

**TO: HEALTH AND WELLBEING BOARD
12 DECEMBER 2013**

**INTEGRATION TRANSFORMATION FUND
Director of Adult Social Care, Health and Housing
Bracknell and Ascot Clinical Commissioning Group (CCG)**

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to explain the background, details and conditions of the Integration Transformation Fund and to propose an approach and timescale for developing the Integration Plan.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:-

- 2.1 Note the requirements of the Integration Transformation Fund.**
- 2.2 Agree the timescale and support the approach to developing the Integration Plan for sign off by the Council's Executive, Bracknell and Ascot Clinical Commissioning Group Governing Body and the Health and Wellbeing Board.**

3. REASONS FOR RECOMMENDATIONS

- 3.1 The Integration Plan for Bracknell Forest must be agreed and submitted to the NHS England Area Team by 15 February 2014.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 All options for the integrated provision of services will be considered in developing the Integration Plan.

5. SUPPORTING INFORMATION

Integrated Care and Support: Our Shared Commitment

- 5.1 Following the publication of the Care Bill, the Government announced, in "Integrated Care and Support: Our Shared Commitment", that local areas must develop integrated health and social care services over the next five years. It is recognised that there is no blue print for integrated care, and while elements of different models will be transferable, every locality is unique and needs to develop a different model to suit the needs of local people. A national collaboration will drive progress and provide support, and a national programme of integration pioneers will share solutions and identify barriers to integration, some of which will be addressed at a national level.

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5.2 The statement from Government sets out the following expectations for local areas:

- Local leaders should join together to develop innovative models for integration
- There should be Health and Wellbeing Board level commitment to integration and an agreed action plan
- Integration should adhere to the principles of the Caldicott Report and the NHS Constitution on data sharing
- Solutions to integration should be co-produced with local people who are supported by health and social care services
- Progress against the definition and personal narrative for integrated care to be measured
- That care should be co-ordinated around the needs of the individuals not diseases or dependency scores
- Individual's data to be shared where this is important for the quality or safety of care
- Opportunities are to be identified for frontline staff to build relationships with colleagues who provide parallel forms of care
- Organisations should avoid retreating into familiar silos as the financial climate toughens
- Organisations should be ambitious in planning person centred care and jointly allocating resources

5.3 Implementation of further integrated working will be funded by a £3.8bn Integration Transformation Fund.

NHS Funding for Social Care and the Integration Transformation Fund

5.4 The actual NHS Funding for Social Care for 2013/14 and planned ITF funding for 2014/15 and 2015/16 is as follows:

2013/14 (£1,295K for Bracknell Forest)

	£	£
(i) Community Equipment and Adaptations <i>Demographic and System Capacity Support</i>	10k	10k
(ii) Telecare		
(iii) Integrated Crisis and Rapid Response Services <i>Additional Support for LTCs</i>	71k	71k
(iv) Maintaining Eligibility Criteria <i>Demographic and System Capacity Support</i>	620k	620k
(v) Reablement Services <i>Demographic and System Capacity Support</i> <i>Stroke Care</i>	60k 26k	86k
(vi) Bed-Based Intermediate Care Services <i>Demographic and System Capacity Support</i>	60k	60k
(vii) Early Supported Hospital Discharge Schemes <i>Demographic and System Capacity Support</i>	20k	20k

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(viii)	Mental Health Services		108k
	<i>Dementia Adviser</i>	35k	
	<i>Dementia Support</i>	73k	
(ix)	Other Preventative Services		100k
	<i>Public Health Projects</i>	100k	
(x)	Other Social Care		220k
	<i>Support for Carers</i>	100k	
	<i>Supporting People with autism</i>	80k	
	<i>Programme Development Capacity</i>	40k	
	Total		1295k

2014/15 (£1.1bn nationally)

- a. The £900m funding the NHS planned to transfer to fund social care in 2014/15
- b. An additional £200m investment in 2014/15

2015/16 (£3.8bn nationally)

- a. £1.9bn NHS funding
- b. £1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:
 - £130m Carers' Breaks funding
 - £300m Clinical Commissioning Group (CCG) Reablement funding
 - £354m capital funding (including c£220m of Disabled Facilities Grant)
 - £1.1bn existing transfer from health to social care (as 2014/15)

5.5 The funding for 2015/16 of £3.8bn is comprised of £3.45bn revenue and £0.35bn capital. It is unclear how allocations will be made, and it is also unclear what conditions attach to the money – for example, £1bn of the £3.8bn will be paid when local results are achieved. This creates considerable uncertainty for both the Council and the CCG.

