
Devon Better Care Fund Plan 2017-19

Health and Wellbeing Board
7 Sept 2017

Introduction

- The Better Care Fund is an enabler to integration, but it is only part of the local picture - we already work in partnership with the NHS, we have integrated community teams and jointly commissioned contracts.
- The Better Care Fund enables us to progress with our existing vision for integration further and faster

Our vision for integration

- Integration is not an end in itself but an integrated approach to **person-centred care** is vital - requires system transformation
- A fully integrated health and social care system involves **joined-up services** which deliver education and advice about how to **maintain independence and stay well**, with mental health and wellbeing as high a priority as physical health and wellbeing.
- It also aims to take a person-centred approach and **build wider support** around people, through making the best use of what is already available to them at home and in the community.

Integrated model of care

- **Comprehensive assessment process**
- A **single point of access** making it easier for GPs and others to get additional support when it is needed urgently
- **Rapid response** (care at home) service, additional support at home that makes it safe to leave hospital. Includes health and care workers delivering reablement alongside traditional care

National Conditions

1. Plans to be jointly agreed (including the additional iBCF money)
2. NHS contribution to adult social care is maintained in line with inflation
3. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
4. Managing Transfers of Care in line with expectations

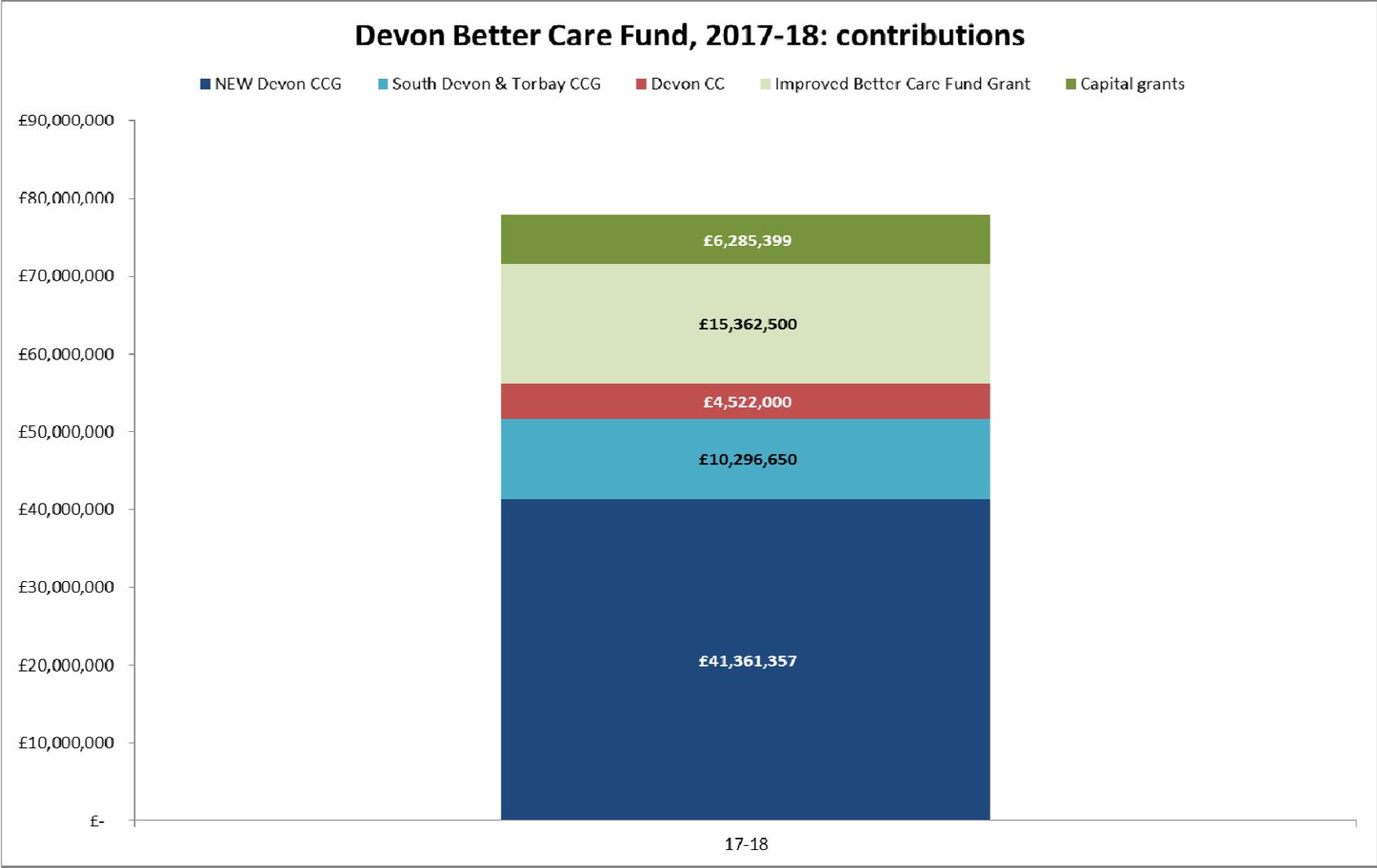
National metrics

1. Non-elective admissions (General and Acute)
2. Admissions to residential and care homes
3. Effectiveness of reablement
4. Delayed transfers of care

BCF Plan

- Sets out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in:
 - Next Steps on the NHS Five Year Forward View
 - development of Sustainability and Transformation Partnerships (STPs)
 - Care Act (2014)
 - wider local government transformation
- Local plans must be jointly developed by CCGs and local authorities and endorsed by Health and Wellbeing Boards

Contributions to the fund



iBCF spend

| Area of spend (county wide) | 17/18 |
|--|------------|
| Market sufficiency: Care Homes and personal care innovations | £3m |
| Assistive Technology | £0.5m |
| System development: - New model of care organisational development - New workforce roles | £0.5m |
| Total | £4m |

| Area of spend (locality / system) | |
|---|---------------------|
| Mental Health | £2m |
| Disability | £2m |
| Specialist Sub Total | £4m |
| North | £1.2m |
| East | £3.0m |
| West | £0.7m |
| South | £1.2m |
| <u>Locality Sub Total</u> | <u>£6.1m</u> |
| Community Resilience/ Prevention | £1m |
| TOTAL | £11.1m |

Other partners – disabled facilities grants



- We are required to pass the DFG element of the BCF to district councils
- The DFG funding pot will continue to prioritise delivery of major adaptations across Devon
- 10% top-slice of each authority's DFG allocation forms a centrally-held pot, used flexibly in a demand led approach to delivery and funding of major adaptations

Delayed Transfers of Care

- Challenging (nationally set) trajectory based on number of bed days lost per month
- Plans are already in place to meet separate NHS England trajectory of 3.5% of beds
- Risk we will not hit required trajectory for November (Sept activity)
- Likely we will be close to hitting the required system wide DTOC target by year end - there are plans in place to do so, but with risk

Current DTOC plans

- Part of our overarching strategy to provide more care at home rather than in hospital settings
- Development of an enhanced community response service to both prevent admissions and to allow people to return home as soon as possible
- Increased capacity within social care reablement
- Development of a trusted assessor model which ensures people are receiving the right care in the right place
- Care home education and support, meaning fewer frail elderly people are admitted to hospital when they could be supported in the home
- Developing and increasing the independent sector workforce – Proud to Care campaign

Summary

Jointly agreed plan use of iBCF money

Maintain level of support for social care

Investment in NHS-commissioned out of hospital services

Managing transfers of care in line with target

BUT

! Risk we do not meet required DTOC trajectory for November, but likely with our plans there will be significant impact by year end