

DERBYSHIRE COUNTY COUNCIL

CABINET

20 SEPTEMBER 2016

Report of the Strategic Director for Adult Care

DERBYSHIRE BETTER CARE FUND UPDATE

ADULT CARE

1. Purpose of the Report

To inform Cabinet of:

1. The achievements made during the first year of implementation of the Derbyshire Better Care Fund;
2. The commitment of all partners to continue with a BCF Plan in 2016-17 as demonstrated through an increased pooled budget.
3. That the Derbyshire Better Care Fund 2016-17 Plan has been classified as Approved following a regional and national assurance process.

2. Information and Analysis

This report has been split into three sections:

- Background to the Better Care Fund 2015-16 (page 1)
- Performance Overview for 2015-16 (page 2)
- Summary of 2016-17 BCF Plans (page 5)

Background to the Better Care Fund

The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrating health and social care services. Through the creation of single pooled budgets for local areas the NHS and local government are being incentivised to work more closely together around people, placing their wellbeing as the focus of health and care services. The November 2015 spending review confirmed the continuation of the BCF programme until 2020.

Better Care Fund plans are developed at Health and Wellbeing Board (HWB) level, with one plan existing for Derbyshire. The delivery of the plan is underpinned by a pooled budget which uses a Section 75 (NHS Act 2006) Partnership Agreement that establishes how it will operate. Cabinet approval for Derbyshire County Council to enter into a Section 75 pooled budget arrangement was given on 24 March 2015. The agreement will continue to run until one or more parties agree to withdraw from it.

The Derbyshire Better Care Fund Plan was developed by the County Council (Adult Care) and the five local Clinical Commissioning Groups. The overarching vision of the plan being that by 2019-20 people in Derbyshire can state that *"I can plan my care with people who work together to understand me and my carer(s), allowing me control and bringing together the services which will achieve the outcomes important to me."*

This will be achieved through focussing on developing a seamless health and social care system involving:

- Maximising the health and wellbeing of the population
- Making best use of our funding
- Ensuring organisational boundaries do not get in the way of a seamless service for local people

It is recognised that health and care delivery needs to move away from current isolated patterns of provision of care and by 2019-20 we want to place the local person at the centre of our actions. A pooled budget of £61.4m and associated expenditure plan was established to begin delivering this ambition in 2015-16. An appropriate governance structure comprising a Programme Board and Finance and Performance sub-group was established to oversee the monitoring and reporting of the BCF Plan on behalf of the Derbyshire HWB.

Performance Overview for 2015-16

To ensure a level of consistency in monitoring the delivery of BCF Plans, NHS England (NHSE) required that targets be set for four national metrics and two locally chosen metrics, of which one had to relate to patient experience. These metrics, along with a range of other information, have been collected by NHSE on a quarterly basis throughout 2015-16. A summary of year-end performance for each of these metrics is provided below.

Metric 1 (National), reduction of non-elective admissions (NEAs) to hospital. Excellent performance was achieved during 2015-16 with NEAs reducing by 4,616 from 95,223 in 2014-15 to 90,607 in 2015-16 (equivalent to a reduction of 12 admissions per day). This meant that the year-end 3.5% reduction target was exceeded (4.8% reduction).

Metric 2 (National), reduction in the number of older people aged 65 and over who have their support needs met in a residential or nursing home.

Performance improved against the target in 2015-16 with admission numbers decreasing from 1,332 in 2014-15 to 1,235 in 2015-16 (equivalent to a reduction of 3 admissions per day). However, despite the good performance the nationally imposed target was not achieved.

An audit of sample cases was undertaken during the year to try and identify any specific reasons as to why admission rates remain high when compared to similar areas. This supported the actions currently being taken; these are being checked against Best Practice ideas regionally and nationally. This continues to be a priority area in 2016-17.

Metric 3 (National), Proportion of older people who were still at home 91 days after discharge into a re-ablement service. The reablement service saw a 27% increase in referrals during 2015-16 when compared to 2014-15 (1,567 people compared to 1,259). Due to the excellent work of Adult Care staff the service ensured that 82% of people were still living at home three months after their reablement period had been completed. Despite this good performance the 82.5% target rate was narrowly missed by 0.5 percentage points (82.0%). A Re-ablement/Intermediate Care working group is currently reviewing the service and due to report back areas for development/change in early autumn 2016.

Metric 4 (National), Delayed Transfers of Care (DToC). The performance of this indicator saw a decrease of 448 in the number of bed-days lost due to DToCs from 17,607 in 2014-15 to 17,159 in 2015-16. This meant that the target of reducing bed days lost to 24,350 was exceeded; a more appropriate target for 2016-17 has been set at 18,000 bed days based on NHS good practice. The BCF plan for 2015-16 included continued investment into the provision of Adult Care services to support early and safe discharge from hospital such as the embedded teams within Chesterfield Royal and Derby Teaching Hospitals.

A Countywide DToC action plan has been developed for 2016-17 as part of the revised national conditions for BCF planning. Implementation of the DToC plan will be at System Resilience Group level with monitoring via the BCF Finance and Performance sub-group. In developing this plan it was noted that there has been excellent performance at both acute and mental health providers in Derbyshire but challenges exist in community (non-acute) hospital settings, and patient and family choice is the most common reason for delay across the system.

Metric 5 (Local), each HWB Area had to include a patient experience measure. In Derbyshire a question from the six-monthly GP Satisfaction Survey was used relating to whether people with a long-term condition felt

their needs were being supported within their local community. A total of 70.5% of people in Derbyshire responding to the survey question stated that they felt they had received enough support from local organisations to help them manage their long-term condition, an increase on the 66.5% response rate in 2014-15. Enabling people to manage their own care continues to be a priority area for the BCF in 2016-17.

