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THANET HEALTH AND WELLBEING BOARD

28 NOVEMBER 2013

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 28 November 2013** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Councillor Dr Tony Martin (Chairman); Councillors: C Hart (Vice-Chairman), Johnston, Sue McGonigal, Andrew Scott-Clark, Councillor Gibbens, Mark Lobban, Hazel Carpenter and Dominic Carter

SUPPLEMENTARY NO.2

Item

No

4. **INTEGRATED COMMISSIONING** (Pages 1 - 6)

To receive a presentation from Mark Lobban;

Integration group work programme

-local work programme

-ITF approach

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By: Roger Gough, KCC Cabinet Member for Education and Health Reform & Chairman of the Kent Health and Wellbeing Board

To: Health and Wellbeing Board - 20th November 2013

Subject: The Integration Transformation Fund

Classification: Unrestricted

Summary

Since the announcement of the Integration Transformation Fund (ITF) in August further details have been issued by government and a planning template has been circulated for completion by CCGs. Timescales have been further defined and progress has been made in Kent. This report updates the Health and Wellbeing Board on these developments. It should be read in conjunction with the other reports before the Board relating to the Kent Integrated Care and Support Pioneer programme; integrated system intelligence; and the proposed system leadership programme.

Recommendations:

The Kent Health and Wellbeing Board is asked to:

1. Approve the delivery mechanisms for the ITF plan and mandate the Integration Pioneer Steering Group to begin delivery of the plan.
2. Consider establishing a programme support group for the Integration Transformation Fund planning process from across the Board's member organisations.
3. Receive the final draft of the ITF plan for Kent at the meeting scheduled for 29 January 2014

1. Introduction

- 1.1 At the last meeting of the Kent Health and Wellbeing Board a report was presented giving details of the recently announced Integration Transformation Fund. It was agreed that progress towards the planning and implementation of the ITF would be reported to each subsequent Board meeting. Since the last meeting further information has been issued by the government regarding the fund and work has started in Kent towards production of the plan.

2. Government information

- 2.1 The LGA and NHS England issued further details of the ITF in October. Emphasis is again placed on the need to create a shared plan for the totality

of health and social care activity and expenditure and this should extend “way beyond” the effective use of the mandated pooled fund. The ITF plan is intended to form the first part of a five year strategy for health and social care. The associated NHS planning framework will invite CCGs to agree five year strategies with a two year operational plan covering the ITF.

- 2.2 Further recognition is given to the requirement that ITF funding will need to be diverted from already committed core activity as it will “significantly exceed” any existing pooled budget arrangements.
- 2.3 Ministers have yet to decide on the performance metrics that will decide the allocation of the “pay for performance” element of the fund (also known as the “at risk” money) but local discussions are not to be confined by what can be measured and should focus on using the fund as a catalyst for agreeing a joint vision of how integrated care will improve outcomes for local people.

3. Distribution of the fund

- 3.1 Detailed funding allocations to councils will be announced in the normal way through the Autumn Statement and will be for two years – 2014/15 and 2015/16. For 14/15 the existing s256 transfer for social care to benefit health (£900 mil) plus the extra £200 m will be distributed under the existing allocation formula. The distribution of the full £3.8 bn for 15/16 is still subject to ministerial decision. Allocations will be notified to health and wellbeing boards based on the aggregate of these two mechanisms. Full details, including the pay for performance elements, will be included in the notification letter to boards being sent out in due course.

4. Potential indicators

- 4.1 Latest guidance recognises that the number of measures that can be utilised are limited because it must be possible to baseline them in 2014/15 and for simplicity should be relatively few. Ministers have yet to confirm the preferred indicator set but currently under consideration are:
 - Delayed transfers of care
 - Emergency admissions
 - Effectiveness of re-ablement
 - Admissions to residential and nursing care
 - Patient and service user experience
- 4.2 Work is continuing to develop indicators that better reflect outcomes for individuals to be introduced in 16/17.

5. Legislative change

- 5.1 The Department of Health are considering whether any changes to legislation will be necessary to implement the ITF and further details will be made available as and when necessary.

6. Health and Wellbeing Board responsibilities

- 6.1 The Health and Wellbeing Board will sign off the plan but for the DH the Board is advised that it "will be valuable to be able to":
- Aggregate the ambitions set for the fund across all Health and Wellbeing Boards
 - Assure that the national conditions have been achieved; and
 - Understand the performance goals and payment regimes have been agreed in each area
- 6.2 A draft template has been circulated that it is expected will be used in developing, agreeing and publishing the integration plan (attached as Appendix A).
- 6.3 In addition local areas are required to compile an agreed shared risk register which as a minimum will cover risk sharing and mitigation if activity volumes do not change as anticipated.
- 6.4 Jointly agreed plans will need to be signed off by the Health and Wellbeing Board, constituent councils and the CCGs.
- 6.5 It follows that the Kent Health and Wellbeing Board will assume responsibility for ensuring that the commissioning decisions of its member organisations are properly informed by the ITF plan and that activity is aligned with the priorities identified through the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The Joint Health and Wellbeing Strategy itself is currently under revision and will reflect the ITF plan.

