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HEALTH AND WELLBEING BOARD

Thursday, 12 December 2013 at 6.30 pm
Room 1, Civic Centre, Silver Street, Enfield, EN1 3XA

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Dear All

To Follow Papers for Health and Wellbeing Board

Please find attached the "to follow" papers mentioned on the agenda for the next meeting of the Health and Wellbeing Board.

Item 7 – Report on Integrated Transformation Fund.

Please bring these papers with you to the meeting next Thursday.

In the meantime, if you have any queries, please contact me, details above.

Best wishes

Yours faithfully

Penelope Williams

Penelope Williams
Governance Team

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Agenda Item 7

MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE
Health and Wellbeing Board
12 December 2013

Agenda - Part: 1	**Item:**
Subject: Development of local Integration Transformation Fund (ITF) Plan **Wards:** All	
Cabinet Member consulted: Councillor McGowan	

Director of Health, Housing and Adult Social Care

Contact officer and telephone number:
Bindi Nagra – Assistant Director of Strategy & Resources, HHASC.

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1. EXECUTIVE SUMMARY

The Spending Round 2013 announced a pooled budget of £3.8 billion, which is made up of existing budgets, for integration of local health and care systems from **2015/16 –** the Integration Transformation Fund (ITF). The budget will require councils (under the auspices of local Health and Wellbeing Boards) and their health partners (Clinical Commissioning Groups) to work together to develop and agree local plans before they can access this funding. Failure to achieve agreed outcomes will result in a proportion of the allocated funding being withdrawn by the Department of Health. It is therefore critical that the integration agenda is fully embraced by local authorities and their health partners.

The final conditions associated with the fund and its performance framework, are yet to be released. However, the following is an indicator of the data sets being considered for the ITF performance framework:-

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

The CCG budgets associated with the ITF are committed mostly to the delivery of acute services. We are deeply concerned that this is not new money so therefore limits our ability to innovate and enhance the integration agenda locally.

Key Note: £1bn of the funding will be linked to outcomes achieved.

This paper focuses on what the ITF is and what it is not, the project plan to deliver the local ITF plan and an overview of the Terms of Reference for the Integration sub group and working group.

2. RECOMMENDATIONS

- note the progress to date on the development of the ITF plan
- note the key issues raised
- endorse the direction of travel set out in initial scoping of the ITF plan and add comments
- note and agree the terms of reference for the Integration Transformation Fund Sub Board and Working Group

3. BACKGROUND

3.1 This paper sets out to provide an overview of what is meant by integration when we are referring to health and care. It describes the conditions of the Integration Transformation Fund (ITF) and outlines the process for delivery of the local ITF plan within timelines set nationally. In terms of scene setting, this paper highlights the challenges of developing the local ITF plan and on balance, the opportunities that it creates. Also, it includes the recommended Terms of Reference for the HWBB Integration sub group and working group.

3.2 The ambition of much Health and Social Care integrated working and commissioning is to shift the balance of resources from high cost secondary treatment and long term care to a focus on promotion of living healthy lives and well-being, and the extension of universal services away from high cost specialist services. This approach promotes quality of life and seeks people's engagement in their own community. To achieve these shifts we need to change the way services are commissioned, managed and delivered. It also requires redesigning roles, changing the workforce and shifting investment to deliver agreed outcomes for people that are focussed on preventative action. This builds on existing arrangements between health & care.

3.3 *Integrated care is not about structures, organisations or pathways, nor about the way services are commissioned or funded. It is about individuals and communities having a better experience of care and support, experiencing less inequality and achieving better outcomes.*

4. ABOUT THE INTEGRATION TRANSFORMATION FUND:

4.1 The June 2013 Spending Round was extremely challenging for local government and NHS Clinical Commissioning Groups handing reduced budgets at a time of significant demand pressures on services. The announcement of £3.8 billion worth of funding to ensure closer integration between health and social care was viewed by many as a real positive. 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 is called the health and social care Integration Transformation Fund (ITF). In '*Integrated care and support: our shared commitment*' integration was

helpfully defined by National Voices – from the perspective of the individual – as being able to "plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me". The message was clear that integration was viewed by many as a means to ensure the future viability services. However, access to the ITF does not come without its challenges. It was then identified that the £3.8 billion was in actual fact made up of existing funding spread across health and care. The funding was already committed to the delivery of services. Local Authorities and Clinical Commissioning Groups nationally are deeply concerned that this is not new money so therefore limits ability to innovate and enhance the integration agenda locally.

