

**TELFORD & WREKIN COUNCIL**

**CABINET – 12<sup>TH</sup> DECEMBER 2013**

**HEALTH & SOCIAL CARE INTEGRATION**

**REPORT OF INTERIM DIRECTOR OF HEALTH, WELLBEING & CARE**

**LEAD CABINET MEMBER CLLR RICHARD OVERTON**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

- 1.1 This report sets out the requirements placed upon the Council and Clinical Commissioning Group (CCG) to move towards the integration of health and social care services, with particular reference to the requirements to have an Integration Transformation Fund (ITF) agreed and in place by April 2015.
- 1.2 In reality this means that integration proposals need to be developed now, to allow relevant budgets to be freed up during 2014/15 for inclusion in the ITF and an initial planning template has to be submitted by 15 February 2014, signed off by the Council, CCG and Health and Wellbeing Board.

**2. RECOMMENDATIONS**

- 2.1 **Members note requirements to put in place an Integration Transformation Fund.**
- 2.2 **Members note that a Task and Finish Group has been established with nominated Officers from both the CCG and Council to complete the planning template to meet the deadline set.**
- 2.3 **A further detailed report is brought to Cabinet on 30<sup>th</sup> January 2014 with a view to signing off the draft Plan Submission**
- 2.4 **A further detailed report is brought to the Extraordinary meeting of the Health and Wellbeing Board in February with a view to signing off the Draft Plan Submission.**

**3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<i>Vulnerable Children &amp; Adults Health and Wellbeing</i>
	Will the proposals impact on specific groups of people?	

	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.
<b>TARGET COMPLETION/DELIVERY DATE</b>	See attached actions.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The Government have identified £3.8bn nationally in 2015/16 for the Integrated Transformation Fund (ITF). This includes the continuation of the £200m of additional national funding in 2014/15 to assist local authorities in the implementation of the ITF.</p> <p>Individual allocations of funding for 2014/15 and 2015/16 will be announced as part of the Government's Autumn statement.</p> <p>In 2015/16 the ITF will be created from £1.9bn NHS funding and £1.9bn based on existing funding in 2014/15.</p> <p>£1bn of the £3.8bn will be performance related - linked to achieving outcomes.</p> <p>As the pooled budget consists of funding already committed and does not include any new funding the requirements of the fund may well exceed the existing budget arrangements. The financial implications of the Integration Transformation Fund (ITF) will need to be fully assessed as work towards implementation progresses.</p> <p>More detailed financial information relating to the Fund is included in the main body of the report.</p> <p>The Council are in separate ongoing discussions with the CCG in relation to an additional contribution by them towards the extra costs falling on the Council in relation to the current CHC situation in Telford &amp; Wrekin and the increasing drive to reduce hospital care within the NHS. Both of these issues passport increased activity and costs to the Council.</p>
<b>LEGAL ISSUES</b>	Yes	The new integration provisions will bring significant changes to the commissioning of some Council and Clinical Commissioning Group (CCG) services. As the draft plan (referred to in paragraph 2.2 of the recommendations) takes shape, officers will identify specific areas where changes to existing commissioning processes will be needed to incorporate the integration required.

		<p>These changes may effect the Council's and CCG's commissioning plans and may require separate reports elsewhere such as Cabinet and CCG Governance Board. For example, changes to existing delegated powers may need to be made to undertake the new joint commissioning. At appendix 1 of this report there is reference (at paragraph 17 of Appendix A to the letter) to potential legislative changes which, if implemented, will need to be complied with as part of this process. This will be monitored by officers.</p> <p>As mentioned in paragraph 4.4 of the report, there will be standards for the plan which are national requirements. However, there will also be the Council's and CCG's own requirements which officers will advise upon to ensure good governance, effective contract management and the protection of sensitive data.</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	<p>The timeframe for submitting a draft plan by 15<sup>th</sup> February 2014 is challenging, and will require a rapid joint effort by the Council and CCG.</p> <p>The existing information governance data sharing challenges in the NHS, caused by the introduction of the Health and Social Care Act 2012, may delay implementation of data sharing to support the integration of health and social care.</p>
<b>IMPACT ON SPECIFIC WARDS</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

- 4.1 The Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provide more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund (ITF) by April 2015, with at least a minimum value of CCG and Council monies included in the ITF. The national value of this funding in 2015/16 is £3.8bn and it includes the continuation of the national 2014/15 NHS transfer to local authorities. The spending review announced an increase to this transfer in 2014/15 by £200m to help local authorities prepare for the implementation of the ITF and make early progress on priorities.
- 4.2 On 17<sup>th</sup> October, NHS England and the Local Government Association jointly released a letter titled "Next Steps on implementing the ITF". There is an expectation that

Health and Wellbeing Boards will oversee the development of a shared plan for the totality of health and social care activity within their area and that over time the level of total funding the CCG and LA will commit into the ITF will increase. The letter suggests that a fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk.

- 4.3 Nationally there is a requirement to put our local share of £3.8billion identified as the minimum amount to be included in the ITF. This money is not new money but there is an expectation the Council and CCG will agree to use the money to take forward a new shared approach to health and social care. The local value of our proportion of the £3.8billion is still to be totally identified but include the local NHS proportion of £1.9billion of current NHS funding and the local proportion of another £1.9billion that currently is made up of existing funding badged as Carers Breaks Funding, CCG reablement funding and capital funding (including Disabled Facilities Grant).
- 4.4 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are 6 national conditions:
- Plans to be jointly agreed.
  - Protection for social care services (not spending).
  - 7 day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends.
  - Better data sharing between health and social care based on the NHS number.
  - Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases.
  - Agreement on the consequential impact of changes in the acute sector.
- 4.5 Elements of the ITF will be performance related amounting to £1billion of the national £3.8billion total. Of this £1billion, 50% will be paid at the start of 2015/16 based on 14/15 performance and that there is a joint plan in place. The other 50% of the £1billion will be paid in the second half of 2015/16 based on in-year performance. Performance measures include delayed transfers of care, emergency admissions, effectiveness of re-ablement, admission levels to residential and nursing homes, patient and service user experience.
- 4.6 The CCG, Council and Health and Wellbeing Board will have to return a planning template by 15 February 2014. For more detail see attached letter – Appendix 1 and Planning Template – Appendix 2.
- 4.7 Discussions are underway between Officers of the CCG and Council to develop a vision for the integration of health and social care locally, to share with our respective organisations for approval. Reports are being taken to Council's Cabinet and CCG Governance Board to inform of this national requirement with a view to agreeing the governance arrangements in conjunction with the Health and Wellbeing Board.
- 4.8 Clearly the ITF provides significant opportunities to build on the very good examples we have locally of integrated working, but there will be huge challenges on the way.

5. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

n/a

6. **PREVIOUS MINUTES**

None.

7. **BACKGROUND PAPERS**

- 7.1 Letter inviting expression of interest for Health and Social Care Integration Pioneers - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/198746/2013-05-13\\_Pioneers\\_Expression\\_of\\_Interest\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198746/2013-05-13_Pioneers_Expression_of_Interest_FINAL.pdf)

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