

HEALTH AND WELLBEING BOARD SUB-COMMITTEE UPDATE

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	Chairman of Sub-Committee
Report author	Kevin Byrne, Administration Directorate
Papers with report	None

1. HEADLINE INFORMATION

Summary	The Sub-Committee has instructed officers and partners to prepare for requirements of the Integration Transformation Fund (ITF). Detailed mapping has begun to capture the good work undertaken locally and to consider ambitions for further integration. Details of requirements from Government have now been published and it is proposed that the officer group report back to the Sub-Committee now in January, with evidence for the ITF and to consider emerging proposals for further integration. The Health and Wellbeing Board would then consider a submission for the ITF at its meeting on 6 February 2014.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

That the Board notes progress.

3. INFORMATION

Reasons for recommendation

To update the Board on progress towards a submission to the ITF in February 2014.

Financial Implications

Corporate Finance has reviewed this report and confirms that there are no financial implications arising from the report but notes that the outcome from the plan for submission to the Integrated Transformation Fund submission will have significant impacts on funding for Adult Social Care which will be included in the MTF for 2014/2015 and future years.

Legal Implications

At this early stage, there are no legal implications arising directly from this report. However, legal implications will be fully provided in the report which is to be considered by the Health and Wellbeing Board in February 2014.

4. BACKGROUND

1. At its meeting on 15 October 2013 the Sub-Committee agreed:

That the Sub-Committee instructs officers and partners to consider the ITF guidance as it is issued from Government and to prepare evidence to form a potential plan. This should include mapping existing integration activity and developing outline proposals for future integration, to report back at a further meeting of the Sub-Committee in December 2013.

2. An officer and partner group has been established to take this work forward and has been meeting fortnightly. Guidance has now been issued by LGA and NHS England together with a plan submission template.
3. The guidance confirms that the £3.8bn national pool brings together NHS and local government resources that are already committed to existing core activity and reiterates an expectation that councils, CCGs and providers will need to work together to develop a shared view of the future shape of services. It also confirms that the Health and Wellbeing Board should sign off the plan.
4. The Spending Review agreed that £1bn of the £3.8bn would be linked to achieving outcomes. It also said that 50% of the “pay-for-performance” element will be paid at the beginning of 2015/2016, contingent upon the Health and Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/2015 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance – details of which have yet to be determined.
5. The six national conditions are:
 - a. **Plans to be jointly agreed**, covering a minimum of the pooled fund and potentially extending to the totality of health and care spend. Should include shared view of the future shape of services and an assessment of future capacity requirements across the system.
 - b. **Protection for Social care services (not spending)**, explained within plans and agreed locally.
 - c. **7-day services in health and social care**, to support patients being discharged and prevent unnecessary weekend admissions. Level to be agreed locally, Keogh review to provide guidance on effective 7-day services within existing resources.
 - d. **Better data sharing between health and social care based on the NHS number.**
 - e. **Ensure a joint approach to assessments and care planning**, where funding is used for integrated packages of care there is an accountable professional.

- f. **Agreement on the consequential impact of changes in the acute sector**, identifying provider by provider what the impact will be in their area, including public and patient engagement and political buy-in.

Hillingdon Approach and Timetable

6. The officer group has proposed that this work build on the existing integration activity and funding in 2012/2013 and 2013/2014, the broad principles of which are:
- Centre around the needs of people and patients, with the aim of keeping them well, independent and in their own home.
 - Provide a good experience of care for patients and their families, and result in appropriately target care, better outcomes and care closer to home.
 - Reduced reliance on hospital and institutional care.
 - Meet the challenges of rising need and constraints on resources.
7. It has noted that the following programmes are already under way or planned in Hillingdon:
- Hillingdon Health and Wellbeing Strategy priorities including the Out of Hospital Strategy - joint working on a range of programmes to support reduction in unscheduled care and appropriate time in hospital. These include scaling up community based rapid response for urgent needs, supported hospital discharge (intermediate care), community dementia pathways, falls services and reducing admission from care homes.
 - Joint Mental Health Plan (adults and older adults) – focusing on shifting from institutional to community based care, improving physical care, urgent care, and dementia care.
 - Integrated Care Pathway pilot – multi disciplinary care planning via locality based virtual teams.
 - Commissioning plans for key vulnerable groups are being aligned for 2014/2015 (mental health and children).
 - Section 75 for LD and community equipment.
8. In scoping an approach to Health and Social Care Integration in Hillingdon, the following outline steps are proposed:
- Understand the current baseline in Hillingdon - including building system map of current integration programmes with engagement of key stakeholders.
 - Identify options for scope of integration programme in Hillingdon – identify where to focus joint effort to maximise benefits for service users and those delivering their care. (Emphasis on tangible programmes – for target population groups or care processes).
 - Identify high level plan for programs to support delivery - including stakeholder mapping.
 - Scope the next steps for potential work programs - including plan for submission to the Integration Transformation Fund and for agreed priority areas with indicative scale of financial/activity impact.
 - Suggest implementation approach to facilitate discussion and agreement with stakeholders on which to adopt to deliver agreed integration/transformation programmes.
 - Set out next steps for each option and development of a proposal for an integration programme for agreement by Health and Wellbeing Board Sub-Committee (proposed for January 2014) and provide written report.
 - Additional capacity has been commissioned by the CCG to support this work and the supporting officer group.

9. Timetable for taking work forward:

December 2013	<ul style="list-style-type: none">• Defining baseline• Mapping activity for ITF plan.• Options for integration programme• High Level plan to support delivery• Potential work programme
TBC January 2014	Meeting of Health and Wellbeing Board Sub-Committee to review progress and emerging ideas
January 2014	Stakeholder engagement discussions
6 February 2014	Health and Wellbeing Board review and sign of ITF proposals
15 February 2014	Submission date for ITF plan

10. A fuller report on evidence so far and emerging findings would be developed for December to enable discussions within partner organisations and their governance structures. The Sub-Committee would receive proposals for completing the pro-forma and options for further integration in January for review and comment, before submission to the Health and Wellbeing Board for decision in February.