4.2 The conditions are due to be officially released at some point in December 2013. Guidance has not been specific in terms of what resource allocation methodology will be applied to produce local allocations.

4.3 In addition to the ITF, there is the additional NHS contribution for integration which includes Troubled Families Funding.

4.4 Discussions with the CCG will need to take place to understand the potential for considering the needs of children and young people in transition for funding. It has been indicated through guidance that performance measures are focussed on adults at present and we require the full set of conditions before we are able to deduce whether or not this prohibits expenditure of the fund on Children's and young people services. The £3.8bn Integration Transformation Fund will be a pooled fund, held by local authorities and funded from the following existing / budgets:-

Grant / Budget	**National allocation**
NHS Social Care Grant *(existing local government funding agreed by NHS based on conditions set)*	£0.9bn
Additional NHS Social Care Grant	£0.2bn
DH and other Government Dept. transfers (inc. DFG & capital grants) *(existing Local government funding)*	£0.4bn
CCG pooled funding of: - Reablement funding - Carers' break funding - Core CCG funding *(existing NHS funding)*	 - £0.3bn - £0.1bn - £1.9bn

Key Note: £1bn of the funding will be linked to outcomes achieved.

4.5 All of the above will be pooled into a budget which will formally sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards (H&WBs) and signed off by CCGs and Council Leaders.

4.6 Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it is envisaged that plans would be developed this year, signed-off and assured over the winter and would be implemented from 2014/15.

4.7 A paper produced for the "London Health Chief Officers Group dated 30th of July 2013" and confirmed in a letter dated 17th of October 2013 sent to CCG leads, stated the following in terms of conditions and expectations attached to the ITF plans will need as a minimum to :

- Protect social care in terms of services;
- Support the concept of 'accountable clinicians' for out of hospital care for the most vulnerable;
- Enable 7 day working;
- Take a joint approach to assessment and care planning;
- Facilitate information sharing, including use of the NHS number across health & social care;
- Take account of the implications for the acute sector of service reconfiguration;
- Set out arrangements for redeployment of funding held back in event of outcomes not being delivered.

4.8 DCLG are currently identifying how the Disabled Facilities Grant element of the capital funding will be handled, taking account of local statutory duties.

4.9 Key guidance received so far:-

- "The funding must be used to support adult social care services in each local area, which also has a health benefit"

- "*The fund does not in itself address the financial pressures faced by local authorities and CCGs in 2015/16, which remain very challenging….Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals" "It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care".*

4.10 Interpretation of the above-mentioned key guidance locally is that:-

- The ITF is focused on adults

- There is an expectation that funding will be reconfigured away from specialist services to reinvest in community interventions for adults especially older people – there is a focus on reablement in particular

- that engagement with providers especially those in acute services will need to take place immediately to ensure that funds are released in time for 2015/16 deadline – for activity to start.

4.11 Impact on local CCG allocation

i) The average CCG contribution to the pooled ITF locally could be as much as £13m.

ii) It is likely that funding will not come directly to the Local Authority from NHS England through S256 requirements. More likely will be given directly to CCGs but this will require a change in legislation.

4.12 The executive decisions to be taken about the prioritisation, deployment of resources and the oversight of their effectiveness, set down in the joint plan will be with the executive functions of both the Council and NHS Enfield. The Health & Wellbeing Board will have a duty to monitor and ensure that the joint plan is delivered within timescale.

4.13 Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it is envisaged that plans would be developed this year, signed-off and assured over the winter and would be implemented from 2014/15.

The focus of the remainder of this paper is to outline our approach to the development of the ITF plan and the governance structure to take it forward.

5. DEVELOPMENT AND DELIVERY OF THE LOCAL PLAN

5.1 NHS Enfield Clinical Commissioning Group (CCG) and Enfield Council has put in place processes and structures to develop the ITF plan under the auspices of the existing Health & Wellbeing Board (HWBB) governance structures. Executive management from the CCG and Enfield Council have begun the process of developing a shared vision through formal and informal communication channels. The project plan and timeline can be referred to in *Appendix 1*.

