

The Highland Council
Education, Children and Adult Services Committee
14 January 2015

Agenda Item	7.
Report No	ECAS 04/15

Integrated Care Fund

Report by Jan Baird, Director of Adult Care, NHS Highland on behalf of Deborah Jones, Chief Operating Officer, NHS Highland

Summary

Scottish Government has announced the release of integrated care funds along with specific guidance for Partnerships. NHS Highland as lead agency for adult care outlines this guidance in the attached report that has been submitted to the Health and Social Care Committee and sets out the significant role of the Adult Services Commissioning Group and Improvement Groups.

1. Background
 - 1.1 Scottish Government has allocated an Integrated Care Fund to Partnerships across Scotland to support people with long term conditions.
 - 1.2 Partnerships are expected to develop an Integrated Care Plan by January 23rd 2015 which extends the commissioning principles in Highland and looks to explain our commissioning intentions for all adult care groups – including older adults.
 - 1.3 Scottish Government has allocated an Integrated Care Fund to Partnerships across Scotland to support people with long term conditions.
 - 1.4 Partnerships are expected to develop an Integrated Care Plan by January 23rd 2015 which extends the commissioning principles in Highland and looks to explain our commissioning intentions for all adult care groups – including older adults.
2. **The Highland Partnership**
 - 2.1 It is anticipated that this fund, which is non recurring, will assist with the share and spread of developments initiated by the Change fund.
 - 2.2 In line with Strategic commissioning, plans will build on priorities developed by Service Improvement Groups and in partnership with users and carers and the Third and Independent sectors who are members of these groups.
 - 2.3 The report attached as **Appendix 1** was presented to the Health and Social Care Committee earlier this month and sets out the Guidance and principles on which plans should be based.
 - 2.4 The report also highlights how NHS Highland, as the Lead Agency for Adult

Care will progress plans and this will include reporting through and seeking approval from the Health and Social Care Committee as part of the Partnership governance structure.

3. Recommendations

3.1 The Committee is invited to:

- note the allocation of the Integrated Care Fund
- note the role of the Adult Services Commissioning Group and the Improvement groups in taking forward implementation plans.

Designation: Director of Adult Care, NHS Highland

Date: 24 December 2014

Author: Jan Baird

Highland Health and Social Care Committee
January 8th 2015

The Integrated Care Fund, Report by Jan Baird, Director of Adult Care

1. The Fund and the Guidance

The Integrated Care Fund (ICF) will provide £4.13M to Highland in 2015-16 to support people with LTCs including older people by

- developing integrated services to reduce demand for health and social care (for example for emergency care)
- driving the shift towards prevention and early intervention
- strengthening the approach to tackling health inequalities (with funding weighted to areas of greatest need)

The national guidance asks partnerships to submit an Integrated Care Plan (ICP) by 12 December comprising a simple template and reporting against a set of key points. It is presumed that the ICP will be an extension of the current joint commissioning processes. In Highland while we have the Joint Strategic Commissioning Plan (JSCP) for older people we don't have the same for adults with LTCs. However some of the initiatives designed for older people could be extended to other adults

Additional Guidance from The Scottish Government has clarified that this Fund requires to be seen as an emergent part of the quantum of Adult Care resource.

Ministerial Strategic Group for Health and Community Care, the Scottish Government, COSLA, NHS Scotland and third and independent sector partners have agreed that six principles should underpin the use of the Fund:

- **Co-production** – the use of the Fund must be developed in partnership, primarily between health, social care, housing, third sector, independent sector, people who use support and services and unpaid carers. It should take an inclusive and collaborative local approach that seeks out and **fully supports the participation of the full range of stakeholders, particularly the third sector**, in the assessment of priorities and delivery of innovative ways to deliver better outcomes
- **Sustainability** – the Fund needs to lead to change that can be evidenced as making a difference that is **sustainable and can be embedded through mainstream integrated funding sources** in the future.
- **Locality** – the locality aspects must include input from professionals, staff, users and carers and the public. Partnerships should develop **plans with the people who best know the needs and wishes of the local population**. Such a bottom-up approach should maximise the contribution of local assets including the third sector, volunteers and existing community networks. Partners will be expected to weight the use of their funding to areas of greatest need.
- **Leverage** – the funding represents around 1% of the total spend on adult health and social care so must be able to support, unlock and improve the use of the total resource envelope. Our approach to strategic commissioning will be key to this so it is important that plans for the use of this resource are embedded in the strategic commissioning process.

- **Involvement** – Partnerships should take a co-production, co-operative, participatory approach, ensuring the **rights of people who use support and services and unpaid carers are central to the design and delivery of new ways of working** – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities. These relationships should be evidenced within each partnership's plans.
- **Outcomes** – partnerships will be expected to **link the use of the funds to the delivery of integrated health and wellbeing outcomes for adult health and social care** which will be the responsibility of the new Integration Joint Boards or lead agencies following enactment of the legislation for integration.

2. Partnerships are asked to develop Plans which describe:

- the activities that will support the delivery of integrated health and wellbeing outcomes for adult health and social care – and the contribution to wider work designed to tackle health inequalities within Community Planning Partnerships;
- the extent to which activity will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning;
- relationships with localities, including how input from the third sector, users and carers will be achieved. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks.
- the long term sustainability of investments and the extent to which the use of the fund will leverage resources from elsewhere.
- how resources will be focused on the areas of greatest need.
- how the principles of co-production will be embedded in the design and delivery of new ways of working.
- progress in implementing priority actions for partnerships as described in the forthcoming National Action Plan for Multi-morbidity.
- how it will enable the partnership to produce a progress report based on the above for local publication in autumn 2016.

3. There are a number of conditions set by the guidance:

- the ICF is only confirmed at this stage for 2015-16 with any continuation subject to the next Comprehensive Spending Review
- the proposals must be developed in partnership with a specified set of partners especially the third sector
- unlike Reshaping Care this fund is not confined to older people but extends to all adults with LTCs (multiple and complex conditions)
- the ICF cannot be used to fund either investment in existing institutional capacity (permanent care home places) or hospital beds and is not intended as a straight replacement for the Change Fund

4. In assessing how to approach using the ICF consideration should be given to:

- Proposals that can make a significant impact
- safeguarding services and interventions which have been shown to be effective but one supported by short term investment
- minimising recurring costs
- backing proposals able to produce results within a year
- support transformational change in support of the required shift in the balance of care
- achieving highland wide coverage
- can build on the successes of the change fund. This means that approximately £2.8m of the total Integrated Care Fund is already subject to requests for investment to continue current initiatives for a further year.
- can be fully implemented from 1 April 2015

5. Highland Position

The first thing to note is that Highland is in a different position from other partnerships, having already integrated. This means that our use of the fund is much more aimed at progressing integration through joint strategic commissioning, rather than supporting the process of integrating health and social care.

At the November meeting of the Scrutiny and Development Sub Committee, however, elected members advised that they wished to discuss and approve this plan. This is not a requirement of the Scottish Government, however they have been advised that Governance discussions require to be concluded before a Plan is submitted. This will be in the January 2015.

This plan is being developed by the Adult Services Commissioning Group based on the strategic commissioning intentions currently being worked up in the Improvement Groups, and the investment priorities identified following the end of the Change Fund.

Recommendations

The Committee are asked to agree the approach being taken to develop the Plan for use of the Integrated Care Fund.

Jan Baird
18th December 2014