

Item No.	Classification: Open	Date: 22 May 2012	Decision Taker: Cabinet Member for Health and Adult Social Care
Report title:		Integrated Care Pilot	
Ward(s) or groups affected:		Older People and those living with long term conditions living throughout the borough.	
From:		The Strategic Director of Health and Community Services	

RECOMMENDATIONS

1. The Cabinet Member for Health and Adult Social Care approves the council participating in the Integrated Care Pilot (ICP) with the NHS and Lambeth Council to transform the current systems of integrated care (see paragraph 17 and 18 of this report).
2. The Cabinet Member for Health and Adult Social Care also agrees to delegate to the Strategic Director of Health and Community Services the power to agree any subsequent service model decisions to be made in relation to specific ICP work streams, through the ICP Sponsor Group.

BACKGROUND INFORMATION

3. The context of this decision to formally engage in the ICP should be set against the background of the Cabinet's decision in March 2012 to establish a Shadow Health and Well Being Board. The Cabinet also confirmed that one of the four overarching priorities for the Shadow Board will be to promote initiatives that support resilience in the borough's older and chronically sick population to self manage their conditions and retain their independence for as long as possible. This being a shared value and objective with those of the ICP.
4. In support of these strategic goals, the council has been working with Kings Health Partner NHS organisations (Kings College Acute Hospital Trust, Guys and St Thomas's Hospital Acute and Community Trust, South London and Maudsley NHS Trust the South East Sector Primary Care Trust's Southwark and Lambeth Business Support Units and the Shadow GP Clinical Commissioning Groups), as well as Lambeth Council over recent months, to contribute to the ICP design and delivery plan. This has been through operational and commissioning officers' attendance at a series of initial scoping workshops, the Deputy Director of Adult Social Care sitting on the ICP Programme Board and the Strategic Director of Health and Community Services participating in the Sponsor /Leadership group, which brings together the Chief Executives of all the partner organisations. The full governance structure of the ICP is set out diagrammatically in Appendix 1 of this report.
5. The integrated care programme is firstly focusing on the care of older people (65+) but future waves will include working age adults living with long term conditions. Its first wave has now been successful in a bid to Guys and St Thomas Charity for £10.6m to support the change over a 3 year period.

6. The ICP is designed to co-ordinate a programme of work that seeks to
 - Improve the quality of health and social care provided to the Lambeth and Southwark population (in terms of their outcomes and experience)
 - Create a health and care system that is more sustainable financially for the future
7. It aims to achieve this by changing the model of care to one that promotes self-management and far better coordinated, proactive preventative care through improved identification of risks and case management. There will be changes in IT, governance, finance and workforce to support the new model of care.
8. A fuller detail of the agreement this report is seeking alongside the full scope of the ICP is set out in Appendix 2 of this report.
9. Using national evidence and local experience gained through the workshops with clinicians and front-line council staff, a new holistic pathway of care across primary, community, acute, mental health and social care participants is planned to be introduced. This is made up of a series of interventions which focus on prevention and early intervention at key stages in the person's experience or journey in the health and social care system.
10. A list of the first and second wave of planned interventions for older people is set out in Appendix 3 of this report. These interventions will either be piloted or if already initiated, further developed, to achieve the strategic aims set out by the ICP
11. From a social care perspective, the first wave is in line with the council's existing plans to expand reablement services and the use of assistive technologies. The council is currently further developing its reablement offer and it is anticipated that this work will converge some time in the future, with parallel work currently being developed in Lambeth.
12. Additional funding is available through the ICP and admission avoidance monies to support social work posts to become members of pilot Community Multi Disciplinary Teams (CDMT's) to support new Home Ward in Bermondsey and a borough wide Enhanced Rapid Response initiative.
13. Further changes are proposed in the second wave of the programme. These will impact on the council's hospital discharge services, including the introduction of a simplified pathway and possibility of operating a combined service with Lambeth (assuming sufficient assurances are in place that this is in the interests of Southwark residents).

KEY ISSUES FOR CONSIDERATION

What is the integrated Care Pilot?

14. The plan is to move to a federated model of governance, which seeks to embed this consensual approach. This means that the focus is on integrating services around the person rather than integrating organisationally. The federation model provides a framework for organisations to sign up to participation with clear agreements on what is expected from each organisation and what the potential benefits will be. Southwark Council is now being asked to sign up formally in this

way.