5.2 The ITF is viewed by the CCG and Enfield Council as a means to drive forward fast paced change to deliver the integration agenda and facilitate closer working between health and care. It is not without its challenges. The Partnership have openly acknowledged - in recent workshops - that the budgets that contribute towards the ITF pooled fund are already committed which means that there is a natural inclination to protect existing services and limits the ability to commit to new initiatives or ‘doing things’ radically differently. This view is changing through open, transparent partnership communication and a commitment to work

collaboratively to deliver integrated services that will benefit the Enfield community.

5.3 Executive Management Teams on both sides of the partnership (CCG and Enfield Council) to date have agreed the following points to take the ITF Project forward locally:-

- Develop a shared understanding of the requirements and limitations of the ITF
- Be clear across organisations about the process required to access it
- Develop a shared vision and strategy for integrated care, which the ITF would support
- Engage the full range of stakeholders involved early on – including providers, members, clinicians, users and others
- Align and marry up change programmes and initiatives across the CCG and local authority (as well as with providers) so that resources could be deployed efficiently
- Recognition that the money for the ITF has already been allocated to existing services
- The role of the commissioners is to jointly define the problem / issue to be resolved
- In terms of a solution form should follow function, the focus is about outcomes in an organisationally agnostic way
- Providers need to be in the room as we define the use of the ITF
- The sustainability of providers needs to be considered and this includes looking at the impact of plans made by other commissioners on each provider
- Representatives from the local population (that reflects the different populations) must be a voice in the room
- Think of the ITF as a milestone for the medium term programme for integration
- To commission a Professional Advisor to take forward the project locally

6.0 GOVERNANCE STRUCTURE FOR DEVELOPMENT OF THE LOCAL ITF PLAN

6.1 The Sub-Group and Working Group of the ITF are working to develop the ITF Plan for the approval of the Health and Wellbeing Board. .

- The groups are currently being established by the Health and Wellbeing Board through the approval of their Terms of Reference. Please note Appendices 2
- The purpose and regularity of the ITF Sub-Group is to meet monthly to formally make recommendations to the Health and Wellbeing Board
- The ITF Working Group are to meet on a weekly basis to overview all of the development to the ITF**.**
- Additional meetings are currently being co-ordinated for the co-chairs of the ITF Sub and Working Group to meet with the main providers affected by the ITF
- Please note; that the membership of both the Sub and Working Group of the ITF. The Co-Chair of both groups are CCG Chief Executive Liz Wise and LBS Director of HHASC Ray James

6.2 ***Please refer to the project plan and timeline referred to as Appendix 1.***

5. REASONS FOR RECOMMENDATIONS

Members of the Health & Wellbeing Board are requested to:-

5.1 note the progress to date on the development of the ITF plan

5.2 note the key issues raised

5.3 endorse the direction of travel set out in initial scoping of the ITF plan and add comments

5.4 note and agree the Terms of Reference for the HWB Integration Sub and Working group

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

As part of the 2013 spending round, it was announced that £3.8bn would be placed in a pooled budget to create an Integration Transformation Fund (ITF).

The new fund will be 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 CCG and LBE. To access the ITF local plans will need to be developed by March 2014, which will need to set out how the pooled funding will be used and the ways in which the national and locally agreed targets attached to the performance-related element of the funding will be met.

Plans for the use of the pooled monies will need to be developed jointly by NHS Enfield CCG and the local authority and signed off by each of these parties and Enfield's Health and Wellbeing Board.

The Table within Section 4 above provides an estimate of Enfield's allocation.
This estimated allocations are based on LBE current percentage allocation of the 2013/14 NHS social care grant. Information on Enfield's 2014/15 actual allocation has not been received yet.

It should also be noted that as detailed in Table 4, the fund consists of both existing resources being reallocated and additional NHS Social care grant funds.

The actual allocation of the ITF for Enfield will be subject to both jointly agreed local plans and in some cases locally set outcome measures, i.e. 'Payments for Performance'.

Any set up costs, including the commissioning of professional advice will be met from existing resources within HHASC with recharges to CCG for their contribution during the development of the plan. Once the local ITF has been implemented, any shared costs will be met from within the pooled funds.

6.2 Legal Implications

Section 195(1) of the Health and Social Care Act 2012 imposes a duty on a Health and Wellbeing Board to 'encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner' for the purpose of 'advancing the health and wellbeing of the people in its area'. There is also a power under section 195(4) for a Health and Wellbeing Board to 'encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.' The proposals set out in this report would appear to be covered by these provisions.

