

Report to Health & Wellbeing Board Report of Dave Hill, Executive Director People (Children & Adults), Essex County Council	Item 5 Reference number: HWB/012/13
Date of meeting: 18 th September 2013 Date of report: 2 nd September 2013	County Divisions affected by the decision: All divisions
Title of report: Integration Programme update	
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1. Purpose of report

- 1.1. This report provides an update on the Integration Programme including recent policy announcements, progress on the pioneer submission, planning for the integration transformation fund and an update on the task and finish groups.
- 1.2. This report provides an opportunity for Health & Wellbeing Board members to comment on the progress being made and agree next steps.

2. Recommendations

- 2.1. Agree that the HWB supports the NHS England call to action 'the NHS belongs to the people' and encourages partners to use their stakeholder and citizen networks to support this debate.
- 2.2. Agree that the HWB Business Management Group lead on developing the process for the Integrated Transformation Fund plan alongside the Integrated Plan process and report back to the November HWB meeting.
- 2.3. Agree that the Health & Wellbeing Board use a workshop at one of its meetings to explore governance models, to support integrated commissioning conversations at a local level.

3. Background and proposal

3.1 Policy announcements

The government's commitment to health and social care integration has been supported by further announcements. In July the Government announced a public focused consultation to inform a Vulnerable Older People's plan in October 2013 and inform the integration of health & social care. Key areas include: staying healthier for longer; prevention/ managing long-term conditions; named clinician; improved access; safe consistent out of hours; choice and control and joining up services. The link at 9.1 includes details of how to contribute to this debate.

The public debate on the vulnerable older people's plan has also been accompanied by the NHS England call to action on: The NHS belongs to the people. This highlights the financial challenge and the importance of safety and quality. The debate is keen to support: a move from the NHS being an illness to a health service; greater patient control; more use of technology; transparent data; personalised services and the role of healthcare in economic growth. Full details of the call to action are in section 9.2.

Recommendation: Agree that the HWB supports the NHS England call to action 'the NHS belongs to the people' and encourages partners to use their stakeholder and citizen networks to support this debate.

3.2 Integration Fund

At the last HWB we mentioned the recently announced £3.8b Integration Transformation Fund (ITF). Further details of this fund have been emerging. The ITF is described as 'a single pooled budget for health and social care services to work more closely together in local area, based on a plan agreed between the NHS and local authorities'. HWBs will have to sign off the plans, which will have been agreed between the local authority and CCGs, the plans will then be subject to some form of national agreement.

The ITF does not come into full effect until 2015/16 but an additional £200m will be transferred from the NHS to local authorities to support transformation in 2014/15. £1 billion of the 2015/16 ITF pot is performance related and half of this will be paid in April 2015 based on performance in the previous year. It is therefore key that we have an effective process to support the 2014/15 arrangements.

Our local ITF plan will need to cover the following national conditions:

- protection for social care;
- 7-day working in health and social care to support hospital; discharge and admission avoidance;
- data sharing on NHS number;
- joint approach to assessments and care planning;
- accountable professional for integrated care packages;
- risk sharing and contingency plans;
- agreement on impacts of changes in acute sector.

The outline timetable for developing the plans is:

August-October	initial planning discussions and further work nationally to define conditions
November/December	NHS planning Framework issued
December/ January	Completion of plans
March	Plans assured

It is expected that the plan will cover the first two years and we are keen to align with the Integrated Planning process. It is proposed that the HWB Business Management Group work to develop the Essex process and plan, in alignment with this timetable and further guidance as it emerges, reporting back to the HWB.

Recommendation: Agree that the HWB Business Management Group lead on developing the process for the Integrated Transformation Fund plan alongside the Integrated Plan process and report back to the November HWB meeting.

3.3 Pioneer submission

In June the HWB made a submission to the Government's Health & Social Care Integration Pioneer programme. The submission set out our current programme of integration work which we believe aligns well with the Pioneer Programme. The government has indicated there will be around 10 pioneers. 111 areas made submissions and Essex is one of approximately 26 areas that have been shortlisted for interview. Our interview is on the 18th September and we are required to present: our aims and objectives; our high level plan; programme governance; expected impact; measurement of outcomes; evidence of partnership; and specific challenges.