7. Government support and assurance

- 7.1 The assurance process will be aligned to existing NHS planning rounds.
- 7.2 Each region will have a designated lead local authority Chief Executive to work with the NHS Area and Regional Teams, local authorities and other interested parties to identify how Boards can support one another and work collaboratively. (In Kent this may be helpful in considering the Medway dimension).

- 7.3 The national Health Transformation Task Group will co-ordinate advice, guidance and support.

8. Timetable

- 8.1 Health and Wellbeing Boards are required to return the completed planning templates by 15th February 2014 to enable aggregation at a national level and identify any challenges that have arisen. It is proposed that the Kent Health and Wellbeing Board meeting on the 29th January receives the final draft ITF plan for approval prior to submission.

9. Developments in Kent

9.1 Department of Health Integrated Care and Support and Pioneer Programme

- 9.1.1 Kent has been successful in achieving Department of Health Integrated Care and Support and Pioneer Programme status following the submission of our bid earlier this year. The Integration Pioneer Steering Group has been established and has met for the first time. As agreed at the last Kent Health and Wellbeing Board meeting it is considering how it will develop the plan for the ITF in Kent.
- 9.1.2 Further details on the Pioneer programme are given in the specific report before the Board today. The appendix to the report includes the Terms of Reference for the Kent Integration Pioneer Steering Group and a diagram showing its governance and relationship to associated work streams and groups. The inclusion of Children and Transition issues in the Group's Terms of Reference should be noted and the Board may wish to ensure this that integration of children's commissioning and services is appropriately reflected in the ITF plan.
- 9.1.3 The Pioneer Programme and the Integration Transformation Fund are separate but intrinsically linked and it is logical for the Kent Integration Pioneer Steering Group to provide the focus for delivery of the ITF on behalf of the Kent Health and Wellbeing Board. The Health and Wellbeing Board may wish to consider whether the work on the Integration Transformation Fund should be supported through a designated Programme Team drawn from a range of Board members including CCGs.

9.2 Systems Leadership programme

- 9.2.1 The Board will also have before it today a report on the Systems Leadership programme that is engaged in Kent. Full details are incorporated in that report but it is intended that the programme focuses on some of the leadership and organisational issues that may influence the delivery of the ITF in Kent.

9.3 Integration position statement template

- 9.3.1 As agreed at the last Board meeting all members of the Health and Wellbeing Board have been requested to complete a template giving details of the initiatives in their area that promote integration and service redesign intended to reduce hospital activity. This information will help provide a baseline from which to assess progress towards full integration by 2018 and the ITF over the next two years.
- 9.3.2 The Board may also benefit from understanding the total amount of the aggregation of financial deficits across the health and social care system in Kent that the ITF and other integration activity will need to address to ensure a sustainable health and social care system from 2018 onwards.

10. Conclusions

- 10.1 Activity including the Integration Pioneer Steering Group and the System Leadership support programme is being aligned with the ITF in order to ensure maximum support is available to deliver the objectives of the fund in Kent but the timescales for completion of the ITF plan in Kent are now even more challenging given the acceleration of the date for submission to 15th February. By then the Board must be satisfied that the plans drafted are robust and realistic and that the aggregation of intentions of each of the seven CCG areas in Kent reflect the needs and aspirations of the people of Kent. It should also be noted that part of the plan template includes reference to the consultation activity undertaken with local people in the compilation of the plan.

11. Recommendations:

- 11.1 The Kent Health and Wellbeing Board is asked to:
- Approve the delivery mechanisms for the ITF plan and mandate the Integration Pioneer Steering Group to begin delivery of the plan.

- Consider establishing a programme support group for the Integration Transformation Fund from across the Board's member organisations.
- Agree to receive the final draft of the ITF plan for Kent at the meeting scheduled for 29 January 2014

12. Background Documents:

- The Integration Transformation Fund – report to the Kent Health and Wellbeing Board 18th September 2013
- Department of Health Integrated Care and Support and Pioneer Programme - report to the Kent Health and Wellbeing Board 20th November 2013
- System Leadership - report to the Kent Health and Wellbeing Board 20th November 2013
- Integrated Systems Intelligence- report to the Kent Health and Wellbeing Board 20th November 2013

13. Contact:

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