with one care organisation
- They will have access to accurate information which will enable them to make informed choices and take responsibility for their health and wellbeing
- They will be able to get the right care and treatment quickly without having to deal with lots of people
- Personal information will only have to be provided once and will be shared securely with other organisations involved in the person's care
- Care will be provided safely by well trained teams, at home or at a place that is convenient for them

- Someone will always take responsibility for making sure care is coordinated and the person being cared for, their family and carers, are kept informed
- People will be supported to be as independent of public services as possible through a local care system that encompasses prevention, self care and supportive communities

How will we ensure we deliver on these commitments?

We, the leading organisations of the health and social care system in Barnet are committed to working together through the Barnet Integration Programme to make a difference to Mr. Dale, his family and others like them. Through the Programme, we aim to deliver the vision for integration in Barnet and through this, create substantially improved outcomes for patients, service users and their families and carers.

We commit to remove the barriers and to develop momentum and pace for health and social care integration in Barnet for the benefit of patients, service users and their families and carers.

All the undersigned organisations have committed to participate in the leadership and delivery of integration in Barnet and to strive for the best solution, so that Barnet offers Mr. Dale and his family world class care and support.

*Acknowledgements to Torbay Council

Agreement

The following Organisations have agreed to work together within the terms of this Concordat and adhere to its principles:

Organisation	Signatory Name And Position	Signature
Barnet and Chase Farm Hospitals NHS Trust		
Barnet Council		
Barnet Enfield and Haringey Mental Health Trust		
Central London Community Health NHS Trust		
Community Barnet including Barnet Link		
Enara		
Housing 21		
London Care		
NHS Barnet Clinical Commissioning Group		
Personnel and Care Bank		
Royal Free London NHS Foundation Trust		

Signed: October 2012
Review date: October 2013.

S:\Health & Social Care Integration Proc

Attached: pdf of signed Concordat

BARNET
HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME BOARD
Terms of Reference

Date:	7th November 2012	
Version:	4	
Version history:	V1	Discussed at HSCI Board: amendments noted
	V2-4	Additional amendments from LBB, inc. H&WB Finance Subgroup

1. Introduction

The Health and Wellbeing Board has developed a vision for health and social care integration in Barnet and prioritised a programme of opportunities to deliver this. Commissioners, providers and partner organisations are now working on coordinated action that will ensure care is joined up and delivers the very best outcomes for patients and people who use care in Barnet.

At the Barnet Health and Social Care Integration Summit meeting held on the 27th July 2012, leaders of the main health and social care commissioning and provider organisations agreed a governance structure to support this which includes the establishment of a single Integration Programme Delivery Board. The governance arrangements will be proportionate to the level of investment and complexity of the work programme being delivered and will promote rather than hinder delivery of initiatives and benefits realisation.

The work of the HSCI Programme Board is within the context of the terms of reference of the Health and Wellbeing Board, the Barnet Council Constitution and the Barnet Clinical Commissioning Group governance arrangements.

2. Aims

2.1 The Integration Programme Board will:

a) Deliver the vision for integration in Barnet with substantially improved outcomes for patients, service users and their carers through the successful implementation of a health and social care integration programme

b) Continuously identify greater opportunities for health and social care integration and innovation across the local system of care in Barnet

3. General Principles

3.1 All organisations working within the programme will:

a) Work in an open and constructive way to support and promote health and social care integration

b) Actively participate in the leadership and delivery of the agreed integration work programme

c) Encourage constructive challenge and strive for the best rather than the easiest solution

d) Value the contribution that each participating organisation has to make

e) Work to protect and increase the momentum and pace of the health and social care integration programme

f) Make the best use of the collective resources available to support the integration programme

g) Work collaboratively to actively remove the barriers and identify the opportunities for integration

h) Actively share knowledge and insight

i) Keep each other informed of changes to organisation policies and plans which may impact the integration programme

j) Provide executive or director level representation on the Integration Programme Delivery Board with a clear mandate to take decisions and commit resources on behalf of your organisation

k) Ensure attendance at all Integration Delivery Board meetings and take responsibility for making sure your Organisation owns and completes its agreed actions

l) Respect organisational differences, constraints, operating and professional boundaries

m) Act with integrity and ensure probity in all relationships and activities associated with the integration programme

n) Willingly disclose conflicts of interest at the earliest opportunity

o) Participating organisations openly acknowledge and declare conflicts of interest and are permitted to withdraw from discussions or certain activities where appropriate to protect the integrity of the integration programme;

p) All members will provide assurance that activities undertaken as part of the HSCI Programme do not place them at an unfair competitive advantage to providers who are not directly involved with this work, and also place the aims of the HSCI Programme over and above individual organisation's profits

q) The benefits generated by the overall programme will be realised for patients, service users and residents and at system level and will not necessarily be proportionate to any individual organisation's investment or participation.

r) The Programme Board does not supersede individual commissioning organisation's wider market development or procurement arrangements; rather it is a core and complementary part of them.

