Health and Wellbeing Board
October 2019

BETTER CARE FUND PLAN Q4 REPORT

Report of the Joint Associate Director of Commissioning, DCC and NHS Devon CCG

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

Recommendation*:* that the Board note and approve the Devon Better Care Fund planning return following its submission to NHS England on the 27th September 2019

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1. Background/Introduction

1.1 The Better Care Fund is the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to local government for adult social care services.

1.2 This year guidance was released on the on the 18th July 2019 with a return required for NHS England on the 27th September. This return has been made having been approved by a number of senior officers and Councillor Leadbetter as chair of this Board.

1.3 Over the coming year we will also be required to agree a S75 and deliver quarterly returns, more detail of which is included below.

2. Compliance with national conditions

2.1 We have confirmed we have met each of the national conditions required of the submission …

NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**
	PR2	**A clear narrative for the integration of health and social care**
	PR3	**A strategic, joined up plan for DFG spending**
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**
NC4: Implementation of the High Impact	**PR6**	**Is there a plan for implementing the High Impact Change Model for managing transfers of care?**
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Change Model for Managing Transfers of Care		
Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**
	PR8	**Indication of outputs for specified scheme types**
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**

3. Strategic narrative – Integration of health and social care

We have been asked for narrative returns under 4 headings the responses for which are summarised below

A) Person-centred outcomes
Your approach to integrating care around the person

We have described the importance of key areas in the delivery of person-centred outcomes, crucially comprehensive assessment to identify those who are frail or soon to be so – a single point of access to make it easier for GPs and others to obtain additional support when it is needed - and a comprehensive rapid response (care at home) service to help people to remain at home rather than be admitted to hospital or remain there beyond what is needed

We have also detailed the feedback we have received from the long-term plan engagement which highlights amongst other things the need for a focus on prevention and early detection of illness, the accessibility of care in a large rural county like Devon, the quality and affordability of local residential homes, that treatment should be a joint decision made in partnership with medical staff and that there is a desire to increase the use of technology whilst recognising it is not for everyone.

Lastly, we have described how we are a demonstrator site for personalised care and that we have already far exceeded our targets for personalised / integrated budgets, embeded Making Every Conversation Count training, delivering HOPE (Help Overcoming Problems Effectively) programmes, and are working on increasing our social prescribing initiatives.

B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable)

We have described the emerging shared management structure which brings together commissioners and providers leading on more strategic work streams led by the STP Programme Delivery Executive Group (PDEG). We have also layed out how we expect to establish a system wide Devon, Plymouth and Torbay 'Deal' and at a system STP level how we have a shared outcomes framework to which all organisations subscribe.

We have also explained that there are joint commissioning arrangements for a number of areas including carers; mental health; older people with mental health needs; learning disabilities; older people with physical disabilities - mostly supported by joint teams and strategies and collocated where possible. And that we have joint delivery arrangements between local authority and health providers with services focussed around complex care teams to support people when they are most vulnerable, working closely with primary care including the newly formed Primary Care Networks (PCNs), and the voluntary sector.

B) (ii) Your approach to integration with wider services (e.g. Housing) - This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

We have explained how we have built upon the good working practices established over the past 3 years including reaching an agreement with the 8 district councils in Devon which prioritises the delivery of major adaptations, supports the delivery of a range of local grants., top-slices monies for modular ramps and distributes the remaining DFG funding to district councils on an agreed local funding formula. We have also confirmed that the system continues to seek to improve its wider collaboration in this area.

C) System level alignment

We have described how the BCF plan is owned by the H&WBB supported by the Commissioning Coordinating Group (JCCG) with monies distributed to scheme leads and local joint arrangements e.g. A&E boards for delivery. We have also restated our ambition to act as a mature Integrated Care System by April 2021 and explained that the working conditions and relationships built in part by the BCF are supporting that direction of travel, including beginning to share BCF outcomes across the County of Devon. Lastly, we have described how the BCF investment aligns with the Long Term Plan ambitions which has been developed jointly by Devon's NHS organisations and Devon County, Plymouth City and Torbay Councils in consultation with the people of Devon

4.0 High Impact Change Model

4.1 We were required to assess our progress against each of the metrics outlined in the High Impact Change Model – a set of best practice recommendations for tackling delayed transfers of care.

