Public Document Pack

HEALTH & WELLBEING BOARD

SUPPLEMENTARY AGENDA

Wednesday 13 November 2013
1.30 pm – 3.30 pm

Committee Room 1, Town Hall

7. INTEGRATION WITH HEALTH (Pages 1 - 38)

a) Joint Report from Adult Social Care and Havering CCG on section 256 monies.

Report by Alan Steward & Paul Grubic ***(Attached)***

b) Future work on Integrated Transformation Fund

Report by Joy Hollister & Alan Steward ***(Attached)***

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Joint report from CCG and LB Havering to agree: • what S256 funding will be used for • the measurable outcomes • monitoring arrangements
Board Lead:	**Joy Hollister/ Alan Steward**
Report Author and contact details:	**John Green** **Tel: 01708 433018** **john.green@havering.gov.uk**

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☒ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

NHS England is managing the process for provision of S256 money to local authorities from the NHS for 13/14. The process includes the need for discussion of the proposals at HWB, prior to formal sign off of the S256 memorandum of agreement (see appendix 1) by the clinical commissioning group and the local authority. The report outlines; what the 13/14 S256 money will be used for; the measurable outcomes that the initiatives will achieve; the links to JSNA, ASC service plans and the Commissioning Strategy Plan of the CCG; and the monitoring arrangements that will be put in place to ensure delivery.

RECOMMENDATIONS

To approve the use of S256 money as outlined in the table attached at appendix 2, with associated outcomes and the proposed monitoring arrangements as outlined below.

REPORT DETAIL

Section 256 funding provides a significant opportunity for NHS and Local Authorities to work together to better meet the health and social care needs of communities. NHS England is now responsible for managing this funding and has outlined processes to be followed for it to be released.

The funding for 2013/14 for Havering totals £3,599,507. The release of the money is subject to an expressed set of criteria. These include:

- That the money should support adult social care services, which also have a health benefit. Beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- To respond to the JSNA and the existing commissioning plans for both health and social care.
- To provide a positive difference to social care services and outcomes for service users.

NHS England requires the initiatives and outcomes to be agreed by both the LB of Havering and the CCG. There has therefore been on-going dialogue between officers within the LBH and the CCG to design the programme, which, in many cases means moving forward on integration of services to the benefit of service users. The proposals have already been to the Executive Committee of the CCG.

The proposed initiatives, the measurable outcomes they are trying to achieve and the links to the Health and Wellbeing strategy, to JSNA, ASC and CCG commissioning plans, are in tabulated form at Appendix 2. For each initiative it is likely that an associated equalities assessment will be required. These will be conducted as part of the project delivery where necessary.

The proposals include funding for delivery resources, designed to develop the integration of commissioning, which would not have been available in normal circumstances and this is explicitly allowed for within the guidelines for use of the funding.

It is worth noting that these initiatives and their allocated funding are designed to begin a process of change. Funding will be available, under certain conditions, for the next two years, eventually becoming manifest as the Integration Transformation Fund. An associated two year plan into 14/15 and 15/16 will be built between the local authority and the CCG, using the initiatives in this paper as a foundation, over the next few months. The plan and the delivery of outcomes will be the basis for successfully securing the funding in

future, so robust partnership working and the development of sound measurable outcomes that meet set criteria are essential. It will ultimately come to HWB for approval prior to going through a process, involving NHS England providing assurance for ministers, in March 2014.

Monitoring arrangements

Each of the initiatives outlined at appendix 2 has measurable outcomes applied to it. Reporting on progress in all defined areas is proposed quarterly at Health and Wellbeing board. An Integrated Commissioning Board (which is in development and will incorporate ASC and Health partners) will ensure delivery on a more regular basis. It is becoming evident that allocation of funding in 2015/16 will be dependent on performance in 2014/15.

Where particular initiatives require governance of their own this will also be established.

Issues that are of such significance that they require specific and more immediate resolution will be brought to HWB on an exception basis.

IMPLICATIONS AND RISKS

Financial implications and risks:

The 2013/14 funding transfer from NHS England to social care is now administered by NHS England (previously undertaken by Primary Care Trusts).

In order for NHS England to release the funding, templates must be completed and submitted along with the local section 256 agreement, in line with national directions for payment. The application and outcome monitoring of the use of funds must be agreed between NHS England, local authorities and local health partners. The Health and Well Being Board is the forum for agreement of joint CCG/LA plans, to enable both parties to sign the s256. The templates and s256 agreement will then be submitted to the local NHS delivery team, who will release the funding.

Havering's 2013/14 allocation is £3,599,507. The proposed plans take care of all of this funding. There is a requirement that deployment of funds be externally audited.

Given that the timing of the receipt is expected to be at the end of 2013/14, the majority of the funding will likely be deployed during 2014/15, so authorisation to carry funds forward is requested within the s256.

There are certain funding conditions summarised as:

1. Funding must support adult social care services in each local authority in a way that also has a health benefit.
2. Local authorities must obtain agreement from their local health partners on how the funding is best used within social care and the anticipated outcomes from the investment.
3. Health and Wellbeing Boards will be expected to discuss and approve local proposals for use of the funding.
4. NHS England will make it a condition of the transfer that local authorities demonstrate how funding will make a positive difference to social care services and the benefits for service users, compared to service plans in the absence of the funding transfer.