7. KEY RISKS

7.1 As indicated above this is not new money and any plans for integration / re-design needs to carefully consider the impact on local services, especially acute.

7.2 £1bn of the funding will be linked to outcomes achieved.. This represents a significant proportion of the ITF.

7.3 The present payment mechanism between CCG, NHS England and Enfield Council is considered poor. We need to ensure that the LGA and NHS England can offer assurances that this situation is improved and funding is received in a timely manner.

7.4 The ITF conditions have not as yet been finalised therefore please note that the information in this report is predominantly based on guidance and interpretation at a local level.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

8.1 Healthy Start – Improving Child Health
The main thrust of the ITF is to integrate health and care further which will have a positive impact on the whole health and care economy in Enfield.

8.2 Narrowing the Gap – reducing health inequalities
The ITF is a means to ensure closer working between health and care so that adults living in the Enfield community are offered a range of services to keep them well and healthy in their own home or in a community setting, including those with long term conditions.

8.3 Healthy Lifestyles/healthy choices
Further integration of health and care services will produce better outcomes for people living in the Enfield community. It will ensure that people are at the heart of decision making with health and care outcomes that are foccussed on keeping people healthy and well in the community. In particular, it asks that health and care services are co-ordinated around the individual.

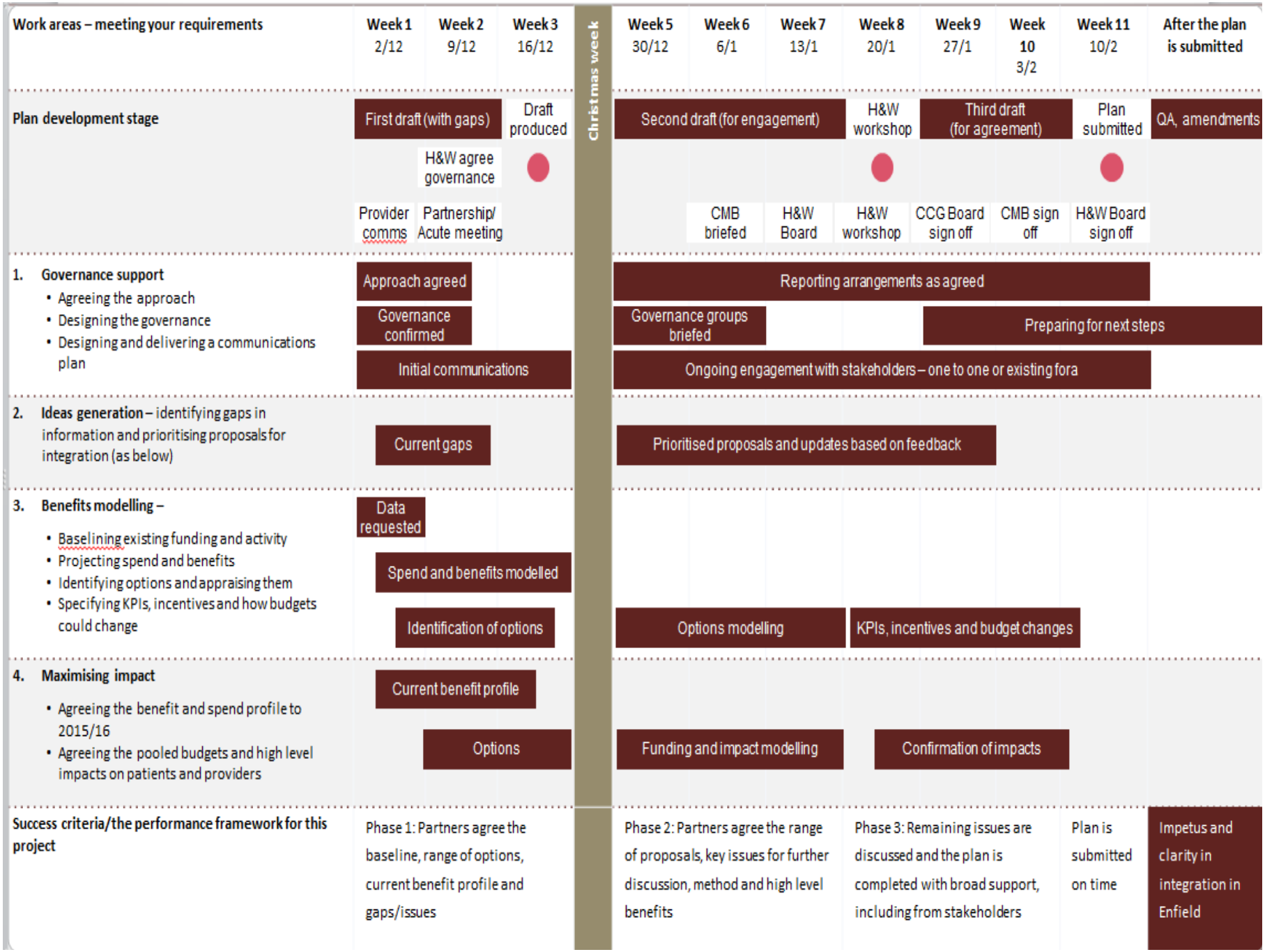
8.4 Healthy Places
By working in partnership, the ITF will ensure that we make Enfield a healthier place and address health inequalities faced by our adults living in the community.