Having consulted with local systems leads our submission focussed on consolidating our position seeking to be a mature system in all but one of the areas and recognising that we are submitting the return six months into the year and are about to enter winter.

Please enter current position of maturity	**Please enter the maturity level planned to be reached by March 2020**

Early discharge planning	Mature	Mature
Systems to monitor patient flow	Mature	Mature
Multi-disciplinary/Multi-agency discharge teams	Mature	Mature
Home first / discharge to assess	Established	Mature
Seven-day service	Established	Established
Trusted assessors	Established	Mature
Focus on choice	Mature	Mature
Enhancing health in care homes	Mature	Mature

5.0 Metrics

5.1 For the return we were asked to outline our 19/20 target and plan around 4 key metrics. For each area a summation of performance and plans is included below -

Total number of specific acute non-elective spells per 100,000 population

Performance is challenging in this area but we remain around 5% ahead of our 2019/20 plan after Q1 with 33,43 Non-elective admissions against a system target of 35,361. This will be difficult to maintain but our plan focusses on -

- Population Health Management capability to be embedded at neighbourhood and place which enables the delivery of proactive care.
- A 'One Team' model blurring organisational boundaries at place that is agile and adaptable to population need.
- Maturing Primary Care Networks delivering integrated care to meet population needs and working as part of that one team
- Continued investment in core approaches such as clinical triage at emergency departments, extending primary care and therapy support to Care Homes and developing voluntary sector capacity

Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)

DTOC performance continues to be a challenge across the system with focus on the Exeter area in particular. Delays are monitored on a daily basis across the all Devon's Acute trusts and local A&E Delivery Boards taking ownership locally.

In response acute hospitals and the local authority are increasing capacity in the domiciliary and care home market, building intermediate care capacity and skills, extending community services

and therapy and pharmacy hours are extending to provide capacity at key weekends and escalation times. This work ties together with broader recruitment and retention initiatives across Devon linked to the regional Proud to Care campaign and strong relationships with and investment in the 3rd sector and with carers.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

There has been a sustained upward trend in admissions, with a profile of needs which is older, and both increasingly frail and with prevalence of dementia and behaviours that challenge which makes this a continued area of focus for us despite Devon County Council continuing to place fewer older people in residential/nursing care relative to population than comparator and national averages.

Our aim is to ensure we have sufficient and robust alternatives. This includes our integrated care model as detailed above but also a continuation of community based intermediate care solutions, such as Rapid Response, Social Care Reablement and regulated personal care to support people to remain in their own homes for as long as possible. Alongside this we are continuing to focus on developing a range of alternatives including Extra Care Housing and Supported Living.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

The 2018-19 outturn for this indicator was 80.1% a decline on 2017-18 (82.6%). The target has been based on improving performance to 82.6% over the current year.

Previous arrangements screened people into the service rather than out and we now seeking to support those with the most potential to recover independence rather than those that need temporary support while they make a recovery. Extending the reach of services in this way may actually impact on current performance but we feel is the right thing to do.

We also recognise that co-ordination of care and support will also be essential to ensuring people remain at home, and our ongoing development of a ‘one team’ self-organising ethos with multidisciplinary working that encourages blurring of professional boundaries and active management and ownership of people within a locality is core to this; again Primary Care Networks will be key; as will the vital role that carers play.

6.0 2019/20 BCF Monitoring

6.1 We currently expect to have to submit returns in quarters, 2, 3 and 4 with the second two fitting with H&WBB meeting dates. It is likely that the format will change from previous years, but that detail is still emerging.

- Quarter 1: not required
- Quarter 2: Wednesday 30 Oct 2019

- Quarter 3: Friday 24 Jan 2020
- Quarter 4: Friday 1 May 2020

7.0 Section 75

7.1 We have also been asked to ensure that a section 75 is in place for the BCF monies with H&WBB approval by the 15th December. We expect to be able to build on previous arrangements and will bring it back to the January H&WBB for final signoff.

8.0 Future Years

8.1 Early indications are that Better Care Funding will continue in 2020/21 at similar levels although final details and conditions are still not 100% clear. Further updates will follow as they become available.

Tim Golby
Joint Associate Director of Commissioning, DCC and NHS Devon CCG

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
Contact for Enquiries:
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BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		