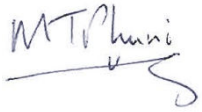
Haringey Council

Report for:	**Health and Wellbeing Board (HWB) on 8th October 2013**	**Item Number:**	

Title:	**Integrated Health and Social Care – Adults**

Report Authorised by:	**Mun Thong Phung, Director of Adult and Housing Services**  **Sarah Price, Chief Operating Officer, Haringey Clinical Commissioning Group**

Lead Officer:	Beverley Tarka, Acting Deputy Director, Adult and Community Services, Adult and Housing Services Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group

Ward(s) affected: All	**Report for: Non-Key Decision**

1. Describe the issue under consideration

This report updates the Health & Wellbeing Board (HWB) on progress made taking forward the integration of health and social care services for adults in Haringey. This report summarises current joint working arrangements in the borough, and sets out our joint approach for the future of integrated working. This report covers three key areas:

- Current joint services in operation within the borough. This set of joint proposals covers initiatives that have already been launched, developed for 2013/14 and endorsed by Haringey Clinical Commissioning Group and Haringey Adult & Community Services. The Health & Wellbeing Board is asked to ratify these as part of a separate Board paper;
- Other key areas across health and social care where there are mature joint working arrangements; and

- The future of integrated working across health and social care for adults, introducing to the HWB the 'Integration Transformation Fund', which provides the framework around how local authorities and clinical commissioning groups must work together in future to deliver integrated care for adults 18 years of age and over.

2. Chair of the HWB Introduction

I am delighted to present to the Health and Wellbeing Board this report about integrated working in Haringey, both present and future plans. Haringey is dedicated to pursuing integration on the basis of a strong partnership between health and social care. This report demonstrates the excellent progress already made in this regard and in terms of health and social care support to adults, and also seeks support for proposals with respect to the development of the new Integration Transformation Fund. The interests of our residents remain at the heart of working jointly across health and social care and we are committed to ensuring that there is a relentless focus on the creation of real and robust integrated services leading to real benefits for people over which they will be able to exercise control. The programme of work outlined below is specifically designed to deliver this important objective and to sustaining a well integrated and vibrant care economy within a tough public spending environment.

3. Recommendations

It is recommended that Members of the HWB:

a) Read and note the contents of this report;
b) Note the new Integration Transformation Fund (ITF) and the timetable for implementation, including HWB input and sign-off;
c) Agree to receive for consideration the ITF plan at the HWB in January 2014, to sign off our plans; and
d) Provide a steer concerning the types of projects it wishes to be explored to promote the further integration of health and social care.

4. Alternative options considered

No alternative options are presented as schemes promoting integration are already in place while an options appraisal will be presented with respect to those proposed in the ITF plan when it is presented to the HWB at a later date.

5. Background information

This section of the paper covers integrated working between health and social care for adults. Whilst this report does not include services delivered through Public Health, the HWB is asked to note that Public Health commissioning includes drug and alcohol services across the borough, sexual health services across the borough (prevention, assessment and treatment services), and the commissioning of services that deliver the Health & Well-being Strategy outcomes.

The key policy documents and guidance contained in appendix 1 to this report make clear that the integration of health and social care services is a high national priority aimed at maximising the synergies between health and social care and the value for money (i.e. economy, efficiency and effectiveness) accruing from the investment made in these services while improving outcomes for people.

5.1. Defining Integrated Care

Haringey's health and social care economy has proactively responded to the challenge of delivering this important national agenda and it is suggested that the following definition of integrated care be adopted which from the individual's perspective means:

> *"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me".*

http://www.nationalvoices.org.uk/defining-integrated-care-agreeing-narrative

This definition is recommended as it is person centred, has a good fit with personalisation and takes forward choice and control for individuals over their services. In addition, the definition emphasises that integration is not just about organisational arrangements; it is also about the experiences of people who receive services.

