

THURROCK BOARD MEETING

22nd October 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. Health and Social Care Transformation Programme

As detailed in previous reports, the Health and Social Care Transformation Programme is split in to four themed projects:

- Whole System Redesign;
- Care Act Implementation;
- Adult Social Care Short-Term Efficiencies; and
- Better Care Fund Section 75.

This section provides highlights against each of the above projects.

Whole System Redesign

The focus of the Whole System Redesign Project Group is to undertake redesign that reduces the number of people who have an unplanned admission to hospital. In the first instance, the Group will be focusing on those aged 65 years and over. The benefit of the Group will also be to gain an understanding of how the health and social care system is operating and to gain an overview of improvement initiatives being carried out in different parts of the system – e.g. Everyone Counts.

The Group's focus at the moment is on reviewing the existing section 256 schemes which as of 2015/16 will become part of the Better Care Pooled Fund, and also on carrying out a clinical audit to help identify the reasons for patients aged 65 years and over having an unplanned admission to hospital. Whilst part of the exercise will involve looking at clinical data and records, an equally important part of the audit will be to talk to patients who have experienced an unplanned admission to find out from their perspective why it happened.

The Group will also be developing a risk stratification tool to help identify the cohort of patients most at risk of hospital admission.

As part of developing Thurrock's direction of travel concerning the future of health and social care, a stakeholder workshop is being organised and will take place during the winter. The workshop will help to develop further the action that needs to be taken in the short-term, and also map out how we transform health and social care and the steps we need to take between now and the next five years to achieve our agreed vision. The input of the CCG's Board will be vital.

Care Act Implementation

The Council's Care Act Implementation Group are continuing to make progress on ensuring that the Council is compliant with the Care Act as of April 2015 – this excludes the changes to how adult social care is funded which will be from April 2016.

There are likely to be additional pressures on Adult Social Care resources as a result of the Care Act's implementation. For example:

- there will be a national minimum eligibility criteria which might mean that a greater number of people become eligible for care;

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- carers will have equal status to the person they care for which is likely to lead to a greater number of assessments being asked for; and
- the whole approach to adult social care will shift towards maintaining an individual's wellbeing and being able to prevent, reduce and delay the need for care and support.

There are a number of elements of the Care Act which will have an impact or bearing on the CCG and related health partners. This includes:

- Wellbeing Principle – although a duty for local authorities, the ability to be able to enable an individual's wellbeing and also maintain their ability to live independently (a key element of wellbeing), will be aided by health – e.g. support for people with long term conditions, provision of services and support in the community. How individuals are supported with their health needs will also impact on the local authority's ability to prevent, reduce and delay the need for care and support.
- Duty to integrate care and support with health – the Care Act places a duty on local authorities to carry out care and support functions with the aim of integrating services. This mirrors the duty on the NHS as contained within the Health and Social Care Act 2012.
- Duty to co-operate – Local authorities must cooperate with 'relevant' partners and vice versa for functions for adults with care and support needs/carers
- Duty to provide information and advice – the local authority will have to provide information and advice not only on the services it offers and how they can be accessed, but information and advice that helps to prevent and delay an individual needing care and support. Health professionals are often the first point of contact for an individual at risk of deterioration, and therefore it is important that health colleagues are aware of the types of information and advice available to those individuals, where it can be found, and how it might help – e.g. particularly low-level support, reducing social isolation etc.
- Adult Safeguarding – the Care Act sets out the first statutory framework for adult safeguarding. The CCG are a key partner on the Adult Safeguarding Board.

The Council is in the process of developing a communications plan, and this will include the communication of key messages about the Care Act to health partners. The CCG has a representative sitting on the Care Act Implementation Group with the purpose of ensuring that key messages are shared and that links to health are identified.

Better Care Pooled Fund Section 75 Agreement

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 – although this could be subject to some minor change due to the time lag between the submission of the Plan in September, and the final agreement of the section 75 agreement.

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 November and also the Council's December Cabinet. The paper will ask for the section 75 to be agreed subject to further minor amendment.

Short-Term Efficiencies

This Group's focus is on delivering efficiencies to contribute towards the Council's savings target. Work continues with a current project looking at the funding model for Extra Care Housing now underway. Greater detail on the Council's savings programme for 2015-16 is detailed separately below.

2. Better Care Fund

In July, Council and CCGs were made aware that a refreshed Better Care Fund Plan was required, the sole focus being on the delivering of a 3.5% reduction in 'total emergency admissions' during 15/16. The pay-for-performance element of the BCF originally spread across the delivery of five key performance indicators would not be dependent upon the delivery of the 3.5% target.

The Council and CCG worked together to refresh the Plan which was submitted on the 19th September. The Plan is now going through a process of moderation and formal feedback will be received at the end of October with detail of further action required. There are four possible 'ratings' which are:

- Approved
- Approved with support
- Approved with conditions
- Not approved

It is unlikely that many areas will receive an 'approved' rating, and a good outcome would be to achieve 'approved with support'.

Work carried out through the Whole System Redesign Project Group and Section 75 Group will be focused on delivering both what is set out within the BCF Plan and the broader transformation agenda as framed by our vision for Health and Social Care.

3. Council Savings

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

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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 £ 60k reduction in the grant to BATIAS; £ 60k in the contract to Thurrock centre for Independent Living; £ 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 across 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.