8.5 Strengthening partnerships and capacity
Development of the ITF is an opportunity for closer working between health and care. It calls for clear leadership, accountability and assurance so that the partnership works for the benefit of all adults. We are asked to commission and work in an integrated way. This will of course strengthen partnerships and capacity to deliver services that meet the need of our adults living in the community.

9. EQUALITIES IMPACT IMPLICATIONS

An Equalities Impact Assessment will be developed at the same time as the Integrated Transformation Fund local plan.

APPENDIX 1


Work areas – meeting your requirements
Week 1 2/12
Week 2 9/12
Week 3 16/12
Christmas week
Week 5 30/12
Week 6 6/1
Week 7 13/1
Week 8 20/1
Week 9 27/1
Week 10 3/2
Week 11 10/2
After the plan is submitted
Plan development stage
First draft (with gaps)
Draft produced
Second draft (for engagement)
H&W workshop
Third draft (for agreement)
Plan submitted
QA, amendments
H&W agree governance
Provider comms
Partnership/ Acute meeting
CMB briefed
H&W Board
H&W workshop
CCG Board sign off
CMB sign off
H&W Board sign off
1. Governance support
• Agreeing the approach
• Designing the governance
• Designing and delivering a communications plan
Approach agreed
Governance confirmed
Initial communications
Reporting arrangements as agreed
Governance groups briefed
Preparing for next steps
Ongoing engagement with stakeholders – one to one or existing fora
2. Ideas generation – identifying gaps in information and prioritising proposals for integration (as below)
Current gaps
Prioritised proposals and updates based on feedback
3. Benefits modelling –
• Baselining existing funding and activity
• Projecting spend and benefits
• Identifying options and appraising them
• Specifying KPIs, incentives and how budgets could change
Data requested
Spend and benefits modelled
Identification of options
Options modelling
KPIs, incentives and budget changes
4. Maximising impact
• Agreeing the benefit and spend profile to 2015/16
• Agreeing the pooled budgets and high level impacts on patients and providers
Current benefit profile
Options
Funding and impact modelling
Confirmation of impacts
Success criteria/the performance framework for this project
Phase 1: Partners agree the baseline, range of options, current benefit profile and gaps/issues
Phase 2: Partners agree the range of proposals, key issues for further discussion, method and high level benefits
Phase 3: Remaining issues are discussed and the plan is completed with broad support, including from stakeholders
Plan is submitted on time
Impetus and clarity in integration in Enfield

Appendix 2

Integration Transformation Fund Sub Board and Working Group

Terms of Reference

Purpose

- The Sub Board of the Health and Wellbeing Board and its working group has been set up to formulate the planning and make preparation for, allocating Enfield's share of the Government's Integration Transformation Fund.
- The Government have established an Integration Transformation Fund made up of worth £3.8billion of funding to be distributed across all local authorities for health and social care, with the aim of developing a more integrated care system.
- This fund is being called the Integrated Transformation Fund.
- The Working Group of the Health and Wellbeing Board is to meet to formulate the planning and preparation for allocating its share of the fund into developing an integrated system in Enfield.
- It is time limited to April 2014.
- Allocated funding is to come from joint NHS Funding for carer's breaks and reablement funding, with LBE funding for Disabled Facilities Grant, Adult Social Care Capital Grant and NHS Transfer due to the Health White Paper in addition to further allocation funding from the NHS
- The funding will be provided to enable Enfield to establish 7-day working arrangements, better data sharing, a joint approach to assessment and care planning, and will have implications for the acute sector of service redesign, creating accountable lead professionals for joint care packages.

