

THURROCK BOARD MEETING

DATE: 17th December 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

The process around the Better Care Fund has become bogged down in bureaucracy.

We have now submitted our Plan on three separate occasions over the past six months and had numerous meetings with consultants and various advisers.

We were put in the category Approved with Conditions which meant we had to amend our plan before we could move to Approved Status.

At the time of writing we are being required to submit a further series of amendments to the plan to meet the national process. We will report verbally to the Board meeting on where we are at with obtaining Approved Status.

At the same time we want to be allowed to just get on and deliver our shared ambition for a more integrated health and social care system locally. The bureaucracy is not adding anything to the process and in fact is now getting in the way of us taking forward our schemes.

The Council and CCG are working together to develop and agree the Better Care Pooled Fund Section 75 agreement. Establishing a pooled Better Care Fund is a mandatory requirement, and our pooled fund will be £18m.

It has already been agreed that the Council will 'host' the pooled fund, and the schemes that make up the £18m have already been agreed as part of the Better Care Fund Plan.

There are a number of technical issues being taken forward by the Group responsible for the section 75's development. These include:

- Risk sharing
- Arrangements for performance monitoring
- Contract novation (if required)
- Governance
- Development of the section 75's schedules – e.g. detail of each scheme sitting within the Better Care Fund

It has been agreed that a paper will be brought to the CCG's Finance Committee in early 2015 and also the Council's February Cabinet. The paper will ask for the section 75 to be agreed subject to further minor amendment.

2. Council Savings :

The Chancellor made his Autumn Statement announcement in early December. Although extra money was announced for the NHS the position for local government is worse as further savings are being required.

The detailed announcements for each local authority is expected in the week beginning 15th December. If anything more is available for the CCG Board meeting I will report it verbally to the meeting.

I am reproducing the section I reported to the last meeting which remains the most up to date summary of our financial position :

From October report :

As a result of significant reductions in the money received from the Government and other pressures on services the Council will have to make £37.7m of savings over the three years between 2015/16 – 2017/18. This is on top of the significant savings already delivered. The reduction in funding is unprecedented and requires a change in the way the Council approaches addressing the budget gap. The savings required will also fundamentally alter the shape of the Council along with how and what it provides.

As a proportion of the savings required, Adults, Health and Commissioning is expected to deliver £6 m during 15/16 – 17/18 – approx 15% of its budget. This is against a backdrop of increasing demand and complexity of need.

A summary of the savings proposals put forward includes:

- Social worker fieldwork restructure – deletion of 6 posts;
- Closure of Hathaway Road short breaks service – service users will be offered a personal budget or offered placed at Breakaway, the other remaining commissioned respite service;
- Increases in charging;
- Ending the existing contract for meals on wheels service;
- Review of external placements – we need to deliver £ 1.5m savings over the next three years. We are looking to bring back some expensive out of borough placements; review the price we pay our providers and strictly gatekeep who is agreed under our current eligibility criteria;
- Management savings and reduced use of agency staff – a number of management posts are being deleted;
- Reductions in the value of voluntary sector contracts – this includes a £ 30k reduction in the grant to BATIAS; £ 30k in the contract to Thurrock centre for Independent Living (Note – these two cuts have been reduced by 50%); £ 10k cut to Thurrock Asian Association; £ 25k reduction to Healthwatch;
- Better Care Fund contribution towards protection of Adult Social Care services reviewing the social care funding transfer to ensure it is more focussed on protecting Adult Social Care core services;
- Staffing reductions – three posts in contracts and performance;
- Public Health – over £ 1m savings largely through renegotiating existing contracts such as the school nursing services; adult weight management programme and childrens weight management programme and not renewing programmes that were run this year as a one off- e.g. Beat the Street Campaign. To maintain the PHG ring-fence we will re-prioritise the budget so that it focusses on other core priorities that promote wider well-being within the Directorate.

This does not fully meet the total savings required and so further savings accross the

Council are being examined.

The delivery of the savings are not without risk – both in terms of ability to deliver, and the possible impact of delivering savings on communities and partners.

Closer working between health and social care – both at a commissioning and provider level – is one way we think we will be able to continue to meet the eligible needs of some of the most vulnerable individuals in our communities. We also believe that true partnership working is the only way we will be successful in preventing and delaying the need for care and support. Whilst this is a Council 'problem', it requires a whole system solution.

We already have some joint posts in place, and our ambition is to expand this area – for example our ambition to have a single commissioning arrangement across health and social care in place by April 2016. We are also looking at areas that have potential for integrated working – e.g. equipment. .

Crucial to managing both the budget pressures and future demand we need to radically change how we operate – we need to support communities so that they are better able to support themselves. We continue to work to strengthen our communities so that they have greater self-reliance and can support individuals who may be at risk of deterioration or reaching crisis – e.g. Local Area Coordination, Community Hubs etc. This is a key part of our strategy to achieve sustainability. We need to reduce the amount of people who require our services and those who end up at crisis point.

3. Quality of local provision :

I am pleased with the joint working we have been developing across the local authority and the CCG but I am increasingly concerned over the quality and capacity of some of our local providers – especially for domiciliary care and nursing home care.

Some of this is around recruitment difficulties (especially nurses), some of it is around funding problems, some of it is around ownership and poor management.

I think this is now so serious that we should have a more strategic look at the problems and will be convening a local review meeting to discuss this.