
Meeting	Health and Well-Being Board
Date	27 June 2013
Subject	Barnet Clinical Commissioning Group – Integrated Care Plan for 13/14
Report of	Chief Officer, Barnet CCG
Summary of item and decision being sought	This paper is for the Health and Well-Being Board. The Board is asked to consider and approve the Barnet CCG Integrated Care approach and outline plans for 13/14.

Officer Contributors	Maria O'Dwyer, Barnet CCG Director of Integrated Commissioning, Barnet CCG
Reason for Report	The Board is asked to consider and approve the Barnet CCG Integrated Care approach and outline plans for 13/14.
Partnership flexibility being exercised	N/A
Wards Affected	All
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1. RECOMMENDATION

- 1.1 The Health and Well-Being Board is asked to consider and approve the Barnet CCG Integrated Care outline plans for 13/14 (attached as Appendix 1) subject to agreeing the implementation as outlined in 7 below.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 This paper has been developed with Clinical leads and is based on national best practice guidelines as identified by research and guidance available nationally including from Kings Fund. The proposal provides more detail of the strategy outlined in the CCG strategic plan and recovery plan both of which have been approved by the governing body.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The intention is for the work to be jointly commissioned and it will therefore impact on joint workplans. The plan sets out the Barnet Clinical Commissioning Group vision, strategic objectives and clinical commissioning programmes and explains how these reflect the key themes from the Barnet Joint Strategic Needs Assessment. It confirms how these will support the implementation of the Health and Well-Being Strategy and the achievement of the NHS Mandate and NHS Constitution standards.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 As the proposals develop full needs assessments and equality impact assessments will be considered.

5. RISK MANAGEMENT

- 5.1 Risks identified within the plan will be managed through the Barnet Clinical Commissioning Group Board Assurance Framework and Risk Register.

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.

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

- 7.1 The proposals will require funding for specific projects which will be dealt with on a project basis through the Health and Well-Being finance group and the Integration Board. Further work is required to agree the implementation through the Health and Social Care Integration Board and the Health and Well-Being finance group

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Each Clinical Commissioning Programme project will consider communication and engagement with users and partners.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Each Clinical Commissioning Programme project will consider membership from providers and communication and engagement with providers.

10. DETAIL

10.1 Introduction

NHS Barnet CCG continues to be committed to improving the quality and outcomes of the services we commission for the people of Barnet. As identified in the Recovery plan Barnet CCG has ambitious plans to improve patient experience and safety and reduce costs. To do this we need to undertake some significant changes in how care is delivered in the community to align primary, secondary and community services; in other words providing the right care in the right place at the right time. To support this approach care pathways will be designed to deliver opportunities to prevent a decline in well-being and independence. This also includes offering patients and their family and carers control and choice in the way those needs are met, and to offer a range of early intervention and support services linked to the individual. The aim will be, with Social Care and key stakeholders, to have a seamless system in place, working at a local level, to support people both in a crisis and with long term conditions.

Barnet recognises a key challenge as its elderly population is set to rise by 21% over the next 10 years. Assuming that there are no changes in the existing care pathway and that this group continues to access services at the current rates there will be significant pressure on both the health and social care system; so changes in how care is delivered are essential to improve patient care and alleviate future pressures. To support this Barnet CCG and LBB have been working together to develop joint commissioning and to streamline commissioning activity through an agreed shared / joint work programme. The key opportunities will be:

- To develop consistent, quality and outcome focused commissioning programmes and projects across health and social care
- To deliver sustainable recurring efficiency saving across Health and Social Care commissioning with a focus on value for money and quality in line with Council and CCG financial sustainability plans.

The attached paper outlines the CCG's identified priorities that will form part of the work plan which will need further project development and funding to achieve delivery.

10.2 Planned approach

Barnet Model

Central to the future delivery model in Barnet is the development of a fully integrated care team based in each locality. Integral to this development will be joint working with Social services to develop support and appropriate interventions available to patient/customers remaining in the community, for example through enablement services. The teams will incorporate health and social care and will address patient need through a single point of access. The locality based teams will be designed to support and manage care from self-management through periods of crisis, and into end of life pathways where necessary. A number of services (existing and new) will be aligned to

link with the locality based teams providing a seamless flow for patients (These services are outlined in the attached paper and diagram on page 9).

This framework will help to ensure that patients avoid hospital admission where possible, and are able to return home following a hospital episode as soon as possible, with appropriate support to maintain independence. The models will, as stated previously, support in managing Barnet's increasing ageing population and increases in the number of people with multiple long-term conditions.

10.3 Recommendation

The Health and Well-Being Board is asked to consider and approve the Barnet CCG Integrated Care outline plans for 13/14.

11. BACKGROUND PAPERS

None