Health and Social Care Integration Transformation Fund

Briefing the Health Overview and Scrutiny Committee

26 November 2013

Health Settlement 2015-16: Integration Fund (£3.8bn)

Integration Transformation Fund		
1	**Existing funding from across the NHS and Social Care**	**£1.9 billion**
	Carers Break Funding	£100 million
	CCG Reablement Funding	£300 million
	Capital Grant Funding	£400 million
	Existing transfer from health to social care	£1.1 billion
2	**Additional NHS funding**	**£1.9 billion**
	Total Integration Fund	**£3.8 billion**

£1.9 billion additional NHS Funding
Includes funding to cover demographic pressures in adult social care and some costs of Care Bill
Includes £1 billion that will be **PERFORMANCE RELATED**:
• 50% to be paid on 1st April 2015 based on general conditions & performance in Q3 of 2014-15
• 50% paid in Q4 2015-16 based on performance in Q3 2015-16

Aims – Integration Transformation Fund (ITF)

- Significant catalyst for change
- Support and accelerate local integration of health and care services through joint commissioning & partnership working
- Facilitate the provision of:
  - more joined up care for patients with complex needs through service transformation
  - increased care in the community
- Help address demographic pressures in adult social care
- Realisation of improvements across health and social care and benefits including reduced demand on health services, improved outcomes for patients, increased efficiencies

Conditionality on ITF

- Original guidance stated integrated (pooled) fund will be held by local authorities. NHS England stated that funding will be channelled through CCGs
- Pooled fund to be deployed locally on health & social care
- Joint plans to be agreed by Health and Wellbeing Boards and signed off by CCGs and Councils
- Plans and assurance must satisfy nationally prescribed conditions

Nationally Prescribed Conditions

- Protection for social care services (rather than spending) with the definition determined locally
- Seven day working in social care to support discharge and prevent unnecessary admissions
- Better data sharing between health and social care, based on the NHS number
- Plans and targets for reducing A&E attendances and emergency admissions
- Risk sharing principles and contingency plans if targets are not met
- Agreement on consequential impacts of changes in the acute sector

Further work required to define these conditions

Conditions of Performance Related £1bn

- £1bn = performance related
- Likely to be based on a choice of:

  National indicators relating to:

  - Trajectories to reduce A&E attendances and emergency admissions

  Local indicators relating to:

  - Reablement, recovery and rehabilitation
  - Increased personalisation of health & social care
  - Decreasing pressures within adult social care

Hampshire Integration Transformation Fund

Authority	Section 256 funding transfers				Estimates tbc	
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£'000	£'000	£'000	£'000	£'000	£'000
Hampshire	3,163	12,653	12,200	17,017	20,979	74,467

Timescales and Next Steps

2013-14	Action
Aug – Oct	Initial planning; national definitions defined etc
Nov - Dec	NHS Planning Framework issued
Dec – Jan	Completion of plans
April 2014 onwards	Monitoring in place

All 5 Hampshire CCGs working together

- Collaborative approach
- Shared Vision and strategy
- Local delivery to meet local circumstances
- Focus on integrated community teams
- Focus on transformation
- True pooled budget, contributions from both parties
- Services follow the funding into the pooled arrangement
- Proposed governance arrangements
- Maximise use of existing joint structures

NHS and HCC working collaboratively

- Agreed Hants5 relationship with Social Care and all HCC including Public Health
- £38m savings to find 15/16 = £20m gap for Adult Social Care
- Clarify what it means for patients/public
- Need agreed definitions e.g. integrated commissioning
- Increase pace/frequency of Health & Well-Being Board
- Relationship building with providers e.g. SHFT partnership
- Develop pace & culture for integrated delivery in primary and community care including re-ablement and therapies
- Recycle what is in the system - delayed discharges/admission avoidance
- Identified resource to deliver across CCGs/HCC

Joint Steering Group

- Established as task and finish sub-group of Hampshire Integrated Commissioning Group reporting to HHWBB
- Constituted from CCGs and HCC and will engage providers in due course
- Will include a number of task and finish groups involving specialist expertise
- Meetings scheduled to draw together joint strategy and plan for sign off by end of January through each stakeholders governance process to fit national timelines
- Work associated with implementation will need to become “business as usual” when it becomes real in 6 months time

Any Questions?