

Health and Social Care Integration Transformation Fund

Health and Wellbeing Board

Date: 11th September 2013

Author:	Acting Director of Public Health/Head of Commissioning – Children and Adults
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board of the funding arrangements and amounts to be transferred from the NHS to local authorities during 2014/15 - 2015/16 as set out in the June 2013 Spending Round.
- 1.2 The pooled funding will formally sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards and signed off by Clinical Commissioning Groups (CCG's) and council leaders.
- 1.3 The report also covers the proposed interim arrangements for 2013/14 where it is proposed that £2.75m transfers from NHS England to Swindon Borough Council.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss the implications of the 2013 Comprehensive Spending Review (CSR) and future funding transfers from the NHS to local authority.
- 2.2 Note and agree the conditions associated with the transfer.
- 2.3 Agree to establish a working group with SBC and CCG representation to recommend how the funding is allocated in 2014/15.
- 2.4 To note and agree the proposed spend of the £2.753m for 2013/14 from NHS England to Swindon Borough Council as outlined in paragraph 3.16 and outcome measures.

3. Detail

Transformation Fund 2014 - 2016

- 3.1 The Spending Review (SR) announcement at the end of June included setting up a £3.8bn pooled budget across health and social care (known as the Integration Transformation Fund). The purpose of the fund is to protect adult social care services, promote integrated health and social care and incentivise shared local

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strategies to reshape health and social care so that they are sustainable over coming years.

- 3.2 This funding, which 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, is seen as an opportunity to improve the lives of some of the most vulnerable people within our society.
- 3.3 The Local Government Association and NHS England published a joint statement 8th August 2013 about this funding known as the health and social care Integration Transformation Fund (ITF) outlining how the fund could work and next steps. (See appendix one).
- 3.4 The June 2013 SR set out the following:
 - 3.4.1 2014/15 – an additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned.
 - 3.4.2 2015/16 - £3.8 billion pooled budget to be deployed locally on health and social care through pooled budget arrangements. This is made up of the £1.9 billion existing funding from 2014/15 and already allocated across NHS and social care to support integration, and an additional £1.9 billion from NHS allocations which includes £1 billion that will be performance related.
- 3.5 Although the ITF does not come into full effect until 2015/16 it is essential that we build momentum in 2014/15 (using the additional £200million due to be transferred to local government from the NHS to support transformation) and develop two year plans for 2014/15 and 2015/16.
- 3.6 To access the ITF we must develop a local plan by 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 element will be met.
- 3.7 Details of the scheme regarding the conditions of the performance related element of the ITF have not been finalised but it is anticipated that it will consist of a combination of national and locally chosen measures.
- 3.8 Plans for the use of the pooled monies must be developed jointly by the NHS Swindon CCG and SBC and signed off by each organisation and by the Health and Wellbeing Board.
- 3.9 The ITF is a pooled budget that is subject to a number of national conditions that must be addressed in the plans:
 - 3.9.1 plans to be jointly agreed;

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- 3.9.2 protection for social care services (not spending);
 - 3.9.3 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;
 - 3.9.4 better data sharing between health and social care, based on the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health);
 - 3.9.5 ensure a joint approach to assessments and care planning;
 - 3.9.6 ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
 - 3.9.7 risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
 - 3.9.8 agreement on the consequential impact of changes in the acute sector
- 3.10 The intention is that local health and Wellbeing Boards will sign off the plans ensuring that they are the best for the locality; the plans will then go through an assurance process involving NHS England to assure Ministers.
- 3.11 A broad outline timetable has been agreed for 2013/14 for developing the pooled budget plans;
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| August to October: | Local planning discussions. Nationally further work to define conditions |
| November/December: | NHS Planning Framework issued |
| December to January: | Completion of local plans |
| March: | Plans assured |

Interim arrangements for the Transfer of NHS funding to Local Authorities for 2013/14

- 3.12 For 2013/14 NHS England will transfer £2,753,293 to Swindon Borough Council. The funding must be used to support adult social care services which also have a health benefit.
 - 3.13 NHS England wants to provide flexibility for local areas to determine how this investment in social care is best used. They have decided that Health and Wellbeing Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent.
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Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

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- 3.14 In line with our responsibilities under the Health and Social Care Act, NHS England will make it a condition of the transfer that SBC and CCG have regard to the Joint Strategic Needs Assessment, and existing commissioning plans for both health and social care, in how the funding is used.
- 3.15 The funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified. The *Caring for Our Future* White Paper also sets out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).
- 3.16 By this stage in the financial year firm spending plans for this allocation have, inevitably, been discussed between the two organisations and implemented by the Council. The areas being supported are summarised in the table below, with more detail provided in the subsequent sections.