There is the risk that there would be financial consequences should the conditions not be met, or outcomes not delivered, performance is expected to influence future funding allocations. Progress against outcomes will need to be monitored on a timely basis via Health & Wellbeing Boards.

In the current economic climate funding streams may be subject to change at short notice, so this risk needs to be considered as part of the planning process.

These proposals also form the bedrock of the initial planning related to the Integration Transformation Fund, which comes into effect from 2015/16.

Caroline May, Strategic Business Partner (Finance), Children, Adults and Housing

Legal implications and risks:

Section 256 National Health Act 2006 gives power to NHS England to provide funding to local authorities for social services functions where the funding will
a) Have an effect on the health of any individuals,
(b) Have an effect on, or are affected by, any NHS functions, or
(c) Are connected with any NHS functions

The proposed funding will be provided subject to a number of conditions which are set out elsewhere in this Report e.g. see financial implications above.

Provided the relevant conditions are met there are minimal legal risks in approving the Report.

Stephen Doye, Legal Manager (Litigation). For and on behalf of Ian W. Burns Acting Assistant Chief Executive Legal and Democratic Services

Human Resources implications and risks:

There are no immediate Human Resources implications as the additional work will be managed from existing staff resources within the Children, Adults and Housing Directorate.

Nicola Williams, Human Resources. For and on behalf of Eve Anderson, Strategic HR Business Partner.

Equalities implications and risks:

It is envisaged that the proposed initiatives listed in Appendix 2 will better meet the health and social care needs of communities, particularly the most vulnerable and disadvantaged groups living in the Borough.

The identified initiatives and outcomes have been agreed by both the London Borough of Havering and the Clinical Commissioning Group, and have been informed by the Joint Strategic Needs Assessment, Adult Social Care service plans and the CCG Commissioning Strategy Plan.

Where appropriate, individual projects will be subject to separate Equality Analyses as part of the project development, delivery and monitoring.

Andreyana Ivanova, Diversity Advisor, Corporate Policy and Diversity.

BACKGROUND PAPERS

The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013

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NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013

The Secretary of State for Health gives the following Directions in exercise of powers conferred by sections 256(6) and (7), 272(7) and (8) and 273(1) and (4) of the National Health Service Act 2006(**a**).

Citation, commencement and interpretation

1.—(1) These Directions may be cited as the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013 and come into force on 20 May 2013.

(2) In these Directions—

"the Act" means the National Health Service Act 2006;

"capital costs" means expenditure of a capital nature incurred by a recipient;

"disposal" includes a disposal by way of a sale, an assignment, the creation of any lease or tenancy, a surrender or a merger, and "disposes" shall be construed accordingly;

"paying authority" means the Board or clinical commissioning group which makes a payment to the local authority under section 256 or 257;

"recipient" means—

(a) in the case of a payment under section 256 of the Act, a body specified in section 256(1), (2) or (3), which has received, or is to receive, a payment under section 256,

(b) in the case of a payment under section 257 of the Act, a voluntary organisation which has received, or is to receive, a payment under that section;

"responsible officer" means an officer of the recipient who for the time being is responsible for discharging the function of authenticating and certifying the voucher in accordance with direction 5(3) of these Directions; and

"section 256 or 257" means section 256 or 257 of the Act.

Conditions relating to section 256 or 257 payments

2.—(1) This direction applies to any payment made by a paying authority under section 256 or 257, and any such payment must be made subject to and in accordance with the conditions specified in the following paragraphs(**b**).

(2) Before making a payment under section 256 or 257, the Board or a clinical commissioning group must be satisfied that the payment is likely to secure a more effective use of public funds than the deployment of an equivalent amount on the provision of services under arrangements made under sections 3(1), 3A or 3B of the Act(**c**).

(**a**) 2006 c.41 ("2006 Act"); section 256 was amended by paragraph 129 of Schedule 4 to the Health and Social Care Act 2012 (c.7) ("the 2012 Act"). The powers exercised by the Secretary of State in giving these Directions are exercisable only in relation to England, by virtue of section 271(1) of the 2006 Act.

(**b**) The conditions specified in Directions 2 and 3 of these Directions in so far as they relate to section 256 or 257 payments made by the Board are to be read together with conditions relating to payments by the Board set out in the National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013.

(**c**) Section 3(1) of the Act was amended by section 13(1) and (2) of the 2012 Act; sections 3A and 3B of the 2006 Act were inserted by sections 14 and 15, respectively, of the 2012 Act.

(3) Direction 2(2) is subject to the requirements under Direction 2 of the National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013 (minimum amounts of section 256 payments)(**a**).

(4) Where a payment is made under section 256 or 257 to meet part or all of the capital costs of any project, the amount of the payment must be determined before the project begins.

(5) Before making any payment to which this paragraph applies in respect of any project, the Board or a clinical commissioning group must be satisfied that the recipient intends to meet the cost of the project—

(a) to the extent that it is not funded by payments under section 256 or 257; and

(b) for so long as the project is considered by the paying authority and the recipient to be necessary or desirable.

