

## Appendix 2

### SCHEDULE 1 – PART 2 AGREED Scheme specification

#### **BCF SCHEME 1 LOCALITY SERVICE INTEGRATION**

##### **1 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF Scheme 1 Locality Service Integration** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) The Locality Service Integration Scheme is primarily focused at adults aged 65 years and over. Evidence from the King's Fund (2013 Making Integration Happen at Pace and Scale) makes it clear that integration is most effective where the target population is older people living with chronic conditions including mental ill health. The 65 and over cohort which numbers in Thurrock approximately 20,000 people will benefit from the prevention and early intervention services as set out in Scheme 4. The subgroup will be people with relatively simple and stable long term conditions. (BCF2 focuses on the frailty model and people with complex co-morbidities, BCF 3 focuses on those with re-ablement and rehabilitation needs and BCF 4 focuses on prevention and keeping people active).

Further details are contained in pages 71-74 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

##### **AIMS AND OUTCOMES**

The aim of Locality Service Integration is to integrate service delivery in Thurrock around 4 community hubs. Our aim will be to define an integrated service offer for the people of Thurrock based on detailed understanding of the local needs of each community.

##### **2 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

- A variation to the Standard NHS Contract for 2015/16 with North East London Foundation Trust for which Thurrock Clinical Commissioning Group is a Co-ordinating Commissioner and
- A Service Level Agreement for Thurrock Council's Provider Services.

##### **3 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

##### **4 SERVICES**

The Services are set out in the Provider Contracts and the Service Level Agreement with Thurrock Council Provider Services.

##### **5 COMMISSIONING, CONTRACTING, ACCESS *Commissioning Arrangements***

The Council will become an associate to the CCG Health Contract with North London Foundation Trust for the first year to allow for continuity and the opportunity to develop an integrated commissioning model and approach for subsequent years

### **Contracting Arrangements**

relevant contracts

- North East London Foundation Trust
- Thurrock Council Provider Services

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- contract management arrangements
- termination
- assignment

### **Access**

Details of how Patients and Service Users will be assessed as eligible for services will be as set out in the Provider's contract and Operational Guidelines for services provided by Thurrock Council Provider Services.

## **6 FINANCIAL CONTRIBUTIONS**

Financial Year 2015 / 2016

<b>Budgets Included</b>	<b>CCG contribution £</b>	<b>Council contribution £</b>	<b>Total £</b>
<b>Integrated Community Teams</b>	<b>£3,906,301</b>		<b>£3,906,301</b>
<b>Long Term Conditions</b>	<b>£415,682</b>		<b>£415,682</b>
<b>Primary Care MDT Coordinator</b>	<b>£51,130</b>		<b>£51,130</b>
<b>Carers Grant</b>	<b>£178,000</b>		<b>£178,000</b>
<b>Total</b>	<b>£4,551,113</b>		<b>£4,551,113</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## **7 FINANCIAL GOVERNANCE ARRANGEMENTS**

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

If during the course of monthly monitoring of activity and expenditure, a risk of overspend is identified in any of the Schemes, the Pooled Fund Manager will require a Remedial Action Plan to be produced by the provider and this will be presented to the Integrated Commissioning Executive within 21 days. The Integrated Commissioning Executive, where appropriate in consultation with the Health and Wellbeing Board will then consider whether it needs to agree the action plan in order to reduce expenditure.

## **8 VAT**

The Council's VAT regime will apply to Provider Contracts

The Council is not acting as 'agent' for NHS Thurrock CCG

## 9 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP

See Schedule 2 - Governance

## 10 NON FINANCIAL RESOURCES

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## 11 STAFF

TUPE transfers and secondments are not expected to be required in order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

### Council staff to be made available to the arrangements

- Strategic Lead - Commissioning and Procurement
- Joint Unplanned Care Commissioning Officer
- Commissioner for dementia and older people
- Service Manager - Contract compliance & Brokerage

### CCG staff to be made available to the arrangements

- Head of Integrated Commissioning
- Joint Unplanned Care Commissioning Officer
- Chief Finance Officer
- Executive Nurse
- Head of Performance
- Senior Commissioning Manager

## 12 ASSURANCE AND MONITORING

See Schedule 5 – Performance arrangements

## 13 LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address	Fax Number
Council	Catherine Wilson	Thurrock Council, Civic Offices	01375 652068	cwilson@thurrock.gov.uk	
CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	

## **14 INTERNAL APPROVALS**

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council's Constitution, scheme of delegation and standing financial instructions will apply.