15. The ICP wave 1 involves a long-list of 22 interventions that are primarily targeted at improving the service received by older people who are at risk of over-long or repeated risks of hospital admission. Some of these initiatives (Such as Home Wards) are already being developed and are being implemented through the related admissions avoidance programme.
16. All aspects of the ICP's work will be subject to evaluation to ensure that the strategic objectives of improving the care pathways and saving money across the entire system are achieved.

Specific Work streams the council is agreeing to

17. This report formally provides authority for the council to engage in the ICP. At a strategic level this means the council commits to:
 - To continue to make the changes required to support this new pathway of integrated care, such as social workers joining new Community Multi Disciplinary Teams supporting developments such as Enhanced Rapid Response and Home Ward pilots and to take advantage of funding that may transfer from the NHS to the council to deliver upon these changes
 - Membership of and participating in the Integrated Care Management Board, its Operations Board, Programme Board/Design Board, and Finance Board (and work stream groups for example covering IT)
 - The council to continue to develop its Reablement and Integrated Care services and promotion of assistive technology to support the new hospital discharge pathway highlighted in this report
 - Re affirm The Council's Strategic Vision for Health and Social Care by shifting the balance of care away from over reliance on the use of residential care to, services that support our older and disabled adults' populations to remain at home
 - Prioritise and provide professional and management resources to support the development and deployment of IT to be introduced under the ICP.
18. This report also provides authority for the council to engage in a number of specific work streams (See Appendix 3) Examples of the type of ICP driven initiatives that will require active council engagement are summarised below :
 - Allocate leads from locality social work teams, to join Community Multi Disciplinary Teams. These will plan and deliver actions for case-managed people and discuss and act to improve the quality of care for people in their patch. This will be funded by ICP resources
 - Continue to support the expanded community rapid response service and wider access to equipment, put in place and funded under the admission avoidance programme (current).
 - Maintain and monitor the level of resources made available to support people with acute needs cared for in the Home Ward – spreading the current resources if the Home Ward model grows geographically. (Sept-Dec 2012) 0.4 SW as above
 - Expand the availability of reablement packages to community referrals.
 - Work with home care providers to ensure that homecare workers and their managers are able to give effective early warning if people

- deteriorate at home (including using contracting to drive change in this area).
- Distribute 'message in a bottle' bottles to clients with the support of Age UK and Southwark Carers.
 - Work with acute and community health colleagues to develop and implement a new streamlined discharge process which will focus assessment in the community, working to shift and reprioritise staff accordingly (Sept 2012) This will require project management support to achieve within timeframe set out as is complex. It will also raise issues of accommodation.
 - Work with Lambeth social care to develop a single model for reablement and a joint procurement for specialist reablement homecare
 - Improving the level of care for older people with dementia.
 - Implement other changes to the pathway where these are agreed at the Integrated Care Management Board.
19. There will be the requirement for the council to prioritise and provide professional and management resource to support the development and deployment of IT to be introduced under the ICP, including:
- WebEx facilities enabling virtual link-up with community MDT meetings (for May 2012)
 - New electronic discharge forms to support the simpler discharge processes (Sept 2012)
 - An interoperability system connecting key social care systems with general practice, community, mental health and acute care, allowing timely sharing of key information (2013)
20. The council will need to support any activities associated with Information Governance, data protection and consent, and complete introduction of NHS numbers within social care records (end 2012/early 2013).

Business Case

21. Improving Intermediate Care, which is the interface between the NHS's and the council's statutory duties, is a key priority for the council. In 2011/12 there were a total of 146 delays in hospital discharge, a reduction of 21% on last year (185). Of these just 33 were social care delays, a reduction of 45% on last year (60)¹.
22. Current data (2009/10) from Projecting Older People Population Information (POPPI) indicates that Southwark PCT and Southwark Council are:
- in the upper quartile nationally for emergency admissions for those over 65 years
 - on the cusp of the upper quartile for 'actual' versus 'expected' emergency admits. This means that we have more admissions than would be expected for our population
 - we use more emergency bed days than would be 'expected' for our population (adjusting for deprivation, gender and age)
 - we are between median and upper quartile levels for permanent admissions to residential and nursing care for people aged 65+