Metric 6 (Local), rate of dementia diagnosis against prevalence rates.

Performance has consistently been above target throughout 2015-16 with the year-end performance showing a diagnosis rate of 71% against a target of 68% (2014-15 rate was 67%). This is in part reflective of the investment though the BCF in Memory Assessment and Dementia Support services. However, it is expected that maintaining this good performance in 2016-17 will be challenging.

Aside from the national metrics, 2015-16 was also a year of learning and developing for the Programme Board – particularly:

- Consistency in leadership and our mutual decision-making over the last 18 months – building and strengthening existing relationships
- Finance and performance – learning ‘the rules’ and working to understand how we demonstrate the impact of changes through metrics
- Understanding the actual and potential foundations for pooling budgets at scale – we have a Section 75 that works and we can build on.

Some operational successes achieved during 2015-16 include:

- Equipment Services – new posts to support clinical decision making and contract management have resulted in a £1m reduction in spend in one year;
- Increased support from social care in acute hospitals to assist discharge and joined up approaches with community services;
- Investment in Autism services have meant waiting lists will be reduced and further work can be done on developing the future model.

Summary of 2016-17 BCF Plans

The aims and objectives of the Derbyshire BCF Plan remain unchanged for 2016-17. A review of the Plan led by the Programme Board in early 2016 resulted in the plan being revised into six schemes which set out more clearly how the aims and objectives of the Plan will be achieved. An expenditure plan detailing what the BCF is funding has also been created and will support the development and implementation of an improved performance monitoring system during 2016-17.

The six schemes are:

1. **Enabling Self-Care** - Initiatives in place that enable people to take more control of their lives in their normal place of residence; for example Derbyshire Dementia Support Service (total scheme value is £17.670m);
2. **Social Capital / Community Development** - Initiatives that enable people to build their own care solutions in their community; for example. Carers support services, Voluntary sector Single Point of Access (total scheme value is £2.257m)
3. **Proactive Management of Care** – Initiatives to proactively identify and manage people at risk of admission to hospital settings; for example Community Support Teams, Care Home Support (total scheme value is £7.782m)
4. **Reactive Integrated Care Services** – Initiatives to support the flow through the system and to prevent readmissions and permanent admissions to care settings; for example Reablement, Community Intravenous Anti-biotics Service (total scheme value is £28.750m);
5. **Diagnostic and Assessment Services** - Services that are provided at a scale above local teams: for example Mental Health Enablement and Community Crisis Response, Mental Health Liaison (total scheme value is £4.618m)
6. **Enablers / Infrastructure** - Supporting mechanisms; for example Data Sharing / Information Governance, Derbyshire Dignity Campaign, BCF and Transforming Care Programme Management (total scheme value is £3.913m).

The pooled budget total for 2016-17 is £64.991m, an increase of £3.5m from 2015-16.

Delivery against these schemes will also support wider health and social care priorities such as:

- Independent and supported older people (Derbyshire County Council Council Plan 2014-17);
- Keep people healthy and independent in their own home (Derbyshire Health and Wellbeing Strategy 2015-17);

The Derbyshire BCF will support the delivery of the emerging Sustainability Transformation Plan (STP) in Derbyshire.

The 2016-17 Plan was submitted to NHSE for regional approval on 28 April 2016. The plan was 'Fully Approved' regionally on 5 May 2016 and final national approval was received on 19 July 2016.

3. Financial Considerations

The BCF totals £64.991m for 2016-17. The fund is made up of contributions from the 5 Clinical Commissioning Groups and Derbyshire County Council as follows:

Tameside and Glossop CCG	£2,212m
Southern Derbyshire CCG	£18,810m
North Derbyshire CCG	£21,324m
Hardwick CCG	£8,178m
Erewash CCG	£7,129m
Derbyshire County Council	£7,338m

4. Human Resources Considerations

None

5. Legal Considerations

None

6. Social return on investment

The Derbyshire Better Care Fund Refresh Plan for 2016-17 promotes social value through:

- the commissioning of new services that will be required to demonstrate adherence to social value principles; and
- developing initiatives that support community led solutions as outlined in 'Scheme 2: Social Capital / Community Development' of the BCF Plan.

7. Other Considerations

In preparing this report the relevance of the following factors has been considered: Legal and Human Rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

8. Background Papers

The Better Care Fund 2016-17 planning requirements can be found here:
http://www.local.gov.uk/home/-/journal_content/56/10180/4096799/ARTICLE

The Derbyshire Better Care Fund Plan documents for 2016-17 can be found here:

[Better Care Fund Narrative Plan 2016/17 \(Version 1.2\)](#)
[Better Care Fund Final Planning Template \(Version 4.2\)](#)

[Better Care Fund Delayed Transfer of Care Local Plan 2016/17 \(Version 1.3\)](#)

The revised Section 75 Partnership Agreement can be found here:
[Better Care Fund Framework Partnership Agreement 2016 Revision](#)

The National Approval Letter can be found here:
[Better Care Fund Approval Letter](#)

9. Key Decision

No

10. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

11. Officer's Recommendation

That Cabinet receives the report and notes:

1. The achievements made during the first year of implementation of the Derbyshire Better Care Fund;
2. The commitment of all partners to continue with a BCF Plan in 2016-17 as demonstrated through an increased pooled budget.
3. That the Derbyshire Better Care Fund 2016-17 Plan has been classified as Approved following a regional and national assurance process.

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