## **15 RISK AND BENEFIT SHARE ARRANGEMENTS**

**See Schedule 3 – Risk Share and Overspends**

## **16 REGULATORY REQUIREMENTS**

The regulatory requirements for NHS services are set out within the NHS standard contract and the intention is therefore to continue to use the NHS contract.

The regulatory requirements for local authority provided services are as set out within the Care Act.

## **17 INFORMATION SHARING AND COMMUNICATION**

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).

## **18 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

## **19 OTHER PROVISIONS**

- There are none.

## SCHEDULE 1 – PART 2 AGREED SCHEME SPECIFICATION

### **BCF SCHEME 2 FRAILTY MODEL**

#### **20 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF Scheme 2 Frailty Model** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) In Thurrock, we are developing a frailty model based on the principles of:

- care wrapped around the patient, whatever the setting of care and which is experienced by them as a single delivery system through multi-disciplinary, multi-organisational integrated care teams
- risk stratification to target the right services, at the right level, to the right people, reducing inequalities by delivering the best possible outcome
- high quality pathways for people to maintain and maximise independence, to live in their own homes and where inappropriate admission to an acute hospital is seen as a system failure
- a sustainable and cost effective system across health and social care, supported by the right financial framework
- transformed services through a seamless and integrated approach to health and social care

Further details are contained in pages 81-84 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

#### **21 AIMS AND OUTCOMES**

The Frailty Model aims to provide an enhanced tier of services to people who live with complex co-morbidities, including dementia and frailty. Health and care services will support older people with complex multiple co-morbidities, including frailty and dementia, to remain as well and independent as possible and to avoid deterioration or complications.

#### **22 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

A variation to the Standard NHS Contracts for 2015/16 with North East London Foundation Trust for which Thurrock Clinical Commissioning Group is a Co-ordinating Commissioner and for South Essex Partnership Trust for which Castle Point and Rochford CCG is a Co-ordinating Commissioner, and

A Service Level Agreement for Thurrock Council's Provider Services.

#### **23 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

#### **24 SERVICES**

The Services are set out in the Provider Contracts and the Service Level Agreement with Thurrock Council Provider Services.

## 25 COMMISSIONING, CONTRACTING, ACCESS

### **Commissioning Arrangements**

The Council will become an associate to the CCG Health Contract with North London Foundation Trust for the first year to allow for continuity and the opportunity to develop an integrated commissioning model and approach for subsequent years

#### **Contracting Arrangements**

relevant contracts

- North East London Foundation Trust
- South Essex Partnership Trust
- Thurrock Council Provider Services

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- contract management arrangements
- termination
- assignment

#### **Access**

Details of how Patients and Service Users will be assessed as eligible for services will be as set out in the Provider's contract and Operational Guidelines for services provided by Thurrock Council Provider Services.

## 26 FINANCIAL CONTRIBUTIONS

Financial Year 2015 / 2016

Budgets Included	CCG contribution £	Council contribution £	Total £
End of Life Team	£388,795		£388,795
Day Hospital Assessment & Treatment	£388,947		£388,947
Admission Avoidance	£125,910		£125,910
Continence Service	£62,000		£62,000
Community Geriatricians	£84,079		£84,079
Rapid Response & Assessment Service (RRAS)	£605,580		£605,580
Risk Stratification Tool	£50,000		£50,000
Telehealth	£30,000		£30,000
Various other - Sensory Worker; Stroke, MH Support; Direct Payments Officer	£158,329		£158,329
Hospital Social Work Team	£80,000	£427,000	£507,000
External Purchasing	£1,803,340		£1,803,340
Elizabeth Gardens	£175,000		£175,000
<b>Total</b>	<b>£3,951,980</b>	<b>£427,000</b>	<b>£4,378,980</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## **27 FINANCIAL GOVERNANCE ARRANGEMENTS**

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

If during the course of monthly monitoring of activity and expenditure, a risk of overspend is identified in any of the Schemes, the Pooled Fund Manager will require a Remedial Action Plan to be produced by the provider and this will be presented to the Integrated Commissioning Executive within 21 days. The Integrated Commissioning Executive, where appropriate in consultation with the Health and Well-being Board will then consider whether it needs to agree the action plan in order to reduce expenditure.