¹ NHS Key Performance Indicator returns March 2012

23. Local older people have told us they want better continuity of care, an opportunity to talk through concerns with someone focused on their whole needs, better coordinated care, and less time in hospital, and they don't want to go into a care home.
24. Changes introduced under the ICP first wave will mean half of older people in Southwark will have a holistic health check with someone focused on the care of older people and one sixth (8000) will have a case manager who will help coordinate their care. Those who need specialist assessment by a geriatrician will be able to access that more rapidly, and without being admitted to hospital. People will be healthier as a result, but will also have increased support to remain independent at home because of better rapid response services and expanded reablement services.
25. Every year, it is estimated by the ICP that 960 fewer people from Lambeth and Southwark will need to be admitted to hospital in an emergency. The ICP also predicts a reduction in use of residential care home placements by up to 30% and reduction in home care through expanded reablement. Therefore assisting the council in its savings plans and strategic objective to shift the balance of care away from residential to community based personalised care, with expanded use of assistive telecare.
26. Through the ICP programme, residents of Southwark should see improvements in care quality and experience. It is anticipated that there should be greater support to live independently with support being more tailored to specific needs, particularly people with a range of complex conditions and co-morbidities.
27. The Increased support for social care is a theme within the ICP, to support people through joint working with health partners, is likely to result in better management of risks and decision-making, because of better access to information from health partners
28. The benefits of working across Lambeth and Southwark also include reducing duplication of processes and potential efficiencies through the reduction of transaction costs in delivering services. The council's engagement with the ICP will be logged with the central strategy team, who are overseeing and monitoring bi borough initiatives across the council.
29. The ICP also provides important recognition that social care is a vital element in the system and that investment is needed in this area.

Policy implications

30. Engagement in the ICP will compliment the council's strategic priorities outlined in The Adult Social Care Strategic Vision agreed by The Cabinet in April 2011. Most notably the emphasis contained within the vision document upon the following areas :
 - expansion of reablement and other forms of targeted preventative intervention
 - support for older people to maximize their independence
 - partnership working with the NHS
 - avoiding duplication and the minimization of bureaucracy and transaction costs

- further developing a more person centered approach to service delivery
 - the need for work force and provider redesign and transformation.
31. The ICP also compliments the emerging priorities currently being developed through the Shadow Health and Well Being Board, as approved by the cabinet in March 2012. The Board will develop and lead on the implementation of a Joint Health and Wellbeing Strategy (JHWS), informed by a needs assessment of the borough's population. The JHWS will sit within a policy framework in Southwark which includes the council Plan and the NHS Clinical Commissioning Group five-year plan.
 32. The developing Health and well Being strategy will build upon what already works in the borough, and also lead a framework for the council to lead on the transformation of public health. There are a number of areas that have been identified which will be prioritised for change, the most related of which to ICP core objectives is supporting the borough's vulnerable residents in coping and resilience skills to maximise their independence.
 33. The strategic objective of the ICP is also aligned to those contained in the Health and Social Care Act 2012.

Risks and how they will be managed

34. The major risk for the council is that investment alternatives will not reduce to the level of residential and domiciliary support as much as is anticipated.
35. A policy briefing published in April 2012 by the Local Government Information Unit, demonstrated that the success of a number of intermediate care pilots nationally were mixed. Based on their finding, the report provides a route map to planning and decision making which includes a number of elements needed to ensure success in such initiatives:
 - scale projects to local capacity with a realistic timescale to avoid being overwhelmed by the complexity of change
 - maintain focus on improvements for service users by involving them in project design or user-focused performance metrics in order to avoid drift into process-driven change
 - make a clear business case for the benefits of change and engage with key staff groups eg. GPs
 - build-in activity to change attitudes to develop collective values and vision.
 - establish governance and performance management systems
 - develop the necessary infrastructure including IT
 - establish supportive financial systems and incentives.
36. The ICP programme structure and schedule of work streams appears to reflect these core principals to ensure effective delivery.
37. There is also a further risk for the council that the level of demand and range of complexity of the cases referred to the council's reablement pathway will swamp the service.
38. This risk is being managed by the council working very closely with its NHS and Lambeth Council partners, to agree a final service model, means of funding and carefully assessing the implications for the council, before finally agreeing the

scope and range of reablement to be provided.

39. A final risk has been identified, which relates to shared personal data relating to individual service users /patients, between the council and the NHS and Lambeth Council.
40. This will be managed by ensuring that the council complies with the requirements of the Data Protection Act, and its own data control systems and policies. Again there is existing precedence for this, through the council's existing partnerships with the NHS.