(6) This paragraph applies where a recipient which has received a payment made under section 256 or 257 in respect of a project has reduced the level of services provided in connection with the project below the level of services which it undertook to provide at the time the payment was agreed.

(7) Where paragraph (6) applies, the paying authority must reduce accordingly the amount of any further payments made under section 256 or 257 in respect of the project.

Duties of the paying authority in relation to section 256 or 257 payments

3. In the case of any payment made under section 256 or 257, the paying authority making the payment must—

(a) so far as is practicable, ensure that the payment is used by the recipient in such a way as will secure the most efficient and effective use of the amount paid; and

(b) with the agreement of the recipient, prepare a memorandum of agreement in writing in the form set out in Annex 1 of these Directions.

Duties of recipients in relation to section 256 or 257 payments

4.—(1) Subject to paragraph (6) below, where—

(a) a payment has been made under section 256 or 257 towards the cost of acquiring, or of executing works to, land or other property for the purposes of any functions specified in section 256(1) or (3) of the Act; and

(b) the recipient—

(i) disposes of the whole or part of the land or other property, or

(ii) uses it or any part of it for any purpose other than that for which the payment was made,

the recipient must repay to the paying authority an amount equal to the proportion of the open market value of the land or other property (or the relevant parts) as is attributable to the expenditure of the payment.

(2) For the purpose of paragraph (1), the open market value of the land or property in question must be assessed by a suitably qualified valuer, who may be a District Valuer, and the apportionment of the part of such value attributable to the expenditure of payment must be made by that valuer.

(3) Where an assessment, or an apportionment, falls to be made in accordance with paragraph (2), it must be made as respects the date at which the disposal is completed or, as the case may be, the alternative use commences.

(**a**) There are no relevant amendments to Direction 2 of the National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013.

(4) It is a condition of any payment under section 256 or 257 that the recipient agrees to enter into a legal charge in favour of the paying authority making the payment, at the request of that paying authority, upon the happening of any default.

(5) In this direction, "default" means the circumstances as described in paragraph (1).

(6) This direction does not apply in the case of a payment which has been made towards the cost of acquiring premises for the purpose of rental, where a tenant subsequently exercises a right to buy those premises.

Requirements following the making of a section 256 or 257 payment

5.—(1) Where a payment is made under section 256 or 257, the paying authority must require the recipient to provide an annual voucher in the form set out in Annex 2 to these Directions.

(2) Recipients must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the paying authority by no later than 31st December of that year.

(3) A voucher provided for the purposes of paragraph (1) above must be authenticated and certified by the Director of Finance or responsible officer of the recipient

Revocation and savings and transitional provision

6.—(1) The Directions by the Secretary of State as to the conditions governing payments by Health Authorities and other bodies to local authorities under section 28A of the National Health Service Act 1977(**a**), which came into force on 28 March 2000, are revoked.

(2) The Directions mentioned in paragraph (1) shall continue to have effect in relation to any payment made under section 256 or 257 before 20 May 2013, subject to the modification specified in paragraph (3).

(3) The modification referred to in paragraph (2) is that references to "NHS body" are to be read as references to—

(a) in the case where the rights and liabilities of a Primary Care Trust or Strategic Health Authority under the agreement with a recipient in connection with a payment under section 256 or 257 have been transferred to the Board or a clinical commissioning group by a property transfer scheme made under section 300 of the Health and Social Care Act 2012, that Board or group;

(b) in any other case, the Board or clinical commissioning group responsible from 1st April 2013 for exercising the function under the Act in relation to which, or in connection with which, the payment was made.

Signed by authority of the Secretary of State

Sebastian Habibi
Deputy Director
Social Care Strategic Policy and Finance
Department of Health

16 May 2013

(**a**) 1977 c.49. Section 28A was inserted into the National Health Service Act 1977 ("the 1977 Act") by section 30 of the Health Act 1999 (c.8). Following consolidation of the enabling authority, the Directions now have effect as if made under the 2006 Act, section 256, by virtue of the National Health Service (Consequential Provisions Act) 2006 (c.43) section 4, Schedule 2, paragraph 1.

ANNEX 1 – Memorandum of agreement

The following memorandum of agreement must be used as required by direction 3(b).

Memorandum of agreement

Section 256 or 257 transfer

Reference number: ……...

Title of Scheme: ……...

(the reference number and title of the scheme should give a unique identification of the scheme)

1. How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

2. Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).

Financial details (and timescales)

3. Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

Year(s)	Amount	Capital	Revenue
……..	…….	……	…….
……..	…….	……	…….

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

4. Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.

Signed : …… for the Board/clinical commissioning group

…… Position

…… Date

Signed : …… For local authority / other recipient body

…… Position

…… Date

ANNEX 2 – Annual voucher and certificate for auditors

The following annual voucher must be used as required by direction 5(1).

Section 256 or 257 Annual Voucher

……Council

PART 1 STATEMENT OF EXPENDITURE FOR THE YEAR 31 MARCH 20.. (YEAR)

(if the conditions of the payment have been varied, please explain what the changes are and why they have been made)

Scheme Reference Number Revenue Expenditure Capital Total and Title of Expenditure

Project £££

PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme approved by the …… Board/clinical commissioning group in accordance with these Directions.

