

**OXFORDSHIRE HEALTH & WELLBEING BOARD
21 NOVEMBER 2013**

Integration Transformation Fund

Purpose

1. To establish the process by which the Health and Wellbeing Board can agree a plan to use the resources allocated to Oxfordshire through the Integration Transformation Fund by April 2014.

Background

2. The Integration Transformation Fund was announced in the June 2013 Spending Round. It will come into operation in 2015/16 and will require the reallocation of £3.8 billion nationally of existing health and local government funding to ensure closer integration between health and social care and improved outcomes for patients and service users.
3. The £3.8 billion nationally from 2015/16 comprises £1.9 billion of NHS funding, and £1.9 billion based on existing funding that is already allocated across the health and wider care system.
4. In 2014/15 there is an additional £200m transfer nationally from the NHS to social care, as well as £900m already planned, to enable preparations for the full transfer in 2015/16.

Details of the ITF Fund

The June 2013 SR 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	£3.8bn 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:	
£1.9bn NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:	
• £130m Carers' Breaks funding	
• £300m CCG reablement funding	
• £354m capital funding (including c.£220m of Disabled Facilities Grant)	
• £1.1bn existing transfer from health to social care	

5. The basis of determining local allocations has not yet been agreed, the current national formula is under review and we will be notified of Oxfordshire's specific allocation for 2014/15 and 2015/16 in the coming

weeks. However, a rough calculation based on and Oxfordshire's population being just over 1% of the national population would mean approximately £36-38 million would be included within the Fund in Oxfordshire in 2015/16.

6. The use of funding in 2014/15 remains the same as previously, in that the funding must support adult social care services which also has a health benefit, must be in line with the Joint Strategic Needs Assessment and existing commissioning plans, and it must be agreed between the County Council and Clinical Commissioning Group through the Health and Wellbeing Board.
7. Our expectation is that existing resources already committed for a key activity will continue to be used for that purpose. This includes the resources for carers' breaks, reablement and Disabled Facilities Grants. Some of the resources have to be used for capital purposes (including the element for Disabled Facilities Grants).
8. Resources already transferred from NHS to adult social services have been used to fund more care packages, additional resources for equipment and the ALERT service and to fund the introduction of the Crisis Response service.
9. It is also important to understand that none of this money is new. The NHS funding is currently within the system. NHS England has assumed that this will come from current spending on acute care.
10. It is also important to understand that the County Council believes the fund is intended to help protect adult social care from the full impact of the reductions in spending required from local government that were announced in the Government's Spending Round announced in June 2013.

Requirements of the Funding

11. For 2015/16 we are required to submit a plan by April 2014 that demonstrates how the use of the funding will address six national conditions:
 1. **Plans to be jointly agreed** by the County Council and Clinical Commissioning Group, with the expectation this will be through the Health and Wellbeing Board, following engagement of all providers likely to be affected by the use of the fund.
 2. **Protection for social care services (not spending)**, with a definition of exactly what protecting services means and how local social care services will be protected to be agreed locally.
 3. **7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends**, or an explanation of why this cannot be provided
 4. **Better data sharing between health and social care**, confirming that the NHS Number is being used as the primary identifier for health and care services (and if not, when it will be), a commitment to pursuing Open Application Programming Interfaces (enabling websites and other

systems to interact with each other) and ensuring that appropriate Information Governance controls are in place for information sharing.

5. **Ensure a joint approach to assessments and care planning** following the principles of self-management help and person-centred planning, and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
6. **Agreement on the consequential impact of changes in the acute sector**, identify, provider-by-provider, what the impact will be in their local area provider-by-provider as well as ensuring public, patient and political engagement.

12. It will be important to understand the resource implications of each of these conditions.

13. Once agreed, delivery of the plan will be governed through a Section 75 agreement for pooled budget arrangements. Oxfordshire already has well-established pooled budget arrangements in place, as well as an existing Section 256 Agreement for the transfer of NHS funding to social care for the delivery of improved outcomes, although it is likely these will need to be expanded to accommodate the requirements of the fund.

14. For example, further consideration will need to be given to the potential for risk sharing and contingency plans if performance objectives are not met. These could be based on the existing pooled budget arrangements, or alternative arrangements as agreed between partners.

Funding linked to outcomes

15. The Spending Review agreed the £1 billion of the £3.8 billion would be linked to achieving outcomes. This will be contingent on submitting a plan that meets national conditions by April 2014, and on the basis of 2014/15 and 2015/16 performance.

16. Details of exactly how this will work, and the measures that can be used in 2015/16, are still to be agreed nationally, but areas under consideration include:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service user experience

17. There will also need to be one locally set ambition against at least one locally chosen measure.

Timescales and Process

18. A jointly agreed plan must be submitted by April 2014. It is therefore proposed to present the final version of the plan to the Health and Wellbeing Board for consideration at its meeting on 13 March 2014, alongside proposals for the Health to Social Care funding transfer for 2014/15.

19. The Clinical Commissioning Group will be establishing a multi-agency working group to oversee the development of their 2 year operational and 5 year strategic plans. The plans for the use of the Integration Transformation Fund have to be completely integrated with these CGC plans and also the County Council's proposed Service and Resource Plans which will be made public in December.
20. It is proposed that the Integration Transformation Fund should be considered further at the Older People Joint Management Group on 3rd December. This Joint Management Group is proposed because it has oversight of most of the key performance indicators that are set out in paragraph 15.
21. There is ongoing discussion about how the NHS will sign off the plans, with further guidance expected in due course. It is anticipated that the Thames Valley Area Team will have a quality assurance role, and the Team has requested that near complete plans are submitted on 17th January 2014. This is the same time as the Clinical Commissioning Group must submit the 2 year operational plan and 5 year strategic plan to the NHS for quality assurance, and these both link closely to the Integration Transformation Fund plan.
22. The Local Government Association and NHS England have requested a planning template by 15 February 2014 as part of their offer to provide assurance on the suitability of plans.
23. As these dates fall between meetings of the Health and Wellbeing Board, it is proposed that this planning template is agreed by the County Council and Clinical Commissioning Group and signed off by the Chairman and Vice-Chairman prior to submission. Any final changes in the light of regional and national feedback will then be made and reported to the Health and Wellbeing Board on 13 March 2014.

Recommendations

The Oxfordshire Health and Wellbeing Board is **RECOMMENDED** to:

- (a) agree the proposed process as set out in paragraphs 18-23 above; and**
- (b) agree to consider the final Integration Transformation Fund plan at its meeting on 13 March 2014, alongside proposals for the Health to Social Care funding transfer for 2014/15.**

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November 2013