

HEALTH SCRUTINY PANEL

Tuesday, 28 January 2014 at 6.30 p.m.

Committee Room 1, 1st Floor, Town Hall, Mulberry Place, 5 Clove
Crescent, London, E14 2BG

This meeting is open to the public to attend.

Members

Chair: Councillor Rachael Saunders –

Vice-Chair: Councillor David Edgar –

Councillor Dr. Emma Jones –

Councillor M. A. Mukit MBE –

Councillor Gulam Robbani –

Councillor Lutfu Begum –

Councillor Zenith Rahman –

Co-opted Members

David Burbridge –

Dr Amjad Rahi –

Deputies

Councillor Peter Golds, Councillor Anwar Khan, Councillor Bill Turner and Councillor Lesley Pavitt

Scrutiny Lead

Representing

– (Healthwatch Tower Hamlets Representative)

– (Healthwatch Tower Hamlets Representative)

The quorum for this body is 3 Members.

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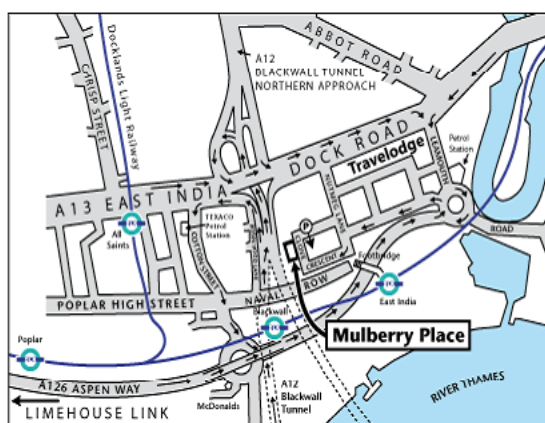
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3 .1 Integrated Care - Education Social Care and Wellbeing (ESCW) and Clinical Commissioning Group (CCG) (Pages 1 - 4)

To receive a verbal presentation on integrated care

– ESCW Deborah Cohen, Service Head of Commissioning and John Wardell CCG

Date of the next Meeting:

The next meeting of the Committee will be held on Tuesday, 11 March 2014 in the Committee Room 1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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Agenda Item 3.3

Tabled at Health Scrutiny Panel
Meeting 28 January 2012

Date	Reference Number
24 Jan 2014	ESCW10138
EDUCATION, SOCIAL CARE AND WELLBEING DIRECTORATE	
Briefing Note for:	Chair, Health Scrutiny Panel
Subject:	Update on Integration and Better Care Fund for meeting on 28 th January 2014
Author:	Deborah Cohen, Service Head Commissioning & Health, ESCW

Introduction

1. A report was given to HSP in September 2013 on Integrated care by Paul Larrisey from Barts Health and John Wardell from Tower Hamlets CCG. This report described the three fundamental principles on which integration locally is built:
 - Empowering patients, users and their carers;
 - Ensuring responsive, coordinated and pro-active care; and
 - Ensuring consistency and efficiency of care.
2. This will result in improved patient /service user experience and better use of resources within the local health and social care system.
3. The proposed changes in service delivery were outlined with an in depth look at the Community Health Teams which are currently being set up by Barts Health. These teams are a core part of the new service design: the teams are multidisciplinary, bringing together a range of staff who currently work separately in the community, and the teams will be organised on a network/locality basis across the Borough.
4. This paper covers developments since this report in September under the following three headings:
 - i. The Pioneer Programme
 - ii. The Better Care Fund (formerly called the Integration Transformation Fund)
 - iii. Social care and service redesign.

The Pioneer Programme

5. The Department of Health announce in October 2013 the appointment of 14 "pioneering initiatives [to transform] the way health and care is being delivered to patients by bringing services closer together than ever

before”¹. Tower Hamlets Council and CCG submitted a bid, based on the existing plans for integration, to be a Pioneer, as part of a wider programme across WELC (Waltham Forest, East London and the City) and were successful and are one of the 14 pioneers across England.

6. This programme brings together the three boroughs of Waltham Forest, Newham and Tower Hamlets and the three CCGs (matching the footprint of Barts Health), Barts Health and the two Mental Health Trusts in East London who also provide community health services to two out of the three boroughs. It is therefore a highly complex programme and the approach taken is to look to maximise commonality and economies of scale in work on the “enablers” – things like information sharing, ICT strategies, evaluation and outcomes, organisational development – but to recognise the need for local flexibility for service design on the ground.
7. The 14 areas chosen are expected to be trail blazers, pioneering new ways of delivering coordinated care. This means “health and social care services working together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or in care homes”².
8. There are no additional cash resources that accompany the designation of a Pioneer but there is access and fast tracking to expertise, and government departments to try to assist. An example of this where WELC has already seen benefits is in the area of information governance. There is of course a benefit to the Department of Health who has direct contact with services and this will increase their appreciation of the practical issues for services.

The Better Care Fund (formerly the Integration Transformation Fund)

9. The Better Care Fund (BCF) was announced in June as part of the 2013 Spending Round. It provides
10. In the 2013 Spending Round, the Government announced a national £3.8 billion pooled budget for health and social care services, building on the current NHS transfer to social care services of £1 billion. The Spending Round stated that ‘the Government will introduce a £3.8 billion 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’.
11. It is important to note that this is NOT new money but an amalgamation of money drawn from existing funds as set out in the diagram below.
12. The BCF will be a pooled budget for health and social care services from 15-16 to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. This will be governed by a s75 agreement between the Council and CCG. Payment of part of the funding will be contingent on achieving certain outcomes.

¹ <https://www.gov.uk/government/news/integration-pioneers-leading-the-way-for-health-and-care-reform--2>

² Ibid

13. However for 14-15 current arrangements continue in so far as the funding that has in the last three years transferred to local authorities under s256 will continue for this last year. (See appendix I for arrangements up to 13-14). However it is proposed locally to use 14-15 as a shadow year to prepare for the pooled funding in 15-16 and this means that the CCG are putting their portion of the BCF alongside the LA's share and the plans that are to be submitted shortly to NHS England are based on the total local allocation of BCF.
14. A first cut of the BCF has to be approved by the Health and Wellbeing Board and submitted by 14th February. The deadline for the submission of final plans is 4th April 2014. Our plans, as expected, are the Tower Hamlets part of the WELC pioneer programme.

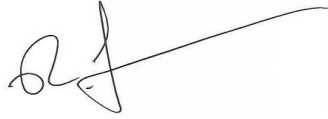
Details of the ITF Fund

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:	
<ul style="list-style-type: none"> • £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 	

Social care and service redesign

15. The Local Authority is actively engaged in the work to redesign care pathways and services and is setting up formal change management processes (eg a Programme Board) to support the local authority (social care) side of the changes. This will require careful planning over the next few months and considerable staff engagement. The work is set out in the BCF plans.
16. The Local Authority is also an active partner on the commissioning side which is driving the redesign of services and the establishment of a savings pool. This is important as the new services start to shift activity away from hospital into the community as a mechanism to move funding between providers.

17. It is anticipated that for 2015-16 financial year, the local NHS and LBTH will have aligned investment and service provision so enabling integrated care pathways and services across sector and location.

A handwritten signature in black ink, consisting of a stylized 'R' followed by a long horizontal line that curves upwards at the end.

Signed

Date: 24 Jan 2014

Robert McCulloch-Graham, Corporate Director