

Appendix 1

DRAFT Project Brief

Integrated Commissioning Unit Integration Transformation Fund

Overall Aim:	To produce a local delivery plan for the Integration Transformation Fund which is a national requirement for submission by 31 March 2014. The plan 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. The plan needs to be signed off by the local Health and Wellbeing Board and the final draft is due to be presented to the Board for sign off on 29 January 2014.
Main Objective(s):	To ensure the development of a robust jointly agreed local delivery plan capable of: a) achieving the national and local targets for the performance related elements of the fund and managing any associated risks and b) driving the scale of system and cultural change required to improve outcomes for vulnerable adults living in Southampton.
Project Title:	Development of Local Delivery Plan for Integration Transformation Fund.
Project Director:	Stephanie Ramsey
Project Lead:	Donna Chapman
Project Manager:	Jamie Schofield
Start date:	1 October 2013
End date:	31 March 2014

Version	Date Issued	Brief Summary of Change	Owner's Name
1	8 October 2013	Initial draft	DC
2			
3			

1. Project Description / Purpose

The purpose of this document is to set out how the CCG and City Council will work together to develop the local plan for the Integrated Transformation Fund (ITF) which will need to be submitted to DH by 31 March 2014. It sets out the key principles for use of the ITF, what the plan will cover, the key tasks required and timeline to develop the plan, how key stakeholders will be involved and how the plan will be signed off locally.

It should be noted that detailed guidance on the use and make up of the ITF is not due till December and so this PID and the drafts of the local plan that are developed before 31 December 2013 have been based on the limited guidance available to date and are subject to change.

The PID will be presented to and signed off by the Health and Wellbeing Board.

2. Background

In August 2013 the Government announced £3.8 billion of funding to ensure closer integration between Health and Social Care. This funding has been described as “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities”.

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 (£1bn) will be met. This plan will also set out how the additional £200m Social Care transfer to local authorities in 2014/15 will be used to make progress on priorities and build momentum. In effect there will need to be two-year plans for 2014/15 and 2015/16, which must be in place by March 2014.

Ministers have agreed that they will oversee and sign off the plans. As part of achieving the right balance between national and local inputs the LGA and NHS England will work together to develop proposals for how this could be done in an efficient and proportionate way.

The funding will be released based on the agreement of the joint local plan. At this stage it is not confirmed if the money will be released from NHS England or via local CCGs. The intention is that this is a pooled budget not just a transfer from health to social care.

Funding detail

The £3.8billion is made up of the existing amount (£859m) that transfers from NHS to Local Authorities and circa £2 billion of funding which is being allocated from CCG budgets and other sources.

£1billion (locally approximately £4.6m) of the ITF in 2015/16 will be dependent on performance and local areas will need to set and monitor achievement of these outcomes during 2014/15 as the first half of the £1bn, paid on 1st April 2015, is likely to be based on performance in the previous year. NHS England will be working with central Government on the details of this scheme, but they anticipate that it will consist of a combination of national and locally chosen measures.

The funding locally therefore includes:

- Social Care Transfer funding of £3,971,000 that currently flows from NHS England Local Area Team to SCC
- Additional Social Care Transfer £925,000 for 14/15. Funding source currently unknown.
- Re-ablement funding of £1,387,000 which is held by the CCG and the majority is invested in SCC reablement services.
- CCG Carers Breaks funding.

This is summarised in the table below.

Description	National	Southampton estimated Share	Comment
	£000	£000	
National £859m	859,000	3,971	Already exists. Funding flows: DH>LAT>SCC
Additional funding 14/15	200,000	925	Funding flows unknown. Assumed from CCG baseline.
Capital	350,000	1,618	Held nationally.
Re-ablement	300,000	1,387	Already exists. Funding flows: CCG>SCC or Provider
Carers Breaks	130,000	601	200k already earmarked carers funding in CCG baseline. Remaining 401k assumed to be from CCG Baseline
Additional funding	1,900,000	8,783	Assumed from CCG Baseline
Total	3,739,000	17,258	

It should be noted that the ITF is not new money. A significant proportion is assumed to come from CCG baselines which are already committed and funding much of the community health provision that is critical to the integrated care agenda. There is therefore an acknowledgement that some of the ITF will continue to be used for existing community services which fall within its scope, albeit with some service redesign.

