

## HEALTH AND WELLBEING BOARD

30 AUGUST 2017

### Report of the Strategic Director Adult Care

#### DERBYSHIRE INTEGRATION AND BETTER CARE FUND 2017-19 PLAN

#### 1. Purpose of the Report

The purpose of this report is to:

- Inform the Health and Wellbeing Board of the Policy and Planning requirements for the Integration and Better Care Fund 2017-19; and
- Present the 2017-19 Narrative and Expenditure Plans for the Derbyshire Better Care Fund.

#### 2. Information and Analysis

On 4 July 2017, the Department for Communities and Local Government and the Department of Health jointly published the Integration and Better Care Fund Guidance 2017-19 (BCF). The document provided detailed information on the expectations of the BCF previously outlined in a Policy Framework document, published in March. A summary of the key planning requirements and changes from previous years are provided below.

##### **Planning requirements**

The number of national conditions required to be met by local BCF plans have been reduced from eight to just four. These revised conditions require:

- 1) That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent Local Authorities and CCGs;
- 2) A demonstration of how the area will maintain spending on social care services, from the CCG minimum contribution to the fund, in line with inflation;
- 3) That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services (i.e. community services);
- 4) All areas to implement the High Impact Change Model for Managing Transfers of Care to support the system-wide improvements in transfers of care.

Narrative plans should describe how partners will continue to build on improvements locally against the formal national conditions to:

- Develop delivery of seven day services across health and social care;
- Improve data sharing between health and social care; and

- Ensure a joint approach to assessments and care planning.

In addition, local authorities now benefit from the additional funding for social care announced in the Spring Budget 2017. This was provided for the purposes of:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- Ensuring that the local social care provider market is supported

This funding, totalling £1.115 billion in 2017-18 and £1.499 billion in 2018-19, will be paid directly to LAs as a direct grant under Section 31 of the Local Government Act 2003 for adult social care, and require sign-off from a Local Authority's Section 151 Officer.

### **Changes from March Policy Framework**

The Government has announced a package of measures to address delayed transfers of care (DToC) across the health and social care system. This package includes:

- A dashboard showing how areas are performing against a range of metrics across the NHS-social care interface;
- Targeted CQC reviews to examine performance in the areas with the worst outcomes across these metrics, with a view to supporting them to improve;
- Considering a review, in November, of 2018-19 allocations of the social care funding provided at Spring Budget 2017 for areas that are poorly performing. This funding will all remain with local government, to be used for adult social care; and
- Guidance on implementing a Trusted Assessor model.

### **Confirmation of funding contribution**

NHS England has published individual HWB level allocations of the BCF for 2017-19. This includes a 1.79% uplift from 2016-17 for 2017-18 and 1.9% from 2017-18 for 2018-19. The minimum contributions required for Derbyshire from partners are:

<b>CCG</b>	<b>Minimum Contribution 2017-18 £m</b>	<b>Minimum Contribution 2018-19 £m</b>
NHS Tameside and Glossop CCG	2.252	2.295
NHS Erewash CCG	6.465	6.587
NHS Hardwick CCG	7.387	7.528
NHS North Derbyshire CCG	19.547	19.919
NHS Southern Derbyshire CCG	17.774	18.112
<b>Total Minimum Contribution</b>	<b>53.425</b>	<b>54.441</b>

At a local level, four of the five CCGs in Derbyshire have pooled more than the required minimum contribution. The purpose behind this is to ensure greater transparency in services funded through the BCF and to signal the use of the Derbyshire BCF to develop the place-based approach to integration outlined in the Derbyshire Sustainability and Transformation Plan (STP).

The iBCF funding made available to Derbyshire during 2017-19 is provided below. It should be noted that plans for use of the 2018-19 iBCF funding will now be considered provisional pending further details of the Government review of performance in November 2017.

<b>Funding Source</b>	<b>2017-18 £m</b>	<b>2018-19 £m</b>
2015 iBCF Spending Review	1.945	14.566
2017 Spring Budget Grant Award	16.273	10.340
<b>Total iBCF Funding available</b>	<b>£18.218</b>	<b>£24.906</b>

#### ***Disabled Facilities Grant***

Following the approach taken in 2016-17, the Disabled Facilities Grant (DFG) will again be allocated through the BCF. The funding made available for the District & Borough Councils in Derbyshire has increased from £5.480m to £5.965m in 2017-18 and to £6.451m in 2018-19.

