17th July 2014	ITEM:
Thurrock Health and Well-Being Board	
Health and Social Care Transformation Programme	
Report of: Roger Harris : Director of Adults, Health and Commissioning	
Accountable Director: Roger Harris	
This report is Public	
Purpose of Report: To provide a summary of progress in the planning for the Better Care Fund; to agree to recommend to Cabinet and the CCG Board that the Council hosts the BCF pooled fund from April 2015 and to agree the implementation timetable for the Care Act 2014 including the use of the £ 125k Care Act Implementation Grant.	

EXECUTIVE SUMMARY

1.0 RECOMMENDATIONS:

1.1 Agree to recommend to Cabinet and to the Board of Thurrock Clinical Commissioning Group (CCG) that the Council hosts the Better Care Fund pooled budget.

1.2 Support the proposed governance arrangements for the wider Transformation Programme as detailed in 3.4.

1.3 Agree the proposed reporting Action Plan detailed in 3.7 below.

1.4 Note the proposed changes contained within the Care Act 2014 - 3.9 below.

1.5 Agree to delegate the use of the £ 125k Care Act Implementation Grant to the Director in consultation with the portfolio holder

2. INTRODUCTION AND BACKGROUND:

2.1 This report provides information and implementation details for the Health and Well-Being Board on a number of different aspects of the Health and Social Care Transformation Programme including the arrangements for the Better Care Fund; the implementation plans for the Care Act 2014 and the wider progress being made on the Transformation Programme.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 ***The Better Care Fund :*** The HWB Board will be aware that the government announced the establishment of the BCF from 1st April 2015. It will be a pooled fund designed to promote integration across health and social care. It has a number of key national must do's including :

- 7 day working across health and social care
- Better data sharing across agencies
- Protection for adult social care services
- Accountable professional for people aged over 75
- Managing consequential reductions in the acute sector

We submitted our joint BCF plans to NHS England in April. Our plan had the following five principles that underpinned our joint vision with the CCG :

- Empowered citizens who have choice and independence and take personal responsibility for their health and well being
- Health and care solutions that can be accessed close to home
- High quality services tailored around the outcomes the individual wishes to achieve
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible
- Systems and structures that enable and deliver a co-ordinated and seamless response

3.2 The minimum amount for the Better Care Fund for Thurrock is just over £ 10.5m and it is made up of the following income streams :

BCF Funding Stream	**2015/16 £ 000**
Carers Funding	178
ASC Capital grant	364
Disabled Facilities Grant	481
Social Care Funding	2,862
Reablement	862
Mainstream NHS funding	5,818
BCF Total (minimum)	**10,565**

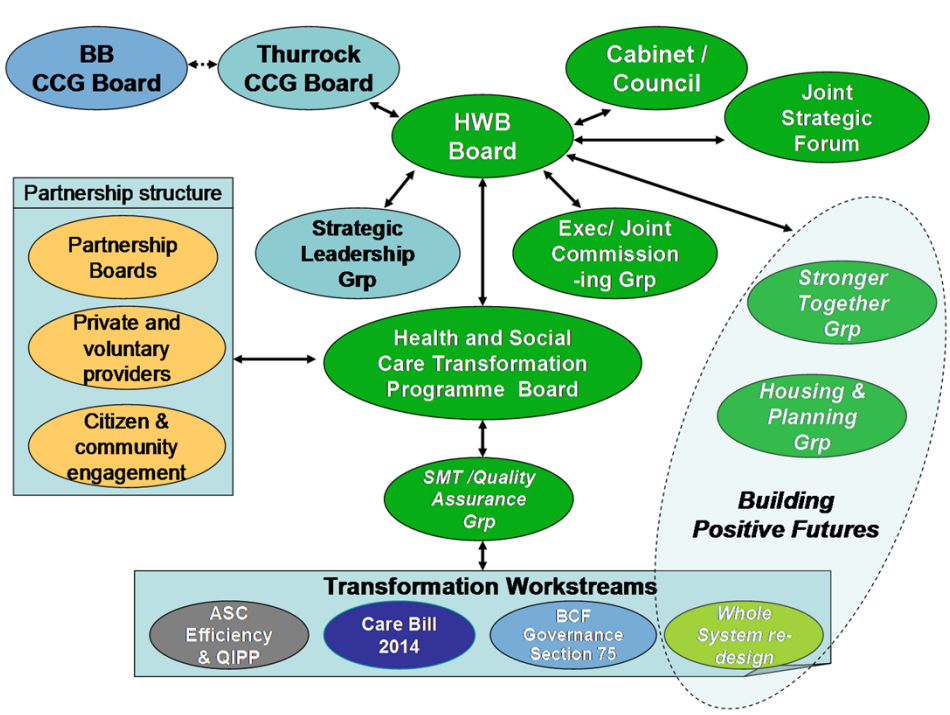
None of this is new money and is already in the system. We have also stated that this is the minimum that we want to put into our pooled fund and we want to see it grow bigger over time as we develop our integration agenda with the CCG. The key challenge for local partners is to identify and "pull-out" the final figure in the above list (5,818k mainstream NHS funding) as this is not hypothecated anywhere within the existing NHS allocation. The national view is that this should be identified through reductions in acute sector budgets as BCF funding is invested in preventative and community provision which leads to more effective demand management. We have established a Strategic Leadership Group with

our main acute, community and mental health providers because NHS England and the Department of Health are clear that providers must be engaged and sign up to the BCF plans – especially acute providers in relation to the proposed reductions in elective and non-elective hospital activity.

