

THURROCK BOARD MEETING

DATE: 26th March 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

As previously reported the Thurrock Better Care Fund Draft Plan was submitted to NHS England on the 14th February, it has also been to the Health and Well-Being Board and the Thurrock Cabinet on 19th March.

The feedback from NHS England and Eastern regional ADASS focussed on the following areas :

- A need to show more clearly provider engagement;
- The links to the Care Bill and the changes that will follow from that legislation were not explicit enough;
- Stronger community engagement needed to be stated within the plan;
- The impact on mental health services was not evident in the plan;
- The governance structure needed to be much clearer.

These are all points well made and will be addressed further in the next iteration of the BCF plan that needs to be submitted by 4th April. Some of these areas will be ongoing work rather than finalised e.g. the final governance model.

The governance task and finish group is being established.

2. Care Bill

I did report last meeting about the Care Bill which is going through Parliament at present. I attach a summary of the key points so that the CCG Board can see more clearly what it covers. It 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 Health and Wellbeing Board met on the 13th March and considered the following matters :

- The near-to-final BCF Plan
- Primary Care Strategy
- Public Health Responsibility Deal (I attach a copy of this as it shows the pledges that the Council has now signed up to)
- The Children's Safeguarding Board Annual Report.

Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.

Finally, we are still 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. The Council's financial position :

I will report to the CCG Board on a regular basis as the financial gap over the next three years is considerable. As previously stated 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 at the same time when the Care Bill and our plans around integration need to be delivered.

This is a very serious situation and will mean some radical and difficult choices being made about what the Council can fund going forward. We are facing local elections in May but expect to be in a position around July of this year to say more about what services will be cut. The programme of reductions I listed at the last meeting and they will cover :

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

A lot of these areas we will need to look at jointly with health partners