14th February 2014	**ITEM:**
Health and Wellbeing Board	
THURROCK BETTER CARE FUND PLAN	
Report of: Roger Harris, Director of Adults, Health and Commissioning; and Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group	
Wards and communities affected: All	**Key Decision:** Non-key
Accountable Head of Service: n/a	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning; and Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group	
This report is Public	
Purpose of Report: This report outlines Thurrock's draft Better Care Fund Plan and describes the steps that will be taken to develop the final Plan by the 4th April 2014. Furthermore, the Plan describes Thurrock's vision for better health and care and outlines the essential transformational work required to deliver the vision – which will start to be developed during 2014/15. The report recommends that the Board approve the first draft of Thurrock Better Care Plan – with the final Plan being signed off by the Chair of the Board as agreed at the January 9th Board meeting.	

EXECUTIVE SUMMARY

This report outlines the steps being taken to develop Thurrock's Better Care Fund Plan. The Plan outlines Thurrock's Better Care Fund allocation for 2015/16 and identifies how the Fund will enable the area to deliver better health and care outcomes for residents. The outcomes to be achieved are described within the Vision. Furthermore, the Plan describes how a number of national conditions will be met whilst retaining a local focus. The Plan represents Thurrock's direction of travel for the transformation of the health and care system.

The appended Plan represents an early draft, with further development being carried out between now and April and beyond.

1. RECOMMENDATIONS:

That the Committee:

1.1 Agree the draft Plan – subject to the final draft being signed off by the Board's Chair, and subject to the Board being made aware of any significant changes; and

1.2 Agree the steps being taken to develop the final draft.

2. INTRODUCTION AND BACKGROUND:

2.1 The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June 2013 as part of the 2013 Spending Round. The purpose of the Fund is to provide 'an opportunity to transform local services so that people are provided with better integrated care and support' and to 'help local areas manage pressures and improve long term sustainability'.

2.2 The Fund provides £3.8 billion worth of funding from 2015. The majority of this money is not 'new' and comes from existing funding streams. In 2014/15, an additional £241 million of new money will be made available to enable localities to prepare for the Better Care Fund in 2015/16. 2014/15 will be seen as a 'virtual' year, where arrangements will start to be put in place and plans for 2014/15 further developed.

2.3 The Fund consists of the following:

In 2015/16 the Fund will be created from:
£1.9 billion of NHS funding
£1.9 billion based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: • £130 million Carers' Break funding • £300 million CCG reablement funding • £354 million capital funding (including £220 million Disabled Facilities Grant) • £1.1 billion existing transfer from health to adult social care

2.4 The 2015/16 Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 agreements. These will be joint governance arrangements between the CCG and Council. There are a number of technical issues that will need exploring prior to the section 75 being put in place. These include governance arrangements, budget-setting processes, accounting and auditing, VAT, and information sharing. Arrangements will be developed and confirmed during 14/15.

2.5 The Better Care Fund is very much seen as the minimum amount to be placed in the pooled fund. Areas are encouraged to place far more of their health and care commissioning spend in to the pooled pot, and how much this is will be determined locally.

2.6 Both the CCG and Council must jointly agree how the Better Care Fund will be spent along with the expected outcomes and benefits. This is to be contained within a Better Care Fund Plan. The Plans will require sign off from Cabinet and the CCG Board. Plans must be signed of ultimately by the Health and Wellbeing Board.

2.7 How we use the BCF is down to local determination, but must meet a number of national conditions:

- Protection for social services;
- 7-day services in health and social care to support patients being discharged and prevent unnecessary weekend admissions;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional; and
- Agreement on the consequential impact of changes in the acute sector.

2.8 £1 billion of the Fund is subject to 'payment-for-performance'. This is a considerable proportion of the Fund. As we develop our Plan, we will need to consider our contingency arrangements should performance targets related to the payment-for-performance element of the Fund not be achieved.

2.9 Milestones for completion of the Plan are as follows:

- 14th February – submission to NHS England of 'first cut'; and
- 4th April – submission to NHS England of final Plan.