Signed: ……

Date: ……

Director of finance or responsible officer of the recipient (see paragraph 5(3) of the Directions).

Certificate of independent auditor

I/We have:

- examined the entries in this form (which replaces or amends the original submitted to me/us by the authority dated)* and the related accounts and records of the ……. and
- carried out such tests and obtained such evidence and explanations as I/we consider necessary.

(Except for the matters raised in the attached qualification letter dated)* I/we have concluded that

- the entries are fairly stated: and
- the expenditure has been properly incurred in accordance with the relevant terms and conditions.

Signature …….

Name (block capitals) …….

Company/Firm …….

Date ……..

* Delete as necessary

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ANNEX 1 – Memorandum of agreement

The following memorandum of agreement must be used as required by direction 3(b).

Memorandum of agreement

Section 256 or 257 transfer

Reference number: 256 – 13/14……...

Title of Scheme: Havering S256 agreement 13/14..……...

(the reference number and title of the scheme should give a unique identification of the scheme)

1. How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

   See outcomes identified in appendix 2. These will deliver cross sector outcomes for service users and patients, developing integrated approaches that will not be achievable if an equivalent amount of money were spent on the NHS.

2. Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).

   See initiatives identified in appendix 2

Financial details (and timescales)

3. Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

Year(s) Amount Capital Revenue

13/14. £3,599,507 ……... £3,599,507

…….. ……. …… …….

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

3. Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.

See measurable outcomes identified at appendix 2.

Signed : …… for the Board/clinical commissioning group

…… Position

…… Date

Signed : …… For local authority / other recipient body

…… Position

…… Date

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
1	Self-funders strategy approval and implementation - initiation of a project to implement a self-funders strategy	• The reduction in numbers and percentage of self-funders placed in residential care and placing requests for financial support • Impact upon integrated care metrics – including lengths of stay within acute care and where admissions have been avoided • Cost savings • Qualitative feedback from self-funders who have experienced our offer	The JSNA identifies gaps in the service provision for self-funders, observing that they receive information and advice but no other support services. [i] The ASC service plan, recognises this and commits to supporting a whole systems preventative approach to self-funders including the improvement of information and advice. [ii]	Early help for vulnerable people to live independently	50
2	Help not Hospital – proposals for expansion to develop the already established volunteer service provided by the British Red Cross	• Reducing avoidable hospital admissions and readmissions • Avoidance of need for ASC services • Cost savings • Feedback from service users regarding achievement of outcomes and impact on quality of life	The JSNA identifies levels of need (probably below substantial and critical) beyond the capacity of conventional services but important to assess and provide for from a preventative perspective [iii] The ASC service plan advocates partnerships with the Voluntary Sector and specifically with the British Red Cross and Help not Hospital.[iv]	Early help for vulnerable people to live independently for longer	200
3	Learning disabilities - Developing a strategy based around supported living where possible and ensuring	• Numbers of people removed from residential provision to supported living • Feedback from service users or their representatives on quality of life	The JSNA recommends reviews of all placements for service users with LD and an audit of choices and accessibility of healthcare.[v]	Better integrated support for people most	200

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

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	appropriate provision where that is not possible - including use of extra care housing. Assurance that choice and accessibility of healthcare is provided to those with LD.	• Improved health outcomes for people with learning disabilities • Cost savings	In the CSP the QIPP plan contains a commitment to review the section 75 agreement with the local authority to commission services for people with Learning Disabilities. This will be a joint review between social care and the CCG and will look to improve outcomes for people with LD in line with national priorities and measures. Further investigation into joint commissioning opportunities with the local authority will also take place to deliver joint savings and improved services. [vi] The ASC service plan notes plans to work with Housing colleagues to develop tailored housing solutions for people with LD.[vii]	at risk	
4	Transitions and autism – managing the implications for the individual, Adults Social Care and Health - building a commissioning framework	• Feedback from service users or their representatives on quality of life • Reduced cost increase at point of transfer from childrens to adults services	The JSNA identifies that transition to ASC for children with a disability, needs to be more streamlined.[viii] The JSNA also notes there are around 1412 adults in havering on the autism spectrum with an expected increase of 5% in the next ten years.[ix]	Better integrated support for people most at risk	50

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
			The ASC service plan refers to work with Commissioning, SEND and Children's Services to implement a Transitions Strategy. [x]		
5	Development of new carers strategy across health and social care taking regard of coming Care and Support bill	• Feedback from service users or their representatives on quality of life and ability to keep cared for people at home • Number of carers supported through defined set of support mechanisms • Improved information and advice and numbers accessing it	The JSNA estimates that there are 4,752 carers over 65 in Havering. This number is estimated to increase by 2015.[xi] The CSP concentrates on carers for people with dementia and highlights the programme of initiatives that is governed by the Dementia Partnership Board.[xii] The ASC service plan focuses on a Carers Review and work with Commissioning to support carers.[xiii]	Better integrated care for the 'frail elderly' population	100
6	Development of a respite strategy (including a look at how properties are used - including use of properties such as Dreywood; RJC; Paynes Brook)	• Feedback from service users or their representatives on quality of life and ability to keep cared for people at home • Numbers receiving respite care and frequency of provision • Reduction in the numbers going from	The JSNA identifies a gap for residential respite homes and day respite services for young people with physical and learning disabilities.[xiv] Recent work done in ASC (Home Truths work and the review of Residential Care) has highlighted the	Better integrated care for the 'frail elderly' population	150

