

Report of the Director of Health and Wellbeing

## **Integrating Health & Social Care – Integration Transformation Fund**

### **Summary**

1. This report sets out current government policy and direction on the move towards Integrated Health and Social Care and the creation of the Integrated Transformation Fund. It outlines the local response to these initiatives and the Board will be asked to:
  - (1) Note the national direction of travel towards health and social care integration with the creation of Integration Pioneers and the establishment of the Integrated Transformation Fund.
  - (2) Endorse the creation of the Collaborative Transformation Board which will oversee the creation of the Integration Plan for the Vale of York CCG footprint working alongside the Integrated Commissioning Board for NYCC area.
  - (3) Note the timetable for preparing the Integrated Plan and note that the final Plan will be brought to the Health and Well-being Board for initial approval on 29 January 2014 and then for final approval on 2 April 2014.

### **Background**

2. A collaborative of national partners recently set out an ambitious vision of making person centred coordinated care and support the norm across the health and social care system in coming years. *Integrated Care and Support: Our Shared Commitment*, published in May 2013, sets out how the National Collaboration for Integrated Care and Support will work together to enable and encourage local innovation, address barriers and disseminate learning in support of better integration for the benefit of patients who use services, residents and local communities.

3. As part of the June 2013 Comprehensive Spending Review, the Government announced that £3.8 Billion would be set aside from 2015-16 onwards to ensure closer integration between health and social care. The funding is described as a “single pooled budget for health and social care to work more closely in local areas, based on a plan agreed between the NHS and Local Authorities. This will be called the Integration Transformation Fund (ITF).

### **Integrated Care Pioneers**

4. The National Partnership recognised that, while each locality must develop its own model and plans for integration based on local need, there are barriers at national, regional and local level that get in the way. Expressions of interest were therefore sought from local areas that wanted to become part of the first wave Integration Pioneers who could drive forward local change at a pace and scale from which the rest of the country could benefit. There is a plan to stimulate successive cohorts of pioneers over the next few years to enhance accelerated learning across the country.

### **North Yorkshire and York Integrated Framework Agreement**

5. North Yorkshire County Council (NYCC) and City of York Council (CYC) serve the biggest area geographically in England. This presents significant challenges around bringing together numerous organisations across multiple boundaries and a mixture of urban and rural communities. The NHS has been subject to significant financial constraints across the area for a number of years and this has led to a significant lack of investment in community based services and to some fragmentation of services.
6. NYCC and CYC agreed to work together with the NHS and other local partners to create an Integrated Framework Agreement (ITA) that would reflect the commitment of local government and NHS commissioners in North Yorkshire and York to work together to bring services together to significantly improve outcomes and eliminate the fragmentation of services across health, care and support for patients, residents, services users and carers.
7. The ITA sets out a consistent approach to the key issues around governance, accountability, resources and leadership. It will enable models for integration of commissioning and services to be developed appropriate to the group, activities and locality.

The ITA will be owned by the Integrated Commissioning Board (ICB) which will report to the North Yorkshire H&WB Board and by the Collaborative Transformation Board (CTB) which will report to the City of York H&WB Board.

8. Implementation plans will be developed under this overarching framework for each individual CCG area (Vale of York, Harrogate & Rural, Hambleton, Craven, Scarborough & Ryedale, Richmondshire and Whitby). The ICB and CTB will have the responsibility to work together to take forward not just the joint work under the Integrated Framework Agreement but particularly the individual plans for their respective CCGs on a day to day basis.
9. NYCC and CYC were unsuccessful in their bid to be a first wave Integration Pioneer but will continue to work together under the Framework Agreement and will seek to be a second or subsequent wave Pioneer.

### **Collaborative Transformation Board for Vale of York Footprint**

10. The CTB has now met twice and will oversee the development of integrated care and support across the Vale of York footprint. It will oversee the creation of a 5 year strategy and lead the delivery of an implementation plan for whole system change across all appropriate care and support services in the Vale of York. It will ensure that the strategy and plans are deeply rooted in patient/carer experience as well as the needs and views of local residents. It will work on the principles of co-production and co-design and ensure that the individual who is receiving care and support is at the heart of the integration.
11. The CTB has a representative from every NHS organisation and local authority operating within the Vale of York as well as a representative from NHS (England), Health watch and the CVS. In addition, places on the Board may also be made available to any other organisation or individuals that it is felt can add value to the work of the Board. The CTB is chaired by The Director of Health & Well-being from CYC who will provide a direct link to the wider work across York and North Yorkshire as a member of the NYCC Integrated Commissioning Board.