#### ***Former Carers' Break Funding***

The BCF also includes, as in 2016-17, £130m of funds previously earmarked for NHS replacement care so that carers can have a break. Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g. reducing delayed transfers of care). In Derbyshire £1.962m has been allocated for services to support Carers in both 2017-18 and 2018-19.

#### ***Reablement Funding***

Nationally the Better Care Fund also includes, as in 2016-17, £300m of NHS funding to maintain current reablement capacity in councils, community health services, the independent and voluntary sectors to help people regain their independence and reduce the need for ongoing care. In Derbyshire £4.427m has been allocated to reablement services in both 2017-18 and 2018-19.

In summary the Derbyshire BCF Pooled Budgets for 2017-19 are:

	<b>2017-18 £m</b>	<b>2018-19 £m</b>
CCG Minimum	53.425	54.441
CCG Additional	8.931	8.214
LA Additional	2.235	1.500
iBCF (combined)	18.219	24.906
DFG	5.966	6.451
<b>TOTAL</b>	<b>88.775</b>	<b>95.512</b>

### **National metrics**

The national metrics used to monitor the BCF during 2017-19 will remain as in previous years, in summary these are:

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

For 2017-19 Health and Wellbeing Board Areas have been required to set monthly targets in respect of Delayed Transfers of Care to ensure that the national ambition for reducing delays is achieved by November 2017. In Derbyshire, this equates to an average of no more than 1,640 occupied bed days lost to delays per month.

The requirement for local metrics to be collected and reported has been removed.

### **Local plan development, sign off and assurance**

The assurance of plans has been streamlined into one stage, with an assessment of whether a plan should be approved, not approved, or approved with support. As in previous years, local areas will be required to submit a narrative plan and planning template that demonstrates how all the national conditions are to be met and what targets are set to be achieved. These documents will be required for submission to the Better Care Support Team (BCST) on 11 September 2017

The submission and assurance process will follow the following timetable:

<b>Milestone</b>	<b>Date</b>
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities).	11 September 2017
Scrutiny of BCF plans by regional assurers	12 – 25 September 2017
Regional moderation	w/c 25 September 2017
Cross regional calibration	2 October 2017
Approval letters issued giving formal permission to spend	From 6 October 2017

Escalation panels for plans rated as not approved	w/c 10 October 2017
Deadline for areas with plans rated approved with conditions to submit updated plans.	31 October 2017
All Section 75 agreements to be signed and in place	30 November 2017
Considering a review of 2018-19 allocations of the social care funding provided at Spring Budget 2017 for areas that are poorly performing. This funding will all remain with local government, to be used for adult social care.	November 2017

### **The Derbyshire BCF 2017-19 Plan**

The Derbyshire 2017-19 BCF Plan has been re-aligned to match the expectations of the Sustainability and Transformation Plan for Derbyshire,. The overarching vision and aims of the plan remain the same as they did in 2015-16.

There is a continued focus on community services being funded through the plan to reflect the proactive and reactive elements of the Place workstream. This includes services such as Community Nursing, Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc.

Some preventative services have also been included to promote self-management and to reduce the demand on secondary health and care services. These include: Carers services, Community Equipment service, Disabled Facilities Grants, Local Area Coordinators, Wheelchairs service etc.

The full Narrative and Expenditure Plans for 2017-19 are attached as appendices to this report:

- 1) Derbyshire 2017-19 Integration and Better Care Fund Narrative Plan
- 2) Integration and Better Care Fund Expenditure and Metric Planning Template

### **3. Background Papers**

- *Integration and Better Care Fund Policy Framework 2017 to 2019*, Department for Communities and Local Government and Department of Health, London, 31 March 2017
- *Integration and Better Care Fund planning requirements for 2017-19*, Department for Communities and Local Government and Department of Health, London, 4 July 2017

**4. Officer Recommendations**

The Health and Wellbeing Board is asked to receive the report and:

- Note the Policy and Planning requirements for the Integration and Better Care Fund 2017-19; and
- Formally approve the Narrative and Expenditure Plans for 2017-19

**Joy Hollister**  
**Strategic Director, Adult Care and Public Health**  
**Derbyshire County Council**

# Derbyshire Better Care Fund 2017-2019 Narrative Plan

August 2017

# DRAFT

# Foreword

This narrative plan outlines the way in which the Derbyshire Better Care Fund (BCF) will operate during 2017 through to 2019. It builds on the 2015-16 and 2016-17 plans whilst reflecting the changes required to ensure that the health and social care system can continue to deliver services to meet the needs of the local population as detailed in the Derbyshire Sustainability and Transformation Plan (STP).

The overarching Vision and aim of the BCF for 2017-19 remains unchanged from the original 2015-16 plan and is mirrored by the changes proposed through the Derbyshire STP.

## Our vision for 2020:

*“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.”*

## Achieved through:

Focussing on achieving 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,
- We want 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



# Summary of Pooled Budget

## Health & Wellbeing Funding Sources

	2017-18	2018-19
Total Local Authority Contribution (exc. iBCF)	£8,200,542	£7,950,787
Total iBCF Contribution	£18,218,693	£24,906,166
Total Minimum CCG Contribution	£53,425,428	£54,440,511
Total Additional CCG Contribution	£8,931,831	£8,260,077
<b>Total BCF pooled budget</b>	<b>£88,776,495</b>	<b>£95,557,542</b>

## Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

	2017-18	2018-19
Community Health	£23,016,173	£23,455,820
Primary Care	£130,000	£130,130
<b>Total</b>	<b>£23,146,173</b>	<b>£23,585,950</b>

## Summary of iBCF Spend

	2017-18	2018-19
Supporting the Care Market	£8,210,768	£7,937,693
Reducing Pressure on the NHS	£3,930,765	£5,340,500
Meeting Adult Social Care Needs	£6,077,160	£11,627,973
<b>Total</b>	<b>£18,218,693</b>	<b>£24,906,166</b>

## Summary of BCF Expenditure (Area of Spend)

	2017-18	2018-19
Mental Health	£2,372,096	£2,372,096
Community Health	£27,743,040	£27,510,933
Primary Care	£130,000	£130,130
Social Care (Inc. Reablement, Carers' Breaks Care Act, iBCF)	£58,531,359	£65,544,382
<b>Total</b>	<b>£88,776,495</b>	<b>£95,557,542</b>

# Contents

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Item	Page
<a href="#"><u>Introduction and Background</u></a>	1
<a href="#"><u>Our Vision for Integration</u></a>	6
<a href="#"><u>Delivering the Vision</u></a>	9
<a href="#"><u>Managing the Programme</u></a>	23

# Introduction and Background

# BCF 2017-19: How it will work

## BCF and the STP

The 2017-19 BCF Plan has been informed by both the Derbyshire STP and the original BCF 2015-16 plan. The intention is for the BCF 2017-19 to continue to support integration of health and care services to benefit the people of Derbyshire, rather than organisations, by ensuring that services can be sustainable whilst transformation take place. The main change for the BCF 2017-19 Plan is the alignment of the BCF expenditure to the STP Priorities, rather than BCF specific schemes. This will ensure consistency as the health and care system delivers the wider changes needed over the coming years.

## Other changes for 2017-19

The Integration and Better Care Fund Policy Framework and Planning Guidance for 2017-19 have made a number of changes for local systems to take account of in their BCF Plans. In summary, the main changes are:

- Planning over two, rather than one, year;
- Reduction in national conditions attached to BCF delivery from 8 to 4;
- Inclusion of iBCF funding for Local Authorities;
- Removal of the two locally chosen metrics.

Whilst there have been changes, some elements have remained the same and benefitted from greater clarity:

- Funding for Social Care protection spending to be in line with inflation over the two year planning period;
- Disabled Facilities Grant (DFG) money to be passed to Housing Authorities unless an agreed plan is in place for alternative use of some of the funding;
- Confirmation on how funding is being spent on Care Act, Carers, Reablement, and the new improved BCF (iBCF) funding (paid directly to Local Authorities from Department for Communities and Local Government).

