



**Title**  
**Health Overview and Scrutiny  
 Committee**  
**Date**  
**18<sup>th</sup> October 2018**

<b>Title</b>	<b>Update on Integration Barnet CCG</b>
<b>Report of</b>	Barnet CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – Update on Integration report Appendix B – Integration NCL summary
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**Summary**

The North London Partnership was formed in 2017. The partnership published their strategic narrative the same year which highlighted the need for the system to work together to support delivery of health and care for the population of north central London.

The clinical commissioning group is in the process of developing two key programmes to

support integration locally, which relate to:

- 1. The development of new and innovative approaches to commissioning which support a move towards commissioning for population health, contracts where outcomes feature more prominently and where integration and quality improvement feature as a core component of how services are delivered and managed.
- 2. The implementation of care and health integrated networks as the place based delivery model for services. The care and health integrated network is the coming together of providers to deliver services proactively to populations. As part of the care and health integrated network model, providers will be required to support groups of GP practices in the proactive management of their combined registered practice population, usually between 30-50,000 patients.

Appendix A outlines this report and provides an overview of the way in which the clinical commissioning group intends to change the way in which we commission and most recent developments which relate to the implementation of care and health integrated networks.

## Officers Recommendations

- 1. That the Committee note the progress made to date on the Integration of care and health networks.**

### 1. WHY THIS REPORT IS NEEDED

- 1.1 The Committee have requested to receive a report on the progress of the Integration of care and health networks at the October meeting.

### 2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide scrutiny on the progress that has been made to date.

### 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Not applicable

#### **4. POST DECISION IMPLEMENTATION**

4.1 The views of the Committee in relation to this matter will be considered.

#### **5. IMPLICATIONS OF DECISION**

##### **5.1 Corporate Priorities and Performance**

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

5.2.1 N/A

##### **5.3 Social Value**

5.3.1 N/A

##### **5.4 Legal and Constitutional References**

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

*“To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.”*

##### **5.5 Risk Management**

5.5.1 There are no risks identified.

## 5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

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

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## 5.7 Corporate Parenting

5.7.1 N/A

## 5.8 Consultation and Engagement

5.8.1 Not applicable

## 5.8 Insight

5.8.1 N/A

## 6. BACKGROUND PAPERS

6.1 N/A