## **28 VAT**

- The Council's VAT regime will apply to Provider Contracts
- The Council is not acting as 'agent' for NHS Thurrock CCG

## **29 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP**

**See Schedule 2 - Governance**

## **30 NON FINANCIAL RESOURCES**

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## **31 STAFF**

TUPE transfers and secondments are not expected to be required in order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

### **Council staff to be made available to the arrangements**

- Strategic Lead - Commissioning and Procurement
- Joint Unplanned Care Commissioning Officer
- Commissioner for dementia and older people
- Service Manager - Contract compliance & Brokerage

### **CCG staff to be made available to the arrangements**

- Head of Integrated Commissioning
- Joint Unplanned Care Commissioning Officer
- Chief Finance Officer
- Executive Nurse

- Head of Performance
- Senior Commissioning Manager

## 32 ASSURANCE AND MONITORING

See Schedule 5 – Performance arrangements

## 33 LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address	Fax Number
Council	Catherine Wilson	Thurrock Council, Civic Offices	01375 652068	cwilson@thurrock.gov.uk	
CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	

## 34 INTERNAL APPROVALS

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council's Constitution, scheme of delegation and standing financial instructions will apply.

## 35 RISK AND BENEFIT SHARE ARRANGEMENTS

See Schedule 3 – Risk Share and Overspends

## 36 REGULATORY REQUIREMENTS

The regulatory requirements for NHS services are set out within the NHS standard contract and the intention is therefore to continue to use the NHS contract.

The regulatory requirements for local authority provided services are as set out within the Care Act.

## 37 INFORMATION SHARING AND COMMUNICATION

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).



### **38 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

### **39 OTHER PROVISIONS**

- There are none.

## SCHEDULE 1 – PART 2 AGREED SCHEME SPECIFICATION

### **BCF SCHEME 3 INTERMEDIATE CARE**

#### **40 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF Scheme 3 Intermediate Care** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) There is considerable investment by both the CCG and LA in Thurrock for intermediate care and support. The focus of the scheme is to develop this investment further by realigning the current mainly bed based provision to afford the opportunity in year to make better use of and change existing services.

Further details are contained in pages 90-91 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

#### **41 AIMS AND OUTCOMES**

The focus of Intermediate Care is admission avoidance with a clear remit to ensure that robust discharge planning is in place, that effective rehabilitation and re-ablement take place before CHC assessments, and that any long term support is put in place in a person centred way to make sure each individual has as much choice and control as possible.

#### **42 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

- A variation to the Standard NHS Contracts for 2015/16 with North East London Foundation Trust for which Thurrock Clinical Commissioning Group is a Co-ordinating Commissioner and for South Essex Partnership Trust for which Castle Point and Rochford CCG is a Co-ordinating Commissioner, and
- A Service Level Agreement for Thurrock Council's Provider Services.

#### **43 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

#### **44 SERVICES**

The Services are set out in the Provider Contracts and the Service Level Agreement with Thurrock Council Provider Services.

#### **45 COMMISSIONING, CONTRACTING, ACCESS** ***Commissioning Arrangements***

The Council will become an associate to the CCG Health Contract with North London Foundation Trust for the first year to allow for continuity and the opportunity to develop an integrated commissioning model and approach for subsequent years

##### **Contracting Arrangements**

relevant contracts

- North East London Foundation Trust
- South Essex Partnership Trust
- Thurrock Council Provider Services

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- (i) contract management arrangements
- (ii) termination
- (iii) assignment

### **Access**

Details of how Patients and Service Users will be assessed as eligible for services will be as set out in the Provider's contract and Operational Guidelines for services provided by Thurrock Council Provider Services.

