

**THE BETTER CARE FUND:
RESPONSE TO THE HEALTH AND ADULT CARE SCRUTINY COMMITTEE
TASK GROUP REPORT**

**Report of the Head of Adult Commissioning and Health, DCC and the Director of Strategy,
NEW Devon and South Devon and Torbay CCGs**

1. Introduction and Background

- 1.1 This report provides a response to the recommendations in the June 2018 report of the Health and Adult Care Scrutiny Committee task group, "Better Care Through Integration?"

2. Context

- 2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017.
- 2.2 There are specific conditions around how we use the money, and the metrics against which we will be measured, with a particular focus on reducing the numbers of delayed transfers of care. There are also conditions about how local authorities and clinical commissioning groups work together in agreeing proposals for how we use the money.

3. Response to the report recommendations

3.1 Financial - Recommendation 1

That Devon County Council (DCC), Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG) and South Devon and Torbay CCG should request that Government generate financial models that encourage full integration of health and social care budgets.

3.2 Response

A range of mechanisms to integrate health and care budgets already exists, including the better Care Fund. Our finance team have assigned a senior person to look at future models and options under the joint direction of the County Treasurer (DCC) and the Director of Finance (CCG). Devon is also participating in national work on this issue (the aspirant integrated care system programme). Two workshops on this issue have been attended by finance staff from across the wider Devon footprint, facilitated by national expertise.

3.3 Measurement and Evaluation - Recommendation 2

That the Executive Team of the STP should consider the following:

- i. That beyond monitoring of targets and outcomes, ongoing evaluation of impact is built into the system and this robust evidence accrued is used to review, change and develop the system for the benefit of the service users.***
- ii. That the evaluation framework should include significant public engagement and involvement.***
- iii. That serious consideration should be given to fund external evaluation of the BCF using iBCF monies to inform the development work of creating the Integrated Care System.***

3.4 Response

We acknowledge the rigour we need to apply to the evaluation of the use of the BCF money, however funding for external evaluation falls outside the criteria. We do recognise the need for better evaluation of impact of the iBCF schemes, and for 2018/19, we have introduced a more robust process. We have established a multi-organisational iBCF governance group, which has the following responsibility:

- The group will critically evaluate the business case for projects to be funded under the iBCF, in accordance with agreed criteria which includes alignment with STP priorities; make recommendations to the Joint Commissioning Coordinating Group (JCCG).
- The group will ensure monitoring and reporting arrangements comply with local & national requirements e.g. quarterly reporting processes.
- The group will monitor delivery of approved schemes including their start up, progress & evidence arrangements and spending.
- The group will identify issues to be escalated or reported to the Joint Co-ordinating Commissioning Group.

In terms of external oversight, NHS England and the Ministry of Housing, Communities and Local Government require quarterly reports from the Devon system - this includes a detailed breakdown of types of schemes and a series of systemwide outcome measures.

At the time of writing, the CCG internal audit team are undertaking an audit of the Better Care Fund. The overall objective of the audit will be to provide assurance regarding the management and monitoring of the three BCFs (including Plymouth and Torbay), incorporating the iBCF, and to assess the effectiveness of the governance arrangements surrounding each fund.

3.5 Acute / Community Services - Recommendation 3

- i. That acute and community service providers should, together recognise that risk management is shared and should result in the establishment of a common risk assessment tool.***
- ii. That Health and Adult Care Scrutiny Committee should add the Carers' Contract into its work programme at least every two years.***

iii. That GPs and community services should explore together innovative ways of working.

3.6 Response:

- i. Joint care assessment protocols and templates are already in use within cluster/ health and wellbeing teams in Devon which take into account risk management. Community teams in-reach into acute hospitals to support those that are medically fit for discharge. In Exeter community health and social care teams and GPs will be trialling the use of a new comprehensive assessment process and form, and the learning from this trial will be shared to allow wider implementation.
- ii. Officers would welcome the opportunity to work with the committee in this regard. A Carers Partnership Steering Group is being established, to be chaired by the Cabinet Member for Adult Care and Health, and representation from members will be invited.
- iii. We recognise the value of working together in this way, and we have added a requirement to the iBCF governance that GPs are engaged in the ongoing development and delivery of iBCF proposals.
There is a history of joint working in Devon and which the iBCF allows us to continue to build and develop. This includes risk stratification to identify the most vulnerable in our population and joint proactive care planning involving GPs, community teams and the voluntary sector to prevent hospital admission. More recent examples include a pilot for GPs to work within the urgent community response teams to provide enhanced support to people within the community using the iBCF. GPs are also working with community teams and the voluntary sector to develop social prescribing.

3.7 Workforce – Recommendation 4

That DCC should use its expertise to generate a mixed economy of care businesses to help alleviate the shortage of workers by setting up feasibility studies of new business models of care delivery that would lead to the possibility of investing in innovative practices.

