

Central Bedfordshire
Health and Wellbeing Board

**Contains Confidential
or Exempt Information** Yes/no.

Title of Report Integrating Health and Social Care – Pioneer Bid and Funding

Meeting Date: 5 September 2013

Responsible Officer(s) Julie Ogley
Director of Social Care, Health & Housing

John Rooke
Chief Operating Officer
Bedfordshire Clinical Commissioning Group

Presented by: Julie Ogley and John Rooke

Action Required:

1. To present to the Health and Wellbeing Board the outcome of the Expression of Interest to be a 'Pioneer in Integrated Care and Support', submitted to the Department of Health on 28 June 2013.
2. The Board is asked to note the national framework document on integration "Integrated Care: Our shared commitment, which sets out a clear directive to achieve the integration of health and social care by 2018.
3. To note the creation of a Health and Social Care Integration Transformation Fund (ITF) of £3.8billion, as part of the 2013 spending review settlement to join up care around people's lives.
4. To initiate Board discussion on integration of health and social care in Central Bedfordshire, in light of Pioneer bid and to note the key steps proposed to take forward integration of health and social care in Central Bedfordshire.

Executive Summary

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| 1. | The report informs the Health and Wellbeing Board of the call to local areas to become Integrated Health and Social Care Pioneers. The Minister of State for Health, Norman Lamb, set out an ambition to make joined up and coordinated health and care the norm by 2018 – with projects in every part of the Country by 2015 and inviting expressions of interest from local areas to become integration pioneers to drive forward the change at scale and pace. |
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2.	Central Bedfordshire submitted an expression of interest to become pioneer with a clear vision for integrated health and social care and has been unsuccessful in this round of Pioneer selection.
3.	The Expression of Interest sets out the key issues and opportunities for improving outcomes and the overall health experience of Central Bedfordshire residents, using streamlined care pathways, timely and appreciate access to care; and effective community based services through greater collaboration and integration of health and social care services. It proposes to use this vision as a template for delivering integration of health and social care services for its population. Appendix 1
4.	The Government, as part of the Spending Review settlement is putting £3.8 billion into an Integration Transformation Fund 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.

Background

5.	The Government is encouraging all areas to develop their own reforms to public services. To this end, the Government, working in a collaborative of national partners, has set out an ambitious vision of making person-centred coordinated care and support the norm across the health and social care system in England by 2018.
6.	Integrated Care and Support: our shared commitment – a framework document on integration, co-produced by all the national partners, signals how the national partnership will work together to enable and encourage local innovation, address barriers, disseminate and promote learning in support of better integration for the benefit of patients, people who use services and local communities. It requires all localities to develop plans for integration and sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.
7.	An agreed definition: The shared commitment was defined by National Voices, a national coalition of health and care charities, from the perspective of the individual -as being able to: <ul style="list-style-type: none"> • “plan my care with people who work together to understand me and my carers(s), • control and bring together services to achieve the outcomes important to me”.

	<p>This has been agreed as the definition of what is meant by 'integrated' care and what good integrated care and support looks and feels like for people. Local areas are being asked to sign up to using these definitions.</p>
8.	<p>Integrated health and social care pioneers: Local areas were asked to express an interest in becoming 'pioneers' to act as exemplars, demonstrating the use of ambitious and innovative approaches to efficiently deliver integrated care across the whole of their local health, public health and care and support systems, and alongside other local authority departments as necessary, to achieve and demonstrate the scale of change that is required.</p>
9.	<p>Integration Transformation Fund: In the June Spending Round, the Government announced the creation of £3.8 billion worth of funding to ensure close integration between health and social care. This funding is described as health and social care Integration Transformation Fund and will come into effect in 2015/16.</p>
<p>Integrating Health and Social Care – Our Bid (Appendix 1)</p>	
10.	<p>There is a strong ambition by the Government to make joined up and coordinated health and care the norm by 2018. Central Bedfordshire Council and the Clinical Commissioning Group have set out clear ambitions for high quality care and support with ambitions to deliver more locally based integrated care and support.</p>
11.	<p>The Central Bedfordshire Bid states this ambition and a recognises that In order to deliver, significantly improved and sustainable outcomes for our people, we need to</p> <ul style="list-style-type: none"> • embrace timely decisions being made at a local level, by staff who are close to their patients and clients; • consider Council and Health funding streams together to deliver improved local access to good quality care, pooling budgets where it is possible; • address any imbalance in provision of good quality care across Central Bedfordshire. • redesign services to deliver public health priorities particularly as it relates to prevention and maintaining independence • work with providers to break down barriers between Physical Health and Mental Health services • promote personalisation of support across health and social care