## **46 FINANCIAL CONTRIBUTIONS**

Financial Year 2015 / 2016

<b>Budgets Included</b>	<b>CCG contribution £</b>	<b>Council contribution £</b>	<b>Total £</b>
<b>Joint Reablement Team</b>	<b>£420,000</b>	<b>£748,794</b>	<b>£1,168,794</b>
<b>Mount Nessing Court</b>	<b>£704,800</b>		<b>£704,800</b>
<b>Intermediate Care Beds</b>	<b>£2,585,738</b>		<b>£2,585,738</b>
<b>Collins Hse Intermediate Care Beds</b>	<b>£240,000</b>	<b>£336,333</b>	<b>£576,333</b>
<b>Total</b>	<b>£3,950,538</b>	<b>£1,085,127</b>	<b>£5,035,665</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## **47 FINANCIAL GOVERNANCE ARRANGEMENTS**

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

If during the course of monthly monitoring of activity and expenditure, a risk of overspend is identified in any of the Schemes, the Pooled Fund Manager will require a Remedial Action Plan to be produced by the provider and this will be presented to the Integrated Commissioning Executive within 21 days. The Integrated Commissioning Executive, where appropriate in consultation with the Health and Wellbeing Board will then consider whether it needs to agree the action plan in order to reduce expenditure.

## **48 VAT**

The Council's VAT regime will apply to Provider Contracts

The Council is not acting as 'agent' for NHS Thurrock CCG

## **49 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP**

See Schedule 2 - Governance

## 50 NON FINANCIAL RESOURCES

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## 51 STAFF

TUPE transfers and secondments are not expected to be required In order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

### Council staff to be made available to the arrangements

- Strategic Lead - Commissioning and Procurement
- Joint Unplanned Care Commissioning Officer
- Commissioner for dementia and older people
- Service Manager - Contract compliance & Brokerage

### CCG staff to be made available to the arrangements

- Head of Integrated Commissioning
- Joint Unplanned Care Commissioning Officer
- Chief Finance Officer
- Executive Nurse
- Head of Performance
- Senior Commissioning Manager

## 52 ASSURANCE AND MONITORING

See Schedule 5 – Performance arrangements

## 53 LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address	Fax Number
Council	Catherine Wilson	Thurrock Council, Civic Offices	01375 652068	cwilson@thurrock.gov.uk	
CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	

## 54 INTERNAL APPROVALS

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council's Constitution, scheme of delegation and standing financial instructions will apply.

## **55 RISK AND BENEFIT SHARE ARRANGEMENTS**

**See Schedule 3 – Risk Share and Overspends**

## **56 REGULATORY REQUIREMENTS**

The regulatory requirements for NHS services are set out within the NHS standard contract and the intention is therefore to continue to use the NHS contract.

The regulatory requirements for local authority provided services are as set out within the Care Act.

## **57 INFORMATION SHARING AND COMMUNICATION**

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).

## **58 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

## **59 OTHER PROVISIONS**

There are none.

## SCHEDULE 1 – PART 2 AGREED SCHEME SPECIFICATION

### **BCF SCHEME 4 PREVENTION AND EARLY INTERVENTION**

#### **60 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF Scheme 4 Prevention and Early Intervention** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) Thurrock is engaged in a whole system transformation focused upon a shift of resources towards timely intervention and prevention, part of which has been captured within the BCF to enable the pooling of key resources. The overarching vision for the system, places 'right time, right place, right solution' at the heart of the design. The redesign features three key aspects:

- Right Time – ensuring people receive the intervention most likely to support wellbeing at the point at which it will have most impact;
- Right Place – ensuring the homes that people live in and the communities in which they reside support their health and active ageing; and
- Right Solution – either service or other support designed to promote independence and maintain quality of life.

Further details are contained in pages 90-91 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

#### **61 AIMS AND OUTCOMES**

The objective of the scheme is to provide an integrated response to a number of successful existing and developing initiatives that result in a cohesive prevention and early intervention offer spanning the community, public health and social care system.

#### **62 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

- A variation to the Standard NHS Contracts for 2015/16 with North East London Foundation Trust for which Thurrock Clinical Commissioning Group is a Co-ordinating Commissioner, and
- A Service Level Agreement for Thurrock Council's Provider Services.

