INTEGRATED CARE FUND

Guidance for Local Partnerships

1. The Scottish Government announced that additional resources of £100m will be made available to health and social care partnerships in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards preventionand further strengthen our approach to tackling inequalities.

2. The £100m resource builds upon the Reshaping Care of Older People (RCOP) Change Fund (which will continue as planned until April 2015). The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.

3. This paper provides guidance to local partnerships on how the fund should be used.**It is not intended to create additional bureaucratic burden on local partnerships so Integrated Care Plans should be developed within the current strategic commissioning process.However, it is important to be able to account for the spend of this resource and to measure the performance improvements achieved by it.**

Background

4. The RCOP Change Fund has been a powerful lever to support the third sector,NHS, local authority, housing and independent sectors to work more effectively together and to share ownership of local change plans and delivery. The governance arrangements and improvement support for Change Plans have accelerated a change in attitudes, cultures and behaviours and have resulted in a greater focus on preventative and anticipatory care.

5. We recognise that the full ambitions of the RCOP ten year programme of reforms have yet to be fulfilled. As evidenced by the recent Audit Scotland report,[1] we have not yet been able to achieve a shift in resources away from institutional care. It is also true to say that there is scope to make further progress on the duty in the Public Bodies (Joint Working) (Scotland) Act 2014 to include key stakeholders, particularly the third sector, within the decision making processes to take advantage of their advice, experience and delivery. It is important, therefore, that partnerships continue to make progress with Reshaping Care for Older People within the context of emerging integrated health and social care arrangements and this more equal and co-productive form of partnership working. Strategic Commissioning will be critical to achieving this. As part of the Reshaping Care for Older People Programme, Evaluation Support Scotland was commissioned to facilitate ‘A Stitch in Time’. This programme supported the third sector in Lothian

[1] http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf

to collect and present evidence to explain, measure and prove how the third sector (i) prevents avoidable future use of health and social care services; and (ii) how it optimises older people's independence and well-being.

6. The Public Bodies (Joint Working) (Scotland) Act[2] speaks to a more ambitious agenda that needs to be more squarely focused on the alleviation of health inequalities. The Route Map to the 2020 Vision for Health and Social Care[3] identifies prevention and preventative spend as a priority to improve care for people with multi-morbidities. We need now to move to a more targeted but transformational redesign focused on the complex and high cost service models that are in many cases not delivering the outcomes that people need, especially in less affluent areas.The principles and learning from "A Stich in Time" programme are equally applicable to working with adults with co-morbidity / multi-morbidity through the Integrated Care Fund. Further information and support for partnerships to understand the contribution of the third sector can be found on Evaluation Support Scotland's website at http://www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/

7. It is therefore important that the Integrated Care Fund should be used to test and drive a wider set of innovative and preventative approaches in order to reduce future demand, support adults with multi-morbidity and address issues around the inverse care law, where people who most need care are least likely to receive it. Given that the funding is available for one year, it is important that these approaches are built in to and sustained through the longer term strategic commissioning approach.

8. Central to these approaches must be the shift to support the assets of individuals and communities so that they have greater control over their own lives and capacity for self-management, particularly of multiple conditions. The **third sector** has a particularly crucial role to play in supporting such an approach.

Principles

9. Through the 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

[2] http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx
[3] Route Map to the 2020 Vision for Health and Social Care

- **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.

Integrated Care Fund - Plans

10. As we enter into the 2014/15 shadow year for health and social care integration, health and social care partnerships will already be developing strategic commissioning plans for adults. The Joint Improvement Team issued practical advice on joint strategic commissioning[4] in February 2014 and this guidance should be read in conjunction with that advice note. Effective use of the Integrated Care Fund will only be achieved by adopting the principles of strategic commissioning.

What should be the focus of Integrated Care Plans?

11. Integrated Care Plans should focus on tackling the challenges associated with multiple and chronic illnesses for both adults and older people. Over two million people in Scotland have long term conditions and they are the principal driver for both chronic and urgent care and support. Multi-morbidity (two or more conditions) is the norm in Scottish patients over 50 and the prevalence is rising. Although multi-morbidity is particularly common in older people, most people affected are

[4] http://www.jitscotland.org.uk/news-and-events/newsletters/?id=154

under 65, particularly in deprived areas where the most common co-morbidity is a mental health problem. The combination of physical and mental health conditions has a strong association with health inequalities and negative outcomes for individuals and families.

12. The focus on multi-morbidity is intimately tied to wider work undertaken in respect of inequalities and deprivation. The current evidence suggests[5] that deprivation influences not just the amount but also the type of multi-morbidity that people experience. A greater mix of mental and physical problems is seen as deprivation increases, which means increased clinical complexity and the need for holistic person centred care.

13. The Integrated Care Fund should therefore be used to test and deliver a matrix of supports and interventions to improve health and wellbeing outcomes through, for example: deepening our focus on improving personal outcomes, supporting health literacy and adopting a co-production approach; using technology to enable greater choice and control; and adopting an assets-based societal model to improve population health and wellbeing. Plans should build on learning from Reshaping Care for Older People and extend the reach of successful approaches to the priority actions for partnerships set out in the National Action Plan for Multi-morbidity, which will be published shortly.

14. The use of the Integrated Care Fund should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions. Investment in existing institutional bed capacity such as long stay beds, should <u>not</u> form part of the plans for the use of the Integrated Care Fund.

