

THURROCK BOARD MEETING

DATE: 26th February 2014

Title of Report:	Thurrock Council Update
Author:	Roger Harris, Director of Adults, Health and Commissioning
Presented by:	Roger Harris, Director of Adults, Health and Commissioning
Committees previous consulted:	None
Executive Summary:	<i>The purpose of the paper is to provide the Board with an update on key issues affecting the local authority – in particular those items with a potential impact for the CCG.</i>
Recommendation to the Board:	That the Board note the report.
Financial Implications:	As noted within the report.
Fit with CCG strategy/objectives:	
Risks identified:	
Resource Implications:	
View of the Patients Carers or the Public and the extent of their involvement:	<i>To be used by PPI / or delete if not appropriate</i>
Evaluation Criteria:	
Evaluation Date:	

1. Better Care Fund

Thurrock Better Care Fund Draft Plan was submitted to NHS England on the 14th February. Plans will now go through a process of assurance. The assurance process to be applied was communicated to CCGs and local authorities during week commencing 10th February.

Comments will be fed back to CCGs and local authorities by the 6th March. Final plans will need to be submitted by the 4th April – with any issues flagged up in the initial assurance process being resolved by that time.

The Council and CCG will continue to work on the Plan through project board arrangements in place. The final submission will be brought back to the CCG Board on the 26th March.

In addition to the development of the Plan, work will now take place to resolve a number of integration 'issues'. This includes issues concerned with governance, and issues concerned with service transformation. It is unlikely that solutions will be developed for all issues before April, and work will continue throughout 14/15.

We are proposing to establish a Governance task and finish group between the Local authority and the CCG to resolve the details of the governance model.

2. Care Bill

The Care Bill is consistent with the ambitions captured by the Better Care Fund – e.g. prevention, integration across health and care, personal responsibility. As such, it is likely that work to prepare for and implement the requirements of the Care Bill will take place as part of the BCF Plan arrangements.

The Care Bill will provide a number of challenges for local authorities in particular – especially when the Dilnot recommendations are implemented in 2016 (no one paying more than £74k towards the cost of their care).

The Council will be putting arrangements in place imminently to identify what work needs to take place and to carry out that work. We will be setting up a Care Bill Programme Board – the CCG will be invited to be on that Board.

3. Health and Wellbeing Board

The next Health and Wellbeing Board takes place on the 13th March. A special Board meeting was held on the 10th February to sign off the

first submission of the Better Care Fund Plan. The CCG also presented the draft 2-year plan.

The meeting of the 13th March will be an extended meeting to take account of a busy agenda. Items will include the near-to-final BCF Plan, Learning Disability update, Primary Care Strategy, Public Health Responsibility Deal, and the Children's Safeguarding Board Annual Report.

We are keen to hear from the CCG who will be replacing the vacancy caused by the non-election of Dr Malik to the CCG Board.

4. Integrated Commissioning

Part of the health and social care integration arrangements being discussed concern options regarding an integrated commissioning approach.

Different options are currently being considered – which may include a phased approach towards full integration of commissioning functions across health and adult social care.

As the Board will know some elements of NHS commissioning are delivered through the Commissioning Support Unit. The local authority is very unhappy about these arrangements as we have lost some of the joint commissioning focus that we had previously with the PCT – especially around mental health.

Further updates will be brought to the Board as discussions continue.

5. Budget

The Council must remove in excess of £33 million from its general fund by 2018 – this equates to approximately a quarter of the Council's budget. Adult Social Care's budget makes up approximately a third of the Council budget, with much of that budget being statutory and demand-led and therefore difficult to cut.

This is a very serious situation and will mean some radical and difficult choices being made :

- Significant outsourcing.
- Reviewing all areas of non-statutory, discretionary expenditure
- How we can manage demand better
- Stopping some functions within the Council
- Reviewing all terms and conditions for staff
- Increasing charging
- Shared services with other authorities
- Minimum 10% cuts across the board

Over the next few months, the Council will be looking at a variety of scenarios aimed at achieving the £33 million. It is important that when we do this, we recognise the possible implications of any changes we make to other partners – e.g. health. We will continue to keep the CCG updated and work to identify and possible consequences and unintended consequences of savings proposals.