Furthermore, the proposed definition reflects the approach to the integration of health and social care that the London Borough of Haringey and Haringey Clinical Commissioning Group (CCG) have taken to this task in the form of those schemes we have put in place or propose to develop for adults in Haringey. These are outlined in the rest of this section.

5.2 Current areas of integrated and joint working

Below is a summary of the key areas of joint working across health and social care in the borough. These schemes have been agreed by Haringey CCG and the council's Adult and Community Services, as they deliver health and social care outcomes for residents through supporting prevention, avoidance of hospital admission, discharge from hospital at the right time and right place, as well as supporting residents to maximise a return to independence. The last two initiatives (g & h) are designed to support health and social care commissioners in ensuring we have the right skills and capacity around future service design, with the Winterbourne scheme specifically linked to meeting government requirements for both health and social care, in reviewing and arranging alternative places of care for people with learning disabilities who are currently in long stay hospitals.

a) ***Multi-Disciplinary Reablement Service:*** Jointly staffed local authority and health employees, the reablement service helps people learn or re-learn skills of daily living they have lost through deterioration in their health and/or increased support needs. The service is delivered on an *'in-reach'* basis to A&E and other hospital departments to support avoidable admissions and facilitate timely discharges. This has contributed to the downward management of delayed discharges of Haringey residents at the North Middlesex and the Whittington hospitals.

b) ***Step Down, Step Up Care:*** Step down residential and nursing care placements support discharges from acute hospital settings. These placements provide a non-acute setting for people to convalesce prior to returning to their own homes or somewhere to make choices about, perhaps, moving into a long-term care setting. Step up care provides significant additional support to residents who might otherwise present and be admitted to hospital. Step up and step down care play critical roles in managing delayed transfers of care.

c) ***Community Development:*** This scheme has put in place stakeholder networks based around the four General Practitioner Collaboratives consisting of local residents, GP's, Adult Social Care, neighbourhood forums and NHS Community Services. The purpose of the networks is the delivery the prevention and early intervention ambitions of the Health and Wellbeing Board through better case management of individuals' health and social care needs. The service also focuses on tackling the isolation of older adults, reducing their levels of depression and associated admissions to hospital. In addition, it seeks to prevent falls by older adults which are strongly associated with hospital admissions and increased dependence.

d) ***Rapid Response:*** A small but steady stream of patients are admitted to hospital in circumstances where the provision of Health and Social Care Assistants, overseen by Community Matrons, to provide support in the home could avoid or shorten their hospital stays. The business case for a Rapid Response Service has been agreed, and it will be piloted for 1 year commencing September 2013.

e) ***Older People and Dementia Pathway*****:** Haringey Council runs some of the most successful dementia services in London. The dementia day services are a key factor in the support of informal carers which enables them to continue to care, thereby, allowing people with dementia to remain at home for as long as possible. A weekend drop-in service is available and transport is service based enhancing the accessibility and flexibility of provision. Dementia Day Services run at 95% occupancy, as they work to 110% capacity, through over-booking.

f) ***The Mental Health Recovery Pathway:*** This scheme targets people with mental health needs, including those who are or have been inpatients and has put in place a Recovery College at the Clarendon Day Centre. Recovery Colleges are well established nationally and internally and have track records of success in helping people build lives beyond mental illness. The Haringey College operates according to an educational paradigm and teaches students the skills they need to live and cope with mental illness well as providing courses that help them manage the practicalities of daily life.

g) ***Winterbourne View (WV):*** To put in place high quality care for people with learning disabilities that will enable them to move back to their local communities the multi disciplinary WV Project Team is working closely with commissioners to identify how

their needs can best be met. The allocation of S256 has allowed commissioning capacity to be expanded to support this work.

h) ***Data Analysis:*** The proposal is to fund data analyst post(s) specifically to support monitoring and reporting of the schemes funded via the Section 256. A data analyst will work closely with both health and social care commissioners, reporting to both and will provide information to inform future Section 256 allocations.