#### **63 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

#### **64 SERVICES**

The Services are set out in the Provider Contracts and the Service Level Agreement with Thurrock Council Provider Services.:

#### **65 COMMISSIONING, CONTRACTING, ACCESS *Commissioning Arrangements***

The Council will become an associate to the CCG Health Contract with North London Foundation Trust for the first year to allow for continuity and the opportunity to develop an integrated commissioning model and approach for subsequent years

### Contracting Arrangements

relevant contracts  
 North East London Foundation Trust  
 Thurrock Council Provider Services

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- (iv) contract management arrangements
- (v) termination
- (vi) assignment

### Access

Details of how Patients and Service Users will be assessed as eligible for services will be as set out in the Provider's contract and Operational Guidelines for services provided by Thurrock Council Provider Services.

## 66 FINANCIAL CONTRIBUTIONS

Financial Year 2015 / 2016

Budgets Included	CCG contribution £	Council contribution £	Total £
Community Equipment	£921,385	£611,352	£1,532,737
Local Area Co-ordination	£147,057		£147,057
Stroke Prevention		£34,715	£34,715
Public Health		£250,000	£250,000
<b>Total</b>	<b>£1,068,442</b>	<b>896,067</b>	<b>£1,964,509</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## 67 FINANCIAL GOVERNANCE ARRANGEMENTS

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

If during the course of monthly monitoring of activity and expenditure, a risk of overspend is identified in any of the Schemes, the Pooled Fund Manager will require a Remedial Action Plan to be produced by the provider and this will be presented to the Integrated Commissioning Executive within 21 days. The Integrated Commissioning Executive, where appropriate in consultation with the Health and Wellbeing Board will then consider whether it needs to agree the action plan in order to reduce expenditure.

## 68 VAT

The Council's VAT regime will apply to Provider Contracts

The Council is not acting as 'agent' for NHS Thurrock CCG

## 69 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP

See Schedule 2 - Governance

## 70 NON FINANCIAL RESOURCES

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## 71 STAFF

TUPE transfers and secondments are not expected to be required in order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

### Council staff to be made available to the arrangements

- Strategic Lead - Commissioning and Procurement
- Joint Unplanned Care Commissioning Officer
- Commissioner for dementia and older people
- Service Manager - Contract compliance & Brokerage

### CCG staff to be made available to the arrangements

- Head of Integrated Commissioning
- Joint Unplanned Care Commissioning Officer
- Chief Finance Officer
- Executive Nurse
- Head of Performance
- Senior Commissioning Manager

## 72 ASSURANCE AND MONITORING

See Schedule 5 – Performance arrangements

## 73 LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address	Fax Number
Council	Catherine Wilson	Thurrock Council, Civic Offices	01375 652068	cwilson@thurrock.gov.uk	
CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	



## **74 INTERNAL APPROVALS**

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council's Constitution, scheme of delegation and standing financial instructions will apply.

## **75 RISK AND BENEFIT SHARE ARRANGEMENTS**

**See Schedule 3 – Risk Share and Overspends**

## **76 REGULATORY REQUIREMENTS**

The regulatory requirements for NHS services are set out within the NHS standard contract and the intention is therefore to continue to use the NHS contract.

The regulatory requirements for local authority provided services are as set out within the Care Act.

## **77 INFORMATION SHARING AND COMMUNICATION**

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).

## **78 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

## **79 OTHER PROVISIONS**

There are none.

## SCHEDULE 1 – PART 2 AGREED SCHEME SPECIFICATION

### **BCF SCHEME 5 DISABLED FACILITIES GRANT AND SOCIAL CARE CAPITAL GRANT**

#### **80 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF Scheme 5 Disabled Facilities Grant and Social Care Capital Grant** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) Mandatory DFGs are available from local authorities, subject to a means test, for essential adaptations to give disabled people better freedom of movement into and around their homes and to give access to essential facilities within the home.

The Community Capacity Grant is a principal component of our work to promote Asset Based Community Development. It is an approach to community building which transforms the way communities are seen, focusing on strengths and assets and connecting people and networks around common interests and concerns. This contrasts with the deficit model which typically characterises communities in terms of needs and deprivation.

