

Report to Rutland Health and Wellbeing Board

Report No. 276-2013

Subject:	Briefing Paper for Health Integration Transformation Fund
Meeting Date:	26th November 2013
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Presented by:	Tim Sacks
Paper for:	Note/ Comment

Context, including links to strategic objectives and/or strategic plans:

Introduction

The June 2013 Spending Round announced £3.8 billion worth of funding to ensure closer integration between health and social care. The money is an opportunity to improve the lives of some of the most vulnerable people in our society. We must give them control, placing them at the centre of their own care and support, make their dignity paramount and, in doing so, provide them with a better service and better quality of life.

The funding is 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”. This funding arrangement is called the health and social care Integration Transformation Fund (ITF) and this note sets out our joint thinking on how the Fund could work and on the next steps localities might usefully take.

NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) are working closely with the Department of Health and Department for Communities and Local Government to shape the way the ITF will work in practice.

The ITF does not come into full effect until 2015/16 however it is essential that CCGs and local authorities build momentum in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation in 2014/15. Therefore CCGs and Local Authorities are expected to develop and agree two-year plans for 2014/15 and 2015/16, which must be in place by March 2014.

Local Context: Challenge and Opportunity

The ITF Provides an opportunity to transfer care so that people are provided with better integrated care and support. The ITF is an important opportunity to take the integration agenda forward at scale.

To access the ITF each locality will be asked to develop a local 2 year plan by

February 2014 which need to set out how the pooled funding will be used and the ways in which the national and local targets will be met.

The fund is not intended to address the financial pressures faced by local authorities and CCGs. The £3.8bn (national) pool brings together NHS and Local Government resources that are already committed to existing core activity. ELRCCG and Rutland County Council will need to redirect funds from identified and agreed areas of activity to shared programmes that deliver better outcomes for individuals.

The programmes and priorities need to link in with the CCG strategic aims and the Rutland Health and Wellbeing Board Strategic Priorities.

Furthermore it is essential that ELRCCG and Rutland County Council engage with all local NHS and social care providers as they are likely to be affected by the use of the fund in order to achieve the best outcomes for local people. An assessment of future capacity requirements across the system is required including the management of the transition to new patterns of provision, for example, the use of non-recurrent funding to support disinvestment from services.

Funding Arrangements for the ITF

A further £200m (national) is due to transfer from NHS allocations to Local Authority in 2014/15. The remainder of the fund will be allocated in 2015/16 into a pooled budget arrangement which will total to £3.8bn. Nationally the £3.8bn is made up of the following:

- £1.1bn existing transfer from health to social care
- £354m capital funding (including c.£220m of Disabled Facilities Grant)
- £300m CCG Reablement Funding
- £130m Carer's Break funding
- £1.9bn NHS Funding

Locally this will translate as the following:

Funding element 2015-16	National Amount, £	ELRCCG £	Comment
Current planned social care transfer	1.1bn	<i>TBC (allocation to be confirmed in 14/15 planning guidance due out in December 2013)</i>	Currently held by NHS England and transferred to local authority on approval of plans – Currently 13/14 allocation for Rutland County Council - £485k
Carers	130m	<i>TBC (allocation to be confirmed in 14/15 planning guidance due out in</i>	CCG transfer to local authority current 13/14 allocation - £358k

		<i>December2013</i>	
Reablement	300m	<i>TBC (allocation to be confirmed in 14/15 planning guidance due out in December2013)</i>	CCG transfer to local authority current 13/14 allocation - £167k
Capital Funding Incl. DFG	354m	<i>TBC (allocation to be confirmed in 14/15 planning guidance due out in December2013)</i>	£134m varies Department of Health capital, £50m nationally to be used to support changes in IT systems necessary to support integration Local Government Funding (Capital grants)
Further health to social care transfer	1.9bn	<i>TBC (allocation to be confirmed in 14/15 planning guidance due out in December2013)</i>	From CCG budgets to local authority – this is not part of current transfer
Total	3.8bn		

Conditions of the ITF

The pooled funding will formally sit with Rutland County Council but will be subject to plans being agreed the local Health & Wellbeing Board and signed off by ELRCCG Governing Body and Rutland County Council leaders.

Plans will also be subject to approval at a national level by NHS England and Local Government Association. The following national conditions must be addressed by our local plans:

- Plans to be locally agreed
- Protection for social care services (not spending)
- 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 use of the NHS number.
- A joint approach to assessments and care planning
- Where funding is used for integrated packages of care, there is an accountable professional
- Risk sharing principles and contingency plans are in place if targets are not met – including redeployment of the funding if local agreement is

not reached

- Agreement on the consequential impact of changes in the acute sector

£1bn of the £3.8bn will be linked to achieving outcomes (pay for performance). 50% of the pay for performance element will be paid at the beginning of 2015/16, contingent on the Health & Wellbeing Board adopting a plan that meets the national conditions by April 2014 and the performance of the CCG and local authority over the period of 2014/15. The remaining 50% will be paid in the second half of the year based on in-year performance. Details of how this will work are yet to be provided by NHS England.

Currently the national measures that will be used to monitor performance in 2015/16 include:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential care
- Patient and service user experience

These key performance indicators will be baselined in 2014/15 in order to outline key trajectories for 2015/16.

Next Steps

An initial meeting has taken place between Local Authority and ELRCCG leads to outline some options.

In order for ELRCCG and Rutland County Council to develop their local plans the following next steps are essential:

- Identify and agree how the existing structures will support the development of the joint plans
- Identify key leads to develop the ITF plan
- Identify key priorities to include in the ITF plan and align to HWB strategy and CCG Strategy
- Identify key dates for presenting the ITF plan for agreement and approval to HWBB and CCG Governing Body.

Financial implications:

Recommendations:

It is recommended that the Health and Wellbeing Board:

(a) Notes the information contained in this report

Strategic Lead:	Tim Sacks	
Time		
Viability		
Finance		
Profile		
Equality & Diversity		