This narrative plan sets out how both the local needs and national requirements outlined above, will be delivered during the 2017-19 period.

# Introduction to our Local Health and Care Economy

## Overview

Just over three-quarters of a million people live in Derbyshire. We have greater numbers of older people and fewer young adults and children and it is projected that by 2033 our population structure will be older still with 28% aged over 65, 15% over 75 and 6% over 85. This has major implications for health and wellbeing services and future planning. Generally over the last 10 years the rates of death from all causes and the rates of death from cancer and heart disease and stroke have all improved and are close to the average for England; and on average the health and prosperity of residents is as good as anywhere else, or even a little better. However, there are very significant variations between the most and least deprived areas of Derbyshire and these are reflected in a range of statistics around health outcomes: People in the least deprived areas can expect to live 10 or more years longer than their fellows in the most deprived areas and to be in good health for many more of those years too.

Derbyshire's districts can be broadly divided into two sections: those to the West of the County and those to the East of the County. The western districts are characterised particularly by their rurality, whilst the eastern districts are more urban and are more variable with regard to deprivation and health inequalities.

In summary the key issues for Derbyshire are:

- Ageing population
- Wide variations in health status such as life expectancy
- Rural deprivation and related problems accessing high quality care
- Areas of urban deprivation

More detailed analysis is available in the following documents:

- [BCF 2015/16 Part 1](#)
- [Derbyshire Joint Strategic Needs Assessment](#)
- [Derbyshire Health and Wellbeing Board Strategy 2015-2017](#)
- [Derbyshire Older People Market Position Statement 2015](#)
- [Derbyshire Learning Disability Market Position Statement 2015](#)
- [Derbyshire Sustainability and Transformation Plan \(November 2016\)](#)

The following page provides a health profile summary of Derbyshire.

# Derbyshire Health Profile

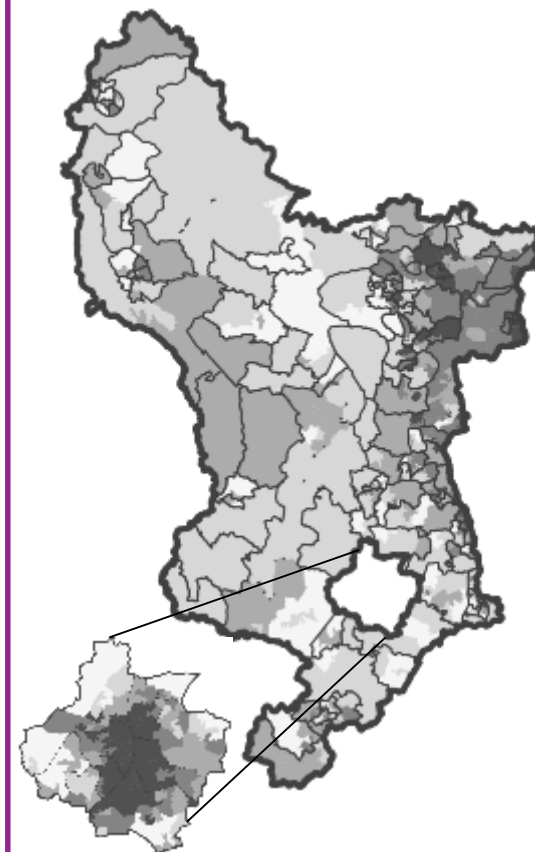
**The health of people in Derbyshire is varied.**

**Life expectancy for men in some areas is 12.1 years lower in the higher deprived areas.**

The Derby City and Derbyshire County Health Profiles for 2014 show the following:

- Life expectancy in Derbyshire County (M: 78.9, F: 82.7) is similar to the England average (M: 78.9, F: 82.8), while life expectancy in Derby City (M: 78, F: 82.2) is lower for men and women than the England average
- In the city, life expectancy is 12.4 years lower for men and 8.9 years lower for women in the most deprived areas of the city compared to the least deprived areas
- In the county, the life expectancy is 8.1 years lower for men and 5.9 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas
- In the county approximately 16.6% (22,900) children live in poverty compared to 26.6% (12,100) in the city
- Obesity and being overweight have significant implications for health, social care, the economy and are associated with educational attainment. Being obese increases the risk of developing a range of long term conditions
- 23.4% of adults are classified as obese in Derby city and 25.3% in the county which is worse than the England average (24.1%)
- Smoking status at time of delivery is an indicator of long term risk to the health of children and the proportion of mothers that smoke at the time of delivery is worse for both the city and the county compared to the England average
- Hospital stays for self harm, and alcohol and drug disorders is worse than the England average for both the city and the county.

