

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

GOVERNING BODY MEETING



Vale of York

Clinical Commissioning Group

Meeting Date: 7 November 2013

Report Sponsor:

Rachel Potts
Chief Operating Officer

Report Author:

Fiona Bell
Deputy Chief Operating Officer

1. Title of Paper: Next Steps on Implementing the Integration Transformation Fund

2. Strategic Objectives supported by this paper

- | | |
|--|-----|
| 1. Improve healthcare outcomes | Yes |
| 2. Reduce health inequalities | Yes |
| 3. Improve the quality and safety of commissioned services | No |
| 4. Improve efficiency | Yes |
| 5. Achieve financial balance | No |

3. Executive Summary

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. Described as a “single pooled budget for health and social care, this Integrated Transformation Fund (ITF) will be provided through a top slice of 3% of the CCG budget, effective from 2015/16. For NHS Vale of York Clinical Commissioning Group (CCG) this equates to approximately £12m.

A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care and the outcomes expected from this investment. There is a clear expectation that the ITF will be used to deal with demographic pressures in adult social care and to provide better integration of services. The Health and Well Being Boards will be responsible for signing off plans which have been jointly agreed between health and social care.

4. Evidence Base

Not applicable

5. Risks relating to proposals in this paper

The £12m fund from 2015/16 will be allocated from money already committed to existing core activity and this therefore represents a significant challenge to delivery of the CCG's commissioning and financial plans. However it also provides a clear opportunity to deliver the system change required for the CCG's strategic vision of more care outside of hospitals and greater integration of services.

6. Summary of any finance / resource implications

As above. The time required to support partnership working with the local authorities and to produce jointly agreed plans for sign off by the three Health and Well Being Boards across York, North Yorkshire and East Riding should not be underestimated. Significant time will also need to be allocated to support financial and activity modelling which will demonstrate how the re-allocation of the £12m into integrated services will meet the requirements of the HWB.

7. Any statutory / regulatory / legal / NHS Constitution implications

None

8. Equality Impact Assessment

Required for all future plans re use of the ITF.

9. Any related work with stakeholders or communications plan

A clear joint communications plan across health and social care will be required once outline priorities for the use of the ITF have been identified. Communications will need to include how partners are working with acute providers to remodel the levels and location of services provided over future years.

10. Recommendations / Action Required

The Governing Body is asked to note the planning and processes being undertaken to identify the Integrated Transformation Fund.

11. Assurance

Not Applicable

Governing Body Meeting: 7 November 2013

Next Steps on implementing the Integration Transformation Fund

1. Background

- 1.1 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. Described as a “single pooled budget for health and social care”, the Integrated Transformation Fund (ITF) will be allocated by top-slicing 3% from CCG budgets from 2015/16. For NHS Vale of York Clinical Commissioning Group (CCG) this equates to approximately £12m.
- 1.2 Final guidance is still awaited on use of the funds, however there is a clear expectation that the funding will be used to support adult social care services in each local authority which also have a health benefit. Flexibility will be given for local areas to determine how this investment is allocated, but plans must be jointly agreed and signed off by Health and Well Being Boards as part of the total investment of health and social care resources. NHS Vale of York Clinical Commissioning Group (CCG) is currently working with colleagues in City of York Council, North Yorkshire County Council and East Riding of Yorkshire Councils to agree the high level strategic plans required for each Health and Well Being Board. The funds are seen as an opportunity to create a shared plan for joint health and wellbeing activity which will have an impact that exceeds the use of the individual monies.
- 1.3 The CCG hosted a workshop on 2 October 2013 with key partners to commence discussions on the step changes in service provision required to deliver this agenda, the projects which may facilitate these step changes, and the associated outcomes/key performance metrics to demonstrate success.

2. Financial And Activity Implications

- 2.1 There is an expectation that CCGs will have to redirect funds from existing service provision to support the ITF. With 58% of the CCG budget currently allocated for activity in acute trusts, any redirection of funds will have potential impact on future models of care. Work is underway to identify the future capacity requirements across the system and the impact of any movement of resources from existing providers. The implications for local providers will need to be clearly set out for Health and Well Being Boards so that their agreement for the deployment of funds includes agreement to the service change consequences.

- 2.2 In 2015/16 the fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and local authorities. A key condition on accessing the money in the fund is that CCGs and local authorities have jointly agreed plans for how the money will be used in a way that also delivers the national conditions detailed below. With 50% of the fund in 2015/16 linked to performance in 2014/15, planning is already underway for schemes to be implemented next year.