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
		respite care into residential care	need to review respite care particularly in its tendency to lead to residential care.		
7	Dementia Services – implementation of the developing dementia strategy.	Outcomes to be defined by the dementia strategy but likely to include: • Earlier diagnosis of dementia • Increased diagnosis of dementia • Defined dementia pathway • Memory clinic usage	The JSNA identifies a gap in recording incidences of dementia in hospital admissions data and social care packages.[xv] It also recommends work with GPs around dementia training/diagnosis[xvi] and estimates there are 3,050 people in Havering over 65 with dementia.[xvii] The CSP commits to implementing a programme of dementia projects that support delivery of the National Dementia Strategy and local priorities. This programme will be overseen by the joint Dementia Partnership Board.[xviii] The ASC service plan notes support for people with dementia and their carers through early identification and intervention with partners.[xix]	Improved identification and support for people with dementia	150

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
8	Development of an Integrated Commissioning model - creating the framework (operational and financial) and establishing a S75 agreement between parties to deliver the model.	• Operational framework in place for integrated commissioning • Financial framework in place for integrated commissioning • S75 agreement in place	The JSNA identifies that there are opportunities for health and social care to work together more closely to support older people in the community.[xx] It references King's Fund conclusions that integration can result in significant benefits.[xxi] The ASC service plan noted a continued commitment for a closer, more integrated approach between Health and Social Care Services[xxii]	Better integrated care for the 'frail elderly' population	100
9	Mental Health landscape – including S75 updates and taking forward ideas from MHPB. Mental Health advocacy services are being provided by Voiceability and CCG/LBH are working with them to consolidate current arrangements and monitor outcomes.	• Feedback from service users or their representatives on quality of life • Supportive MH advocacy in place and being monitored to identify the positive impacts for people with MH conditions on their quality of life and recovery.	The JSNA estimated that 3,760 older people have depression[xxiii] and around 23,200 people in Havering are estimated to have a common mental health disorder.[xxiv] Mental Health is a key work stream within CSP planning for 2013/14.[xxv]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	177

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
10	Developing the infrastructure to support personalisation and coordinating the information and advice available, including: Stimulating the local provider market; Developing expertise in support planning and brokerage; Development of CarePoint as the information hub to support, for example: · Increase in direct payments and SDS project · Development of personal health budgets · Access to health watch · Public health advice · Financial advice and guidance Coordination of community engagement	• Feedback from those with personal budgets and responses to improve experience of services • Increase in local providers for those with personal budgets • Increase in direct payments and SDS • Development of personal health budgets • Access to health watch improved • Access to Public health advice improved • Financial and other advice and guidance improved	The JSNA identifies scope for personal budgets to be made available to a greater proportion of eligible social care users[xxvi] and to continue to deliver actions from Havering's personalisation framework.[xxvii] The ASC service plan identifies that by putting the user in control of their care support better results can be achieved at lower cost.[xxviii] The ASC Service plan commits to increasing the number of people utilising Self Directed Support and shaping social work services to deliver more personalised and local services.[xxix]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	100

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
11	Customer interface (People Too) including CarePoint's role (see above) and web site development (channel shift) - consideration of shared customer interface	• Decrease in demand at Customer services through telephone and e-mail • Increase in web based transactions • Customer satisfaction surveys showing a positive improvement • Decrease in end to end times for service transactions for customers	The JSNA identifies that until recently, there was no central source of consistent information and advice for adults in Havering and there are opportunities for more consistent engagement with users of adult social care services.[xxx] Recent consultancy work based around corporate requirements of customer interface has highlighted significant opportunities for change and will be developed further to improve customer service.[xxxi]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	100
12	Practitioner signposting - improving cross organisational and cross service understanding through training and culture change initiatives	• Surveys of health and social care practitioners indicating desired changes to perspectives and understanding	Both the JSNA and CSP recommended working with GPs to support their key role in primary and secondary prevention.[xxxii] ASC have recently commissioned work to develop cross organisational awareness and understanding.	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they	100

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				can be	
13	Designing and implementing a multi-disciplinary locality based structure to support an integrated care model incorporating ICM development and including links to voluntary sector provision	• Clearer pathway to health and ASC services and reduction in crisis interventions • Reduction in hospital admissions and readmissions • Feedback from users of services • Development of locality based working in multi-disciplinary teams • Feedback from practitioners on efficacy of working arrangements and how supportive they are of integrated working	The JSNA recommended continued development of the Integrated Care Strategy for Havering.[xxxiii] One of the CSP priorities is to Integrate care for the benefit of the population in conjunction with our partner organisations - enabling improvements in care provided to individuals resulting in a better experience and improved outcomes [xxxiv] There is a continued commitment to a closer, more integrated approach between health and social care services to maintain and strengthen joint working arrangements, and to improve the experience and outcomes of people who use services.[xxxv]	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	100