Schemes (a) to (h) have been agreed by Haringey CCG and Haringey Adult & Community Services, and will be subject to a 'section 256 agreement' that must be ratified by the Health and Wellbeing Board. This matter is subject to a separate report to the HWB, agenda item 15.

In addition to the schemes described above several others have been established which contribute to the ongoing integration of health and social care in Haringey:

a) ***Multi-Disciplinary Teams (MDTs):*** Weekly teleconferences are held within each of the GP Collaboratives in Haringey. The teleconferences include GPs, community matrons, district nurses, social workers, community mental health and hospital geriatricians. Each GP dials into the teleconference for a given 10-15 minute slot in which they present their patients for input and views from the wider team. The objective is to make sure that the right support is in place at the right time. The focus is on patients who have been frequently attending A&E or recently discharged and/or have particularly complex health or social care needs. An academic evaluation of the early pilot of the teleconferences indicated a statistically significant drop in A&E attendances for the cohort of patients whose care had been discussed at the MDT. A wider evaluation is now being undertaken by UCLP, Whittington Health and Haringey Public Health Department.

b) ***Learning Disabilities:*** The Learning Disabilities Partnership offers an integrated service for adults with learning disabilities operated as a pooled fund under Section 75 of the National Health Service Act 2006 which allows the pooling of resources and delegating certain NHS and local authority health related functions to the other partner(s) if this leads to an improvement in the way those functions are exercised. The Partnership empowers people who use services and their carers to influence and shape the social care, housing, employment, education, training and health agenda for people with learning disabilities. Its work reflects best practice in this important area of provision and responds to its service users as whole people.

c) ***In-reach Social Work*** : This is provided at the Whittington and North Middlesex Hospitals on an in-reach basis to promote the timely discharge of patients and reduce *'bed blocking'.*

d) ***Integrated Community Equipment Service***: Haringey Council has hosted a joint equipment store with NHS Haringey via a Section 75 Partnership agreement for many years. Last year this Agreement was extended to a more cost effective

alternative for both Council and the NHS through a framework arrangement with other boroughs.

e) ***Joint mental health services for adults and older people:*** Haringey Clinical Commissioning Group commission a range of services from Barnet Enfield and Haringey Mental Health Trust, whilst the Council has seconded social workers to the Trust and runs its AMHP Service from the Trust.

In addition to the schemes already listed considerable effort has been invested to better integrate services within the local health economy. These are described in Appendix 2.

5.3 Integrated Services For Adults – The Next Steps.

In June 2013 the Government announced the Integration Transformation Fund' (ITF) initiative, the creation of a single pooled budget of £3.8 billion (by 2015/16), for health and social care services to work more closely together in local areas when delivering services to adults. It is the clear intention that the ITF will be the main driver for the increasing integration of health and social care services for adults in coming years and will be formed from funds already committed via health commissioned services.

Moreover, in the context of an extremely tough public spending round, reducing budgets and growing demand the pooled budget for integration has been welcomed by the LGA and NHS England as a positive, practical move that can contribute to delivering the goal of using the money in the health and social care system to best effect. The fund is an important catalyst for change, by taking forward the move towards preventative, community-based care intended to keep people out of hospital and in community settings for longer. This is in the interest of the individual and the public purse. Integration across health and social care is regarded as a *'game changer'* but the creation of pooled ITF monies will be contingent on the production of local Integration plans, covering the period 2014/16, which ministers will sign-off in March 2014.

It is already clear that Health and Wellbeing Boards will be crucial to the success of the ITF. They are key to local decision making on health and care and in signing off the plans for how the money is spent locally, and will play a key role in the assurance process. At all times the way health and social care works together in local areas will be absolutely central to the process of transformation.

It is too early to be certain about what Haringey's ITF expectation will be, but the borough currently receives £4m from the current national pot of £860m. If there is an additional £1.9billion, as indicated, then assuming the same proportionate share Haringey will be expected to find up to £12m by 2015/16. Although it is difficult to be precise at this time, the HWB are asked to note that the funding as set out in the ITF guidance, will be reallocated from existing funding streams across health and social care. A potentially confounding factor is that the allocation of the ITF will happen at the same time as the next Spending Review.

For further details of the ITF and the production of Haringey's Transformation Plan see Appendix 3.

6. Comments of the LBH Chief Finance Officer and financial implications

There are no direct financial implications arising from the approach to Integrated care outlined above. As local plans are developed the costs and benefits of proposals will need to be estimated and resources found from within NHS and Council budgets. This will require prioritisation and could necessitate reallocation of funding. This will form part of the work to be undertaken in the coming months.

It is too early to provide more than very indicative estimates of the level of funding for the Haringey area that will be involved in the Integration Transformation Fund – however the indications are that it will be significant (a potential fund of £12m to 16m). It is important to understand that this funding is not new money but a reallocation of funds currently within the health and social care budget. This will require very careful planning by both the Council and the NHS to ensure cost neutrality across the local health and social care economy. This will require working in partnership to ensure that any reallocation of funds in line with the new ways of working does not create financial pressures on any one part of the sector.

7. LBH Head of Legal Services and legal implications

The Head of Legal Services (Haringey Council) has been consulted on this Report. Under Section 195 of the Health and Social Care Act 2012, the Health and Wellbeing Board is under a duty to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population. The Board must provide advice, assistance or other support in order to encourage partnership arrangements under section 75 of the National Health Service (NHS) Act 2006.

Section 75 of the NHS Act 2006 allows NHS bodies and local authorities to pool their resources, delegate functions, integrate service provision and transfer resources from one party to another. The section permits:

a) Pooled fund arrangements: A pooled fund arrangement provides an opportunity for the partners to bring money together, in a discrete fund, to pay for the services that are an agreed part of the pooled fund arrangement for the client group who are to benefit from one or all of the services. This allows staff from either partner agency to develop packages of care suited to particular individuals irrespective of whether health or local authority money is used;

b) Delegation of functions – lead commissioning: where health and local authorities delegate functions to one another and there is a lead commissioner locally. Lead Commissioning provides an opportunity to commission, at a strategic level, a range of services for a client group from a single point and therefore provide a level of co-ordination which improves services for users, and provides an effective and efficient

means of commissioning. In effect, one partner takes on the function of commissioning of services which are delegated to them; and

c) Delegation of functions – integrated provisions: this consist of the provision of health and social care services from a single managed provider. The arrangement can be used in conjunction with lead commissioning and pooled fund arrangements.

Section 256 NHS Act 2006 (as amended) permits relevant NHS bodies (NHS England or the Clinical Commissioning Group) to make payments to local authorities towards expenditure incurred or to be incurred by it in connection with any social services functions. Also, payments can be made in connection with the performance of any of the authority's function, which have an effect on the health of any individual or on any NHS functions or are connected with any NHS functions. The payments may be made in respect of expenditure of a capital or of a revenue nature or in respect of both kinds of expenditure. The payments may be subject to conditions or directions that may be issued by the Secretary of State.

The reference in this Report to section 75 and section 256 agreements means agreements entered into under the above statutory provisions.

8. Equalities and Community Cohesion Comments

Commissioners and providers of services for adults, whether delivered through integrated working arrangements or by health and social care singly, must have due regard to the equalities implications of service delivery as well as any planned changes to how services are delivered in the future. The future approach to integrated care as set out in this report will require robust equalities monitoring to ensure there are no adverse impacts to vulnerable adults and children, in regard to the relevant protected characteristics covered by the Single Equality Duty that came into force on 6th April 2011, as set out in the Equality Act 2010.

