

Appendix A: 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>	<p>GREEN</p>	<p><u>Cabinet resolution:</u></p> <p>RESOLVED</p> <p>1. 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</u></p> <p><u>The CRC report from June endorsed the vision for the Health and Social Care Integration programme and approved £1.1m One Barnet funding for its implementation.</u></p> <p><u>In October a report was approved by the Barnet Health and Well Being Board which outlined the Health and Social Care Integration Vision.</u></p> <p><u>As a consequence a Health and Social Care Integration Concordat was drafted and the October meeting of the Health and Social Care Integration Delivery Board all members signed up to the agreement.</u></p>	<p>Dawn Wakeling</p>

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<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>RESOLVED</p> <p>1. 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:</u></p> <p><i><u>The CRC report from June included the principles drawn up by the Task & Finish Group and was approved. In October 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.</u></i></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>RESOLVED</p> <p>1. 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:</u> <u>See updates under each recommendation</u></p> <p>Timing:</p> <ol style="list-style-type: none"> 1. Make a commitment to full integration in delivery and commissioning, but take a targeted approach at groups most likely to benefit first. <p><i><u>Risk stratification tools are proposed for targeting those most in need and to optimise investment and interventions. This will be coupled with multi-disciplinary teams that will ensure full integration in delivery.</u></i></p> <ol style="list-style-type: none"> 2. Children’s health & social care should also be integrated where it will benefit children. However, this is likely to be 	

		<p>more complex so should not be addressed first.</p> <p><u><i>This area has not yet been addressed.</i></u></p> <p>Engage people during the change:</p> <ol style="list-style-type: none">1. Plan each integration carefully involving all partners (health, social care, councillors, private sector, voluntary groups, patient groups) and engaging with the people affected. <p><u><i>The Health and Social Care Integration Delivery Board membership comprises all partner and provider organisations.</i></u></p> <p><u><i>Future consultation and engagement work with pilots and interventions will involve social care, health service, patient and voluntary groups. This work is yet to be planned.</i></u></p> <ol style="list-style-type: none">2. 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><u><i>Work to operationalise plans has yet to begin; however, the membership of the Health and Social Care Integration Delivery Board will ensure all voices are heard. A commitment has been made to 'forward planning' to ensure management and leadership structures of all organisations are involved.</i></u></p> <ol style="list-style-type: none">3. 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.	
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		<p>Clear responsibility for the change</p> <p>1. 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><u>The members of the Health and Social Care Integration Delivery Board are senior Chief Exec 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.</u></p> <p>2. Set targets for delivering benefits from integration, establish who is responsible for them and monitor them.</p> <p><u>The business cases for the initial pilots set clear targets and benefits, and plans will identify tasks and milestones and who is responsible for delivery.</u></p> <p>3. Governance structures should support integration and represent all partners.</p> <p><u>The Health and Social Care Integration Board has been established to meet monthly; it is supported by monthly meetings of the Health and Well Being Board Finance Group</u></p>	
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4. Ensure there is a mechanism in place to allow members an appropriate level of on-going scrutiny/monitoring of the integration process.

A Central Programme Office has been established to provide this scrutiny and assurance to members.

Investment to enable integration

1. 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.

A needs assessment and gap analysis is planned for existing Health and Social Care systems – this will highlight the requirements for an integrated IT system(s)

2. Health and Social Care services should be co-located wherever possible.

Yes – this principle underpins the programme, and the changes in the health service support this with a shared public health service collocated with Harrow and Barnet Councils

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| | | <p>3. 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> | |
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GP practices and whether they meet the needs of staff and users are being evaluated by the NHS NCL Primary Care Strategy which includes Barnet. The Health and Social Care Integration Programme is joined up with the PC Strategy implementation group.

4. 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 team.

LBB Procurement are taking the lead in ensuring best practice is followed; this is straight forward to implement as LBB so far is the main and only investor in the Health and Social Care Integration Programme (with £1.1m One Barnet funding)

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. (of the final report)</p>		<p><u>Cabinet Resolution:</u></p> <p>RESOLVED</p> <p>1. 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><i><u>This recommendation was discussed with Governance 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, (eg NHS Non Executive Directors)</u></i></p>	