

2nd October 2013**Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****HEALTH AND SOCIAL CARE INTEGRATION TRANSFORMATION FUND****Purpose of the Report**

1. The report provides an update on the Health and Social Care Integration Transformation Fund, and requests approval from the Board to establish a working group to make the required arrangements for the oversight and use of the pooled Integration Transformation Fund budget in Nottinghamshire.

Information and Advice

2. In the 2013 Spending Round, the Government announced a £3.8bn pooled budget for health and social care services, building on the current NHS transfer to social care services of £1bn. The Spending Round document stated that 'the Government will introduce a £3.8 bn pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'. This is set against the context of a reduction in overall local government expenditure of approximately 2.3%.
3. The Integration Transformation Fund (ITF) will be a pooled budget which will be deployed locally on social care and health, subject to the following national conditions which will need to be addressed in the plans:
 - plans to be jointly agreed;
 - protection for social care services;
 - as part of agreed local plans, 7-day working in health and 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;
 - risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
 - agreement on the consequential impact of changes in the acute sector.
4. Whilst the ITF does not come into full effect until 2015/16 the intention is for CCGs and local authorities to build momentum during 2014/15, using the £200m due to be transferred to local government from the NHS to support transformation. There will be an expectation of joint 2 year plans with outcome measures for 2014/15 and 2015/16, which must be in place

by March 2014. Plans for use of the pooled budgets must be agreed by CCGs and local authorities and signed off by the Health and Wellbeing Board.

5. Details of the funding are shown in the table below. The June 2013 Spending Round set out the following:

2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8 billion pooled budget to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the ITF will be created from the following:

£1.9 billion existing funding continued from 14/15 - this money will already have been allocated across the NHS and social care to support integration	<ul style="list-style-type: none"> • £130 million Carers' Breaks funding • £300 million CCG reablement funding • c. £350 million capital grant funding (including £220m of Disabled Facilities Grant and funding for IT projects to facilitate secure sharing of patient data between NHS and local authorities) • £1.1 billion existing transfer from health to social care
Additional £1.9 billion from NHS allocations	<ul style="list-style-type: none"> • funding to cover demographic pressures in adult social care and some of the costs associated with the Care Bill • £1 billion performance related, with half paid on 1 April 2015 (most likely based on performance in the previous year) and half paid in the second half of 2015/16 (which could be based on in year performance)

6. As identified in the table, £1 billion of the ITF in 2015/16 will be dependent on performance. Local areas will need to set and monitor achievement of outcomes during 2014/15 in relation to the conditions of the Fund laid out earlier in the report, as the first half of the £1 billion - paid on 1 April 2015 - is likely to be based on performance in the previous year.
7. Local discussions have taken place with the Nottinghamshire Strategy Group culminating in a proposal to create a working group to plan for deployment of the Fund. The County Council, CCGs, District Councils and NHS England Area Team have been asked to nominate representatives for the group which will report to the Health and Wellbeing Implementation Group. The group will be chaired by the County Council Chief Executive, Mick Burrows.
8. The group will need to ensure that all inter-related programmes/strategies are aligned to plans for deployment of the Fund; including the NHS Call to Action; development of the local Health and Wellbeing Strategy; CCG strategic commissioning intentions and the County Council's budget proposals.

Other Options Considered

9. Not applicable.

Reason/s for Recommendation/s

10. Plans for use of the Fund must be agreed through partnership working between CCGs and local authorities in order to meet the conditions required, and to ensure the pooled budget is targeted to the best effect for the local population.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

12. Integration of health and social care services is an opportunity to improve the quality of experience and the outcome for service users. 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”.

Financial Implications

13. The financial implications are referred to in paragraphs 5 and 6 of the report.

Equalities Implications

14. Equality issues will be taken into account as part of the planning process undertaken in the working group. Better integration of services should mean that people receive a more consistent service across the county.

RECOMMENDATION/S

That the Board:

- 1) Approves the establishment of a working group to identify the arrangements necessary for oversight and use of the pooled Health and Social Care Integration Transformation Fund budget.
- 2) Receives a follow up report in January 2014 detailing draft plans for approval.

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Constitutional Comments (NAB 12/9/13)

15. The Health and Wellbeing Board has authority to approve the recommendation set out in this report by virtue of its terms of reference.

Financial Comments (KAS 13/9/13)

16. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All