**Deprivation in Derby and Derbyshire: darker wards represent areas of higher deprivation.**



Source:: Derby City and Derbyshire County 2014 Public Health Profiles

# Derbyshire STP: Summary and Overview of the Gaps



### The Derbyshire Sustainability and Transformation Plan Summary:

*Derbyshire's STP is called 'Joined Up Care Derbyshire'. It brings together eleven partner organisations and sets out ambitions and priorities for the future of the county's health and care.*

*All the organisations that provide health and care aim to work and plan much better together, focusing on new ways of working to:*

- help keep people healthy;*
- give people the best quality care; and*
- run services well and make the most of available budgets.*

*Change is needed. People's lifestyles are very different now to what they were when the NHS was set up in the 1940s or even as recently as ten years ago. Our services need to adapt to keep up with the people they serve.*

*Growing numbers of people need treatment. An increasing number of older people have more than one ongoing complicated need, such as diabetes, arthritis, or breathing problems. New technology is available, which provides better support but costs more to run.*

### Overview of the Gaps:

The health and care challenges we face, and our plans for addressing them, are rooted in the particular needs of the County:

- Fundamentally, we know that across Derbyshire people are living longer in ill health and significant inequalities exist
- We have made significant progress with beginning to 'join up care'; however, there remain many opportunities to integrate care more effectively and consistently. We are still overly reliant on bed-based care
- We also know we have significant improvements to make in Primary Care and Urgent Care, as well as ongoing improvements in a number of other areas
- The financial gap for the Derbyshire health system is £219m, with a further £136m gap across the two local authorities (LAs) - there are a number of factors that are driving this position To tackle the gaps requires transformational changes to the way in which care is provided. To direct the changes we have defined an aiming point - a place-based care system which is effectively joined up with specialist services and managed as a whole