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4. Membership

The Programme Board will comprise chief executive or director level representation from the following organisations:

- Barnet and Chase Farm Hospitals NHS Trust
- Barnet Enfield and Haringey Mental Health Trust
- Central London Community Health NHS Trust
- Community Barnet
- Enara
- Healthwatch
- Housing 21
- London Borough of Barnet
- London Care
- NHS Barnet Clinical Commissioning Group
- Personnel and Care Bank
- Royal Free London NHS Foundation Trust

Each organisation may nominate two representatives maximum.

Members of the Integration Programme Delivery Board must sign the Concordat and agree to these terms of reference.

Programme Board Membership may be reviewed if an organisation consistently fails to attend Board meetings or provide a representative with an appropriate mandate to make decisions on its behalf.

The board may decide to add additional organisations to the membership list if/when a need arises.

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5. Chair

The Chair, **the Chair of the Barnet CCG**, shall convene the Integration Programme Delivery Board meetings for the next *two* meetings to provide initial stability and continuity.

If the designated Chair is not available, then **the Deputy Director Adult Social Care and Health** (referred to as the Acting Chair) will be responsible for convening and conducting that meeting. The Acting Chair is responsible for informing the Chair as to the salient points/decisions raised or agreed to at that meeting.

After the April 2013 meeting, the HSCI Board will review chairing arrangements with the possibility of a revolving chair or external chair.

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6. Programme Board and Member Responsibilities

a. The Integration Programme Board will have responsibility for defining the outcomes, content and projects of the integration programme (the programme plan) and for the overall delivery of the programme, accountable to the Health and Wellbeing Board

b. The Programme Board is responsible for the approval of business cases and agreeing the initiation of new projects, tracking delivery and ensuring benefits are realised and optimised across the local system of care

c. It will approve individual project business cases, definition documents and plans within the scope and tolerances agreed by member organisations and the Health and Wellbeing Board

d. The Programme Board will define the necessary resources and skills requirement to deliver the integration programme and secure the necessary resources and investment within member organisations and via the Health and Wellbeing Board

e. The Programme Board will oversee programme and project reporting and ensure this is provided to the Health and Wellbeing Board on a regular basis

f. Programme Board members will be responsible for disclosing any conflicts of interest and ensuring these are recorded on a register of interests which will be maintained by the Integration Programme Management Office

g. The Board will establish and resource a shared programme management office function to support and accelerate delivery of integration work programmes

h. Programme delivery will use existing structures within member organisations where possible, ensuring the most efficient use of time and resources

i. The Programme Board membership should include any providers that are identified as critical to the delivery of the work programme and realisation of benefits

j. The Programme Board will ensure the implementation of agreed programme and project management processes including change control, risk and issues management within agreed tolerances agreed by member organisations

k. The Programme Board will ensure and facilitate broader consultation and engagement where required

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7. Scope of the Delivery Board's Decision-making

The following items* will be submitted to the Programme Board for decision-making:

- All changes to the scope of the programme (i.e. inclusion or exclusion of projects)
- All changes to the scope and quality of key programme deliverables
- Changes to the overarching strategy and aims of the programme; and the Integration Programme Concordat
- Changes to the programme membership/stakeholders
- Changes to the overall programme budget / finances
- Major expenditure over *£xxx* [TBC]
- The Threshold for Business Cases sent to the Board is *£xxx* [TBC]
- Completion or slippage of programme key milestones; changes to the critical path and/or overall programme timeline
- Reporting of Key Performance Indicators
- Realisation of programme benefits / reporting on outcome indicators
- Key strategy issues and risks

*As defined in the following definition documents and programme controls:

- Programme Definition Document / Strategic Outline Case
- Programme Plan

- Programme Budget
- Programme Risk Register
- Benefits Realisation Plan

8. Frequency

The Programme Board will meet at least quarterly although the frequency maybe increased depending on the scale and complexity of the agreed Health and Social Care Integration Programme.

9. Reporting and Forward Planning

The Programme Board will report to the Health and Wellbeing Board every six months or more frequently on request.

All necessary decisions required to go through individual organisational governance processes or consultation should be completed by all programme board members *in advance of* the next Programme Board in order to expedite and facilitate decision-making.

10. Sub-group: Health & Wellbeing Finance Group-

Interim decision-making within the tolerances set out under '7. Scope of the Delivery Board's Decision-making', will be undertaken by the Health & Wellbeing Finance Sub-group. The sub-group will report to the HSCI Board on decisions made and the same secretariat will serve both Board and Sub-group to ensure agendas and forward planning is aligned.