Further details are contained in page 105 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

#### **81 AIMS AND OUTCOMES**

Disabled Facilities Grant (DFGs) helps to pay for major adaptations for owner occupiers, private tenants or housing association tenants.

The Community Capacity Grant to local authorities provides capital funding to support development in three key areas: personalisation, reform and efficiency.

#### **82 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

- A Service Level Agreement for Thurrock Council's Housing Services and Adults Health and Commissioning.

#### **83 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

#### **84 SERVICES**

The Services are set out in the Service Level Agreement with Thurrock Council Housing Services and Adults, Health and Commissioning.

#### **85 COMMISSIONING, CONTRACTING, ACCESS *Commissioning Arrangements***

The Council will put in place Service Level Agreements to specify the services to be delivered.

##### **Contracting Arrangements**

relevant contracts

Thurrock Council Housing Services and Adults, Health and Commissioning

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- contract management arrangements
- termination
- assignment

### **Access**

Details of how Patients and Service Users will be assessed as eligible for services will be as set out in the Operational Guidelines for services provided by Thurrock Council Housing Services.

## **86 FINANCIAL CONTRIBUTIONS**

Financial Year 2015 / 2016

<b>Budgets Included</b>	<b>CCG contribution £</b>	<b>Council contribution £</b>	<b>Total £</b>
<b>DFG</b>		<b>£481,000</b>	<b>£481,000</b>
<b>Capital Grant</b>		<b>£364,000</b>	<b>£364,000</b>
<b>Total</b>		<b>£845,000</b>	<b>£845,000</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## **87 FINANCIAL GOVERNANCE ARRANGEMENTS**

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

If during the course of monthly monitoring of activity and expenditure, a risk of overspend is identified in any of the Schemes, the Pooled Fund Manager will require a Remedial Action Plan to be produced by the provider and this will be presented to the Integrated Commissioning Executive within 21 days. The Integrated Commissioning Executive, where appropriate in consultation with the Health and Wellbeing Board will then consider whether it needs to agree the action plan in order to reduce expenditure.

## **88 VAT**

The Council's VAT regime will apply to Provider Contracts

The Council is not acting as 'agent' for NHS Thurrock CCG

## **89 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP**

See Schedule 2 - Governance

## **90 NON FINANCIAL RESOURCES**

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## 91 STAFF

TUPE transfers and secondments are not expected to be required in order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

### **Council staff to be made available to the arrangements**

- Strategic Lead - Commissioning and Procurement
- Joint Unplanned Care Commissioning Officer
- Commissioner for dementia and older people
- Service Manager - Contract compliance & Brokerage

### **CCG staff to be made available to the arrangements**

- Head of Integrated Commissioning
- Joint Unplanned Care Commissioning Officer
- Chief Finance Officer
- Executive Nurse
- Head of Performance
- Senior Commissioning Manager

## 92 ASSURANCE AND MONITORING

See Schedule 5 – Performance arrangements

## 93 LEAD OFFICERS

Partner	Name of Lead Officer	Address	Telephone Number	Email Address	Fax Number
Council	Catherine Wilson	Thurrock Council, Civic Offices	01375 652068	cwilson@thurrock.gov.uk	
CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	

## 94 INTERNAL APPROVALS

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council's Constitution, scheme of delegation and standing financial instructions will apply.

## 95 RISK AND BENEFIT SHARE ARRANGEMENTS

See Schedule 3 – Risk Share and Overspends

## **96 REGULATORY REQUIREMENTS**

The regulatory requirements for NHS services are set out within the NHS standard contract and the intention is therefore to continue to use the NHS contract.

The regulatory requirements for local authority provided services are as set out within the Care Act.

## **97 INFORMATION SHARING AND COMMUNICATION**

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).

## **98 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

## **99 OTHER PROVISIONS**

There are none.

## SCHEDULE 1 – PART 2 AGREED SCHEME SPECIFICATION

### **BCF 6 CARE ACT IMPLEMENTATION**

#### **100 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF 6 Care Act Implementation** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) Further details are contained in pages 107 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

#### **101 AIMS AND OUTCOMES**

The Scheme's purpose is to deliver the requirements of the Care Act, ensuring that the Council are compliant and that existing services are not adversely affected by increased costs.