<p>12.</p>	<p>The principal challenges set out in the bid are:</p> <ul style="list-style-type: none"> • our significantly ageing population and above average rate of growth for England, and the demands on services that are unfolding; • the impact of higher levels of dementia in our population • Delivering effective services across a rural area • significant housing and general population growth in a largely rural environment; • ensuring the quality and accessibility of services locally - patients are currently discharged from 6 District General Hospitals outside of Central Bedfordshire and there are issues about the viability of these; • the need to support family carers to keep caring and maintain their cared for independence • our current comparatively low level of integrated community health/mental health responses; • ensuring real focus on the needs of our residents following changes to Health Commissioning and other governance arrangements and increasing our efforts to deliver joined up approaches.
<p>13.</p>	<p>Organisation of local health and social care services happens independently of each other, even though the services have customers in common. There is however a strong vision to bring together the planning, payment and provision of health and social care to those who could benefit the most from joined up care pathways such as frail older people. Evidence from other areas have shown that with joined up care, people are living at home for longer, have improved quality of life for them and their carers and spend less time in hospitals.</p>
<p>14.</p>	<p>Currently, there is minimal integrated delivery of health and social care across Central Bedfordshire and the scale of change required locally is greater than other areas to meet the 2018 deadline. The Expression of Interest sets out an approach for progressing integration in Central Bedfordshire. This would need to be underpinned with a shared ownership between the CCG and the Council to deliver an integrated approach. Furthermore, a strong commitment and leadership across all partner organisations which will include Acute, Hospital and Community Health Services providers, as well as the Independent, Voluntary and Community Sector.</p>
<p>15.</p>	<p>Although the application to be a Pioneer Site was not shortlisted for further consideration, the Panel was impressed with the range of ambitious plans and initiatives already underway and are therefore very keen for Central Bedfordshire to remain involved and to be part of a network of support, sharing the learning taking place in our area. The Panel noted that Central Bedfordshire's application was well supported by key stakeholders, and that it offers good coverage across health sectors and age groups and with the need to restructure and reconfigure at its heart. They however, considered</p>

	<p>that the application is NHS-centric, with insufficient reference to social care, prevention and public health for a more whole system, innovative approach they want pioneers to pursue.</p>
<p>16.</p>	<p>Irrespective of this outcome, local partners remain committed to moving forward with the integration agenda. A framework for delivery is being developed and will underpin the work set out in the expression of interest and will influence the programme for integration.</p>
<p>17.</p>	<p>To deliver the on-going transformational changes required there needs to be a greater degree of very local decision making. This would include bringing together decision making about levels of investment at a strategic level between the Council and CCG and at a local level between medical, health and social care practitioners. It requires a changed relationship between Council and Health Commissioners and Health Provider organisations to enable a focus and ownership of their local population and meeting their needs.</p>
<p>18.</p>	<p>Local Health and Social Care partners are now committed to developing a programme of running over the next 3 – 5 years to deliver an integrated approach to commissioning and service delivery, which takes account of the feedback from the national panel and also explore:</p> <ul style="list-style-type: none"> • Simpler means of creating pooled budgets between Councils, Health Commissioners and Providers. • Collaborative commissioning with NHS England including earlier transfer of the 0 – 5 years children’s budget and devolved responsibilities for elements of GP Primary Health Care contracts. • Development of integrated non-urgent Patient Transport Services with Council and other public sector transport services to create a single service, allowing Ambulance services to concentrate on Urgent Care • Support from Government and Monitor to enable flexibilities in the financial mechanisms of Hospital and Community Foundation Trusts to enable surpluses and reserves to be targeted on supporting local transformation Programmes. • Integrating Hospital Services with GP, Community Health and Social Care services which may include establishing new types of mutual or social enterprise type organisations. • Building social capacity in communities so communities can be self-sustaining and more resilient • Building effective support to family carers to keep caring for longer • Further development of innovative care models i.e. CBC village care agents, Telehealth, parish council level volunteers, good neighbours etc