In respect of the Integration Transformation Fund (ITF), as noted above, the Fund will mostly be made up of a reallocation of funds within the NHS to a pooled budget across health and adult social services. Whilst the use of the ITF provides a valuable opportunity to develop and promote services that will better meet the needs of Haringey's diverse communities, regard will need to be paid to any equalities impact of disinvestment in current service provision in the NHS. Therefore individual schemes started as a result of the ITF will be equality impact assessed prior to their commencement.

9. LBH Head of Procurement Comments

Not applicable.

10. Policy Implication

In preparing this report to the HWB, due regard has been played to key policy drivers for health and social care. These are set out below and in Appendix 1.

Health and Social Care Act 2012

This Act introduced significant changes to the NHS and local authorities, with the implementation of much of the Act taking effect from 1st April 2013, including:

- Introduction of statutory local Health and Wellbeing Boards to ensure coordination and integration of public health, NHS and social care services.
- Transfer of responsibility for much of public health commissioning to local authorities (at a local level) and Public Health England (a new national body)
- A new independent NHS Board to allocate resources and provide commissioning guidance
- Increase in GPs' powers to commission services
- A strengthened role for the Care Quality Commission
- Monitor, the body that currently regulates NHS foundation trusts, to be developed into an economic regulator to oversee aspects of access and competition in the NHS
- A cut in the number of health bodies, including abolishing Primary Care Trusts and Strategic Health Authorities.

The Care & Support Bill (introduced May 2013)

This Bill provides enabling legislation for reforms set out in the White Paper, and will be introduced in into Parliament in late 2013, with proposed legislative changes to be implement from April 2015 onwards.

- The Bill takes forward recommendations from the Law Commission on adult social care (replacing the current myriad of law covering adult social services);
- There are proposed changes to how much an individual requiring care services will have to contribute towards their care.
- The Bill sets out a clear duty to promote the integration of care support with local authorities (including social services and housing), health and other provider services to ensure the best outcomes are achieved for the individual.
- The Bill sets out responsibilities for prevention and market shaping;
- Adult safeguarding on a statutory footing. For the first time.
- It incorporates recommendations from Francis Enquiry into Mid Staffordshire NHS Foundation Trust and the government response.

Welfare Reform Act

The Welfare Reform Act 2012 reforms welfare to improve work incentives, simplify the benefits system and tackle administrative complexity. In summary it:

- Introduces a single Universal Credit, which will replace six income-related work-based benefits
- Limits the payment of contributory Employment and Support Allowance to a 12-month period
- Caps the total amount of benefit that can be claimed, including specific caps on housing allowance
- Reforms the Social Fund and replaces it with locally based provision delivered by local authorities

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11. Reasons for Decision

Not applicable.

12. Use of Appendices

Appendix 1. References
Appendix 2. Service Integration Within the Local Health Economy
Appendix 3. Statement on the Health and Social Care Integration Fund.

13. Local Government (Access to Information) Act 1985

Refer Section 10 above and Appendix 1.

Haringey Council

APPENDIX 1. REFERENCES

Gov.UK (25th March 2013), "Improving quality of life for people with long term conditions".

HM Treasury/Department for Education and Skills (2007), "Aiming high for disabled children: better support for families

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NHS Outer London and the London Borough of Redbridge (17th August 2011), "Opportunity 18: Integrated Case Management".

SCIE 9May 2012), "Factors that promote and hinder joint and integrated working between health and social care services." http://www.scie.org.uk/publications/briefings/briefing41/

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APPENDIX 2. SERVICE INTEGRATION WITHIN THE LOCAL HEALTH ECONOMY

Risk Stratification

Risk stratification concerns the identification of the differing levels of risk individuals are at of requiring hospital admission. Haringey CCG and Enfield CCG are working together to progress this task and have agreed to:

- Write to all residents over 65 years to obtain consent their consent to share their information to allow their risks of admission to be estimated: They can opt out of sharing.
- The pseudonymisation (i.e. anonymisation) of data at source i.e. the Commissioning Support Unit.