If the allocation was made on the same basis as the 2013/14 money, the £3.8bn would break down as follows:

	£m	£000
	Nationally	BFC
		(possible)
Continuation of existing NHS transfer to social care	900	1,357
Funding to accelerate transformation	200	302
New NHS funding for integration	2,000	3,015
Further funding for carers and people leaving hospital who need support to regain independence	350	528
Capital funding for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data and improve facilities	350	528
Total	3,800	5,729

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BFC Allocations are on the basis that the money is shared on the basis of relative needs formula, and that the formula does not change

Current social care allocations, including NHS Money for Social Care, has been on the basis of relative needs formula (RNF). The Government is currently undertaking a review of RNF for adult social care £1bn of the money – or about £1.5m of Bracknell's possible allocation – is dependent on achieving local results.

- 5.6 The fund does not in itself address the financial pressures faced by Councils and CCGs. The £3.8bn funding brings together NHS and Local Government resources that are already committed to existing core activity. Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that will deliver better outcomes for individuals. This calls for a shared approach to delivering services and setting priorities and presents the NHS and Councils, working together through the Health and Wellbeing Board, an opportunity to shape sustainable health and care (Annex A).
- 5.7 Part of the fund will be linked to performance. The detail on how this element will work is yet to be decided by Government. It is likely that that the performance metrics to be used will be determined by data that is already available. The Spending Review agreed that £1bn of the £3.8bn will be linked to achieving outcomes. In summary, 50% of the pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance. Whilst the exact measures are still to be determined, the areas under consideration include:
- Delayed transfers of care
 - Emergency admissions
 - Effectiveness of reablement
 - Admissions to residential and nursing care
 - Individuals' experience
- 5.8 It is essential that CCGs and Councils engage from the outset with all providers, both NHS and social care, that are likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Councils should also work with providers to help to manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.
- 5.9 In 2015/16 the fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and Councils. A condition on accessing the funding is that CCGs and Councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.
- 5.10 Councils will receive their detailed funding allocation following the Autumn Statement. When allocations are announced later this year, they will include two-year allocations for 2014/15 and 2015/16 to enable planning.

Local Agreement and Planning for the Integration Transformation Fund

- 5.11 Each Health and Wellbeing Board is required to sign off the plan for the Council and the CCG area. The plan to be signed off by the Bracknell Forest Health and Wellbeing Board will cover the Bracknell Forest Local Authority Area. The Government has published a template which is expected to be used to develop, agree and publish integration plans (Annex B). The template sets out the information and metrics that are needed to ensure the conditions of the fund are being met. Local areas are asked to provide a shared risk register, with agreed risk sharing and mitigation covering, as a minimum, steps to be taken if activity volumes do not change as planned.
- 5.12 The plan must outline how the following conditions of the fund are to be met:
- The plan must be jointly agreed
 - Protection for social care services (not spending)
 - 7 day services in health and social care to support people being discharged from hospital and to prevent unnecessary admissions at the weekend
 - Better data sharing between health and social care, based on the NHS number
 - A joint approach to assessments and care planning and assurance that, where funding is used for integrated packages of care, there will be an accountable professional
 - Agreement on the consequential impact of changes on the acute sector.
- 5.13 Health and Wellbeing Boards are required to submit the agreed planning template by 15th February 2014.

Draft Outline Project Plan

- 5.14 The Council and the CCG have begun to establish mechanisms for developing integrated plans. The Health and Wellbeing Board agreed to establish an Integration Task Force and a working group to
- undertake detailed analysis of current expenditure
 - identify opportunities for integration
 - develop plans for investment and dis-investment and service re-design
 - Analyse the impact on other organisations e.g. acute hospital trusts
 - Propose a risk sharing plan for the Council and the CCG
- 5.15 Membership of the Integration Task Force is as follows:
- Glyn Jones – Director for Adult Social Care, Health and Housing, BFC
Zoë Johnstone – Chief Officer: Adults and Joint Commissioning, BFC
Lynne Lidster – Head of Joint Commissioning, BFC
William Tong – Chair of Bracknell and Ascot Clinical Commissioning Group
Mary Purnell – Head of Operations, BACCG

5.16 Membership of the working group includes:

- Public Health, Finance and Commissioning staff from Bracknell Forest Council
- Commissioning and Finance staff from Bracknell and Ascot CCG
- Project Support staff from the Commissioning Support Unit

