

	Health and Well-Being Board 12 March 2015
Title	Minutes of the Health and Social Care Integration (HSCI) Board
Report of	Chair, NHS Barnet CCG Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Enclosures	Appendix 1 - Minutes of the Health and Social Care Integration Board – 17 th February 2015
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Summary

This report is a standing item which presents the minutes of the Health and Social Care Integration (HSCI) Board and updates the Health and Well-Being Board on the progress made to 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.

Recommendations

1. That the Health and Well-Being Board notes the minutes of the Health and Social Care Integration Board of 17th February 2015.

1. WHY THIS REPORT IS NEEDED

- 1.1 HWBB has a clear vision for the integration of health and social care for frail elderly people and people with long-term conditions in Barnet and has set up an ongoing programme of work to deliver it. Commissioners, providers and partner organisations work together to join up care and deliver the very best outcomes for patients and people who use care in Barnet.
- 1.2 At the Barnet Health and Social Care Integration Summit meeting on 27 July 2012 leaders of the main health and social care commissioners and providers agreed to set up a single Health and Social Care Integration (HSCI) Board.
- 1.3 The HSCI Board will:
 - a) *Lead work to realise the Concordat Vision for integrated care in Barnet, as agreed by all members.*
 - b) *Lead work to design, develop and deliver the vision for integrated health and social care in Barnet in line with the 5 Tier Model for Integrated Care and Barnet Better Care Fund (BCF) Plan.*
 - c) *Achieve significantly improved outcomes for patients, service users and their carers as detailed in the BCF Plan approved by NHS England in February 2015 and Business Case for Integration approved by the Barnet Clinical Commissioning Group (CCG) Board and Council in October and November 2014.*
 - d) *Continuously identify greater opportunities for more health and social care integration and innovation across the whole local care system in Barnet.*
- 1.4 It gives final approval to projects/work proposed by the HSCI Steering Group and promotes the delivery of these initiatives and the realisation of benefits, delegating specific commissioning and delivery decisions to commissioners and providers accordingly.
- 1.5 The HSCI Board is therefore plays a significant role in driving forward health and social care integration. It oversees and provides strategic direction for the development of integrated health and social care services, proportionate to the level of investment that is required and the complexity of the work programme delivered.
- 1.6 The Barnet HWBB on 13th November 2014 agreed to receive the minutes of the HSCI Board as a standard item on the agenda to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals.
- 1.7 The HSCI Board held its first meeting of 2015 on the 17th February, to review progress and take stock of the current position. Appendix 1 contains minutes of this meeting.

1.8 Highlighted decisions or actions points from the meeting are:

- Membership should include two representatives from each organisation, one of whom should be a director who will be able to make decisions at that meeting.
- The Board noted the work done and progress to develop the Final BCF Plan and Business Case for integration and to implement services for the 5 Tier integrated care model, as detailed in the comprehensive BCF update report presented to HWBB on 29 January 2015 and the Business Case for Integration presented to HWBB on 18 September 2014.
- The Board noted positive indicative performance data for the impact on hospital admissions of the Older People Integrated Care (OPIC) and Rapid Care projects.
- The Board discussed and accepted the early experiences, lessons learned and case studies of the Barnet Integrated Locality Teams Design Pilot.
- The Board approved the priority projects or work planned for 2015/16 and suggested further initiatives for the HSCI Steering Group and Programme to consider for 2015/16 work plan, e.g. opportunities for more focus on falls and mobility services, workforce development and cross member public communications.
- The Board approved the work plan to develop detailed proposals for the scope of work for Tier 2 of the 5 Tier Model. Public Health will lead on this work, holding workshops and engaging with stakeholders to assess gaps in provision and report progress/proposals to the next HSCI Board.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The HSCI Board is responsible for defining the outcomes, content and projects of the integration programme (the programme plan) and for overall programme delivery, accountable to HWBB.
- 2.2 By reviewing the minutes of the HSCI Board, HWBB can assure itself that the necessary resources and skills required to deliver the programme are defined and the necessary resources and investment within member organisations are secured.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 Provided HWBB is satisfied by the progress being made by the HSCI Board to deliver the programme of work on its behalf, the HSCI Board will progress work as planned.
- 4.2 If HWBB is not satisfied it can propose future agenda items for forthcoming Board meetings it would like to see prioritised.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people, those with mental health issues, and children and young people with special needs and disabilities, is a key ambition of Barnet's Health and Well-Being Strategy.

