

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: Thursday 28 November 2013

Report Title: INTEGRATION TRANSFORMATION FUND (ITF) 2015/16

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1. SUMMARY

- 1.1 The Spending Round 2013 announced a pooled budget of £3.8 billion for local health and care systems in 2015/16. This is now being referred to as the “Integration Transformation Fund” (ITF).
- 1.2 The fund is intended to support an increase in the scale and pace of integration. It is clearly also a mechanism for promoting joint planning for the sustainability of local health and care economies against a background of significant savings targets right across the system.
- 1.3 Although announced as if new money into the health and care system this pooled fund is, in the main, created through top slicing existing budgets. Top slicing Clinical Commissioning Group (CCG) budgets will make up over 65% of the fund, the rest is made up from top slicing the Local Authority budget and adding the existing Department of Health (DoH) Social Care Grant which now is subsumed into ITF.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1 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. The plans will need to be agreed jointly by the Local Authority and Bromley’s Clinical Commissioning Group and then signed off by the Health and Wellbeing Board before being submitted to NHS England by February 2014.
 - 2.2 A template has been produced nationally for local areas to complete their submissions. The template sets out the key information and metrics that Boards will need to assure themselves that their plans address in order to meet the conditions of the ITF.
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3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- That the H&WB is aware of the immediate implications of ITF and that the Board has a key role in overseeing the Local Plan
 - That the timeframes available to us locally are extremely tight and so Board is asked to agree that this joint working be a key priority for both the CCG and Local Authority throughout December in order that a draft plan can be presented back to the Board in January.
 - That the Board recognises that this is a likely model for government funding of the health and care economy in the future
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Health & Wellbeing Strategy

1. Related priority: As this impacts on the direct local funding of health and care it relates to all the priorities in the Health and Wellbeing Strategy. The two year Local Plan requested by NHS England will need locally to reflect the priorities identified by the H&WB in their strategy.

Financial

1. Cost of proposal: The allocation for individual boroughs will not be announced until 4th December but the ITF pooled fund is likely to be in the region of £6m for the planning year in 2014/15 and in the region of £15m in Bromley for 2015/16..

2. Ongoing costs: This fund is the result of top slicing existing budgets and so core services on both sides already rely on this funding. The Local Plan will need to be very clear about what the ITF will be used to fund locally.

3. Total savings (if applicable): At this stage these are unknown but there is an expectation that integration results in efficiencies in the health and care system which will result in alleviating growing cost pressures.

4. Budget host organisation: Unclear – an approved Local Plan triggers a release of the funding by NHS England but at this stage there has been no information about how it will be managed locally.

5. Source of funding: NHS England

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

4. COMMENTARY

There will be a presentation at the Board to highlight the main points and summarise the information that both the CCG and LA are currently receiving from The Department of Health and other bodies such as London Councils, ADASS and NHS London about what we have to do locally and any support being made available.

5. FINANCIAL IMPLICATIONS

The ITF represents both an opportunity and challenge for both organisations, both of whom are being pressed to find significant savings over the next 5 years.

Only when officers from both the CCG and LA have worked up a draft proposal using the national ITF template will we be in a position to quantify the financial implications in detail.

6. LEGAL IMPLICATIONS

None. Unless agreement cannot be reached locally over the content of the local plan and what the ITF will fund. NHS England are considering how regional support would be given if such a situation was to arise.

7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

Given the potential impact on existing funding arrangements, both the Local Authority and Clinical Commissioning Groups will need to gain the approval of their respective local Executives before finalising a draft ready for the Health and Wellbeing Board.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

I have read and support this report, both in terms of its contents and actions.

I would also refer H&WB Members to the Executive report listed below, which includes more detail on the expectations placed on local government and Clinical Commissioning Groups by the Department of Health regarding the use of this new Integrated Transformation Fund.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	ADULT SOCIAL CARE – IMPACT OF THE CARE BILL AND FUTURE NHS FUNDING – report to Executive by the Executive Director of Education, Care and Health Services 20 th November