3.3 We have had feedback from NHS England and the ADASS Region as part of the BCF assurance process which rated our plan as amber and okay to proceed to the next stage. This preceded further correspondence from NHS England stating that further detail was required in relation to metrics and finance and confirmation of the extent to which providers have been engaged with the development of our plans.

3.4 We have established robust governance arrangements for the development of our wider change programme which are summarised below in Table 1.

Table 1 – Governance Structure



3.5 The important issue for us must be that this is not just another bureaucratic process but is seen as a mechanism for driving through really significant changes – at the end of the day users of services and their carers must be able to see that health and social care are more joined up, resources are used more effectively, we avoid multiple- assessments and there is an effective programme around early intervention. As a result we are going through a process of community engagement – using Healthwatch, Thurrock Coalition, Thurrock CVS and the Commissioning Reference Group of the CCG. We had a very successful public event at Orsett Hall at the end of April, and further engagement activity is planned to get service user and carers views on what

integration means for them; how services can be better organised and how we can deliver the national must dos.

3.6 The BCF Governance Group has been discussing as one of its early tasks which organisation should host the pooled fund. There will be further detail on how the pooled fund will operate (risk sharing arrangements, how reporting is undertaken, audit requirements etc). However, it was felt than an early decision on who should host the fund should be taken in principle. There are clear advantages for this to be the local authority – this is clearly the government's intention, it is what is happening in virtually every other authority, it allows the focus to be on prevention and community services and, crucially, there is a financial advantage as the local authority can reclaim VAT. Therefore, the proposal to the HWB Board is an agreement in principle that the local authority should host the pooled fund and this will be recommended to the Cabinet and the CCG Board.

3.7 Key milestones and Reporting Action Plan :

In terms of next steps with the BCF the HWB Board will receive a series of reports for agreeing over the next 6 months :

Activity	**Timescale**
Governance Structure and outline Section 75 agreement	September Health and Well-Being Board
Service Transformation Plans and proposed allocation of funds	November Health and Well-being Board
Final Sign off of the Governance arrangements for the pooled fund	Cabinet and CCG Board in December
Final Agreement for the NHS and local authority provider contracts	By end of January 2015.
Better Care Fund goes live	April 1st 2015

On 5th July the Department of Health issued a press notice on the use of the Better Care Fund. At the time of writing this report it is not clear the full implications but the headline message appears to be that the top priority for the BCF is to reduce pressure on acute hospital admissions and this will be the key metric to judge the success of the BCF. It is not clear the implications for the use of BCF resources or where it leaves the other must do's. If more information is clear by the time of the HWB Board this will be reported to the meeting.

3.8 The next linked significant programme of change underway is ***the Care Act 2014*** which received Royal Assent in May. This has been described as the most significant piece of legislation affecting Adult Social Care for over 40 years. It builds on the review of the "patchwork" of Acts covering Adult services over the past 40 years undertaken by the Law Commission and it puts into legislation the recommendations for how Adult Social Care is funded as proposed by the review undertaken by Sir Andrew Dilnot.

3.9 The Health and Well-being Board has received briefings previously on the Care Bill and the Dilnot reforms. The changes the Care Act will deliver are split into two areas – a. change in social care law and practice – which go live from April 2015; and b. the funding reforms – which will go live in April 2016. The Department of Health has recently issued some very detailed draft guidance on the proposed changes. These are out for consultation until August 15th. In summary the changes can be grouped under the following headings, with the Thurrock response in the final column.

Table 2 : Care Act 2014 proposed changes and Thurrock's current position

Care Act - key changes	Thurrock response
1. ***Promote well-being*** : The Act signifies a shift from existing duties to provide particular services to the concept of meeting needs.	We will need to ensure that care and support planning fully takes this into account with a stronger focus on outcomes and not just commissioning traditional services.
2. ***Prevention and promoting independence*** : The care and support system should intervene early to prevent long term dependency and help people retain or regain their skills and confidence.	We are well down the road on this one with our stronger communities programme. It is also linked into our vision for the Better Care Fund and reinforces the work we have been doing with the CCG around the development of integrated services.
3. ***Information and advice*** : Local authorities must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.	Adult Social Care management team have been assessing a number of options and are currently in discussions over the commissioning of a product called "Quickheart". This will also cover the extension to more self-assessments, the development of personal budgets and a wider advice and information offer.
4. ***Market shaping*** : The local authority has a new responsibility to facilitate and shape the local care market so that it is better able to meet local needs.	The Health and Well-Being Board has already seen the first draft of our Market Position Statement. We will be bringing back the final MPS for sing off in the Autumn.
5. ***Promoting Integration*** : Local authorities should work towards providing integrated care and support, providing and commissioning services that work together to deliver better outcomes.	We are in a good position being co-terminous with Thurrock CCG. We want to develop an integrated commissioning team, a single vision and develop our local integrated teams based around hubs of GP practices. This is also in line with the emerging Primary Care Strategy.
6. ***The introduction of a***	This is being pitched at the same