5.1.2 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The HSCI Board has the following functions that impact on and relate to the management of local resources for the delivery of integrated health and social care services in Barnet:

- a) *Make decisions relating to changes to the strategy for integrated care, the Concordat and the aims and objectives of the work programme.*
- b) *Give final approval for business cases for new projects or work and lead the delivery of work and realisation of benefits, ensuring they are realised and optimised across the whole local care system.*
- c) *Manage significant strategic issues or risks that may affect the vision and long-term direction of the work programme and its successful delivery and impact and decide on changes to the scope, structure and the quality of the work programme and significant deliverables (i.e. adding or removing new, existing projects).*
- d) *Make decisions relating to changes to the planned completion of agreed milestones or 'critical path' work plans or overall timeline for the delivery of the work programme.*

5.2.2 The HSCI Board also works closely with other relevant Boards or governance arrangements to support the setting of resources and achieving target benefits and outcomes.

5.2.3 The HSCI Steering Group, comprising director level representation from the LBB and the CCG, will make specific commissioning decisions relating to:

- Setting or changes to the overall budget and financial resources allocated to the work programme and spend on projects, work or services delivering integrated care.
- Individual changes to the design and delivery of projects, work or services agreed for the work programme to manage risks and issues and realise benefits/outcomes.

- Defining and securing, in consultation with the HSCI Board as appropriate the resources, investment and skills required to deliver the programme.

5.2.4 The HWBB Finance Group will:

- Review and scrutinise and challenge the target benefits and outcomes and the budgets and financial resources allocated to the work programme.
- Recommend to the HWBB whether to accept the work programme, target benefits and outcomes and resources proposed.

5.2.5 The HWBB will give final approval to the scope of the work programme, target benefits and outcomes and the proposed budgets and financial resources accordingly.

5.2.6 LBB and CCG will approve the scope of the work programme and allocation of financial and other resources to it through its own governance arrangements as required.

5.3 Legal and Constitutional References

5.3.1 Under the Council's Constitution (Responsibility for Functions – Annex A) the Health and Well-Being Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

Specific responsibility for:

- *Overseeing public health*
- *Developing further health and social care integration*

5.3.2 Under Section 75 of the NHS Act 2006 and NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) the Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed NHS functions and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services. The Council and CCG now have two overarching section 75 agreements in place.

5.3.3 Under the Health and Social Care Act 2012, a new s2B has been inserted into the NHS Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area.

5.3.4 The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires Local Authorities together with partner CCGs to prepare a strategy to meet the needs of their local population.

- 5.3.5 This strategy must consider the extent to which local needs can be met more effectively through partnership arrangements between local authorities and CCGs and s195 of the Health and Social Care Act 2012 contains a new duty – a duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

- 5.3.6 These provisions lay the foundations for the vision for integrated health and social care in Barnet and the corresponding work programme and governance arrangements to deliver on it. This includes the HSCI Board.

5.4 Risk Management

- 5.4.1 The work programme the HSCI Board oversees is delivered using programme and project management methodologies and governance arrangements. This includes clear processes to identify, report and manage individual or aggregate risks through senior management teams in the CCG and in LBB Adults and Communities and LBB/CCG Programme Management Offices.

- 5.4.2 Specific risks relating to BCF, which covers the majority of work overseen by the HSCI Board are included in the Final BCF Plan and the Business Case for Integration with mitigating actions. These are monitored regularly in accordance with the aforementioned governance process.

- 5.4.3 Strategically work has begun to assess over-arching governance arrangements for BCF in the context of a pooled fund and shared risk. This is essential to ensure robust management of the fund especially as the size and scope of the BCF and true pooled fund will increase (subject to necessary due diligence).

5.5 Equalities and Diversity

- 5.5.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

- e) *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- f) *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- g) *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.5.2 Relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6 Consultation and Engagement

5.6.1 The HSCI Board has engaged and continues to engage fully with users and stakeholders to shape the strategic direction and decision-making it provides in support of the delivery of the BCF Plan and Business Case for Integration. The BCF Plan details the public engagement with patients and service users as well as with providers.

6. BACKGROUND PAPERS

6.1 Part 1 of the Final Barnet BCF Plan approved by NHSE on 6 February 2015 was presented to the HWBB on [29 January 2015](#) prior to submission to NHS England on 9 January 2015. Part 2 of the Plan is available for inspection on request from the officers listed on the front page of this report.

6.2 The draft Business Case for Integration for approval by the CCG Board and Council was presented to HWBB on [18 September 2014](#).