#### **102 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

- A Service Level Agreement for Thurrock Council's Adults Health and Commissioning.

#### **103 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

#### **104 SERVICES**

The Services are set out in the Service Level Agreement with Thurrock Council Adults, Health and Commissioning.

#### **105 COMMISSIONING, CONTRACTING, ACCESS** ***Commissioning Arrangements***

The Council will put in place Service Level Agreements to specify the services to be delivered.

##### **Contracting Arrangements**

relevant contracts

Thurrock Council Adults, Health and Commissioning

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- contract management arrangements
- termination
- assignment

##### **Access**

Not applicable.

## 106 FINANCIAL CONTRIBUTIONS

Financial Year 2015 / 2016

Budgets Included	CCG contribution £	Council contribution £	Total £
Not applicable	£522,000		£522,000
<b>Total</b>			<b>£522,000</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## 107 FINANCIAL GOVERNANCE ARRANGEMENTS

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

If during the course of monthly monitoring of activity and expenditure, a risk of overspend is identified in any of the Schemes, the Pooled Fund Manager will require a Remedial Action Plan to be produced by the provider and this will be presented to the Integrated Commissioning Executive within 21 days. The Integrated Commissioning Executive, where appropriate in consultation with the Health and Wellbeing Board will then consider whether it needs to agree the action plan in order to reduce expenditure.

## 108 VAT

The Council's VAT regime will apply to Provider Contracts

The Council is not acting as 'agent' for NHS Thurrock CCG

## 109 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP

See Schedule 2 - Governance

## 110 NON FINANCIAL RESOURCES

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## 111 STAFF

TUPE transfers and secondments are not expected to be required in order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

### **Council staff to be made available to the arrangements**

- Strategic Lead - Commissioning and Procurement
- Joint Unplanned Care Commissioning Officer

- Commissioner for dementia and older people
- Service Manager - Contract compliance & Brokerage

#### **CCG staff to be made available to the arrangements**

- Head of Integrated Commissioning
- Joint Unplanned Care Commissioning Officer
- Chief Finance Officer
- Executive Nurse
- Head of Performance
- Senior Commissioning Manager

#### **112 ASSURANCE AND MONITORING**

**See Schedule 5 – Performance arrangements**

#### **113 LEAD OFFICERS**

<b>Partner</b>	<b>Name of Lead Officer</b>	<b>Address</b>	<b>Telephone Number</b>	<b>Email Address</b>	<b>Fax Number</b>
Council	Catherine Wilson	Thurrock Council, Civic Offices	01375 652068	cwilson@thurrock.gov.uk	
CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	

#### **114 INTERNAL APPROVALS**

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council's Constitution, scheme of delegation and standing financial instructions will apply.

#### **115 RISK AND BENEFIT SHARE ARRANGEMENTS**

**See Schedule 3 – Risk Share and Overspends**

#### **116 REGULATORY REQUIREMENTS**

The regulatory requirements for local authority provided services are as set out within the Care Act.

#### **117 INFORMATION SHARING AND COMMUNICATION**

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).



**118 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

**119 OTHER PROVISIONS**

There are none.

## SCHEDULE 1 – PART 2 AGREED SCHEME SPECIFICATION

### **BCF SCHEME 7 PAYMENT FOR PERFORMANCE**

#### **120 OVERVIEW OF INDIVIDUAL SCHEME**

(a) **BCF Scheme 7 Payment for Performance** (as set out in Annex 1 of Schedule 6 Thurrock Better Care Fund Plan)

(b) Further details are contained in pages 109 of the Better Care Fund Plan (Schedule 6 of this agreement).

(c) This Scheme is funded by the Thurrock BCF Pooled Fund in 2015/16.

#### **121 AIMS AND OUTCOMES**

This scheme is the provision for the payment for performance. As such, the provision is twofold (dependent on the performance of the system in 2015/16).

- In the event of the required reduction in unplanned care admissions failing to be delivered, this resource will be utilised to fund commensurate activity in local acute trusts.
- In the event of the required reduction in unplanned care occurring, this resource will instead be utilised to fund a series of initiatives (currently being identified) that further improve out of hospitals care to our population.