Community impact statement

41. Consideration has been given to the 8 strands of the council's equality duty, and this assessment looked at each of the equality strands outlined in the Equality Act 2010 as well as considering the implications of the Public Sector Equality Duty (PSED) also contained in the Act. .
42. It has been difficult to obtain reliable data in relation to all of the protected characteristics from the NHS partners that make up the ICP, in order to complete this assessment. Therefore known demographic and activity data has been used to consider the impact.
43. **Age** – We know that the older population in Southwark is growing. Over 25,000 people aged 65 or over live in Southwark (approx 9% of the population) a smaller proportion compared to London (11.4%) and England (16%).By 2025 an additional 5,000 more residents aged 65 and over are projected to live in Southwark, with a larger proportion of people aged 85 and over.²
44. Census data from 2001 showed a that greater proportion of older people in Southwark live alone, (42.7%), than in London, where this figure is 38.4% , or in England as a whole, where only 34.4% of older people live alone. The council and the ICP both recognise that older people living alone is a significant driver when considering why many are unable to either return, or continue to live in their own home as they become more frail. Hence resulting in avoidable prolonged hospital or permanent residential and nursing care admission
45. A survey undertaken by DEMOS with 328 older recipients of social care on behalf of the council in 2010 showed that improving their physical health was the single biggest factor older people in the borough would like to change. The same survey showed that residential and nursing care was the lowest aspiration for older people as their health and independence declined.
46. The first phase of the ICP will be focusing upon improving the range and scope of NHS and council services to support older people staying well and independent in their own homes. It is therefore considered that the ICP will have a positive impact upon the needs and aspirations of the older residents in the borough.
47. **Gender** – There are currently around 3,300 more women aged 65 and over in Southwark than men. The split between males (43.3%) and female (56.7%) is the same as London, and England.³ As the population gets older, the proportion of

² Draft JSNA Older People April 2012

³ POPPI version 5.1

women rises. It is anticipated that the ICP programme will benefit the oldest members of the community most significantly as health factors tend to become more complex as people become older. There are therefore no disproportionately negative impact identified on the grounds of gender

48. **Disability** – Declining health and mobility are disproportionately higher for our older population. Southwark's 2010 Annual Public Health report describes the number of adults of all ages diagnosed with specific major conditions. The report also details how many people may have a condition, but have not yet been diagnosed with it.
49. The main conditions in Southwark that cause disability in our older population include: Chronic Heart Disease, Strokes, Diabetes, Dementia and Mental ill health, and Chronic Obstructive Pulmonary Disease (OPCD) There is also evidence that there remains considerable health inequalities amongst our older population in the borough, with higher prevalence rates amongst the less economically prosperous local groups.
50. These most common conditions give rise to frailty which will be targeted through the ICP, and therefore the recommendations contained within this report will disproportionately benefit older people who are living with a disability or long term condition. The ICP will have a particular focus on integrating mental and physical health.
51. **Race** - Just over 81% of those over 65 in Southwark are White (British, Irish and Other) The second largest ethnic group is Black (Caribbean, African or other); 'Black Caribbean' makes up the majority of this group. The ethnic mix in Southwark is likely to shift over time, for instance, GLA 2010 estimates expect the proportion of White ethnicities to fall to 66% by 2025, a fall of 15%⁴.
52. The changing ethnic makeup of the population may have implications for the design of public services, as they should respond effectively to all need across cultures and address language barriers. Some studies have found that reported ill health was substantially higher among older minority ethnic adults than older whites, particularly in relation to a number of the most significant disability issues identified above (Strokes, Heart Conditions/hypertension etc)
53. Therefore the ICP is not anticipated to have any negative impact in relation to race, and is likely to have a particularly beneficial impact upon older adults from BME communities who disproportionately experience a number of key conditions referred to above.
54. **Faith /Religion** – The council and the NHS partners engaged in the ICP will continue with their current practice of observing religious practices of service users and patients. Therefore the decisions contained in this report are not judged to have any significant impact upon any of the faith communities in Southwark.
55. **Sexual orientation** The council and NHS partners engaged in the ICP will continue with their current practices of recognizing the rights of people and their partners, who are lesbian, gay or bisexual (LGB). Therefore the decisions contained in this report are not judged to have any significant impact upon any of