5.17 The following timetable has been proposed:

Integrated Taskforce –Planning Phases

Phase	Task	Milestone	Outcome	Support
Scoping Nov- Dec	Scope current spend Agree values and principles for ITF Identify challenges and risks	Workshop mid Nov	Agree understanding of current position	CCG and BFC Officers. CSU Team
Prioritisation Dec - Jan	Agree priority areas for joint work, based on analysis and benchmarking	HWB report Dec 12 th	Prioritised work plan for short, medium and long term	BACCG, BFC, Kings Fund, CSU, HWB
Commissioning Feb 2013- March 2014	Detailed plans for newly specified and commissioned services	TBC for each work stream	Commissioned services ready to start by April 2015.	Joint teams with CSU support
Implementation	New services commissioned and contract monitoring in place	April 2015	Commissioning plans implemented	Joint teams with CSU support

Governance

5.18 The plan must be approved by the Council’s Executive, the CCG Board and the Health and Wellbeing Board in February 2014.

Approach to identifying funding and indicative priorities

5.19 An early list of opportunities has been established which looks to take the development of integrated work further and builds on areas of success to date. These include:

- Community Response and Reablement and Urgent Care
- Linking the Innovation Fund and Public Health Grant (£100k)
- Continuing Healthcare
 - A) Opportunities for integrating assessment functions (within the National Framework)
 - B) Providing integrated ongoing support
 - C) Pooling budgets
- Joint Commissioning and Procurement
- Dementia
- Personalisation, particularly in Health
- Communications and public engagement
- Exploring Housing Options for Vulnerable People
- Services for children and young people
- Leisure and wellbeing services

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal implications are identified within the main body of this report.

Borough Treasurer

6.2 There are considerable financial implications for the Council from the expansion of the NHS money for Social Care, and the introduction of the ITF.

In 2014/15 the increase of NHS money for social care equates to approximately £300k, based on Bracknell's current share of the national transfer, which is as per the funding formula for adult social care. In respect of 2015/16 it is unclear precisely how much money will need to go into the fund, as highlighted in the body of the report in paragraphs 5.4 and 5.5, but initial estimates suggest approximately £5.7m. The allocation mechanism has yet to be determined by the NHS England, but it is worth noting that the funding formula for adult social care will potentially change to coincide with the introduction of the Care Cap.

It should be noted that £1bn of the total national fund of £3.8bn is payable on results, which on current formula allocations amounts to £1.5m for Bracknell. There is a risk that money to this value will be spent on efforts to achieve outcomes, but will not be reimbursed if those outcomes, are not achieved. The current judgement is that Bracknell performs well on the outcomes that are likely to be used as a basis for awarding the performance element of the money, for example delayed discharges from hospital, but the risk should not be ignored.

However, this should be regarded as an opportunity to achieve better outcomes for people locally, and potential efficiencies locally.

Equalities Impact Assessment

- 6.3 An Equalities Impact Assessment will be completed for each service change that is proposed as a result of the Integration Plan.

Strategic Risk Management Issues

- 6.4.1 Elements of existing BFC and CCG funding will be transferred to the ITF. Early indications show that this will include the Disabled Facilities Grant alongside existing NHS funding to social care e.g. for Intermediate Care and demographic pressures. Securing budgetary provision for existing services will be critical to the development of the Integration Plan.
- 6.4.2 It is a requirement of the ITF that Clinical Commissioning Groups and Councils understand the implications of decommissioning services from NHS providers, both Acute and Community Foundation Trusts. CCGs and Councils must agree the sharing of risk around the destabilisation of NHS Acute Sector and Community Services. The ITF guidance states, "CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services".
- 6.4.3 Both the CCG and the Council must be in agreement to the priorities for funding from the ITF. This will require a shared understanding of the needs of the population and future demand.
- 6.4.4 The performance framework for the ITF is still to be determined. Bracknell Forest Council is a high performing authority. It is not yet clear whether the implementation of the performance related part of the ITF will require meeting "stretch targets". Sufficient funding must be allowed in the ITF to improve performance relating to existing services.
- 6.4.5 In developing the Integration Plan, it is critical to ensure that services are planned to meet the needs of the people in Bracknell Forest. This will require local pathways and services that are tailored for the area rather than generic services across the east of the county.
- 6.4.6 There is a further joint risk implicit in the performance area around Acute hospitals.

7. CONSULTATION

Principal Groups Consulted

- 7.1 Consultation will be undertaken with appropriate organisations and people as a result of proposed service changes. It is a requirement of the ITF to consult.

Method of Consultation

- 7.2 To be determined, dependent on the service changes proposed.

Representations Received

- 7.3 All representations will be considered in developing the Integration Plan.

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Background Papers

Annex A – ITF Letter

Annex B – Draft Integration Plan Template

Contact for further information

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