

<b>Health and Wellbeing Board:</b>	Thurrock
<b>Completed by:</b>	Ceri Armstrong
<b>E-mail:</b>	carmstrong@thurrock.gov.uk
<b>Contact number:</b>	01375 652179
<b>Who signed off the report on behalf of the Health and Wellbeing Board:</b>	Councillor Sue Little
<b>Will the HWB sign-off the plan after the submission date?</b>	No
<b>If yes, please indicate the date when the HWB meeting is scheduled:</b>	

<b>Role:</b>	<b>Professional Title (where applicable)</b>	<b>First-name:</b>	<b>Surname:</b>	<b>E-mail:</b>
Health and Wellbeing Board Chair	Councillor	Sue	Little	slittle@thurrock.gov.uk
Clinical Commissioning Group Accountable Officer (Lead)		Mandy	Ansell	mandy.ansell@nhs.net
Additional Clinical Commissioning Group(s) Accountable Officers		None	None	mandy.ansell@nhs.net
Local Authority Chief Executive		Lyn	Carpenter	lcarpenter@thurrock.gov.uk
Local Authority Director of Adult Social Services (or equivalent)		Roger	Harris	rharris@thurrock.gov.uk
Better Care Fund Lead Official		Ceri	Armstrong	carmstrong@thurrock.gov.uk
LA Section 151 Officer		Sean	Clark	sclark@thurrock.gov.uk

## Better Care Fund 2019/20 Template

### 3. Summary

Selected Health and Wellbeing Board:

Thurrock

### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,162,050	£0	£1,162,050
Minimum CCG Contribution	£10,832,817	£0	£10,832,817
iBCF	£4,751,506	£0	£4,751,506
Winter Pressures Grant	£654,204	£0	£654,204
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£17,400,577</b>	<b>£0</b>	<b>£17,400,577</b>

## Expenditure >>

### **NHS Commissioned Out of Hospital spend from the minimum CCG allocation**

Minimum required spend	£3,078,379
Planned spend	£0

Planned spend is less than the minimum required spend

### **Adult Social Care services spend from the minimum CCG allocations**

Minimum required spend	£3,851,054
Planned spend	£0

Planned spend is less than the minimum required spend

### **Scheme Types**

Assistive Technologies and Equipment	£0
Care Act Implementation Related Duties	£0
Carers Services	£0
Community Based Schemes	£0
DFG Related Schemes	£0
Enablers for Integration	£0
HICM for Managing Transfer of Care	£0
Home Care or Domiciliary Care	£0
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£0
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£0
Other	£0

<b>Total</b>	£0
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HICM >>

		<b>Planned level of maturity for 2019/2020</b>
<b>Chg 1</b>	<b>Early discharge planning</b>	Mature
<b>Chg 2</b>	<b>Systems to monitor patient flow</b>	Mature
<b>Chg 3</b>	<b>Multi-disciplinary/Multi-agency discharge teams</b>	Mature
<b>Chg 4</b>	<b>Home first / discharge to assess</b>	Mature
<b>Chg 5</b>	<b>Seven-day service</b>	Mature
<b>Chg 6</b>	<b>Trusted assessors</b>	Mature
<b>Chg 7</b>	<b>Focus on choice</b>	Mature
<b>Chg 8</b>	<b>Enhancing health in care homes</b>	Mature

## Better Care Fund 2019/20 Template

### 4. Strategic Narrative

Selected Health and Wellbeing Board:

#### ***Please outline your approach towards integration of health & social care:***

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

#### **A) Person-centred outcomes**

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

#### **B) HWB level**

**(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):**

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

**C) System level alignment, for example this may include (but is not limited to):**

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

## Better Care Fund 2019/20 Template

### 5. Income

Selected Health and Wellbeing Board:

Thurrock

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Thurrock	£1,162,050
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£1,162,050</b>

iBCF Contribution	Contribution
Thurrock	£4,751,506
<b>Total iBCF Contribution</b>	<b>£4,751,506</b>