Services 2013/14	£
Crisis support and Intermediate Care	662,100
Community Rehabilitation Team	93,600
Reablement*	699,300
Overnight Service	75,000
Social Enterprise transformation costs	574,000
Nursing Hospital Discharge Beds	153,200
Telecare	100,500
Fessey House Step Down Beds	270,593
Community Navigators*	125,000
Total	2,753,293

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*The funding for community navigators and reablement is subject to Swindon Clinical Commissioning Group agreeing to fund £300k for the advice and information solution.

3.17 Crisis Support and Intermediate Care, Rehabilitation and Reablement are provided in Swindon through 3 multi –disciplinary teams

- Swindon Intermediate Care Centre (SwICC) provides 30 rehabilitation beds and 26 step up beds.
- Community Intermediate Care provides programmes of rehabilitation for up to six weeks following injury or surgery.
- Reablement provides programmes of reablement for people with poor physical or mental health to help them accommodate their illnesses (or condition) by learning or relearning how to manage activities of daily living.

Evidence from the Department of Health Care Services Efficiency Department (CSED) shows that timely bursts of social care reablement, focusing on skills for daily living can enable people to live more independently and reduce their needs for on going homecare support. Homecare reablement complements the work of intermediate care and crisis services.

3.18 Overnight Service - The overnight service is a short-term intervention running in parallel with the reablement service and crisis service to deliver check calls and toileting call in the users home to avoid either a hospital admission or residential care admission during a period of crisis or reablement. During this period, where toileting needs are the main focus, alternative methods of meeting the need will be assessed.

3.19 Social Enterprise transformation costs are essential to ensure the effective establishment and further development of the Social Enterprise to deliver our integrated Health and Social Care services.

3.20 Nursing Hospital Discharge Beds - These nursing beds are for GWH in-patients who have been assessed as requiring nursing care but are medically fit for discharge from an acute setting however the first choice of home is not available. This service allows the discharge to a temporary placement pending the permanent first choice becoming available. These services are deemed as NHS services and therefore any delay is attributed to the NHS. These beds reduce the number of in-patients in hospital awaiting permanent nursing placement. These beds are also used for crisis service users to where otherwise a hospital admission would be required. These can include service users who require IV fluids.

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- 3.21 Telecare – greater utilisation of telecare assistive technology to maintain individuals in their own home or reduce 1:1 support costs in residential or nursing settings with a greater focus on learning disabilities. This has included greater use of epilepsy monitors, falls mats and door sensors but also includes medication prompt technology and has enabled a number of waking night support packages to be reduced to sleeping night in both health and social care packages.
- 3.22 Fessey House step down beds. An additional 10 crisis and step down beds are provided at Fessey House to avoid admission to residential care from an acute hospital setting.
- 3.23 Community Navigators – A pilot project is being set up in up to 4 GP practices in Swindon. A Community Navigator will be based in each practice to work with the integrated care teams made up of district nurses, social workers, localities leads and community matrons to successfully reduce hospital admissions. Too many patients and carers feel that they are required to fit their needs and lives around the services on offer, rather than the other way round. This new project looks to change that. It is about being able to work better as a team and look at expertise available for the benefit of the patient.
- 3.24 Although it is possible for the current year spending plans to be revised in light of feedback from the Health and Wellbeing Board, this would cause disruption to services and staffing if it happened in the middle of the financial year. On this basis the Board is requested to confirm the current year's allocations and make suggestions for revised areas of focus as part of the planning process for 2014/15.

4. Alternative Options

- 4.1 No alternative options are recommended within this report

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Although the ITF does not come into full effect until 2015/16 it is essential that the CCG and SBC build momentum in 2014/15 using the monies due to be transferred to local government from the NHS to support transformation and build on the commitments already made in 2013/14. There will need to be two year plans for 2014/15 and 2015/16 in place by March 2014 therefore requiring detailed planning in the autumn and winter.

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Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 The ITF is seen to provide an opportunity to improve the lives of some of the most vulnerable people in our community and to enable people to live more independent lives.

The ITF will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings and builds on the work we are already doing.

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.4 The principles of the Integrated Transformation Fund to use a single pooled budget for health and social care services to work more closely together aligns directly with our draft Joint Health And Wellbeing Strategy to improve health and wellbeing and ensure everyone in Swindon lives a healthy, safe, fulfilling and independent life.

This also links directly to the One Swindon priority of creating a healthy, caring and supportive place.

Diversity Impact Assessment

- 5.5 A Diversity Impact Assessment (DIA) has not been done as this report does not make any new recommendations that would have a detrimental impact on services

Risk Management

- 5.6 No specific risks identified at this stage

6. Consultees

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None

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8. Appendices

- 8.1 Appendix one. Statement on the health and social care Integration Transformation Fund 8th August 2013. NHS England Publications Gateway ref. No.00314
- 8.2 Appendix two. Outcome measures for 2013/14