⁴ JSNA Older People Draft April 2012

the LGB communities in Southwark

56. **Gender reassignment** - The council and NHS partners engaged in the ICP will continue with their current practices of recognizing the rights of people who are transgender. Therefore the decisions contained in this report are not judged to have any significant impact upon this community in the borough. Therefore the decisions contained in this report are not judged to have any significant impact upon any of the faith communities in Southwark.
57. **Marital status and pregnancy/child care responsibility** - The ICP's initial focus is on older people, and therefore implications in relation to child care and pregnancy are not considered to be a major factor for the target communities. There are however thought to be a significantly high proportion of this cohort who is married where one of the spouses is in effect also a carer. It is also likely that many adult children/ relatives of this group of older people may themselves also have child raising responsibilities as well as caring for their parents/older relatives. With the emphasis of the ICP upon providing more support for those living at home who are very frail or chronically sick, it is considered that the recommendations contained within this report are likely to have a positive impact upon the carers of many of the borough's most frailest residents.

Resource implications

Financial Issues

58. Due to the unprecedented financial situation at this time, the council has been assessing the financial impact of the ICP upon its overall budgetary management plans. It should be noted that before agreeing to any further specific measures in the ICP programme, the council will firstly undertake a thorough assessment of the financial impact for the authority.
59. The ICP intention to reduce residential care admissions by 30% would contribute positively to the council's ability to deliver quality services within the allocated budget.
60. The ICP also suggest that there will also be a reduction in demand for nursing home care, as people will be healthier and so there will be fewer cases of serious ill health that currently tend to lead to nursing home admission eg fractured neck of femur cases, but this is too uncertain to model.
61. The ICP further suggest that 10% of people currently receiving domiciliary care in Southwark will no longer need it as a result of the ICP programme. At the same time those people who no longer access residential care would be likely to access domiciliary care. In Southwark the ICP estimates this gives a net reduction of 26 homecare packages per year, with a net permanent reduction of 51 packages.
62. These ICP assumptions are based upon the premise that that 100% of people eligible for new domiciliary packages will receive enablement, and 60% of those assessed as needing residential care for the first time. This will see an increase in the current average level of reablement packages of care being provided in Lambeth and Southwark (610) to approximately 1, 820 people being offered reablement per year across Lambeth and Southwark – or 35 referrals per week

63. The ICP will promote the local deploying of joint resources for this client group to be more effective and provides a foundation for integrated community health and social care services for people with a diverse range of long term conditions.

Budget Issues

64. The concurrent report from the Finance Director below sets out the relevant funding that the council already receives, from the Department of Health and the local NHS to support its work in this area

Staffing issues

65. The engagement with the ICP will be delivered through existing staffing structures, unless specific additional resources are made available to the council from the NHS, as highlighted above.
66. Although the ICP does not intend to promote organisational integration, there is a possibility that some of the programme's work streams may have human resource (HR) implications for the council. This could be in areas such as possible TUPE of staff, or more likely council staff working within integrated teams with NHS or Lambeth Council staff, either managing or being managed by staff from these separate organisations.
67. The council has experience of such issues and current HR protocols already provide guidance for staff working within multi disciplinary teams involving NHS partner organisations.
68. Any formal HR decisions on these matters will be made following the appropriate delegated decision making process under the council's constitution.

Consultation

69. The ICP has run a number of multi disciplinary stakeholder design groups, service user consultation events and work with seldom heard groups to inform the development of their business case to St Thomas' and Guys Charity. The ICP has also established a "Citizen's Board" to provide an ongoing service user and patient voice and engagement within the programme.
70. The council has already sought engagement from stakeholders on various aspects of the programme. For example there has been a number of presentations to the Older People Partnership Board in Southwark over the past 12 months, focusing upon both an over view of the programme and more specifically upon reablement and older adults with dementia.
71. Similarly the in April 2012, the council held a multi disciplinary/organisation challenge event on the proposed direction of travel for the reablement service. The learning from this will help formulate the council's future reablement service model.
72. As identified above, the ICP compliments the direction of travel the council is taking to deliver upon its Future Vision of Social Care, which was itself subject to considerable consultation before being agreed by the Cabinet.
73. Moving forward, specific aspects of the ICP delivery programme will also seek

wider stakeholder engagement as required. For example, the procurement of a joint reablement home care service with Lambeth, which itself will require separate approval through the council's Gateway process.