Winter Pressures Grant	Contribution
Thurrock	£654,204
<b>Total Winter Pressures Grant Contribution</b>	<b>£654,204</b>

Are any additional LA Contributions being made in 2019/20?  
If yes, please detail below

<Please Select>



Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
<b>Total Additional Local Authority Contribution</b>	<b>£0</b>	

CCG Minimum Contribution	Contribution
NHS Thurrock CCG	£10,832,817
<b>Total Minimum CCG Contribution</b>	<b>£10,832,817</b>

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	<Please Select>
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding

<b>Total Addition CCG Contribution</b>	<b>£0</b>	
<b>Total CCG Contribution</b>	<b>£10,832,817</b>	

	<b>2019/20</b>
<b>Total BCF Pooled Budget</b>	<b>£17,400,577</b>

**Funding Contributions Comments**  
Optional for any useful detail e.g. Carry over

## Better Care Fund 2019/20 Template

### 6. Expenditure

Selected Health and Wellbeing Board:

Thurrock

[<< Link to summary sheet](#)

Running Balances	Income	Expenditure	Balance
DFG	£1,162,050	£0	£1,162,050
Minimum CCG Contribution	£10,832,817	£0	£10,832,817
iBCF	£4,751,506	£0	£4,751,506
Winter Pressures Grant	£654,204	£0	£654,204
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£17,400,577</b>	<b>£0</b>	<b>£17,400,577</b>

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,078,379	£0	£3,078,379
Adult Social Care services spend from the minimum CCG allocations	£3,851,054	£0	£3,851,054

## Better Care Fund 2019/20 Template

### 7. High Impact Change Model

Selected Health and Wellbeing Board:

Thurrock

#### Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Early discharge planning - working with Southend Council to act as Trusted Assessors when Southend residents are at Basildon Hospital and when Thurrock residents are at Southend Hospital. We have implemented a new information portal to allow trusted assessors to upload assessment information on to the Council's system. We will also be carrying out discharge planning pre-admission to enable early discharge.

Systems to monitor patient flow - we will be extracting information from our information system Mede Analytics which will allow us to monitor patient flow and to analyse activity

Trusted Assessors - we are broadening our approach to Trusted Assessors. We are piloting Domiciliary Care providers as trusted assessors and also working with Southend Council as a trusted assessor.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Mature	Mature	
Chg 2	Systems to monitor patient flow	Mature	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Mature	
Chg 6	Trusted assessors	Established	Mature	
Chg 7	Focus on choice	Established	Mature	
Chg 8	Enhancing health in care homes	Established	Mature	



## Better Care Fund 2019/20 Template

### 8. Metrics

Selected Health and Wellbeing Board:

Thurrock

#### 8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	<b>Collection of the NEA metric plans via this template is not required</b> as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	CCG to complete (email from Ann)

#### 8.2 Delayed Transfers of

## Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	8.3	<p>Our BCF Plans over the last couple of years have already been very successful in reducing delayed transfers of care in Thurrock. In 18/19 our outturn was 6.7 average delayed days per day (daily delays), which was 1.6 below the 8.3 target. Our plans for 19/20 are to continue to build upon this work to effectively manage transfers of care. The key schemes and initiatives contributing to our management of DTOC are as follows:</p> <ul style="list-style-type: none"> <li>- Bridging Service - which is enabling people to be discharged from hospital when they are medically fit to do so but unable to go home;</li> <li>- Additional investment in domiciliary care to build sufficient capacity and reduce the likelihood of people waiting for care;</li> <li>- The provision of intermediate care beds;</li> <li>- Investment in a scheme known as 'By Your Side' which ensures people's homes are ready for them when they come out of hospital</li> <li>- Recruitment of a DTOC coordinator</li> <li>- implementation of 7 day working - for example the Hospital Social Work Team</li> </ul>

## 8.3 Residential Admissions

	18/19 Plan	19/20 Plan	Comments
Annual Rate	689	637	Our target for 19/20 is to have no more than 156 permanent admissions to residential/nursing care for people aged 65 and over. Please note that as this is also a national ASCOF indicator, nationally and regionally the Mid-Year Population Estimates are used rather than the Sub-National Population Projections as used in this template. The latest 2018 Mid-Year Population Estimate for Thurrock is 23,788, therefore under ASCOF our target rate would be 656
Numerator	164	156	
Denominator			