national eligibility criteria : for Adult Social Care which establishes a national minimum threshold of needs that must be met by the local authority.	level as we currently agree eligibility – i.e. Substantial and Critical under the FACS criteria. We need to ensure that the well-being principle is also picked up.
7. ***Independent advocacy*** : For eligible users the local authority must arrange an independent advocate to facilitate the involvement of users in their assessment and review.	We are currently undertaking a review of our existing advocacy arrangements to ensure that they meet the requirements of the Care Act.
8. ***Personal budgets*** : Everyone whose needs are met by the local authority must receive a personal budget as part of their care and support plan.	We do not currently have a system for formal Resource Allocation. A project team has been established to see how this can be introduced and the implications for our existing assessment processes.
9. ***Safeguarding*** : For the first time the Safeguarding Adult Board (SAB) is put on a statutory footing and there is more explicit guidance on its role and the local authorities safeguarding duties.	This is very much welcomed and puts the Adults Board on the same level as the Children's Board. We feel confident that the guidelines reinforce what is currently practised in Thurrock and the SAB is currently reviewing its procedures.
10. ***Carers*** : The Care Act places carers on an equal footing with service users in terms of their right to an assessment. They do not need to be caring for someone who is necessarily already a known Adult Social care client.	We need to do a lot of work to ensure successful implementation of these new requirements. The Carers Partnership Group is overseeing this and a full report will be coming back to the September meeting on the full implications of these changes.
11. Funding reforms – from April 2016 : a. There will be a cap of £ 72k on the care costs that an individual will pay over their lifetime and subject to their ability to pay. This will be based on their personal budget which will include local authority and individual contributions; b. The upper capital limit will be raised from £23,500 to £118,000 from which point the state will not be making any contribution to someone's care costs.	The HWB Board has had an initial report on the financial implications of these changes and we will bring back a further report in the Autumn on further financial modelling. No funding has currently been put aside for this within the Medium Term Financial Statement (MTFS). As the government have stated this will all be fully funded. This is clearly a big potential risk for the authority and has been recognised corporately. It is also been followed up by ADASS our national professional body.

3.10 The government has recently announced a one-off grant of £125k for each Council – the Care Act Implementation Grant. We are currently assessing the best use of this grant to ensure that we are ready to deliver the Care Act requirements from April next year. The use of this grant will be agreed by the Director in consultation with the portfolio holder.

4. REASONS FOR RECOMMENDATION:

4.1 The recommendation that the local authority hosts the BCF pooled fund is in line with what all other local authorities are doing and has significant financial advantages as the local authority does not pay VAT.

4.2 The recommendations re the timetabling of reports and the use of the Implementation Grant is in line with the national timetable and is consistent with ensuring that the correct approvals are in place prior to the Better Care Fund going live on April 1st 2015.

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

5.1 Regular reports have been provided to HOSC. We have a governance structure detailed above that ensures a wide stakeholder engagement process and crucially the service redesign group is working very closely with our CCG partners, Healthwatch and the Thurrock coalition to ensure that the BCF delivers real change.

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

6.1 Failure to deliver the Care Act will be a risk to the local authority and has been included on the Council's Corporate Risk register.

6.2 There are significant savings built into the Council's MTFS from the BCF into the Adult Social care budget (in line with national guidance and one of the must do's).

6.3 However, no funding for the "Dilnot reforms" have been built into our MTFS as these are meant to be funded nationally. ADASS and the LGA are monitoring the situation because if this does not happen it will cause significant financial difficulty for Thurrock and all other local authorities.

7. IMPLICATIONS

7.1 **Financial**

The above report details the current known position with the Better Care Fund and the requirements of the Care Act 2014. The use of the BCF and any financial implications arising from the implementation of the Care Act will need to come back to the HWB Board and to the

Cabinet / CCG Board in due course. The hosting of the BCF by the local authority is consistent with other local authorities but the exact details will need to be clarified in the Section 75 agreement.

Implications verified by: **Mike Jones**
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7.2 **Legal**

The above report details the current known position with the BCF and the Care Act 2014. The governance arrangements for the BCF and the Section 75 agreement will need approval by the HWB Board. A further report on the implications and requirements for the Council arising from the Care Act will need to be approved in due course.

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7.3 **Diversity and Equality**

The Care Act 2014 seeks to provide a modern and up to date legal framework for all vulnerable adults. Its focus is to ensure that safeguarding, producing better outcomes and well-being are at the core of all adult social care activity. Some specific requirements e.g. the need to produce a register of people with visual impairments are targeted at specific groups. The Council will be developing its plans over the next 6 months to meet these requirements.

Implications verified by: **Roger Harris**
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BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):
Care Act Implementation Draft Guidance – June 2014

APPENDICES TO THIS REPORT: None
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