2.10 The remainder of this report describes how Thurrock's Plan is being developed and outlines the steps being taken to achieve the final draft by 4th April. The initial Plan will very much be work in progress – to be developed throughout 14/15 and beyond.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Project Arrangements

3.1 Thurrock CCG and Thurrock Council have project arrangements in place to oversee the development and delivery of Thurrock's Better Care Fund Plan. The Project Board includes senior officers and is jointly chaired by the CCG's Chief Operating Officer and Thurrock Council's Director of Adults, Health and Commissioning.

Vision and Direction of Travel

3.2 The CCG and Health and Wellbeing Board held a joint workshop on the 20th December to develop the direction of travel of integration of health and care services in Thurrock and to identify what an improved health and care system would look like from a public, provider, and commissioner point of view. The output of the session has helped to develop the attached Plan – in particular the Vision and the changes that health and social care want to achieve.

3.3 The Thurrock vision is underpinned by five clear principles that emerged from the workshop on the 20th December, link to Thurrock Health and Wellbeing Strategy, and also take in to account previous discussion and debate on system improvement:

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing;
- 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; and
- Systems and structures that enable and deliver a co-ordinated and seamless response.

What achieving each of these principles means to both the system and the individual is described within the Plan.

3.4 In the first instance, we have recommended that our Plan focuses on older people's health and care. This is the highest spend and demand area for both the CCG and Adults Social Care – and projected to continue to grow, and an area where we feel we can initially make the most impact. Focusing on older people would allow both the CCG and Adult Social Care to put associated budgets in to the pooled fund – over and above Thurrock's BCF allocation. This would amount to an estimated minimum additional amount of £23.5 million for the pooled fund. As our plans for integration develop, we will broaden our approach to look at other areas of spend and care that might sit best with the pooled fund.

BCF Allocation and Schemes

3.5 We have some way to go before we can identify exactly how the 15/16 BCF allocation will be spent. For this reason, we will not yet be identifying schemes for that year. Within our Plan, we will describe the process through which will identify the 15/16 schemes. Part of this will include reviewing existing services and pathways and identifying if and how they need to change – including integrating services where it makes sense to do so.

3.6 Whilst how we spend the Fund to best effect will take time to develop, our transformation of the system is by no means starting from zero. A Primary Care Strategy is currently being developed and will be consulting on the possibility of locality-based primary care hubs; and we have set firm foundations from which to build community resilience – e.g. community hub, local area co-ordinators. This is in addition to the close working we already have between health and social care – e.g. the Rapid Response and Assessment Team and Joint Reablement Team. Our Plan will build on what has already been started.

3.7 Thurrock's BCF indicative allocation for 14/15 and 15/16 is as follows:

	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**

Performance

3.8 We are fairly constrained by the indicators we can use to measure performance. Five of the six indicators we must use are nationally defined. The sixth indicator must be a local indicator. Although subject to local discretion, it is recommended that the indicator is contained within one of the three outcomes frameworks (NHS, Adults, Public Health). One of the reasons for the choice of performance indicators being limited is that baselines should be from 2012/13 data. The performance of the chosen indicators will be related to payments – depending upon the indicator, payments will be made in April 2015 and in October 2015.

3.9 The local indicators we are currently considering are from the Adult Social Care Outcomes Framework (ASCOF):

- Social care-related quality of life; and
- Carer-reported quality of life.

Further work will be carried out between now and the final draft on identifying the most appropriate measure.

Governance and structure

3.10 Our BCF Plan describes details of the governance arrangements we are considering putting in place. This is subject to legal advice, and also consultation and agreement with and from key decision-makers – e.g. Cabinet and CCG Board. This includes the possible establishment of a strategic group to oversee the development and delivery of the BCF Plan, supported by a technical advice group. There will be certain requirements we will need to satisfy as part of having a section 75 agreement in place to govern the pooled fund. We will also need to consider a number of other factors including whether existing delegations are sufficient and whether further delegations are required – and what these might consist of. Governance arrangements will need to be linked to Health and Wellbeing Board arrangements, but also the CCG Board and Council Cabinet.

3.11 Our Plan also recommends the establishment of integrated commissioning arrangements. We see this as being essential to driving forward the integration of health and care. There are a number of options currently being considered.