- 3.8 The Devon social care economy is already highly diversified, with relatively few large national providers in evidence. This has the advantage of reducing risk of business failure but is a more complex environment within which to manage market relationships. The Council encourages new and innovative business models and is currently supporting these through its Creative Innovation and Growth Programme which offers a mixture of free business and enterprise support, with potential access to revenue and capital grants. This programme is administered by the DCC economy team and funded by Adult Commissioning and Health.
- 3.9 The DCC workforce team is developing leadership and management capability within the private sector. This includes development resources to support managers, and a focus on stability and retention within the workforce. Support is offered through train the trainer programmes, and templates and resources for managers to train staff to ensure a capable and confident workforce to deliver quality care and support.

3.10 We are exploring joint/shared training opportunities across organisations for a more sustainable and integrated approach. DCC are looking to fund a percentage of apprenticeship qualifications for the external workforce using the levy transfer, to enable further opportunities for joint training.

3.11 The Proud to Care programme works closely with several organisations across Devon including job centres, colleges and schools to promote roles in the care and health sector as a career of choice. This includes identifying and promoting career pathways and widening access through different routes into roles, supported through the care ambassador programme.

3.12 Technology – Recommendation 5

- i. That DCC should consider using iBCF money to develop quality Big Data and Big Data Analytics to support strategic decision making by commissioners.*
- ii. That both Social Care and the CCGs should ensure that there is full access for professionals and patients across both health and adult care to patient records and explorations around common assessment tools should be encouraged.*

3.13 Response

- i. One of the STP organisational development workstreams is knowledge management, where the potential for a single data warehouse is being explored, enabling better analysis of activity, cost and outcomes across health and care pathways.

This is reflected in national work we are actively involved in, which is moving from aggregate to person level returns of health and care data to improve the evidence base for policy, commissioning and practice. It also supports the Department of Health and Social Care in realising its priorities of prevention and technology-enabled improvement.

Integrated Care Exeter (ICE) piloted an initiative to use health and care data to populate a frailty index, identify those most at risk of escalating needs. This enabled early intervention through targeted initiatives such as voluntary sector support and social prescribing and is now being implemented more widely.

- ii. The STP Digital Transformation Board, including representatives from DCC, have agreed a four-step plan to implement the Devon Care Record which aims to achieve this. The aim is for staff to be able to work across boundaries in an operational system that is centred around the person. The plan includes:
 - a. Extending information available in the Devon Summary Care Record, particularly frailty information, and extending access to an increased range of services.
 - b. The GP record contains information from a wide range of sources, not just primary care. By enabling colleagues in other care settings to view the GP record they have access to a much richer range of information allowing them to make more informed decisions. All of this is undertaken with the direct consent of the patient and information sharing agreements across practices.

- c. Join with the existing Local Shared Care Records to enable a much wider range of information from across health and care.

The first three steps of the plan focus on presenting information to inform decision making. Step four will focus on reducing the number of systems in use within Devon allowing more effective integration between systems.

3.14 Mental Health – Recommendation 6

That, moving in the direction of the NHS England national target, equal priority is given to mental health as to physical health. There is a greater recognition that healing the whole person often means professionals across mental and physical health working closer together alongside Social Care, Public Health and Housing.

3.15 Response

The draft Mental Health and Wellbeing strategy reflects a strong commitment to parity of esteem between mental and physical health. This is consolidated in the strategic ambitions described in the strategy regarding co-ordination, collaboration and integration.

The STP has already acted on this commitment by achieving the Mental Health Investment Standard for 2018/19 which increased funding by 4.1% for NEW Devon CCG and 5.1% for South Devon and Torbay CCG. We are currently developing plans to achieve the 2019/20 requirements.

The iBCF will fund three crisis cafes across Devon to support those with a mental health crisis. These will be up and running in Torbay prior to Christmas and in Exeter and North Devon in the new year.

The strategy also emphasises the importance of ensuring that care and support are consistently needs led, personalised and strengths-based.

3.16 Governance – Recommendation 7

- i. That CCGs with encouragement from DCC should put into place a governance structure where they join with Social Care and Public Health under the umbrella of local democratic accountability in both policy formulation and commissioning activities.***
- ii. That given the BCF governance is accountable to the Health and Wellbeing Board, recommendations 2, 4 and 5 would be monitored by the Board at regular intervals.***

3.17 Response

- i. The importance of collective governance across the system is acknowledged. Individual organisations continue to retain their statutory obligations and establishing an integrated governance arrangement will require careful

consideration. As part of the aspirant integrated care system programme the wider Devon system is using national expertise to look at models elsewhere and consider how this might be applied in wider Devon. Members will be aware of a joint Health and Wellbeing Board/Scrutiny workshop on the 13 December where it is planned to consider this as part of any future integrated care system development.

- ii. Officers would welcome this. We have now aligned 2019 meeting dates to better coincide with national reporting requirements, this will allow the Health and Wellbeing board to input before reports are submitted.

4. Conclusion

There is general consensus that joined up integrated care for the people of Devon is needed. As we further develop and enhance our models of care to achieve this there will be further challenges around many issues including financial arrangements, impact and governance. The input of the BCF Task Group reports in shaping the process of future work is welcomed.

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Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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<u>Background Paper</u>	<u>Date</u>	<u>File Reference</u>
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Nil