

9th January 2014	ITEM: 6
Thurrock Health and Well-Being Board	
HEALTH AND SOCIAL CARE INTEGRATION – PROGRESS REPORT	
Report of: Ceri Armstrong, Strategy Officer, Thurrock Council	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is Public	
Purpose of Report: To update the Board on progress being made on completion of Thurrock's Better Care Fund Plan (BCF Plan) and to enable the Board to input further in to the development of the direction of travel for health and social care integration.	

EXECUTIVE SUMMARY

This report identifies progress being made on the completion of the BCF Plan – including key questions and challenges being explored. The report also sets out how the direction of travel for health and social care integration in Thurrock is being developed and details next steps.

1. RECOMMENDATIONS:

- 1.1 That the Health and Wellbeing Board note progress made;**
- 1.2 That the Board input in to the direction of travel for health and social care integration in Thurrock; and**
- 1.3 The Board delegate responsibility for agreeing the final BCF Plan to the Health and Wellbeing Board's Chair.**

2. INTRODUCTION AND BACKGROUND:

- 2.1** A paper was brought to the November Board which informed Board members of the proposed establishment of a health and social care Integration Transformation Fund (ITF) and the likely resources available. The paper also proposed how plans were to be drawn up, agreed and signed-off.
- 2.2** Since the November Board, the Project Board and related working groups have continued to meet to establish the options for the integration of health and social care in Thurrock. The chosen option will be contained within a Plan that will need to be submitted for national sign-off by the 4th April 2014.
- 2.3** Since the writing of the last report, further guidance has been issued for ITF – which has now been renamed the Better Care Fund (BCF). Key points

relating to the guidance are included in the main body of this report – including indicative funding allocations for Thurrock.

- 2.3 The Health and Wellbeing Board will hold a special meeting on the 10th February to sign-off the ‘first cut’ of the BCF Plan prior to its submission to NHS England. The first cut of the Plan will be submitted on the 14th February.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Overview and issues

- 3.1 Work has continued in order to identify options for the integration of health and social care, and to identify risks and challenges to the delivery of health and social care integration.
- 3.2 Some of the key questions that have been identified and are being explored as part of the development of health and social care integration in Thurrock are as follows:

Finance

- Many of the funding streams that will become part of the BCF from 2015/16 are already committed as part of an existing contract – this applies in particular to the £1.9 billion to be transferred from CCG budgets to the pooled fund. Work needs to be carried out to identify how the money will move in to the pooled fund and be used differently if it is already committed or part of an existing contract;
- The size of the funding pot does not have to be limited to specified BCF funding streams. An area can agree to add to the pooled fund. Thurrock needs to consider what pooled fund should consist of over and above the BCF allocation;
- Arrangements for budget sharing – e.g. governance and accountability; and
- Risk sharing arrangements.

Governance

- Possible structural arrangements;
- Options for delegated authority – e.g. in relation to decisions concerning finance and the pooled budget;
- What robust pooled budget mechanisms might look like;
- Reporting routes;
- Alignment of planning processes in the NHS and social care;
- Procurement considerations – e.g. arrangements for joint or integrated contracts and contract management; and
- Information sharing systems and information governance that support data sharing between health and social care.

Commissioning

- Identifying how the BCF should be spent – e.g. the schemes, and the benefits that will bring;

- Identifying what might be decommissioned or where existing funding might be used differently – e.g. opportunities for service integration where it does not exist already;
- Consideration of options concerning a joint or integrated; and
- The possibility of an integrated commissioning unit between health and social care and what this might look like.

Communication and Engagement

- Development of a Communication and Engagement Plan to ensure that stakeholders – including citizens – are involved in the development of a vision and how it might best be applied at the earliest opportunity;
- Involving citizens in development of options for integration and identifying how this should happen; and
- How and when to involve health and social care providers.

3.3 In addition, the Council and CCG are working jointly to and have already made some progress on identifying how each of the national conditions will be met:

- Plans to be agreed jointly;
- Protection for social care services (not spending);
- 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- Better data sharing between health and social – based on NHS number;
- Joint approach to assessments and care planning – and ensuring an accountable professional for integrated packages of care; and
- Agreement on the consequential impact of changes in the acute sector.

