

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

27 NOVEMBER 2013

REPORT OF CHIEF OFFICER, NHS HARTLEPOOL AND STOCKTON ON TEES CLINICAL COMMISSIONING GROUP

INTEGRATION TRANSFORMATION FUND

SUMMARY

The paper provides the Health & Wellbeing Board with information regarding the Integration Transformation Fund including background and current guidance, timescales, indicative allocations and initial governance arrangements.

RECOMMENDED

It is recommended that the Health & Wellbeing Board:

- Receives the update in relation to the Integration Transformation Fund including the planning and governance arrangements that aim to ensure that plans are prepared within the relevant timescale and
- Agree to receive a further report in January 2014, when the completed planning template will need to be approved for submission by 15 February 2014.

BACKGROUND

As reported previously to the Health & Wellbeing Board, a letter from the Department for Communities and Local Government and the Department of Health to Chairs of Health and Wellbeing Boards and Directors of Adult Social Services on 26 June 2013 announced a £3.8bn pool of funding to promote the integration of health and social care services that support some of our most vulnerable population groups.

CURRENT GUIDANCE

- 2.1 Further information has since been issued by the Local Government Association and NHS England (attached as **Appendix 1**) which sets out the context of the Integration Transformation Fund (ITF), how the £3.8bn funding pool will be created and how local plans should be developed for its use.
- 2.2 The guidance reiterates that the ITF is a genuine catalyst to improve services and value for money and a real opportunity to create share plans that integrate services to provide improvements for local communities and strengthen current arrangements for sharing

information, staff, funding and risk across the health and social care economy. It forms part of the NHS planning framework that requires CCGs to agree five year strategies including two year operational plans that include the ITF and respond to the outcomes of local Call to Action public engagement.

2.3 There is a recognition that changing services will take time and that planning for 2015/16 when the fund becomes fully functional needs to commence so that implementation can begin during 2014. Providers must be engaged in the planning process from the outset given the impact of the changes and in order to achieve the best outcomes for local people.

2.4 There are six National Conditions that must be met in order for the pooled money to be accessed. These are:

- Plans to be jointly agreed (by Councils and CCGs, with engagement of providers and sign off by the Health & Wellbeing Board.
- Protection for social care services (not social care spending)
- Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care using the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
- Agreement on the impact of changes in the acute sector.

2.5 The fund will be allocated to local areas where it will form a pooled budget jointly governed by the CCG and local authority. In order to access this fund, CCGs and local authorities must jointly agree plans for how the money will be spent, and the plans must meet certain requirements.

2.6 Strategic and operational planning by the CCG must take place within the context of a 'unit of planning' that will be the north of Tees. Whilst an oversight /partnership group across the North of Tees will ensure that there is strategic alignment of plans across that footprint and will encourage the sharing of best practice. The Adults' Health and Wellbeing Commissioning Group, that reports into the Health and Wellbeing Board, will be responsible for the development of our local plans for recommendation to the Health and Wellbeing Board.

3 TIMELINE FOR DEVELOPMENT OF PLANS

3.1 Health & Wellbeing Boards are required to submit a completed planning template for their area by 15 February 2014. In order to complete the template, Health & Wellbeing Boards need to provide information on:

- How service providers and patients / users have been engaged.
- Vision for Health and Care Services
- Integration Aims and Objectives
- Planned Changes
- Implications for the Acute Sector; and
- Governance Arrangements.

3.2 The plan must also identify:

- how the six National Conditions will be met;
- the expected outcomes and performance measures for the planned changes;
- how the pooled budget will be spent;
- contingency plans if planned improvements are not achieved; and
- key risks and plans to mitigate those risks.

The draft template is attached as **Appendix 2**.

3.3 The CCG are required to submit draft five year plans through their Health & Wellbeing Boards (including a two year operational plan that covers the ITF) by 4 April 2014, with final five year plans to be submitted by 20 June 2014.

4 FINANCIAL IMPLICATIONS

4.1 Funding allocations have not yet been confirmed and CCG allocations are expected to be issued later in December.

4.2 Based on the announcements regarding the funding available nationally, the CCG have identified an indicative allocation for Stockton-on-Tees for 2015/16 of £13.1m.

The indicative allocation of £13.1m is made up as follows:

Funding Stream	Funding
Existing NHS Transfer to Social Care (2013/14)	£3.0m
Existing Reablement Funding	£1.1m
Existing Carers Funding	£0.35m
Additional NHS Transfer to Social Care (2014/15)	£0.7m
Capital Grants (including Disabled Facilities Grant)	£1.2m
Funding from CCG baseline budget	£6.7m

4.3 All existing resources are currently fully committed and a piece of work will need to be undertaken to review how these resources are being deployed, to ensure that the funding is being used to improve health and social care outcomes and support the integration agenda.

4.4 As outlined in Appendix 1, a significant element of the new funding (£1bn of the £3.8bn available nationally) will be linked to the

achievement of outcomes, with an element of the funding paid based on performance. The measures are not yet agreed but are likely to focus on delayed discharges from hospital, emergency admissions, effectiveness of re-ablement services, admissions to residential and nursing care and patient / user experience.

5 RISK IMPLICATIONS

- 5.1 Whilst there are no specific risks identified in relation to the ITF at this stage there will be implications for current services as work to develop local plans progress and there will be risks associated with delivery of the national conditions and achievement of the national measures.
- 5.2 There is a requirement for partners to develop an agreed shared risk register in relation to the ITF with risk sharing and mitigation arrangements identified. This will include steps that will be taken if the system is not transformed and activity volumes do not change as planned e.g. an increase in emergency admissions or an increase in nursing home admissions.

6 CONSULTATION

- 6.1 Locally the CCG has commenced public engagement as part of Call to Action which includes a public meeting on 3rd December using a market place process to understand the views of local people on the following key areas:

- Long term Conditions
- Maternity care
- Children and young people
- Urgent care
- Frail and Elderly including End of Life
- Mental health, Learning Difficulties and Dementia

In addition Catalyst via Healthwatch have been commissioned to undertake a series of meetings/focus groups with 20 different local and voluntary groups to ensure that views are gathered from all parts of our community.

The information from this and responses via questionnaire through *My NHS* the CCG public member network will be used alongside other information already collected from Council public engagement and consultation processes to inform the plans.

Name of Contact Officer: Ali Wilson, Chief Officer
NHS Hartlepool and Stockton on Tees Clinical Commissioning Group
Telephone No: 01642 745014
Email Address: awilson18@nhs.net