				<p>rather than 637.</p> <p>The schemes and initiatives that will contribute to the delivery of this stretching target are as follows:</p> <ul style="list-style-type: none"><li>- Transformation of Health and Social Care - all of the work contributing to our transformation programme is designed to keep people out of residential and nursing care and in their community. There is a significant focus on early intervention and prevention. The BCF contributes to this through initiatives such as Community Led Support social work teams and Wellbeing Teams (an alternative model to Domiciliary Care moving away from time and task and focusing on outcomes);</li><li>- Investment through the BCF in reablement and occupational therapy ensures that people have the best chance of staying at home when they come out of hospital;</li><li>- Plans for 2019-20 include redesigning the community health offer so that it is place based and works alongside place-based social care and mixed-skill primary care teams;</li><li>- The BCF has invested in a stretched QoF for GP surgeries to identify a greater number of long term conditions and also the management of long term conditions in the community</li><li>- investment through the BCF in a Dementia Crisis Support Team</li></ul>
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#### 8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	91.3%	86.3%	<p>Although we are proposing to reduce the target in 2019/20 compared to 2018/19, this represents an increase in the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation. In 2018/19 we did not achieve the 91.3% and our final ASCOF figure for 2018/19 was 82.5%. We also did not reach our target denominator of 103, but only achieved 97. The reason for the lower denominator than planned was due to improved recording in year to identify those who had reablement upon discharge from hospital (as opposed to home care support). This year we have plans to continue to improve our recording through improvements to our ICT system, which we expect will have a slight reduction in those being recorded as receiving reablement upon discharge from hospital, but which we also expect will improve the proportion still at home 91 days later. Our proposed target of 86.3% is a 3.8% increase on last year's outturn, and is also 3.4% above the current national average (82.9% 2017/18). This new target is more realistic with what we expect to be able to achieve. The BCF will contribute to achieving the above target as follows:</p> <ul style="list-style-type: none"> <li>- Investment in an integrated reablement service;</li> <li>- Implementation of an alternative domiciliary care delivery model designed to focus on outcomes and reablement;</li> <li>- additional capacity for domiciliary care;</li> <li>- investment in a domiciliary care night service;</li> </ul>
	Numerator	94	69	
	Denominator	103	80	

			<ul style="list-style-type: none"><li>- Bridging Service - to ensure that when people go home they are ready to do so;</li><li>- By Your Side service designed to ensure that people's homes are ready for when they come home;</li><li>- investment in Occupational Therapy;</li><li>- remodelling of community health to move to a place-based model of health and social care designed to enhance the care provided and focus on outcomes;</li><li>- Technology Enabled Care programme which looks at the application of a broad range of technological solutions</li></ul>
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## Better Care Fund 2019/20 Template

### 9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Thurrock

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p><b>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</b>                      Has the HWB approved the plan/delegated approval pending its next meeting?                      Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?                      Do the governance arrangements described support collaboration and integrated care?                      Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	

	PR2	A clear narrative for the integration of health and social care	<p><b>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</b></p> <ul style="list-style-type: none"> <li>- Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care?</li> <li>- A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care?</li> <li>- A description of how the local BCF plan and other integration plans e.g. STP/ICSs align?</li> <li>- Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing.</li> </ul> <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes	
	PR3	A strategic, joined up plan for DFG spending	<p><b>Is there confirmation that use of DFG has been agreed with housing authorities?</b></p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> <li>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants?</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- The funding been passed in its entirety to district councils?</li> </ul>	Yes	

NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes	
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes	
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes	

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? <b>Has funding for the following from the CCG contribution been identified for the area?</b> - Implementation of Care Act duties?- Funding dedicated to carer-specific support?- Reablement?	<Please Select>	
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	<Please Select>	
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? <b>Have stretching metrics been agreed locally for:</b> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement	<Please Select>	