74. The council's continued user engagement will primarily be through the Older People's Partnership Board, which includes representatives of Community Action Southwark (Age UK, Stroke Care, Alzheimer's Society and Southwark Carers) LINKS, Pensioners Centre, Pensioners Forum and Pensioners Action Group, as well as representatives of other council departments and NHS partners.
75. It is noted in the Local Government Information Unit Policy Briefing mentioned above, that this initiative will only be effective with the support and engagement of service users/patients and their families. The council, through its involvement with the ICP will ensure that any significant acts are subject to appropriate consultation and engagement before making a final decision on what course of action to take/ recommend.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Communities, Law & Governance

76. The report shows that engagement with the ICP will require close partnership working with a number other agencies. The aims of the programme are to improve the quality of health and social care for the people of Southwark and Lambeth and to create a health and care system that is more financially sustainable for the future. These are matters within the portfolio of the Lead Member for Health & Social Care. As the decisions concern the promotion of effective working partnerships and strategy in relation to service delivery, they are matters upon which the Lead Member may take decisions using the powers under Part 3D of the constitution.
77. It is noted if agreement is given to participate in the pilot then agreement is also sought to delegate, to the Strategic Director of Health and Community Services, any, any subsequent service model decisions to be made in relation to specific ICP work streams, through the ICP Sponsor Group. This would be an appropriate delegation.
78. The proposal explains the consideration that has been given to how people with protected characteristics will be affected by the pilot. In broad terms the conclusion is there will be no negative impact on any group with protected characteristics. The pilot will be of positive benefit to those who have disabilities and older people.

Finance Director FI/991

79. In 2011-12 the council received from the Department of Health additional funding via the PCT of £4.3m in relation to providing intermediate care services and a specific reablement grant of £900k, with a further £991k in late 2011-2012. For 2012 to 2015, it has been confirmed that funding will be at the same levels)
80. In addition, £1.181m 30-day re-admissions funding has been utilized in Southwark for the period from January to December 2012, to support work around reducing hospital admissions. This has been through investment in Enhanced Rapid Response Team, Virtual Ward Pilot, Respiratory Hospital at

Home, enhanced social work in A&E/AAU's, piloting single point of access to health and social care services, understanding reasons for stroke patient readmissions, rapid access to home equipment, discharge coordination and providing a flexible immediate response and night owl service for low level care needs at night.

81. The proportion of this funding that is being transferred to the council under the hospital avoidance programme in total over two financial years (2011-2012 & 2012-2013) is £328,130
82. If legitimate demand for reablement packages increases above the anticipated level as a result of the ICP programme (equivalent to approx. 30 cases per week) additional funding will be made available from ICP/health sources to resource up to a further 5 cases per week
83. Through engagement with the ICP, the council may also benefit from access to additional funding made available through the St Thomas's and Guys Charity, to support and transform the current service model in line with the council's Future Vision for Social Care and budget management plans.
84. Any further investments made by the council in relation to the ICP, is anticipated primarily being in relation to existing plans to enhance and develop the reablement model in Southwark, and will be only agreed after a full assessment of the financial implications for the council and where a budget has been identified. (Either through an allocation from health or a redirection of existing council budget resources)
85. The ICP anticipate that the additional ICP-related changes will become less reliant on these funding streams, and by 2014/15 would make more savings than they cost the council. This would come about by a reduction in residential care placements. It should be noted that the council will need to make further savings as government grant is further reduced and demand is also expected to increase

Human Resources

86. Whilst it is not envisaged that these proposed arrangements will have any TUPE implications for Southwark Council Employees HR advise that a legal view is sought in relation to this proposal and any governance arrangements that will be necessary to have in place.
87. There is an established Integrated Services Human Resources Protocol place that will apply to the proposed arrangements.
88. At this stage it is not anticipated that there will be a requirement to reduce the current staffing compliment in the Reablement Service or the Hospital Discharge Teams and therefore no employees are at "risk" of being displaced or redundant.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
ICP Business Case Guys and St Thomas Charity	Older People Commissioning	Andy Loxton 53130

APPENDICES

No.	Title
Appendix 1	Governance structure of the ICP
Appendix 2	Terms of participation with the ICP
Appendix 3	ICP Work streams

AUDIT TRAIL

Lead Officer	Sarah Mc Clinton	
Report Author	Andy Loxton Lead Commissioner for Older People	
Version	Final	
Dated	22 May 2012	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	Yes	Yes
Finance Director	Yes	Yes
Cabinet Member		
Date final report sent to Constitutional Team		22 May 2012