

Title of Report:	Report to the Health and Wellbeing Board on progress of the Berkshire West Integration Programme
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	28 November 2013

Purpose of Report: To report on the progress of the Berkshire West Integration Programme

Recommended Action: For information

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Gordon Lundie (01488) 73350
E-mail Address:	glundie@westberks.gov.uk

Contact Officer Details	
Name:	Cathy Winfield and Rachael Wardell
Job Title:	Chief Officer (Berkshire West CCGs) and Corporate Director for Communities (West Berkshire Council)
Tel. No.:	01635 519723
E-mail Address:	cathywinfield@nhs.net rwardell@westberks.gov.uk

Executive Report

Introduction

The Health and Wellbeing Board will recall that 10 organisations in Berkshire West have committed to working together on a joint Integration Programme. These are: West Berkshire Council, Reading Borough Council, Wokingham Council, the 4 Clinical Commissioning Groups, Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and South Central Ambulance Service Trust. The programme covers three key care groups: Frail Elderly, Mental Health and Children. There are also a number of enabling work streams as set out in the attached diagram.

Progress to date

Frail Elderly

The pathway redesign work described at the last Health and Wellbeing Board has started. This is being delivered through a series of workshops for front line staff facilitated by the King's Fund. The second part of this work is to undertake economic modelling of the redesigned pathway. The Berkshire West 10 are procuring external support for this work that will work across all organisations in line with the attached brief. Bids have been received and the selection process will take place by a panel of Chief Officers and directors from the 10 organisations on 20th November. Success measures for this pathway have also been identified (attached). The Chief Officers of the Berkshire West 10 have proposed that the three health and Wellbeing Boards in Berkshire West meet together to review the business case for Frail Elderly once it is complete in the new year.

Mental health

The aim of this work stream is to develop key principles and produce a joint commissioning strategy to improve mental health services. Initially Reading Borough Council will pilot how joint commissioning might work in conjunction with the CCGs with a view to sharing the learning across West Berkshire and Wokingham

Children

Following the system wide workshop in June, further discussion about integrated working on children's health commissioning is scheduled in December between the LA children's lead, public health, NHS England and the CCG Federation. The key themes will include access to services, pathways of care, prevention and early intervention, integration of services and workforce development. There will be a focus on joint working around the health visitor programme to develop a scope for other areas of integrated working with a focus on children's health and wellbeing.

Programme management

The Berkshire West 10 are also moving to jointly appoint a programme Director on a two year fixed term contract – job description attached. Reading Borough Council have been leading the process and interview dates will be set shortly.

Update on the Pioneer Bid

The system's application to be integration Pioneers progressed to the final stage and we were amongst 30 applicants out of a hundred who made it to this stage. The panel considered that our application had a number of strengths: The team who presented to the national panel were enthusiastic, focusing on local priorities with good clinical engagement. The organisation of the acute trust into Care Directorates was seen as helpful with the "Networked Care" approach particularly supporting integration. There were

good examples of the use of telehealth to improve productivity and support people with mental health needs.

However, the panel felt that the plans for joint commissioning were still at a very early stage and that the overall programme, with programme management arrangements still to be put in place, was not sufficiently developed for the system to take on the challenge of the Pioneer role.

Given the early stages of our work the system did well to progress as far as it did with this process. Effort is now focused on putting programme management arrangements in place and proceeding at pace to deliver the twin objectives of improved outcomes and experience for service users and patients, and financial sustainability for the health and social care system.