We are clear that if successful as a Pioneer we need to ensure it supports and not detracts from our integration programme of work. The submission asked us to set out the keys areas where we need to support, we respond with the following areas:

- Information and data sharing support.
- Financial freedoms and flexibilities around pricing, contracting, competition and governance.
- The extended role of primary care and associated contractual freedoms.
- Support in developing our evaluation programmes and evidence base.
- Programme capacity and support.

The government is due to make the final announcement on the successful Pioneers in October.

3.4 Task and finish groups

At the last Health & Wellbeing Board we agreed to establish two task and finish groups to look at Governance and Information sharing. Names have been secured for both groups (see background documents). It is however clear that activity is already taking place on data sharing but a more co-ordinated approach across all this activity would be of benefit, we are therefore mapping the current

work to inform the value added role that the task and finish group could fulfil and we will report back to the HWB in due course.

The governance task and finish group met to consider the implications of the Integration Transformation Fund and possible future development of Health & Wellbeing Boards. The group considered issues relating to the strategic role of the HWB and how it could take on financial responsibilities, it also considered governance models for supporting integrated commissioning decisions.

On the financial responsibilities of HWBs, the task and finish group agreed that in principle, organisations contributing to the pooled budget should not be able to be overruled by non-contributing organisations. Different approaches were considered in terms of a veto, or for contributing organisations to agree first and then come to the HWB for final agreement. The ITF will be the first financial elements the HWB has to respond to and we do not yet have the detail of the process. It was therefore agreed that the task and finish group would keep this principle in mind and meet again when further detail about the Integration Fund is known.

In relation to governance models to support integrated commissioning, it was noted that this should ideally be for partners locally to develop but that the HWB could do more to support the thinking. It was noted that the legislation is not helpful in that CCG cannot delegate functions to HWBs and local authority elected members cannot sit on CCG boards. The government has been suggesting that the Care Trust legislation still exists and could be utilised. It was proposed that the HWB could use a workshop session at its November meeting (or timetabled as appropriate) to explore options around governance models to support local areas in having the conversation.

Recommendation: Agree that the Health & Wellbeing Board use a workshop at one of its meetings, to explore governance models to support integrated commissioning conversations at a local level.

4. Policy context

- 4.1. The role and purpose of the Health & Wellbeing Board is to encourage integration and this is the core enabler of the Joint Health & Wellbeing Strategy as well as being at the heart of the organisational plans of the County Council and the CCGs.
- 4.2. The purpose of the Pioneer programme is to accelerate the development of health and social care integration.

5. Financial Implications

- 5.1. Further work is required to understand the impact of the Integration Fund at a local level. Some early estimates have been completed and these calculate that the fund for Essex is likely to be in the order of £89m for 2015/16. As the

guidance continues to be issued and the details within all elements of the fund are revealed a more accurate calculation will be made. The guidance issued to date states that the fund will be a “pooled budget arrangement” held by the local authority, and some work is underway to establish the processes that will need to be in place to operate this arrangement.

- 5.2. Partners are clear that the Pioneer programme needs to add value to our developing Integration Programme and not have additional unfunded resources implications; it should be noted that there are no additional funds available to support the development of the bid beyond those funds already in budgets.

6. Legal Implications

- 6.1. Legal implications will emerge from our developing Integration Programme and further decisions will be required.

7. Staffing and other resource implications

- 7.1. Project and programme resources for the Integration Programme are funded from the £5.647 sustainability section 256 funding. Additional resources may be required to address further activities and will be brought to the Business Management Group of the Health & Wellbeing Board.
- 7.2. The Pioneer submission will need to be supported within our programme resources or supported by additional programme capacity from the Pioneer programme.

8. Equality and Diversity implications

- 8.1. An Equality Impact Assessment will be prepared as part of the Integration Programme requirements.

9. Background papers

- 9.1. Vulnerable older people’s plan:
<http://betterhealthandcare.readandcomment.com/>
- 9.2. The NHS belongs to the people: <http://www.england.nhs.uk/2013/07/11/call-to-action/>
- 9.3. LGA/ NHS England documents on the Integration Fund:
http://www.local.gov.uk/c/document_library/get_file?uuid=cfe66115-02da-4260-a660-e43959bcb3db&groupId=10171
- 9.4. Names of task and finish group membership