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

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14	Reviewing and coordinating the **intermediate care pathway,** including; · Reablement · Rehab · Step up/ step down Includes review of properties and their use	• Reduction in hospital admissions and readmissions • Reduction in use and cost of domiciliary care • Reduction in demand and cost of primary health care • Feedback from users of services	The JSNA identifies the need to expand the scope of the current reablement service and streamline the pathway for admission avoidance and hospital discharge.[xxxvi] The ASC service plan noted plans to improve and expand the reablement service[xxxvii] and the CSP also commits to increase the number of rehabilitation beds available for reablement through close working with the local authority[xxxviii]	Better integrated care for the 'frail elderly' population	400
15	Assistive Technology	• Reduction in hospital admissions Delay or avoidance of need for residential care • Reduction in demand and cost of domiciliary care • Reduction of demand on ambulance services • Impact on quality of life for users and their carers	The JSNA noted that 92% of service users felt safer in their homes because of Telecare[xxxix] as well as recommending the provision of aids, adaptations and preventative technology as a priority.[xl] The ASC service plan commits to mainstream Assistive Technologies[xli] and this is supported within the CSP[xlii]	Early help for vulnerable people to live independently for longer Reducing avoidable hospital admissions	325

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16	Stroke services	• Improved quality of life • Avoid demand on health and social care services • Cost savings • Delivering identified outcomes from service users	Around a third of deaths in Havering are caused by CVD (cardiovascular disease), a large proportion of which are deaths from Coronary Heart Disease and Strokes[xliii] The CSP references development of a new approach to stroke rehabilitation and a community based service that reduces reliance on beds[xliv]	Better integrated support for people most at risk	74
17	Extracting understanding and sharing data to support integration	• Improved data to: Enhance decision making and support measurement of above initiatives	To integrate working practice and provide joint understanding of the impact of initiatives it will be essential to improve access and sharing of relevant data.	Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	150

Appendix 2: S256 Initiatives, outcomes, links and proposed allocations

Ref.	**Proposed Initiative**	**Measurable Outcomes***	**Links to:** • **Joint Strategic Needs Assessment 2011/12** • **Commissioning Strategy Plan (CSP) 2013/14** • **Adult Services plan 13/14** **To be noted: All these documents are in the process of being updated but, in general, retain links to the initiatives as outlined below.**	**HWB theme/ priority**	**Proposed allocation £000**
18	Integrated Commissioning posts	Sec 256 funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. • Improved quality of commissioning and outcomes for users through integrated working		Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	800
19	Governance	This is set aside for the establishment of governance arrangements across Health and Social Care.			26
20	Audit and legal costs	The use of this money will be subject to external audit, which will generate costs. There is an expectation that in some cases, particularly where innovative approaches are developed, that legal advice will be required that will again generate cost.			100
	CCG additions				

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21	Befriending service: Tackling social isolation and exclusion, and also providing a link for vulnerable people into the community and care services, by 'buddying' befriending volunteers with at-risk or already isolated older people for regular visits.	• Reducing social isolation, and thereby reducing the risk of depression and other MH disorders in older people and reducing the risk of falls. • Uptake of the service by older people and volunteers to be 'befrienders' should be measured as part of the project. • Evaluation of outcomes after a six month pilot can then be conducted.	This initiative links to the JSNA chapters relating to keeping people out of hospital and supporting vulnerable adults and older people. The befriending scheme links to the draft CSP for 2014/15 by supporting our work streams around frail elderly people, reducing A&E attendances, carers and promoting community services wherever possible.	Early help for vulnerable people to live independently for longer	50
22	Disablement Association of Barking and Dagenham (DABD): Wheelchair provision for adults awaiting a long term wheelchair or requiring additional assistance for a short period of time.	• Greater independence of patients following an accident or fall • Assistance to carers to care for these patients. • Data available includes number of users for the three day loan of wheelchairs and for the three month loan. • Consultation with BHRUT and NELFT has identified the need for this service given wider landscape of wheelchair provision at the present time. Consultation with service users is planned for early 2014.	This initiative links to the JSNA chapters relating to supporting vulnerable adults and older people. DABD's provision of wheelchairs links with the CSP work streams around reablement/rehabilitation; patient discharge; frail elders; and community services.	Early help for vulnerable people to live independently for longer	39

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23	Low vision service: Aiding people with poor vision to live independently by providing aids to people who have been diagnosed with poor and deteriorating eyesight, to help them cope with daily tasks and live at home.	• Independence of people with visual impairment and blindness, reducing the risk of accidents and the need for full time or residential care. • Data for monitoring the outcomes of the service have been incorporated into the contract for the low vision service, and will be monitored by CSU Contracting as part of the contract management arrangements. • Work by the CCG has identified the need for the service and the gap in provision when the old service ended.	This initiative links to the JSNA chapters relating to supporting vulnerable adults and older people. The low vision service supports the work streams within the draft CSP 2014/15 relating to community services and falls prevention.	Early help for vulnerable people to live independently for longer	58
	Total	-	-	-	3599

*** Measurable outcomes are subject to review as a result of:**

The need to ensure that data as required can be extracted from existing systems

Consultation with stakeholders indicating better or additional measures of outcomes

Discovery phases of work finding better or more practicable measures of outcomes

References:

[i] JSNA - Chapter 10, pg.3 - Gaps in Knowledge and Service Provision in Havering
[ii] ASC - Chapter 2, pg. 23 – Action Plan for Delivering Services and Projects
[iii] JSNA - Chapter 10, pg. 2 – What is the level of need in Havering?
[iv] ASC - Chapter 2, pg. 22 – Action Plan for Delivering Services and Projects
[v] JSNA - Chapter 10, pg.25 – Future Actions/Recommendations for Adults and Older People with Learning Disabilities
[vi] CSP – Page 6 - Quality Improvement Productivity and Prevention plan. Project no 23
[vii] ASC - Chapter 2, pg. 23 – Action Plan for Delivering Services and Projects
[viii] JSNA - Chapter 10, pg.22 – Gaps in Knowledge and Service Provision in Havering
[ix] JSNA - Chapter 8, pg. 14 – Autistic Spectrum Disorders
[x] ASC - Chapter 2, pg. 17 – Action Plan for Delivering Services and Projects
[xi] JSNA - Chapter 10, pg.14 – Carers
[xii] CSP – Page 7 – Quality Improvement productivity and Prevention plan. Project no 19.
[xiii] ASC - Chapter 2, pg. 14/15 – Action Plan for Delivering Services and Projects
[xiv] JSNA - Chapter 10, pg.22 – Gaps in Knowledge and Service Provision in Havering
[xv] JSNA - Chapter 4, pg.8 – What gaps are there in services or knowledge in this area?
[xvi] JSNA - Chapter 4, pg. 1 – Summary
[xvii] JSNA - Chapter 10, pg. 13 – Dementia
[xviii] CSP – Page 7 – Quality Improvement productivity and Prevention plan. Project no 19.
[xix] ASC - Chapter 2, pg. 22 – Action Plan for Delivering Services and Projects
[xx] JSNA - Chapter 10, pg.3 – Gaps in Knowledge and Service Provision in Havering
[xxi] JSNA - Chapter 10, pg. 19 - Integration of Health and Social Care
[xxii] ASC - Chapter 1, pg. 8 – Partnership Working
[xxiii] JSNA - Chapter 10, pg. 2 – What is the Level of Need in Havering?
[xxiv] JSNA - Chapter 8, pg. 18 – Mental Health
[xxv] CSP - Supporting Delivery of the NHS Mandate. Page 3, item 3.
[xxvi] JSNA - Chapter 10, pg.3 - Gaps in Knowledge and Service Provision in Havering
[xxvii] JSNA - Chapter 10, pg.24 – Future Actions and Recommendations
[xxviii] ASC - Chapter 1, pg. 5 – Operational Context
[xxix] ASC - Chapter 2, pg. 14/16 – Action Plan for Delivering Services and Projects
[xxx] JSNA - Chapter 10, pg. 22 – Gaps in Knowledge and Service Provision in Havering
[xxxi] ASC - Chapter 1, pg. 7 – Adults Transformation Team (People Too initiative to review customer service)
[xxxii] JSNA - Chapter 4, pg. 1 – Summary / CSP - Chapter 4, pg. 35 – Public health commissioning approach
[xxxiii] JSNA - Chapter 10, pg.24 – Future Actions and Recommendations

[xxxiv] CSP - Chapter 6, pg. 54 – Priority 2: Integrated care
[xxxv] ASC - Chapter 1, pg. 8 – Partnership working
[xxxvi] JSNA - Chapter 10, pg.22 – Gaps in Knowledge and Service Provision in Havering
[xxxvii] ASC - Chapter 1, pg. 12 – More people supported through reablement
[xxxviii] CSP – Page 7 – Quality Improvement Productivity and Prevention plan. Project no 17.
[xxxix] JSNA - Chapter 10, pg.21 - Service User Feedback on Telecare
[xl] JSNA - Chapter 10, pg. 9 – Aids and Adaptations
[xli] ASC - Chapter 2, pg. 15 – Mainstream the application of assistive technologies
[xlii] CSP – Pg. 15 Joint Health and Social Care Delivery with the Local Authority
[xliii] JSNA – Pg. 7 Supporting adults & vulnerable people
[xliv] CSP – QIPP projects – p7

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	The Integration Transformation Fund
Board Leads:	Alan Steward Chief Operating Officer – Havering Clinical Commissioning Group Joy Hollister – Group Director, Children, Adults and Housing
Report Author and contact details:	Joy Hollister – Group Director, Children, Adults and Housing Joy.hollister@havering.gov.uk 01708 432261

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☒ Priority 2: Improved identification and support for people with dementia
- ☒ Priority 3: Earlier detection of cancer
- ☒ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report informs the Board about the new Integration Transformation Fund which replaces some previous funding streams, including the s.256 which is the subject of another paper on the agenda, and adds new requirements for partnership working. The fund is contingent upon agreement between the CCG and the Local Authority on areas for joint commissioning to deliver preventative services and reduce pressure on acute services. The proposals will be subject to this Boards approval in February 2014.

Health & Wellbeing Board

The Integration Transformation Fund was announced in June 2013 within the Government's spending review. It was described as creating a national £3.8 billion pool of NHS and Local Authority monies intended to support an increase in the scale and pace of integration and promote joint planning for the sustainability of local health and care economies.