11. Benefits Realisation

Main benefits intended to b:

1. Patient, Service User and Resident benefits

2. Financial and productivity benefits to support a sustainable health and social care system

A Benefits Realisation Plan will be developed once the programme has been scoped and the projects defined. This will describe how outcome measures will indicate when benefits have been secured. It is anticipated that both financial and quality of care benefits will not accrue evenly over time or across organisations. The timing of benefits realisation will not be known until all scoping and definition work has been completed. It is anticipated that some benefits as described by health indicators such as Quality-Adjusted Life Years (QALYs) and Disability-Adjusted Life Years (DALYs) will only be realised in the long-term.

Financial benefits will be carefully forecast and streams of costs and benefits will be converted into Net Present Values (NPVs). That is, costs or benefits which accrue in the future need to be discounted back into the present and aggregated.

12. Conflicts Of Interest and Disputes

It is expected that during the operation of the Integration Programme Board and implementation of plans, conflicts of interest may arise from time-to-time. All Programme Board members will be expected to declare any interests relating to themselves or the organisations that they represent which might unduly influence the operation and decisions of the Programme Board. These will be recorded in a register of interests which will be maintained by the Programme Management Office and reviewed at the start of each Programme Board meeting.

Board members will not take part in discussions or decisions where there is a conflict of interest that would result in unfair advantage. [Further section to be included here on competition TBC]

Every effort will be made by participants to resolve disputes in relation to the programme. Where these cannot be resolved between the parties involved, these will be referred to the Programme Board for consideration and decision. This may take place in a full board meeting or an agreed ad hoc meeting.

13. Confidentiality of Information

All Board members will, subject to any freedom of information considerations or legal obligations, maintain the confidentiality of any information received from each other in confidence. The party providing the information will clearly state what restrictions or considerations if any should be applied.

14. Programme Management Office

Barnet Council has agreed to offer some resource to operate the Integration Programme Management Office and set up management and reporting processes and systems. It will also provide administrative support to operate the Integration Programme Board. These arrangements will be reviewed in the light of the confirmed Integration Programme Plan.

15. Agreement

The following Organisations have agreed to these terms of reference:

Organisation	Signatory Name And Position	Signature
Barnet and Chase Farm Hospitals NHS Trust		
Barnet NHS Clinical Commissioning Group		

Barnet Council		
Central London Community Health NHS Trust		
Community Barnet		
Enara		
Healthwatch		
Housing 21		
London Care		
NHS NCL Barnet		
Personnel and Care Bank		
Royal Free London NHS Foundation Trust		

APPENDIX C
HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME

GATEWAY REVIEW REPORT – OCTOBER 2012

Overview

The Board agreed that current relevant projects would now be managed within the Barnet Health and Social Care Integration (HSCI) programme. A gate review was carried out in September 2012 by Mathew Kendal and Dawn Wakeling to identify the group of projects to be included.

This report:

1. Sets out these projects and their current status
2. Asks Board members to confirm this list
3. Asks Board members identify any other current projects to be included.

Project list

The following projects will be reported as part of the programme and managed using a standard approach, with robust monitoring of benefits realisation and dependencies. Existing project managers will continue to manage their projects but will report into the programme. Projects may still be reported to other groups if required.

Programme Delivery Dashboard				
Project Description	**Project Initiation RAG Status**	**Delivery (Plan Completion) RAG Status**	**Workstream Resourcing RAG Status***	**Delivery Risk RAG Status**
Integrated Programme Delivery	**Plan Delivery**	**GREEN**	**GREEN**	**GREEN**
Frail Elderly Pathway	**Plan Delivery**	**RED**	**AMBER**	**AMBER**
Dementia Care Pathway	**Definition**	**GREEN**	**GREEN**	**AMBER**
Stroke Care Pathway	**Definition**	**GREEN**	**GREEN**	**AMBER**
Telehealth and Telecare Integrated Service Commissioning	**Definition**	**GREEN**	**GREEN**	**AMBER**
Learning Disabilities Service Integration	**Plan Delivery**	**AMBER**	**GREEN**	**AMBER**
Data Sharing Agreements & Single Case Record	**Definition**	**GREEN**	**GREEN**	**AMBER**

Gateway Review Status Updates

Frail Elderly Pathway

Phase 1 – The **Integrated Intermediate Care Team (Rapid Response service)** project has been completed and are in the benefits realisation stage. The service aims to prevent acute admission and promote recovery by responding to those at risk of admission within 2 hours. Referrals can be from GPs or A&E. There has been a substantial shortfall in the expected benefits because of lower than expected referrals to the Rapid Response Service from Barnet and Chase Farm Hospital and from GP Practices. Expected activity was 4 referrals per day or 15 on caseload at any one time. However referrals are averaging 4 per week.

The **Palliative Care Support Service** has also been implemented. This is showing an increase in the numbers of patients using the service who died at a place of their choice, although overall numbers are small, e.g. 15 users of the service in August 2012.