Consultation and Engagement

3.12 Broad stakeholder involvement in developing and delivering our approach to health and care system development and transformation is essential. This will not consist of a one-off event, but on-going dialogue. We will ensure that we

build on engagement that has already taken place – and this has already been reflected in our vision and direction of travel. Obviously, the Plan itself is just a starting point, and continuing dialogue with stakeholders is required to define how the vision gets translated in to change and delivery – i.e. our transformation plan.

3.13 Our approach to stakeholder involvement must include providers. Providers are an integral part of the health and care 'system', and their involvement is essential to our ability to deliver the changes required. We have arranged on of a number of regular meetings with 'system leaders' to ensure that providers are part of work to develop and redefine the health and care system.

3.14 We will work with public, patient, and service user representatives to plan how best to engage and involve citizens in the current and future health and care transformation work.

Next Steps

3.15 Through the direction of the Project Board, we will continue to develop Thurrock's BCF Plan. Our final deadline is the 4th April, when we have to submit the Plan for 14/15 and 15/16 to NHS England. Throughout 14/15 and beyond, we will continue to identify what needs to change and how change will be implemented – whilst maintaining service levels as transformation takes place. For this reason there are likely to be several iterations of our Plan and supporting project plan beyond the 4th April. Additionally, we will be outlining a programme of work that will commence in 14/15.

3.16 14/15 will be a 'virtual year' for the BCF arrangements with formal arrangements commencing from 2015/16. This allows us time to explore and develop how we want to operate jointly, and identify what works. Much of our plans for 15/16 will require specialist advice and further discussion and debate, which is why integrated arrangements can not be in place for 14/15. Our virtual arrangements will signify our on-going commitment to integrated working.

3.17 Current key milestones are:

- 29th January – 1st draft to CCG Board
- 10th February – 1st draft to Health and Wellbeing Board
- 11th February – 1st draft to Health and Wellbeing Overview and Scrutiny Committee
- 14th February – 1st draft submitted to NHS England
- 12th March – 1st draft to Cabinet
- 20th March – Commissioning Reference Group
- 26th March – Final draft to CCG Board
- End March – Final sign-off by Chair of Thurrock HWBB
- 4th April – Final draft submitted to NHS England

4. REASONS FOR RECOMMENDATION:

4.1 To enable the Health and Wellbeing Board to agree and have early input in to the emerging Plan.

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

5.1 Consultation on the existing draft has taken place with key stakeholder organisations via the Health and Wellbeing Board, joint Health and Wellbeing Board and CCG Board workshop, the CCG Board itself, and a CCG/Council officer-led project Board.

5.2 Further consultation is planned with key providers, with a meeting being organised to take place in February; and with representatives of the public, patients, and service users through an event being organised to take place in March. Additionally, the contents of the Plan and how the Plan has been informed will be based on engagement and conversations that have already taken place – both at a national and local level. A programme of on-going engagement will sit alongside the development of the Plan and its delivery.

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

6.1 The development of the Plan and ensuring that health and social care resource is used to the best effect is critical to the delivery of the Council's corporate priorities, especially 'improve health and wellbeing'.

7. IMPLICATIONS

7.1 **Financial**

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

The financial implications associated with the BCF are being considered as part of the development of the Plan.

7.2 **Legal**

Implications verified by: **Dawn Pelle**
Telephone and email: **020 8227 2657**
Dawn.pelleBDTLegal.org.uk

The legal implications associated with the BCF are being considered as part of the development of the Plan.

7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans**
Telephone and email: **tevans@thurrock.gov.uk**

The Plan's initial focus will be on improving the health and social care outcomes of older people. System improvement will focus on achieving benefits for older people in the first instance whilst taking into account the other protective characteristics (Equality Act 2010) of this.

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

N/A

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

- Better Care Fund National Guidance
- Thurrock CCG and Thurrock Health and Wellbeing Board Joint Workshop event report

APPENDICES TO THIS REPORT:

- Thurrock Better Care Fund Plan – Draft Version
- HWBB and Thurrock CCG Health and Social Care Integration Workshop Output

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