3. Context

The aim of the 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.

The NHS England statement on the ITF states that: The ITF provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in adult social care. The ITF is an important opportunity to take the integration agenda forward at scale and pace – a goal that both sectors have been discussing for several years. It should be seen as a significant catalyst for change.

The ITF will be subject to the following national conditions which will need to be addressed in the plans:

- Plans to be jointly agreed
- Protection for social care services (not spending)
- As part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning

- Ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached/outcomes not delivered
- Agreement on the consequential impact of changes in the acute sector, hospital activity will have to change to support new models of care

The features of the models include concepts such as:

- Personalisation approach, strong investment in preventative services and towards self management of care
- Risk stratification to identify those who will benefit most from integrated care
- Care co-ordination, including co-ordination that starts as soon as person enters hospital
- Well managed transitions
- Single electronic care records
- Multi disciplinary teams working around primary care practices
- Holistic approach, including integration between physical and mental health

The elements described above, including the definition of integration, are all key features of the Integrated Person Centred Care strategic priorities identified locally.

4. Project Scope

At this stage, the assumption is that the focus of the ITF will be on frail older people and those with two or more long term conditions. This will need to be confirmed when further guidance becomes available later in the year.

The ITF local delivery plan will cover the following:

- key principles
- key outcomes to be achieved
- client group
- scope of provision to be included and how this interfaces with wider system
- review of the current provision in scope and what needs to change/improve
- development of service specifications for the provision in scope with agreed KPIs and information requirements
- option appraisal for service delivery vehicle and recommendations
- financial modelling for the ITF, ensuring that funding flows reflect strategic drive towards community care and away from the acute sector
- heads of terms for the pooled fund
- risks and mitigation plans
- governance arrangements for pooled fund

5. Key Principles

The following principles will underpin the development of the local plan for the ITF:

- The ITF will be established as a pooled fund, jointly managed by the CCG and City Council (as opposed to a transfer of funding from health to the local authority)
- It is acknowledged that some of the ITF will continue to be used for existing community

- health services which fall within its scope, although this provision may be redesigned.
- Use of the ITF will be outcome focussed and there will be service specifications in place for all components of service delivery with clear KPIs and outcome measures.
- The ITF will be seen as a catalyst for change, with a strong focus on delivering the existing integrated person centred care agenda
- The City Council and CCG will work together to ensure that the funding to be transferred from the CCG baseline reflects as much as possible the drive towards supporting people in their own home and community and out of the acute sector.

6. Project Organisation

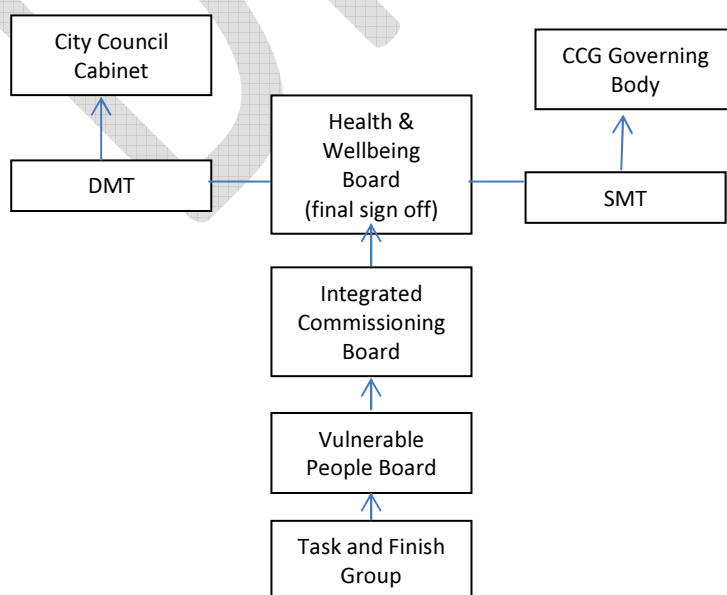
The development of the local plan will be the responsibility of a small task and finish group (TFG) with the following membership:

- Director of Integration
- Associate Director Integrated Care
- GP Clinical Lead
- Head of financial planning
- Senior Commissioning Managers – integrated care
- Joint Commissioning Manager - mental health
- Finance Manager, Adult Social Care
- Health Partnerships and Strategic Business Manager – Public Health
- Senior Contract Manager, CSU

Members of the TFG will be allocated the tasks within this PID. The TFG will be coordinated by the Associate Director, Integrated Care and **will meet fortnightly**.