#### **122 THE ARRANGEMENTS**

The Council as Host Partner will commission Services in relation to the Scheme, in exercise of both NHS Functions and Council Functions under the terms of the Pooled Fund by means of:

- A variation to the Standard NHS Contracts for 2015/16 with North East London Foundation Trust for which Thurrock Clinical Commissioning Group is a Co-ordinating Commissioner and for South Essex Partnership Trust for which Castle Point and Rochford CCG is a Co-ordinating Commissioner, and
- A Service Level Agreement for Thurrock Council's Provider Services.

#### **123 FUNCTIONS**

See Section 4 PARTNERSHIP FLEXIBILITIES PARAGRAPH 4.3 and 4.5

#### **124 SERVICES**

The Services to be provided under this scheme will be determined by the Commissioning Partners.

#### **125 COMMISSIONING, CONTRACTING, ACCESS** ***Commissioning Arrangements***

The Council will put in place Contracts and Service Level Agreements to specify the services to be delivered.

##### **Contracting Arrangements**

relevant contracts

To be determined by the Commissioning Partners

The Commissioners have authority to agree contract terms in line with the terms of this agreement including

- contract management arrangements
- termination

- assignment

### **Access**

Not applicable.

## **126 FINANCIAL CONTRIBUTIONS**

Financial Year 2015 / 2016

<b>Budgets Included</b>	<b>CCG contribution £</b>	<b>Council contribution £</b>	<b>Total £</b>
	<b>£722,069</b>		<b>£722,069</b>
	<b>£722,069</b>		<b>£722,069</b>

Financial resources in subsequent years are to be determined in accordance with the Agreement.

## **127 FINANCIAL GOVERNANCE ARRANGEMENTS**

The total value of the Better Care Fund in Thurrock is £18,019,000 and the amount of the Better Care Fund described as 'at risk' is the performance element of £722,000.

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## **128 VAT**

The Council's VAT regime will apply to Provider Contracts

The Council is not acting as 'agent' for NHS Thurrock CCG

## **129 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP**

**See Schedule 2 - Governance**

## **130 NON FINANCIAL RESOURCES**

**Council contribution** – Not Applicable

**CCG Contribution** – Not Applicable

## **131 STAFF**

TUPE transfers and secondments are not expected to be required in order to deliver this Scheme.

Staff increments and pension arrangements of employees of the Partners will be administered in line with the relevant terms and conditions of employment under the existing contract of employment of the particular staff member.

**Council staff to be made available to the arrangements**

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- Chief Finance Officer
- Executive Nurse
- Head of Performance
- Senior Commissioning Manager

**132 ASSURANCE AND MONITORING**

See Schedule 5 – Performance arrangements

**133 LEAD OFFICERS**

Partner	Name of Lead Officer	Address	Telephone Number	Email Address	Fax Number
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CCG	Mark Tebbs	Thurrock CCG, Civic Offices	01375 365810	Mark.tebbs@nhs.net	

**134 INTERNAL APPROVALS**

The Pooled Fund will be administered in accordance with the Better Care Fund Plan, this Agreement and the Constitution of the Council. In relation to this Individual Scheme and the Services it contains; the levels of authority from the Council’s Constitution, scheme of delegation and standing financial instructions will apply.

**135 RISK AND BENEFIT SHARE ARRANGEMENTS**

See Schedule 3 – Risk Share and Overspends

**136 REGULATORY REQUIREMENTS**

The regulatory requirements for local authority provided services are as set out within the Care Act.

### **137 INFORMATION SHARING AND COMMUNICATION**

In addition to the general Better Care Fund consultation and engagement process, the Partners will engage with stakeholders as part of each scheme. The purpose of this work is to promote integrated services and therefore communication and engagement is at the heart of the redesign work.

Both the Partners will be involved in contract negotiations for these services and will therefore develop the required activity and performance schedules. These will be shared via the Partners' contract management teams.

Further details are contained in page 58 of the Better Care Fund Plan (Schedule 6 of this agreement).

### **138 DURATION AND EXIT STRATEGY**

Subject to the provisions of Section 22 of this agreement this scheme or any service contained within in it may be terminated with the agreement of both the Partners.

### **139 OTHER PROVISIONS**

There are none.