1. Aims

The primary aims of the Sub Board and Working Group are: to promote integration and partnership working between the local authority, Clinical Commissioning Group (CCG) and other local services; and to improve the local democratic accountability of an integrated health and social care system.

2. Names

The name of each body will be:

a. The Integration Transformation Fund Sub Board
b. The Integration Transformation Fund Working Group Board.

3. Membership

3.1 Integration Transformation Fund Sub Board

- CCG Chief Officer Enfield CCG
- Director of Health, Housing and Adult Social Care LBE

- Director of Schools and Children's Services LBE
- Representative of HealthWatch Enfield

*Additional personnel may be invited to attend the board by agreement of the current members

3.2 Integration Transformation Fund Working Group

The Sub Board will also have a working group, which will include all the members of the Sub Board as well as the following:

- Director of Finance Enfield CCG
- Assistant Director of Finance - Finance, Resource and Customer Service LBE
- LBE Assistant Director of Strategy and Resources - LBE
- CCG Director of Strategy and Partnerships Enfield CCG
- Assistant Director of Adult Social Care LBE
- Director for Public Health LBE
- AD for Commissioning, Community Engagement, Schools and Children's Services LBE

Additional personnel may be invited to attend the working group by agreement of the current members

NB the support officer or their representative will be in attendance at all Working Group Meetings.

4. Responsibilities

The working group shall meet frequently to present the on-going work of the ITF, they shall produce the recommendations for the ITF Sub Board to agree for the approval and ratification of the Health and Wellbeing Board for the sign-off of the ITF submission

The Sub Board, supported by the Working Group will be responsible for:

- Development of a time table for funding and work to be completed. Producing a plan by the end of 2013 for allocation of funding for 2014/15.

- Ensuring that the plan is formally agreed by April 2014 for financial years 2014/15 and 2015/16Ensuring sign-off arrangements are in place with the Enfield Health and Wellbeing Board;

- Making recommendations to the Health and Wellbeing Board and individual internal governing bodies.

Individual leads across the partnership will have the responsibility to ensure that their relevant governing bodies are sighted on all work undertaken by the Sub Board or the Working Group and are acting upon their behalf.

Integration plans are to include a minimum of:

- Protect social care in terms of services
- Support the concept of an accountable clinician for out of hospital care for the most vulnerable
- Enable 7 days working
- Take a joint approach to assessment and care planning
- Facilitate information sharing, including the use of NHS number across health and social care
- Take account of the implication for the acute sector of service reconfiguration
- Set out arrangements for redeployment of funding held back in the event of outcomes not being delivered

5. Proposals for the Sub Board and ITF Working Group and Work Programmes:

The ITF Sub Board and Working Group of the Health and Wellbeing Board will have their Terms of Reference and membership approved by the Health and Wellbeing Board and will need to operate in accordance with the requirements of the full board.

The Sub Board and Working Group will develop its fixed term work plan and bring it to the Health and Wellbeing Board for formal approval.

The Health and Wellbeing Board or its Executive will receive recommendations, briefings and time Frames for developing the ITF Submission.

6. Chairing and Voting

The Chair will be a joint appointment for both groups, between Enfield CCG Chief Officer and LBE Director for Health, Housing and Adult Social Care.

All recommendations to the Health and Wellbeing Board by the Sub Board and Working Group will aim to be agreed through a consensus, which must include one member from the London Borough of Enfield and one from Enfield Clinical Commissioning Group. Where a consensus cannot be found, this will be reported to the Health and Wellbeing Board.

7. Frequency of Meetings

The ITF Sub Board is a fixed term group to oversee the ITF Working Group and is to function, on behalf of and to make recommendations to the Enfield Health and Wellbeing Board and will meet monthly until the approval of an integration plan for 2014/16 is established by April 2014.

The ITF Working Group has been established to ensure the activity and development of the ITF plan is progressed and is likely to meet on a weekly basis.

Appendix 1 to the Terms of Reference

Structure Chart 2013/14 Enfield Health and Wellbeing Board including proposed sub boards