3. National Mandate

There are seven national conditions which proposals for the funds must demonstrate:

- Plans jointly agreed
- Protection for social care services
- 7 day services in health and social care to support discharge and prevent weekend admissions
- Better data sharing between health and social care based on use of the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care
- Agreement on the consequential impact of changes in the acute sector

4. Outcomes

- 4.1 Outcomes measures can be developed locally to supplement the national framework. However as a minimum, integrated care plans must demonstrate how they contribute to:

- Reductions in delayed transfers of care
- Reduction in emergency admissions
- Effectiveness of reablement schemes
- Reduction in admissions to residential and nursing homes
- Measures of patient and user experience.

- 4.2 In addition to the outcomes highlighted in the national framework, all locally agreed schemes will deliver the aspirational outcomes developed through the CCG run Integrating Health and Care workshop on 2 October which include:

- Single point of access for services
- Help when I need it
- Pathways without boundaries
- Optimises independence
- Delivers customers' needs
- Engaging patients through information

- 4.3 Appendix 1 details the schemes that the CCG is currently developing to meet the national conditions and minimum outcomes that the use of the ITF need to deliver. These schemes help address the challenges faced across the care areas of End of Life, Intermediate Care, Dementia and Frail Elderly.

5. Challenges

- 5.1 The scale of the system change required to deliver shared plans and the resultant impact on existing service provision is extensive. Key challenges for the CCG include:

- Agreement with partners within the timescales of the key priorities for development
- Agreement on the step changes which facilitate the required changes to the way in which services are provided in the future
- Agreement on the vision and future shape of services including impact on acute service provision
- Ability to realign resources which are already committed to existing service provision
- Ability to demonstrate sufficient progress on the ITF plans within 2014/15 to support allocation of the first 50% of the ITF
- Agreement of a shared risk register and risk sharing and mitigation covering, as a minimum, steps that will be taken if activity volumes do not change as planned

- 5.2 A Collaborative Transformation Board chaired by the Deputy Chief Executive of the City of York Council and including representatives from the Local Authority, CCG and providers has been established to progress the integrated transformation agenda. The CCG is also actively involved in a similar Board which has been established with North Yorkshire Council and is working with colleagues in East Riding of Yorkshire. The CCG has already established an internal project team and work is well underway to model through the project plan and timescales for implementation.

6. Next Steps and Timeline

The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care. This five year plan will require a two year operational plan which covers the ITF through the Health and Well Being Boards. To support the development of this plan we have agreed with the relevant Local Authorities a framework to deliver integrated local plans.

York and North Yorkshire:

- High level plans required by end of November 2013
- Completion of plans December – January 2014
- Sign off of initial plans end January 2014
- March 2014: plans assured by NHS England and Ministers
- April 2014: final plans approved by Health and Well Being Boards

APPENDIX 1 – IDENTIFIED PROJECTS TO DELIVER AGAINST INTEGRATION TRANSFORMATION FUND

Outcome Measures - Examples	Local Projects	Link to National Conditions	Comments/Schemes under review
Delayed transfers of care	Spot purchase of step up/step down beds.	1, 2 and 3	Admissions avoidance/facilitate early discharge.
	Equipment and wheelchairs review	1, 2 and 3	Contract review to ensure adequate equipment to meet demand. Efficiencies around utilisation and allocation.
Emergency admissions	Roll out of additional Emergency Care Practitioners (winter planning)	1, 3, 5 and 6	To facilitate see and treat and admissions avoidance. Promote self-care and self-management
	Mental Health provision in Emergency Department	1, 2, 3, 4, 5 and 6	To provide specialist support to patients with Mental Health needs. Admissions avoidance where appropriate. Increased patient experience
	Multi Disciplinary Team (MDT) in reach to care homes	1, 2, 3, 5 and 6	Medicine and nutrition reviews. Continuity of care. Compliance with End of Life care plans. Mental Health review. Admissions avoidance and increased self-management where appropriate.
Effectiveness of re-ablement	Community service review and re-procurement	1, 2, 3, 4, 5 and 6	Integrated approach to provision working closely with CYC, NYCC and current service provider
Admissions to residential and nursing care	See step up/down beds	1, 2, and 3	
	See MDT in reach to care homes	1, 2, 3, 5 and 6	
	Continuing Healthcare, Funded Nursing Care and Out of Area placements review	1, 2, 4, and 5	Joint work with Partnership Commissioning Unit to identify pathway improvements and efficiency gains
Patient and service user experience	All	1, 2, 3, 4, 5 and 6	Effective use of agreed Quality Impact Assessments, Privacy Impact Assessments and Equality Impact Assessments