The TFG will report to the Vulnerable People commissioning board/strategic commissioning group on a monthly basis. This group has representation from UHS, Solent NHS Trust, Southern Health, voluntary and community sector and primary care.

7. Governance



8. Timeline



7. Timescales / Project Plan

Milestone	Tasks/Description	Deadline	By Whom – Lead
Benchmarking and horizon scanning	Review local and national practice in relation to ITF and build into local planning	Ongoing	All members TFG
Scope	Definition of scope of provision to be included and how this interfaces with wider system	31 October	JS with support from stakeholders and other members of TFG
	Review of services within scope (health and social care) <ul style="list-style-type: none"> - What outcomes are being achieved - What's working well - What needs improving/changing - Where there are gaps - Current spend versus budget Consider fit with personalisation agenda Development of service specifications with clear KPIs and information requirements for all elements within scope	13 January	
Service delivery vehicle	Appraisal of options for delivery the services – eg. options may include joint venture, social enterprise, lead provider arrangement, mixed market Recommendation for preferred model	13 November	AL/JS With support from stakeholders and other members of TFG
Financial Modelling	Identification of existing and committed funding streams which will transfer into ITF Financial modelling around acute care tariff Financial modelling linked to QIPP – e.g. admission avoidance, reduction XBDs	7 November	PH/DCu with support from other members of TFG

Performance measures	<p>Review the local and national targets for performance related components of the ITF – awaiting national guidance</p> <p>Identify current position and performance gap</p> <p>Ensure that service delivery for the ITF is designed to achieve local and national targets</p>	7 November	DCh
ITF Risk and mitigation strategy	Development of risk management strategy	5 December	JS
Heads of terms and governance arrangements for pooled fund	<p>Development of heads of terms for a pooled fund agreement. To include:</p> <ul style="list-style-type: none"> - Key principles - Outcomes to be achieved - Risk management - Governance arrangements - Monitoring arrangements - Conflict resolution - Handling of variations and terminations - Liabilities 	5 December	DCh
Finalisation of local plan	<p>1st draft</p> <p>Second draft</p> <p>Final high level version</p>	<p>13 November</p> <p>6 December</p> <p>13 January</p>	DCh
Planning for 14/15	<p>Develop implementation plan for 14/15 to:</p> <ul style="list-style-type: none"> - Ensure delivery of local and national targets linked to performance related component of ITF - Firm up on arrangements for 15/16 	31 March 2014	DCh

8. Outline Risk Register for development of robust local plan

Risk Description	Impact (H/M/L)	Probability (H/M/L)	Mitigation & Contingency Plans	Lead
Stakeholders unable to provide necessary commitment to project – e.g. non attendance at meetings; not submitting requested information about current provision/need	H	H	PID to be shared with providers at high level meetings – system chiefs, strategic exchange as well as at vulnerable people board	SR
Information systems unable to provide required financial or activity information in timely manner	H	H	Identify early on information required and submit requests as high priority Escalate if necessary	PH
Unable to deliver project to timescales within current resources	H	M	Project management and regular meetings/feedback Continued sign up from all organisations to deliver the project against plan and commit required resources	DCh
Solent re-basing exercise still unknown – uncertainty of funding	M	M	Establish early on as part of financial modelling principles regarding which figures should be used – propose that this is pre-re-basing figures. Ensure that this is made clear at system chiefs.	PH
Contractual processes and timescales do not align, e.g. contract negotiations with UHS do not align with planning for ITF and therefore unable to achieve necessary service change	H	M	Establish timescales for contract negotiations and brief contracting leads early on regarding plans for ITF and key dependencies, e.g. splitting of tariff. KH to liaise with acute contracting colleagues.	KH