Integration Transformation Fund

19.	As a result, in the 2013 Spending Round, the Government announced a £3.8bn Integrated Transformation Fund (ITF). This pooled budget will be shared between the local authorities and the NHS to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.
20.	The ITF provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in adult social care. It provides an important opportunity to take the integration agenda forward at scale and pace and is seen as a significant catalyst for change.
21.	This pooled funding includes current NHS transfer funding for social care alongside further funds for carers and people leaving hospital who need support to regain their independence. It also includes social care capital funding which will be available for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data between the NHS and local authorities, and to improve facilities for disabled people.
22.	Whilst the ITF does not come into full effect until 2015/16, a joint statement from NHS England and the Local Government Association advice 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 effect, there will need to be two-year plans for 2014/15 and 2015/16, which must be in place by march 2014.
23.	Under the new arrangements, funds will be spent on health and social care services, once they are locally agreed. Conditions for how the money is used will be put in place and local joint plans will have to detail how the money is spent. One of the conditions will be to ensure the funding is optimised to support local integration of health and care services. Plans for the use of the pooled moneys will need to be developed jointly by CCGs and local authorities and signed off by each party and the Health and Wellbeing Board. Local Health and Wellbeing Boards are best placed to decide whether the plans are best for the locality, engaging with local people and bring a sector-led approach to the process.
24.	Plans and assurance would then need to satisfy nationally prescribed conditions, including: <ul style="list-style-type: none">• Protection for social care services (rather than spending) with the definition determined locally,

	<ul style="list-style-type: none"> • Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends, • Better data sharing between health and social care, based on the NHS Number, • Ensure a joint approach to assessments and care planning • Ensure that where funding is used for integrated packages of care, there will be an accountable professional • Plans and targets for reducing A&E attendances and emergency admissions, • Risk sharing principles and contingency plans for if/when targets are not being met, • Agreement on consequential impacts of changes in the acute sector.
25.	Ministers have agreed that they will oversee and sign off the plans. The LGA and NHS England will work together to develop proposals for how this could be done in an efficient and proportionate way.
26.	Currently for 2013/14, the CCG Executive has approved a transfer sum of £937,650 to support Reablement services in Central Bedfordshire. In addition NHS England have agreed in principle a transfer funding of £3,099,459. More detailed proposals and outcome measures for the transfer are being completed and a report will be brought to the Health and Wellbeing Board in November.
27.	<p>The outline timetable for developing pooled budget plans in 2014/14 is broadly as follows:</p> <ul style="list-style-type: none"> • August to October: Initial local planning discussions and further work nationally to define conditions. • November/December: NHS Planning Framework issues • December to January: Completion of Plans • March: Plans assured.
Next Steps	
28.	The scale and pace of change required delivering integration of health and social locally is greater than other areas to meet the 2018 deadline. The Expression of Interest sets out the explicit commitment of key partners, and the shared vision for health and social care and provides the mandate to begin to design the delivery of integrated health and social care in Central Bedfordshire.
29.	A Programme framework will be set up to begin the work of designing the approach and key activities to deliver integration and the transformation of health and social care in Central Bedfordshire.

30.	A more detailed review of the Integrated Transformation Fund will be undertaken and a further report on plans for meeting the requirements will be brought to the November meeting of the Health and Wellbeing Board.
Conclusions	
31.	The call for Expressions of Interest came at short notice and with a tight deadline. However, it has created an opportunity for health and social care partners to intensify the focus on developing more integrated and joined up care and support.
32.	The Health and Wellbeing Board, as system leaders for health and social care, will have a key role in promoting health and social care integration as well as in emerging local plans for future health and social care provision in Central Bedfordshire.

Detailed Recommendation	
25.	That the Health and Wellbeing Board notes the expression of interest and that work is underway to determine the approach to integration in Central Bedfordshire.
26.	That the Board receives further progress reports on the emerging approaches for integration of health and social care and plans for the Integrated Transformation Fund.
Issues	
Strategy Implications	
1.	Developing integration of health and social care will have a direct impact on improving health outcomes and experience of health and care services for people in Central Bedfordshire.
2.	Integration of Health and Social Care is a key ambition and priority for the Health and Wellbeing Board.
3.	The joint Health and Wellbeing Strategy and Bedfordshire Plan for Patients set out shared priorities based on the Joint Strategic Needs Assessment.

Governance & Delivery	
3.	Progress and proposals will be reported to the Health and Wellbeing Board and delivery will be through agreed joint commissioning mechanisms and governing boards for partners.
Management Responsibility	
4.	Management responsibility for the delivery of integrated health and social care services lies with the Director of Social Care, Health and Housing and the Chief Operating Officer for Bedfordshire Clinical Commissioning Group.
Public Sector Equality Duty (PSED)	
5.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
No	Yes <i>Please describe in risk analysis</i>

Risk Analysis
<p>Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.</p> <p>There is a requirement to develop joint local plans for the pooled budget for health and social care. There may be risk issues if the criteria/conditions described in this report are not met. This is risk is mitigated with the development of joint local plans.</p>

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Source Documents		Location (including url where possible)	

Presented by Julie Ogley

Integrated Care and Support: Our Shared Commitment

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf

National Voices, a national coalition of health and care charities

<http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf>