

**HAMPSHIRE COUNTY COUNCIL****Report**

<b>Committee/Panel:</b>	Health and Wellbeing Board
<b>Date:</b>	22 October 2013
<b>Title:</b>	Health and Social Care Integration: Integration Transformation Fund
<b>Reference:</b>	5265
<b>Report From:</b>	Director of Adult Services, Hampshire County Council

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**1. Executive Summary**

1.1 The purpose of this report is to:

- Inform the Board about the Integration Transformation Fund (ITF) and the required steps to ensure a local submission is made to the Department of Health by January 2014.

1.2 This report seeks to:

- Outline the purpose, function and criteria of the fund
- Estimate the likely financial amount that will be available in Hampshire
- Outline the timeline and key actions required

**2. Recommendations**

2.1 This report requests that the Board:

- Notes the requirement of the Integration Transformation Fund
- Agree the approach and next steps

**3. Summary**

3.1 At the June 2013 Spending Round it was announced that a £3.8 billion fund would be established to support closer integration between health and social care in England. The fund is described as a "single pooled budget for health and social

care services to work more closely together in local areas”, based on an agreed plan.

- 3.2 Although there will be some increase in the level of funds transferred between the NHS and the Local Authority in 2014/15, the ITF will not come into effect until 2015/16. The fund offers an opportunity to accelerate the integration agenda at increased pace and scale. To build momentum it is necessary to develop a two year plan (2014 – 2016), which is required to be in place by March 2014.
- 3.3 To ensure plans are sustainable it will be necessary to address demographic pressures. The focus will be on providing the right care, in the right place, at the right time through significant expansion of community based services and rebalancing the role of the acute hospital sector. While the fund will focus on a pooled budget flexibility will allow for some funding to be used to protect adult social care services by offsetting the impact of the funding reductions. This will happen alongside the on-going work to deliver efficiencies across the health and social care system.
- 3.4 The use of the funding is prescribed nationally and a proportion of the funding is performance related. The size and scope of the ITF will require its implementation to be embedded in the work of the Board. This will be achieved by aligning the governance and reporting arrangements with those of the Board.
- 3.5 The transfer of NHS funding to local government creates challenges and opportunities, but reinforces the agreed direction of travel towards increased joined up responses to improve the service experience and outcomes of local people.

**4. Amount to be transferred**

- 4.1 The funding will be a pooled budget and funded from the continued existing £1.8billion allocation to support integration across the NHS and social care which includes funding for: reablement, carers breaks, Community Capacity Grant and the Disabled Facilities Grant. There will also be additional £1.9 billion new money from the NHS.
- 4.2 The ITF will have an impact on CCGs. For the average CCG the establishment of the fund will mean £10m of allocated funding transferring to the pooled budget, in addition to existing funding, which is currently found within their baseline allocation. This is in the context that the average CCG allocation is £300m in 2013/14, the £10m being equal to 3% of CCG allocation.
- 4.3 The funding will be transferred as a section 256 under the 2006 NHS Act. It is estimated as follows:

<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
17,017(current)	20,979(estimate)	74,467(estimate)

## 5. Conditions

5.1 The ITF will need to fulfil the following nationally prescribed conditions:

- Seven day working in health and social care to support hospital discharge and prevent unnecessary admissions at weekends
- Better data sharing, based on the NHS number
- Joint approach to assessment and care planning
- Implications for acute service redesign
- Support for accountable lead professionals for joint packages of care and;
- Arrangements to deploy funds in the event outcomes are not delivered

## 6. Timeline

6.1 The introduction of the ITF presents a challenging timetable that requires a significant amount of work to be completed in a relatively short timeframe. Work will need to be progressed at a time when additional government guidance has yet to be issued. The key milestones include:

<b>August – October 2013</b>	<b>November /December 2013</b>	<b>December 2013/January 2014</b>	<b>March 2014</b>
Initial local planning discussions & further national work to define conditions etc.	NHS Planning Framework issued	Completion of local plan Sign off and deliver to Department of Health	Plans assured

## 7. Implications and actions for the Health and Wellbeing Board and next steps

7.1 It is a requirement of the ITF that the Health and Wellbeing Board sign off the joint plan of action. In order to assure the Board that the necessary work has been undertaken a sub-group of the Board, the Integrated Commissioning Group (Adults) has established an ITF Working Group. This Group is made up of senior officers from HCC and CCGs and will draw on specialist advisers e.g. legal advice. The work builds on the Pioneer Bid, which was presented to the Board in July 2013 and agreed the Integrated Commissioning Group (Adults) would progress the work, regardless of whether the bid was successful.

7.2 The ITF Working Group is meeting monthly and the scope of the work required has been drawn together through an agreed Project Brief. The Brief defines the key tasks, milestones and timetable for action. The work of the Group has been informed by a half day workshop for members of the Health and Wellbeing Executive Group which was extended to CCG and HCC Chief Finance Officers.

7.3 The short timescale requires significant work to be carried out quickly. The key decisions needed do not fit with the Boards meeting timetable. In order to ensure

that the Board has early sight of the initial plan, it is proposed that the December Board seminar be used to consider the plan and shape it appropriately.

- 7.4 Following the Board seminar the plan should be up-dated by the ITF Working Group. Once complete each of the individual commissioning organisations (CCG's and HCC) will be required to ensure that the plan is agreed by their respective organisation. Only after this has taken place can the Health and Wellbeing Board sign off the plan.
- 7.5 The next Board meeting will take place in February 2014. The deadline for submission of the plan is January 2014. Therefore it is proposed that the Chair and Vice Chair of the Board meet separately to the Board to sign off the plan. In order to meet the Department of Health deadline this will need to take place prior to the next Board meeting.

## **8. Recommendation**

- 8.1 The Board is requested to:
1. Agree that the Integrated Commissioning Group continue to lead through the established ITF Working Group
  2. Make the ITF the focus of the December Board Seminar
  3. The plan be agreed by HCC and each CCG prior to the endorsement by the Chair and Vice Chair on the Boards behalf so that it can be submitted to the Department of Health in January 2014
  4. That the key performance measures be incorporated in the Joint Health and Wellbeing Strategy performance scorecard so that implementation of the fund can be regularly monitored by the Board.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	yes
Corporate Improvement plan link number (if appropriate):	

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>		<u>Date</u>
Health and Social Care Act		2012

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equalities Impact Assessment:**

1.1. Impact Assessments will be undertaken when a plan had been developed for use of the pooled funds.

### **2. Impact on Crime and Disorder:**

2.1. Impact Assessments will be undertaken when a plan had been developed for use of the pooled funds.

### **3. Climate Change:**

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

Not applicable

3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Not applicable