The Integration Transformation Fund

The Health and Wellbeing Board will be aware of its own key role in determining how the Integration Transformation Fund (ITF) will be spent to underpin the delivery of the programme. Further guidance on this is emerging via NHS England and the LGA and final guidance is expected in December. **It is important to stress the conditional nature of**

this funding which will only be released if the criteria are met. The health and Wellbeing Board will therefore want to monitor the impact of ITF investments and the achievement of criteria. NHS England Thames Valley Area Team have issued a further update:

- a) ITF will be managed under section 75 not section 256 arrangements
- b) There will be 5 national outcome indicators and probably 1 for local determination. The national outcomes are expected to be:
 - Delayed transfers of care (all causes);
 - Number of emergency admissions;
 - Effectiveness of re-ablement (% still at home 90 days after re-ablement);
 - Permanent admissions to residential care;
 - Patient and service user experience (details tbc).
- c) One measure and its target may be set locally, but the measure is likely to need to be selected from the outcomes framework, and probably will be expected to reflect an individual condition (e.g. dementia diagnosis) rather than integration as a whole.
- d) Money will be released in two tranches, with £500m nationally being paid in April 2015, conditional on outcomes having been delivered in 14/15 and £500m in October 2015 based on more recent performance.
- e) ITF allocations will be announced in November, ahead of NHS allocations, which are not expected until late December.
- f) How the money will be allocated is still subject to discussion, but current expectations are:
 - £1.1bn social care transfer to follow social care formula.
 - £2.35bn to follow CCG fair shares formula.
- g) CCGs and LAs can choose to pool more, but NHS England will set minimum values via allocation figures.

- h) ITF plans will need to be signed off by Health and Wellbeing Boards, LA's and CCGs.
- i) ITF plans will need to include a mitigation plan, setting out what will happen if integration doesn't deliver the expected outcomes (e.g. divert money into A&E if emergency admissions not reducing as planned).
- j) ITF plans will need to capture and agree the changes implicit for acute trusts.
- k) Further thought is being given to the role of NHS England in the assurance of ITF plans, but what has been agreed is that the AT will want to assure ITF plans alongside draft CCG 2 and 5 year plans in the New Year. NHS England is likely to lead the ITF assurance process with input from LGA and local government peers.
- l) Every attempt will be made to assure ITF plans as part of CCG overall plan assurance process.
- m) Assurance will be needed that ITF plans are sufficiently stretching before an area gets access to the funds.
- n) Whilst all plans need to be submitted on a similar timetable, the degree of "must do" that is emerging in the ITF process will impose constraints on other aspects of planning and contract negotiation, it is therefore suggested that ITF plans are completed early on in the planning process.

A workshop is being held on 6th December across all 4 CCGs and the 3 Unitary authorities to progress this work and Health and Wellbeing Boards will need to sign off plans early in the New Year.

Outline West Berkshire Plans for ITF

Within West Berkshire there are existing close working relationships between Health and Social Care services with a range of more or less formal protocols and structures, particularly in the case of the Learning Disability Team, Mental Health Services for younger adults, the Beechcroft Mental Health Service for Older People, and the Intermediate Care and Maximising Independence service. Local implementation of the ITF in West Berkshire will benefit from focusing on developing these existing links into a more comprehensive and more formalised arrangement with a focus on achieving specified outcomes, followed by an extension of the integration principles into other areas. West Berkshire Council would expect its Maximising Independence, in-house Re-ablement and Extended Hours services to be considered within these integration discussions.

The Intermediate Care and Maximising Independence teams create a strong core to an integrated offer being built on these existing relationships and acting as an enabler to the developing **Frail Elderly Pathway**. Integration can be built around:

- A single point of access for services
- Developing better opportunities for seven-day cover
- A patient's "personal recovery guide" working to a recovery agreement
- Ongoing case management and review sitting with either health or social care staff.
- Pooled staffing as a route to pooled budgets.

Essential steps to progress this integration include:

- Transparent sharing of CCG and council budgets nominated to any S75 agreement.

- Clarity about existing commitments that will cease and those that will be retained.
- Use of 2014/15 enabling funding to reduce pressure in areas of the system where there are currently backlogs.

Integration plans will need to recognise that West Berkshire is covered by two CCGs, and also services acute hospitals in Swindon and Basingstoke.

Appendices

There are no Appendices to this report.