The fund is made up of a number of differing existing funding streams to Clinical Commissioning Groups and Local Authorities, anticipated annual grants, as well as recurrent capital allocations. At this stage it is not clear there is any new or additional funding. This creates risks for existing services funded from these sources, either if conditions and targets attached to the fund are not achieved or if new priorities are identified for this funding.

Access to the Integration Transformation Fund in 2015/16 will be dependent on agreement of a local 2-year plan for 2014/15 and 2015/16. This plan will need to be agreed by the Health and Wellbeing Board before March 2014. Plans agreed locally will need to align with national criteria which include; 7 day working, support for social care and prevention of hospital admission.

£1 billion of the funding will be held back and released subject to performance against national and local targets. There is a further allocation nationally of £200m (transfer from the NHS to local authorities in 2014/15) which is intended to progress on priorities and build momentum.

At this stage the Board need to be aware that any new priorities which require investment will also require plans for dis-investment. Work is underway between CCG and LBH officers to agree local priorities for investment for discussion at February's H&WBB meeting.

The announced conditions attached to the Integration Transformation Fund imply a complex set of targets that will be directly overseen by Government. They provide opportunities for greater integration as well as significant challenges for both the CCG and the Local Authority.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to agree:

(i) That Board members will ask relevant officers within the CCG and local authority to draft and prepare the plans for discussion at a future Board and onward submission to the Department of Health.

(ii) Note the opportunities alongside the implications for disinvestment.

(iii) To note that a further report will come to the Board with the draft two year plan in February 2014.

(iv) Board members consider the draft shared priorities that will form the basis for concrete proposals to be considered at a future meeting.

REPORT DETAIL

The Government's spending review in June 2013 announced a £3.8bn fund nationally for NHS and Social Care Services in 2014-16 to support the model of integrated health and social care.

Practically, this will be delivered through a "pooled budget" with the aim of reducing demand for NHS services and builds on the success of the transfer of funds from NHS to councils since 2011. The Minister has made it clear that the pooled fund is the minimum he expects to be spent on integration and he would expect both commissioners to 'grow' this pot over the first two years to include more jointly commissioned services.

The funds on offer need to be applied for jointly by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) on the basis of a locally agreed joint commissioning plan by March 2014 which will set out actions to achieve set outcomes in both 2014/15 and 2015/16. The local plan will need to be agreed by the Health and Wellbeing Board and agreed by both parties before submission to the NHS England who will assure plans prior to funds being released.

As part of achieving the right balance between national and local inputs the Local Government Association, Association of Directors of Adult Social Services and NHS England will work together to develop proposals for how this could be done in an efficient and proportionate way.

£1bn of the £3.8bn Integration Transformation Fund in 2015/16 will be dependent on performance and local areas will need to set and monitor achievement of those outcomes during 2014/15 as the first half of the £1billion, paid on 1st April 2015 will be based upon performance in the previous year. The rest will be paid in the second half of 2015/16 and will be based on in year performance. Performance will be judged against a combination of nationally-agreed and locally-agreed indicators. It is not yet clear on what will be measured or how but early indications suggest that these will relate to:

- Delayed Transfers of Care;
- Emergency Admissions;
- Effectiveness of re-ablement;
- Admissions to residential and nursing care;
- Patient and Service User experience.

It is understood that in the event that agreed levels of performance are not achieved there will be a process of peer review, facilitated by NHS England and the Local Government Association, to avoid any financial penalties which may impact upon the quality of service provided to local people.

The outline timetable for developing the pooled budget plans, conditions and metrics in 2013/14 is as follows:

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

NHS England and the LGA and ADASS will work with the DH, DCLG, CCGs and local authorities over the next few months on the following issues:

- Allocation of funds
- Conditions, including definitions, metrics and application
- Risk sharing arrangements
- Assurance arrangements for plans
- Analytical support e.g. shared financial planning tools and benchmarking data packs

Further announcements are expected in early November for performance metrics and risk sharing arrangements and a review of 'readiness' is also anticipated in November 2013.

2. Proposal and Issues

In August, NHS England and the Local Government Association published a joint statement setting out how the integration and transformation fund is to be managed. This guidance states that Local Authorities will be allowed to use part of the Integration Transformation Fund (ITF) to protect social care against cuts.

The 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 between the local Authority and the CCG;
- Protection for social care services/spending with the definition determined locally;
- 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 (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health;
- Ensure a joint approach to assessments and care planning;

- Plans and targets for reducing Accident and Emergency attendances and emergency admissions.
- Ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Risk-sharing principles and contingency plans if/when 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.

As many of the services that prevent hospital admission are delivered across the 3 Local Authorities within the BHRUT area it is proposed that there are a set of service design principles built in that are shared across the three areas but with a local flavour. Havering's Chief Executive already chairs the Integrated Care Coalition that has developed a range of support and prevention services across the 3 boroughs in partnership with the CCG, NELFT and the Trust and it is therefore proposed that this group develop and agree the shared principles and over-arching agreement.

IMPLICATIONS AND RISKS

At this time, there are no financial, legal and human resource implications from the Board noting the contents of this report.

BACKGROUND PAPERS

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