

	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH AND WELLBEING BOARD</b></p> <p align="center"><b>30 June 2014</b></p>
<p><b>WHOLE SYSTEM INTEGRATED CARE IN HAMMERSMITH &amp; FULHAM - UPDATE</b></p>	
<p><b>Report of the Divisional Director, ASC and Hammersmith &amp; Fulham CCG</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification:</b> For Information</p>	
<p><b>Key Decision:</b> No</p>	
<p><b>Wards Affected:</b> All</p>	
<p><b>Accountable Executive Director:</b>  Liz Bruce, Executive Director for Adult Social Care and Health  Tim Spicer, Chair H&amp;F CCG</p>	
<p><b>Report Author:</b> Rob Sainsbury, Deputy Managing Director  H&amp;F CCG</p>	<p><b>Contact Details:</b>  Tel: 02033504288  E-mail:  <a href="mailto:Robert.sainsbury@nw.london.nhs.uk">Robert.sainsbury@nw.london.nhs.uk</a></p>

AUTHORISED BY: .....

.....

DATE: .....

**1. EXECUTIVE SUMMARY**

1.1. This report provides an update on the Whole System Integrated Care (WSIC) programme in Hammersmith and Fulham. The WSIC programme is being led by CCGs and Local Authorities from across North West London (NWL) working in partnership with providers, and patients and their carers/families to deliver a person centered vision of integrated care. NWL collectively has been awarded national pioneer status to drive this change programme.

**2. RECOMMENDATIONS**

2.1. The Health & Wellbeing Board are asked to note progress on the Whole System Integrated Care programme in H&F.

### **3. REASONS FOR DECISION**

- 3.1. No formal decision is required, the report is provided as an update.

### **4. INTRODUCTION AND BACKGROUND**

- 4.1 In NWL the Clinical Commissioning Groups have consulted on a large out of hospital investment strategy as part of Shaping a Healthier Future and over the past year they have been doing both the planning and delivery of these changes. Rebalancing the care provided in hospital and the care provided out of hospital to adapt to people's changing needs is just part of a wider vision beyond healthcare - to the whole system of care provided in NWL.
- 4.2 This update for the Board sets out the progress made in H&F in developing Early Adopter proposals to lead the design and delivery of Whole Systems Integrated Care - resulting in the submission of outline implementation plans in May 2014 and presentation of our ideas to a national and international Review Panel on 12<sup>th</sup> June 2014.

### **5. PROPOSAL AND ISSUES**

- 5.1 Across the eight boroughs of NWL, 31 partner organisations across both health and social care, including the local authorities, have agreed to work together in pursuit of a collective person-centred vision of Whole Systems Integrated Care. Integrated care means integrated care teams that are focused on individual people and their needs. Bringing together all the different parts of the health and social care system aiming to provide better communication and sharing of relevant information to reduce duplication and confusion for individuals, carers and staff. This should mean one set of goals agreed by the individual, supported by one team, with one budget, one approach. The fragmented system currently conspires against this.
- 5.2 In NWL the CCGs and local authorities have collectively been awarded national pioneer status to make these changes real. The CCGs and local authorities have spent six months co-producing with all providers, commissioners and lay partners what integrated care needs to become a reality – a toolkit that answers some of the difficult questions once and for all NWL in order to help all local areas plan their new model.
- 5.3 Some of the practical steps necessary have already begun with the Better Care Fund. This requires the NHS and local authorities to pool health and care budgets together to commission and deliver more integrated care, enables us to build on existing jointly commissioned services. Next will be to bring the whole provider community together and align them in the interest of the patient with new care models and this in turn means commissioning specific outcomes for particular patient groups and commissioning providers using a capitated budget.

### **6. OPTIONS AND ANALYSIS OF OPTIONS**

6.1. The update is provided for information, no analysis of options is required at this stage

## **7. CONSULTATION**

7.1. The Whole Systems Integrated Care programme has co-produced with lay partners from across NWL the toolkit for integrated care. It has developed shared principles for co-production that will be adopted as Whole Systems Integrated Care is designed and implemented in H&F. The H&F programme will now look to involve lay partners in co-design and co-production of its proposals to produce a full business case by October 2014.

## **8. EQUALITY IMPLICATIONS**

8.1. The update is provided for information, no equalities impact assessment is provided at this stage

## **9. LEGAL IMPLICATIONS**

9.1. No legal implications are presented as part of this update

## **10. FINANCIAL AND RESOURCES IMPLICATIONS**

10.1. No financial implications are presented as part of this update

## **11. RISK MANAGEMENT**

11.1. No risk management implications are presented as part of this update

## **12. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

12.1. No procurement and IT implications are presented as part of this update

### **LOCAL GOVERNMENT ACT 2000** **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	H&F Whole Systems Integrated Care Implementation Plan – Final May 2014		
2.	H&F Whole Systems Integrated Care Expression of Interest		

### **LIST OF APPENDICES:**

Appendix 1: Whole Systems Update presentation