Joint Health and Wellbeing Board and Thurrock CCG Workshop

3.4 As part of developing Thurrock’s approach to health and social care integration, the Health and Wellbeing Board held a joint workshop with the CCG Board on the 19th December. The workshop helped to develop a jointly agreed mandate for developing work and helped to develop a vision that both the CCG and Health and Wellbeing Board would recognise – this will be contained within the BCF Plan. The output of the workshop was not available at the time of this report’s writing and will be reported verbally at the meeting on the 9th January.

3.5 Further events will be held in the New Year to ensure that a greater breadth of stakeholders can be involved in the development of the vision and its delivery. This includes an approach to engage citizens, and an approach to ensure that providers are engaged and have the opportunity to input in to the overall direction of travel of integration in Thurrock. Providers are likely to be engaged via a Strategic Leadership Group.

BCF Guidance - update

3.6 Since the last report was presented to the Board, the Government has published further guidance to support the development of the BCF plan. This includes the Integration Transformation Fund being renamed as the Better

Care Fund. The guidance has confirmed that the 14th February deadline for submission of plans will now be a ‘first cut’ only, with final submissions due on the 4th April. Local milestones remain the same, with the Health and Wellbeing Board meeting on the 10th February to sign off the ‘first cut’. This report recommends that the Health and Wellbeing Board Chair be given delegated authority by the Board to agree the ‘final cut’ prior to the 4th April.

- 3.7 Thurrock’s allocation as part of the BCF has been modelled based on the guidance but is indicative and subject to change.

	2014/15			2015/16					
	Social Care NHS	Social Care NHS	Total	Carers’ Break	Reablement	DFG	Capital	Mainstream	Total
	£000			£000					
England Total	900,000	200,000	1,100,000	130,000	300,000	220,000	133,641	1,900,000	3,783,641
Thurrock CCG/LA	2,342	520	2,862	178	862	481	364	5,818	9,720

NHS	LA	Total
£000	£000	£000
3,430,000	353,641	3,783,641
9,720	845	10,565

- 3.8 £1 billion of the £3.8 billion is linked to achieving certain performance measures. The guidance has confirmed that half of the £1 billion will be released in April 2015 – but will depend upon achieving certain national conditions and nationally and locally determined performance indicators – local areas will need to achieve 70% or more of the levels of ambition set out in each of the indicators in its plan. The BCF Plan will detail how national conditions will be met and also detail targets for performance indicators. Consideration will need to be given to contingency arrangements in the event of performance not being achieved.

4. REASONS FOR RECOMMENDATION:

- 4.1 To update the Board on progress being made with the development of the Better Care Fund plan, and to ensure the Board are able to input in to the emerging direction of travel for the integration of health and social care in Thurrock.

5. CONSULTATION (including Overview and Scrutiny, if applicable)

- 5.1 This is a progress report. Consultation will take place with a range of stakeholders in relation to the development of the vision and delivery of the vision for integrated health and social care. Separate events will be arranged for this purpose.
- 5.2 The BCF plan will be signed-off by the Thurrock CCG Board and Thurrock Council’s Cabinet in addition to Thurrock Health and Wellbeing Board.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

- 6.1 The development and delivery of health and social care integration in Thurrock will be the key contributor towards the priority 'Improve Health and Wellbeing'.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
Telephone and email: **01375 652772**
mxjones@thurrock.gov.uk

The ITF is mostly made up of existing funding streams. At the time of writing, we have an indication of the likely settlement for Thurrock, which is being considered as part of the work being undertaken to formulate the transition. As a result of any joint arrangements, there could be significant opportunities to integrate these funding streams with existing expenditure, thus creating opportunities for economies of scale.

7.2 Legal

Implications verified by: **Chris Pickering**
Telephone and email: **01375 652925**
chris.pickering@LBDLegal.org.uk

There are no legal implications noted in this report. Legal advice will be sought as options for integration are considered and developed, ensuring that implications are identified and evaluated.

7.3 Diversity and Equality

Implications verified by: **Samson DeAlyn**
Telephone and email: **01375652472**
Sdealyn@thurrock.gov.uk

There are no Diversity and Equality implications noted in this report.

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

None.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

Health and Social Care – Integration Transformation Fund, Health and Wellbeing Board, November 2013

BCF Guidance, December 2013

APPENDICES TO THIS REPORT:

None

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