The **Nursing Home GP Local Enhanced Service (Advanced Care Planning)** has been successful for the patients who have used the service. For example, of the 15 patients given a care plan in April, only 1 had an unscheduled attendance over the next 2 months. Numbers going through this service are limited at the moment and the intention is to extend this.

Phase 2 – This phase is focused on the establishment of **multi-disciplinary team panels** for assessment and case review. This is dependent on the application of risk stratification tools, funding for a consultant to chair the panel and premises with sufficient space to accommodate the panel meetings. There are a number of issues including adequate resourcing that need to be resolved if delays to the project are to be avoided.

There are synergies with a number of other potential projects in the Integration programme including telehealth/telecare, Community Rehab, integrated intermediate care and rapid response short-term intermediate bed based care.

Project investment: £300k Section 256 funding

Reason for rating: red given due to benefits realisation issues from phase 1; and issues to be resolved in phase 2.

Dementia Care Pathway

This project is reviewing the community pathway for people with dementia, using workshops and modelling supported by Price WaterhouseCoopers. The project is currently modelling business cases for agreed interventions for inclusion in the pathway.

Project investment: £200k Section 256 funding

Reason for rating: at the initiation and scoping stage

Stroke Care Pathway

This project is reviewing the community pathway for people who have suffered a stroke, using workshops and modelling supported by Price WaterhouseCoopers. The project is currently modelling business cases for agreed interventions for inclusion in the pathway.

Project investment: £200k Section 256 funding

Reason for rating: at the initiation and scoping stage

Telehealth and Telecare Integrated Service Commissioning

Community Gateway CIC have been engaged to produced a business case, implementation plan and benefits realisation roadmap for telehealth and telecare integration. This on track to be completed by the end of November 2012. This project links with a number of the other projects in the programme and will provide an alternative low cost care delivery channel for the frail elderly pathway and primary care long-term-conditions management and self-care.

Project investment: £750k Section 256 funding

Reason for rating: at the initiation and scoping stage

Learning Disabilities Service Integration

The current approved project is on track to deliver an integrated health and social care service for people with learning disabilities under a section 75 agreement and a service contract between the Council, CLCH and BEHMHT. This project is expected to develop and establish the model of care and improve the quality of care and outcomes for patients and service users. Cashable savings are being delivered on social care placements as a result of the team's approach to re-assessment and review.

There is an opportunity to develop this service further with scope for integrated purchasing budgets across health, social care and education leading to improved value for money.

Project investment: (Not including core service costs) £50k Section 256 funding

Reason for rating: amber given as although the service is up and running, work is still underway to complete the establishment of the pooled budget and to remodel the team to MDT working.

Data Sharing Agreements & N3

An information sharing project has been initiated which focuses on the establishment of an N3 connection to access data securely from the NHS data spine. In order to be granted access to the data, the Local Authority must complete the NHS Information Governance (IG) Toolkit and comply with its various conditions. This includes the establishment of information sharing agreements (ISA) for Learning Disability, Mental Health and Public Health. Work is underway to scope the project, to complete the IG Toolkit and install an N3 connection by 31st March 2013. This project is a critical enabler for all integration initiatives with NHS organisations.

Project investment: £100k Section 256 funding

Reason for rating: at scoping stage

HSCI Project Prioritisation

Integrated Programme – Project Longlist

Status	Resource	Commissioning & Care Pathways	
Live		Frail Elderly Pathway	Reduce elderly admissions to hospital & residential care (reduce the need for care packages)
Live	PWC	Dementia Care Pathway	Pathway design, including prevention and outcome modelling
Live	PWC	Stroke Care Pathway	Pathway design, including prevention and outcome modelling
Live	?	Telehealth & Telecare Commissioning	Extend the uptake and usage of existing telephone services; and develop an Integrated Service
X		Learning Disabilities Services	Identify and define an ideal community delivered pathway (inc. prevention and outcomes)
X		Mental Health - Dual Diagnosis	Development and commissioning of dual-diagnosis integrated care pathways
X		Longterm Conditions: Physical & Sensory Impairment	Design and develop integrated pathways for people with LD and PSI
X		Integration Care Pilot – Care Home	Establish a pilot in a problem care home
X		Continuing Care Commissioning	identify opportunities to jointly commission continuing care.
X			
X		Workforce	
X		Integrated Multi-agency Children's Services Teams	Development and commissioning of integrated teams
X		Long-Term Conditions: Int. PC Multi-Disciplinary Services	Establishment of multidisciplinary (MDT) health and social care assessment & delivery teams
X		Enablers: infrastructure & delivery	
X		Data Sharing Agreements & Single Case Record	Overarching data sharing agreement for health and social care providers
X		Co-Location Opportunities	Co-location and physical integration
X		Integrated Programme Plan Delivery	Integrated PPM structures, processes and governance/assurance systems