

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	UPDATE ON INTEGRATION TRANSFORMATION FUND IMPLEMENTATION		
DATE OF DECISION:	28TH NOVEMBER 2013		
REPORT OF:	CHIEF EXECUTIVE SOUTHAMPTON CCG AND DIRECTOR OF PEOPLE		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

The aim of the Integration Transformation Fund (ITF) is to provide an opportunity to transform care so that people are provided with better integrated care and support, the main focus being on development of high quality, co-ordinated care for frail older people and those with long term conditions.

To access the ITF there is a requirement to develop a local plan by March 2014, which will need to set out how the pooled funding will be used and the ways in which the national and local targets attached to the performance-related elements will be met. This paper outlines the progress in developing the plan.

RECOMMENDATIONS:

- (i) That the progress towards developing the local plan for integrated working and the development of a pooled budget be noted

REASONS FOR REPORT RECOMMENDATIONS

1. Plans for the use of the pooled monies will need to be developed jointly by the Clinical Commissioning Group and local authority and signed off by each of these parties and the local Health and Well Being Board by March 2014.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Options for use of the ITF will be developed as part of the planning process. The options will identify how the funding streams already coming into the

CCG and SCC, that are badged under the ITF, can be redesigned to achieve integration priorities

DETAIL (Including consultation carried out)

3. Progress in plan development

A project plan was shared with the Board as part of the Project Brief Document in October. This paper outlines progress in achievement of the plan. The first stakeholder workshop is being held on 21 November 2013 and so an update from this event will be reported verbally at the meeting.

4. Priorities to be delivered through the ITF have been identified by the working group as:

- Greater service/organisational integration
- Implementation of shared care planning and system/s at scale
- A much stronger focus on prevention and identifying need earlier (risk stratification)
- A significant shift towards more person centred care across the whole system
- A significant shift in resources and activity to an out of hospital model

5. Benchmarking and horizon scanning

Work is underway to review local and national practice in relation to integration and to build this into local planning. Elements of this will be shared at the stakeholder workshop on 21st November. Torbay has been highlighted as a national exemplar of successful integration. A lead from Torbay will be presenting at Southampton's second stakeholder event on 12 December and also acting as a critical friend in the development of Southampton's local plan.

6. Definition of Strategic Intent

The ITF is identified as a way to achieve integration as defined in 'Integrated care and support: our shared commitment' (2013). This is described from the perspective of the individual – as being able to “plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”.

7. The evolving vision to transform current provision over the next 5 years is to create an integrated health and social care system that:

- Ensures that people are encouraged by those services they have contact with to maintain their health and wellbeing and use the opportunities and resources available to help them to be as independent as possible and reach their full potential.

- Supports people to recognise that they or others need help by providing information that helps them to assess what they need and decide what to do next.
- Provides easily accessible information for parents and carers to help them to proactively support, and where necessary advocate for the person they are caring for.
- Undertakes integrated needs assessment and risk profiling using professional judgement and data which enables the early identification of need and proactively seeks to meet this need in a preventative way.
- Develops effective and efficient cross agency ways of working that deliver timely and coordinated support by the right people in the right place that help people to achieve their full potential and be as independent as possible.
- Ensures that on-going help, if required, places the person at the heart of the planning process, is of a high quality and encourages choice, self-reliance, and anticipates future need.
- Ensures carers are supported to maintain the effective role they play in supporting individuals.

These key outcomes will be further refined and developed throughout the plan development.

8. Scope

Work has been progressed to undertake a high level scoping exercise of the potential provision that may be included in the ITF and how these resources might relate to the wider system. Services partially or wholly funded through Social Care Transfer, Reablement and Carers Break funding will automatically form part of this early scoping activity as these funding streams will form part of the developing ITF. However the opportunity to pool other health and local authority resources to support the delivery of the ITF agenda is also being considered.

9. Initial scoping work has identified a number of key “high level” functions that are important for effective integrated working. These findings will stimulate some of the discussions at the stakeholder event :
- Interagency identification of individuals with complex needs who would benefit from a more targeted approach – this will involve developing integrated systems that identify early the group of adults the agenda is looking to target.
 - Locality based multi-agency planning and case management – this includes the concept of a lead professional or care coordinator/navigator
 - Integrated Crisis response – bringing together crisis response services from across the system
 - Integrating reablement and rehab services that can have both a “step up and step down” function to prevent hospital admission or support earlier discharge
 - Proactive and integrated discharge processes – Co-ordination that starts

as soon as person enters hospital

- Remodelling of community support/stronger role for voluntary & community sector; embedding of personalisation approaches
 - Information points and how these relate to “front door” services.
7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
10. The workshop will also begin to define a set of shared values between agencies and stakeholders in order to take this work forward.

11. Financial modelling

Early modelling on current activity and spend, with a focus on reducing length of acute stay, has been undertaken to assess the possibility of shifting resources to a community based model. Some opportunities have been identified but further modelling is to be undertaken.

Financial models being considered include Year of Care tariff that has been piloted by West Hampshire CCG to try to determine an “average” cost for a patient with long term conditions and also a Reablement Tariff. These models are currently being reviewed .

12. Consultation and stakeholder engagement

A stakeholder engagement plan has been updated and is attached in Appendix 1. Two main stakeholder workshops have been set up for 21 November and 12 December.

RESOURCE IMPLICATIONS

Capital/Revenue

23.	£1.9 billion existing funding continued from 14/15 this money will already have been allocated across the NHS and social care to support integration	
	£130 million Carers’ Breaks funding	£350 million capital grant funding (including £220m of Disabled Facilities Grant).
	£300 million CCG reablement funding.	£1.1 billion existing transfer from health to social care.
	Additional £1.9 billion from NHS allocations Includes funding to cover demographic pressures in adult social care and some of the costs associated with the Care Bill. Includes £1 billion that will be performance related, with half paid on 1 April 2015 (which we anticipate will be based on performance in the previous year) and half paid in the second half of 2015/16 (which could be based on in year performance).	

The Integration Transfer Fund (ITF) does not come into full effect until 2015/16 but it is expected that Clinical Commissioning groups (CCGs) and Local Authorities build momentum in 2014/15, using the additional £200m due to be transferred to LAs to support transformation. This is assumed to be transferring from CCG baselines but this is still to be confirmed. In effect there will need to be two-year plans for 2014/15 and 2015/16, which must be in place by March 2014.

2014/15 will be a lead in and planning year. 2015/16 full level of funding will be released.

Property/Other

24. To be determined as part of the planning work

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

25. NHS England Publications Gateway Ref 00314 outlines the initial details of the Integration Transformation Fund.

Detailed guidance will be included in the NHS Planning Framework once issued. NHS England and the LGA and ADASS will work with DH, DCLG, CCGs and local authorities over the next few months on the following issues:

- Allocation of Funds
- Conditions, including definitions, metrics and application
- Risk-sharing arrangements
- Assurance arrangements for plans
- Analytical support e.g. shared financial planning tools and benchmarking data packs.

Other Legal Implications:

26. None

POLICY FRAMEWORK IMPLICATIONS

27. This will impact on SCC and CCG Commissioning intentions

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Stakeholder Engagement Plan
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes – will be developed as part of the planning process
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	N/A