NHS England has been made aware that risk stratification is a fundamental part of integrated care and, therefore, about the delivery of care. It has agreed to that further guidance on risk stratification will make reference to integrated care.

Overnight District Nurses and increased Palliative Care Support

Whittington Health's preparations to commence an overnight district nursing service are progressing well, following Haringey CCG's decision to invest £102,000 in a 1 year pilot service. The service to commence in November 2013.

Daytime Catheter Care for Ambulatory Patients

A 1 year pilot of catheter care for ambulatory patients in the community in Haringey commenced on 1st July 2013. The service is provided by Whittington and will be promoted through hospital departments and GP practices.

Telehealth

Training for Community Matrons and the Specialist Nursing Teams has been completed. The service is now operational

Falls

The community led falls prevention and exercise service run by the Integrated Care Therapy Team, Whittington Health is now fully operational since the end of August 2013. A communications strategy is in place to publicise the service.

Community Matron In-Reach

A review of the secondment of a community matron into the revised Admissions Avoidance team at the North Middlesex Hospital is underway to evaluate its impact. The role is planned to be incorporated within the new Rapid Response service (see above).

Diabetes

The diabetes specification for 2013/14 has been revised to clearly identify the scope of the community service. The intermediate diabetes service has scaled up to triage all new referrals for diabetes patients. Repatriation of patients is underway.

Chronic Obstructive Pulmonary Disease (COPD

Training programmes have been run through the Primary Care Strategy Team to improve quality and consistency of diagnosis and work is underway to evaluate the impact of the

Acute Exacerbation of COPD pilot (enabling access to rapid assessment and treatment from pulmonary rehabilitation team). 10 Practices have come forward to undertake detailed review of their COPD management and the Whittington Health was successful in winning a Local Authority run tender to provide Long Term Exercise therapy for patients who have completed pulmonary rehabilitation. This service is due to commence in September 2013.

Step Up and Step Down Beds

Haringey and Enfield CCG are reviewing their acute beds and working together where there are overlaps to identify efficiencies.

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APPENDIX 3. THE HEALTH AND SOCIAL CARE INTEGRATION TRANSFORMATION FUND (ITF)

> *"The June 2013 Spending Round was extremely challenging for local government, handing councils reduced budgets at a time of significant demand pressures on services. In this context the announcement of £3.8 billion worth of funding to ensure closer integration between health and social care was a real positive. The money is an opportunity to improve the lives of some of the most vulnerable people in our society. ....Unless we seize this opportunity to do something radically different, then services will get worse, costs to taxpayers will rise, and those who suffer the most will be people who could otherwise lead more independent lives".*

Local Government Association and NHS England (8th August 2013), *"Statement on the Health and Social Care Integration Transformation Fund".*

The TIF is dedicated to the further integration of health and social care for adults. Detailed guidance is awaited but the Government has made it clear that it will create a £3.8bn pooled budget in 2015/16 to move more care out of hospitals and into the community by intervening earlier to prevent people from reaching crisis points. This ambition is coupled to the demand that much better integration is needed between health and social care, so that care is centred around the person rather than the service, and to reduce the amount of money that is wasted when services do not work together effectively. The ITF provides the means of powerfully driving and incentivising the integration of health and social care across England. At this time it is not known what Haringey's ITF allocation will be, but it estimated to be about £8 m. It is difficult to be precise at this time, but not all this money will be new and the allocation of the ITF may be impacted upon by a national Spending Review.

The Composition of ITF

The Integration Transformation Fund will consist of a combination of new and existing funding streams. Some of the existing funding is for particular provision, such as that for carers breaks and reablement. It is expected that these responsibilities and services to continue, with local authorities and CCGs working together more closely to improve their delivery.