## **Integrated Transformation Fund for Health & Social Care**

12. The £3.8Bn Integrated Transformation Fund will be top sliced in 2015-16 from CCG budgets and transferred locally into a “single pooled budget for health and social care services to work more closely together in local areas”. Of that sum, approximately £1.9Bn is existing funding (carers breaks, reablement, capital grants) continued from 2014-15 while an additional £1.9Bn, including funding to cover demographic pressures in adult social care and some of the costs associated with the Care and Support Bill, will be available from 2015-16 onwards.
13. Plans for the use of the pooled funds will need to be developed jointly by the VOYCCG and CYC along with NYCC and East Riding Council, signed off by each of these organisations and by the Health & Well-being Board. £1 Billion of the funding will be performance related with half paid on 1 April 2015 based on performance against targets in 2014-15 and the other half released in the second half of 2015-16 based on in year performance.
14. Early indications are that the nationally determined conditions that will have to be fulfilled in order to access the ITF include:
  - Plans to be jointly agreed
  - Funding allocated to social services in order to cover demographic pressures and other costs associated with the Care Bill
  - 7 day working in health and social care to support discharge
  - Better information sharing between NHS& LA using NHS number
  - Joint approach to assessments and care planning
  - Nominated accountable professional for all integrated packages of care
  - Risk sharing principles and contingency plans if targets not met
  - Agreement on consequential impact of changes in acute sector

15. It is clear that success can only be achieved through genuine partnership, not just between the NHS and Local Authorities but between different elements of the NHS locally and between the three Local Authorities that serve the Vale of York population. There are four nationally derived challenges as well as the more specific local one. These national challenges are:
- Finding the extra NHS investment will not be easy on top of efficiency savings and will require redeployment of funds from existing NHS services. This will need careful local management.
  - Flexibility must be retained within the plan to protect existing adult social care services and to enable local authorities to meet the demographic pressures they face and the additional costs that will be consequent on the Care Bill.
  - The pooled funds must be targeted to best effect and must deliver improvements across both health and social care in a way that has the biggest impact in terms of outcomes for people.
  - The scale of investment that CCGs are required to make into the pooled budget cannot be delivered without service transformation. There must be clear agreement on how to manage the impact of any subsequent disinvestment in acute services

### **Integrated Health & Social Care Plans**

16. It is intended that the Health & Well-being Board should formally sign off the plans which will need to have been agreed by the VOY CCG, CYC, NYCC and East Riding Council. There will be an assurance process that involves NHS England in order to assure Ministers.
17. These plans cannot be made in isolation and will need to take account of:
- Local joint health and well-being strategies
  - Other priorities set out in NHS Mandate and NHS Planning Framework due out in November or December this year
  - City of York Plan 2011-15 and other Local Authority priorities

18. The outline timetable for developing the pooled budget plans in 2013-14 is:

- August to October: Initial planning and discussions
- November – December: NHS Planning Framework issued
- December – January: Completion of Plans
- 29 January 2014: Initial Plan approved by York H&WB Board
- March: Plans assured by NHS England and Ministers
- 02 April 2014: Final Plan approved by York H&WB Board

### **Options**

19. There are no specific options for the Board to consider, however the Board are asked to:

- (i). Note and comment on this report and progress made to date
- (ii). Ensure that all partners of the Health and Wellbeing Board are committed to and support the process outlined in this report.

### **Analysis**

20. The purpose of this report is to update the HWBB on progress made to date with developing an Integrated Health & Social Care Plan.

### **Council Plan 2011-2015**

21. The HWBB have ensure that the Integrated Plan takes proper account of the Council Plan objectives

### **Implications**

22. It will not be easy to find the extra NHS investment on top of efficiency savings and this will require redeployment of funds form existing NHS services. This will need careful local management.

## **Risk Management**

23. Success can only be achieved through genuine partnership, not just between the NHS and Local Authorities but between different elements of the NHS locally and between the three Local Authorities that serve the Vale of York population. Failure to work together and produce viable plans that can demonstrate good local progress against targets could result in poorer health and social care outcomes for residents and/or loss of local determination or autonomy over use of funds and/or reputational loss for local NHS organisations and Local Authorities.

## **Recommendations**

24. The Board is asked to:

- (1) Note the national direction of travel towards health and social care integration with the creation of Integration Pioneers and the establishment of the Integrated Transformation Fund.
- (2) Endorse the creation of the Collaborative Transformation Board which will oversee the creation of the Integration Plan for the Vale of York CCG footprint working alongside the Integrated Commissioning Board for NYCC area.
- (3) Note the timetable for preparing the Integrated Plan and note that the final Plan will be brought to the Health and Well-being Board for initial approval on 29 January 2014 and then for final approval on 2 April 2014.

Reason: To ensure that the Health & Wellbeing Board has full and formal ownership of the Integrated Plan and use of the Integrated Transformation Fund.

## Contact Details

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**Report  
Approved**

**Date** 24  
September  
2013

**Specialist Implications Officer(s)** None

**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

### Background Papers:

None

### Annexes

None