<u>How should Integrated Care Plans be developed?</u>

15. It will be for local partnerships to decide how best to develop their Plan for the use of their share of the £100m. The Integration Joint Board, through the interim Chief Officer, or Chief Executive in a lead agency, should take responsibility to work with all partners to develop the Plan. The Plan should clearly outline the role of the **non-statutory partners** and should describe the level of support to carers. Plans should be agreed and signed off by representatives from the NHS, local authority, the third sector, and independent sectors.

<u>When should the plans be completed?</u>

16. In order to commence full implementation of Plans from 1 April 2015, and therefore be able to utilise the full resource over that financial year, partnerships should aim to have Plans signed off by December 2014.

[5]BMJ2012;344:e4152

What details should the plans cover?

17. Plans should adopt and support delivery of the aim for 2020 that all adults with multiple conditions are supported to live well and experience seamless care from the right person when they need it and, where possible, where they want it.

18. Partnerships are asked to develop Plans which describe:

- theactivities 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.

How should the Plans be used?

19. The Plans are primarily intended to drive service innovation,development, and improvement, and to communicate priorities. The Integrated Care Plan should therefore be published by each partnership. Partnerships will wish to monitor their own performance and will be expected to **submit two progress reports at six monthly intervals to the Ministerial Strategic Group on Health and Community Care. A template based on the bullet points in paragraph 18 will be used for these reports so partnerships should develop plans that will allow for progress and performance to be measured.**

20. In addition, Joint Improvement Team will coordinate support from national partners through the Improvement Network collaboration, support shared learning across Scotland and provide or broker support for local improvement.

How will the £100m be distributed?

21. The allocations to Health Boards will use a composite of the following two distributions on a 1:1 ratio:

- The NHS National Resource Allocation Committee (NRAC) distributions for adults in the Acute, Care of the Elderly, Mental Health and Learning Difficulties, and Community care programmes;

- Local Authority Grant Aided Expenditure (GAE) distributions for People aged 16+ derived using a population weighted composite indicator based on a number of factors. (For more information on the methodology contact Brian Slater)

22. The individual allocations to each partnership is profiled at Annex A.

Will the Integrated Care Fund continue after 2016?

23. A £100m Integrated Care Fund has been identified for 2015-16. The availability of resources after 2016 will depend on the progress made and the outcome of the next Comprehensive Spending Review. However, as stated in paragraph 7, and echoed in the principles in paragraph 9, the change must be sustainable and maintained within the strategic commissioning plans.

Can the Fund be used to support previous Older People's Change Fund activity?

24. The Integrated Care Fund builds on the RCOP Change Fund and should not simply be used to support existing initiatives previously funded through their RCOP Change Fund . Guidance on the 2014/15 Change Fund clearly stated that partners should be planning for **the range of activities that will or will not be sustained after 2015, through their Strategic Commissioning Plans**. Kathleen Bessos' letter of 10 April 2014 refers.

25. At the same time, it is recognised there may be some applicable programmes and support that currently focus on older people, and are equally transferable to adults with multi-morbidity at a younger age. There will be some limited scope to extend such interventions to the under 65 population.

Contact

26. For further information please contact the following:

Queries regarding the development of plans should be directed to Kelly Martin:
Tel: 0131 244 3744 e-mail: Kelly.Martin@scotland.gsi.gov.uk

Queries regarding improvement and support requirements should be directed to David Heaney:Tel: (0131) 244 5317 e-mail: david.heaney@scotland.gsi.gov.uk

Annex A

NHS Board	Partnership	£m
Ayrshire & Arran	*East Ayrshire*	2.47
	North Ayrshire	2.89
	South Ayrshire	2.34
		7.70
Borders	*Scottish Borders*	**2.13**
Dumfries & Galloway	*Dumfries & Galloway*	**3.04**
Fife	*Fife*	**6.73**
ForthValley	*Clackmannanshire*	0.96
	Falkirk	2.88
	Stirling	1.52
		5.36
Grampian	*AberdeenCity*	3.75
	Aberdeenshire	3.78
	Moray	1.59
		9.12
Greater Glasgow & Clyde	*West Dunbartonshire*	1.99
	East Dunbartonshire	1.70
	East Renfrewshire	1.43
	GlasgowCity	13.29
	Inverclyde	1.76
	Renfrewshire	3.49
		23.66
Highland	*Argyll & Bute*	1.84
	Highland	4.31
		6.15
Lanarkshire	*North Lanarkshire*	6.51
	South Lanarkshire	6.04
		12.55
Lothian	*East Lothian*	1.76
	Edinburgh, City of	8.19
	Midlothian	1.44
	West Lothian	2.85
		14.24
Orkney	*Orkney Islands*	**0.41**
Shetland	*Shetland Islands*	**0.41**
Tayside	*Angus*	2.13
	DundeeCity	3.10
	Perth & Kinross	2.63
		7.86
Western Isles	*EileanSiar*	**0.64**
Scotland		**100.00**

Annex B

Integrated Care Fund Plan Template

PARTNERSHIP DETAILS

Partnership name:	
Contact name(s): See note 1	
Contact telephone	
Email:	
Date of Completion:	

The plan meets the six principles described on pages 2 and 3 (Please tick √):

Co-production		Leverage	
Sustainability		Involvement	
Locality		Outcomes	

Please describe how the plan will deliver the key points outlined in paragraph 18:

The content of this template has been agreed as accurate by:

…….

(name) for the Shadow Joint Board, or for a lead agency,

…….. or …….

(name) for the NHS Board (name) for the Council

…….. ……..

(name) for the third sector (name) for the independent sector

When completed and signed, please return to:

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Regent Road
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EH13DG

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Templates should be returned by **12th December 2014**.