The £1.9bn of existing funding that will already be allocated across the health and social care system to support integration in 2014/15 is broken down as follows:

a) **£1.53bn revenue funding**
   - **£1.1bn – continuation of the 2014/15 NHS transfer**. Over the course of the 2010 Spending Review period, the NHS has transferred money to support care and support with a health benefit. Previously, it was intended that this would amount to £900m in 2014/15 – this Spending Round has announced a further £200m to help local authorities prepare for the implementation of the Integration

Transformation Fund and make early progress on priorities. In 2015/16, this £1.1bn will be put into the pooled budgets.

- **£300m – reablement funding.** Reablement funding is currently identified within CCG allocations. In 2015/16, this money will be placed within the pooled budgets.
- **£130m – Carers break funding**. Funding for carers breaks is provided by the NHS. This money will form a part of the pooled budget.

b) **£354m capital funding**

- **£134m – Community Capacity Grant.** The Department of Health's capital grant for care and support will form a part of the pooled budget in 2015/16. Of this, £50m is to fund the changes in IT systems necessary for integration and funding reform.
- **c.£220m – Disabled Facilities Grant.** This will be put into the pooled budget. More work needs to be done on how this will work in practice, given that this is currently also allocated to lower tier councils.

c) **£1.9bn additional NHS funding**

- In addition to the existing funding streams outlined above, the NHS will contribute a further £1.9bn to the Integration Transformation Fund.

The Conditions of the ITF

To access this funding, Haringey will need to produce a local plan for how the money will be used across health and social care, signed off by the Council and CCG, with the HWB having a strong oversight role. The plan must demonstrate that care and support services will be protected and include:

a) 7-day working in health and social care, to stop people from being stuck in hospital over the weekend;
b) better data sharing, including universal use of the NHS number as a unique identifier;
c) a joint approach to assessment and care planning;
d) implications for acute service redesign;
e) support for accountable lead professionals in respect of joint care packages, and;
f) arrangements for redeploying funding that is held back in the event that outcomes are not fully delivered.

£1bn of the funding in the pooled budgets will be linked to outcomes achieved, based on a combination of locally and nationally set outcome measures. Half of the funding will be paid at the beginning of 2015-16 (based on performance in the previous year) and the remainder paid in the second half of the year against performance in year. To access all funding, local areas will need to meet their planned outcomes.

Timescale

The outline timetable for developing the local ITF plan is very challenging. Available guidance states:

August - October 2013	Initial local planning discussions and further work nationally to define conditions etc.

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November/December 2013	NHS Planning Framework issued.
December - January 2013/14	Completion of Plans
March 2014	Plans assured

To deliver a robust integration plan that is owned as widely as possible by the Council, CCG and other key stakeholders it is proposed to take a programme management approach, employing the PRINCE 2 methodology, to its production which will bring together officers from all parties to undertake a highly structure planned piece of work to deliver Haringey's Integration Plan. This will be an innately partnership undertaking that will be as open and transparent as possible. The indicative critical path for this work is shown immediately below.

August – September 2013	• Stakeholder Engagement. • Audit of Integrated Services. • Examination of best practice. • Initial Service Modelling.
October – November 2013	• Redrafts of Service Model. • Ensure compliance with ITF funding requirements – prepare funding proposal. • Draft reports for the London Borough of Haringey, Haringey's Clinical Commissioning Group and Health and Wellbeing Board.
December 2013	• Finalise service model • Finalise reports for the London Borough of Haringey, Haringey's Clinical Commissioning Group and Health and Wellbeing Board.
January 2014	• Submit Service model, reports and ITF plan to London Borough of Haringey, Haringey's Clinical Commissioning Group and Health and Wellbeing Board.
February 2014	• Make such changes to the ITF Plan as may be required by the London Borough of Haringey, Haringey's Clinical Commissioning Group and Health and Wellbeing Board. • Funding proposal signed-off locally.

March 2014	• Submit funding proposal to DH for ministerial sign-off.

A risk log will be developed to monitor and proactively manage risks while extra capacity has been put in place to enable the successful completion of the programme of work. This is designed to lead to the award, in full, of ITF funding to Haringey.