# Our Vision for Integration



# Our Vision for Integration

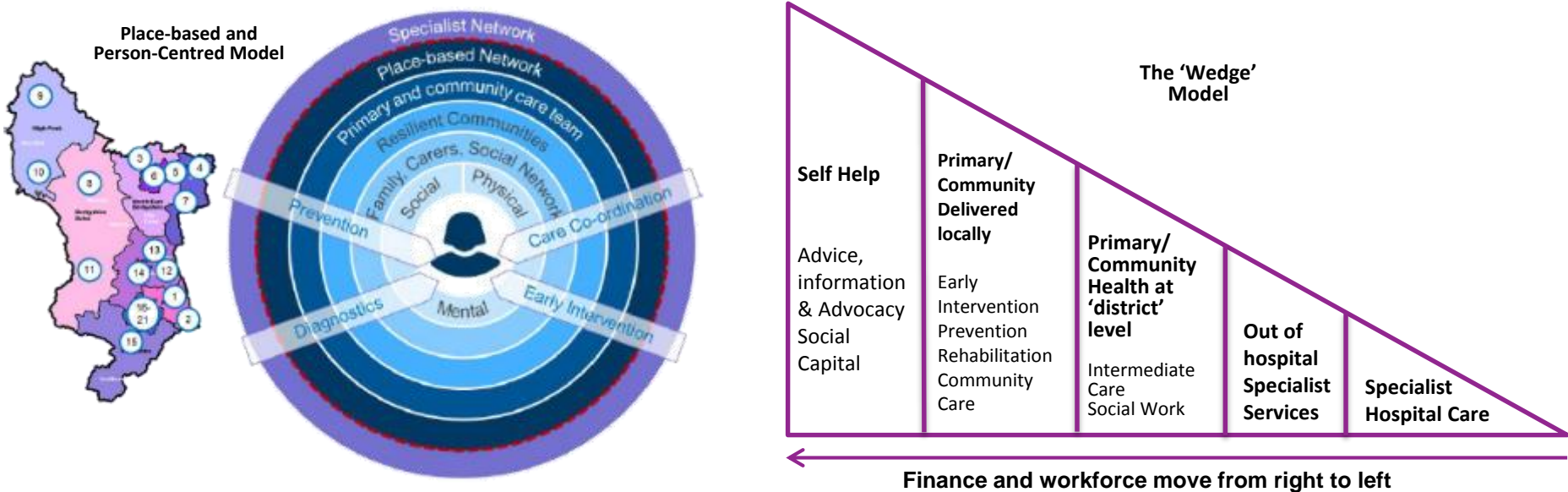
## The Strategic Direction

**The overall vision is:**  
“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.”

At the heart of our vision for the future is the support and empowerment of the people within Derbyshire, enabling them to manage their long term conditions and, with the support of family, friends and their community, remain independent.

Community support teams will bring together social care, primary and community health services within defined ‘places’ (communities) to reduce admissions to hospitals and care homes. Where people do need to be admitted, close working between hospital and community clinicians will ensure they are supported upon discharge, enabling them to return to their own homes sooner. Increased preventative care and community support will enable hospital providers to focus on providing specialist care.

The diagrams below illustrate what a place-based person-centred system will look like in Derbyshire against the current ‘places’ and the ‘wedge’ shows how this will be achieved through the movement of resources.



# Our Vision for Integration

## What this means for local people

### Pat, 53 years old, has terminal cancer.

#### **How it is**

Pat has kidney cancer which has spread to her bones. She has broken a leg from a minor fall and was admitted to hospital. Pat also suffers from depression and at times feels suicidal following her diagnosis. She has no family and few friends as she has isolated herself because of her depression. She doesn't know who to turn to and feels lonely in hospital. She receives excellent cancer care when she is admitted, but receives no support for her mental health problems while on the hospital ward as all of her treatment relates to her cancer. Pat does not know how to make things better to get the most out of her life.

#### **How it could be**

While in hospital the community team (physical and mental health) coordinate all professionals to put together care for when Pat returns home. Before leaving hospital Pat talks to a lead professional. As a result she knows her physical and mental health needs will be supported at home.

Pat's information is available to all professionals in the community using one electronic record. Pat is working with a local voluntary sector organisation which is providing a befriending service. The befriender helps provide a distraction from Pat's daily care routine and supports her in completing her bucket list of things she wants to do and say, and making plans for her funeral.

### Joe, 83 years old, developed dementia after a stroke.

#### **How it is**

Joe is partially sighted, has hearing loss, and is fearful of going out. He is spending more time in bed and less time doing everyday activities. Joe's wife, Barbara, worries about this. He receives care from several different specialist teams and has a care plan from each service. But his physical and mental health needs aren't coordinated. He'll often have visits from different services in the same day. This causes confusion and often leads to aggressive behaviour from Joe. Barbara has asthma and finds it increasingly hard to deal with Joe's mood swings and physical deterioration. She feels nobody understands as each professional only helps with one part of Joe's needs. Information is not coordinated and she is constantly asked the same questions about Joe. She doesn't really know who to ring and which care plan to follow.

#### **How it could be**

The community team (physical and mental health) coordinate Joe's health and social care needs in one 'wellbeing plan'. Joe has been encouraged to set small achievable goals and this helps him recognise progress he makes. Adaptations and equipment have reduced Joe's falls risk and given Barbara peace of mind. She has learned to offer him simple choices and is receiving support herself. They attend a physical educational course together, alongside other people like them, to help them manage their wellbeing and get advice from others in a similar situation.

Joe and Barbara feel more positive and are happy maintaining their independence at home. They know who to call if they need help and the care plan covers all their needs.

# Delivering the Vision

# Delivering the Vision

## Progress so far

This section outlines how the BCF will work towards delivering the vision during 2017-19 in the context of the wider system changes that have alluded to in the introductory section and learning from the past two years of delivering the BCF programme. It includes:

- **Summary of the Derbyshire STP** – the ‘plan on a page giving high level overview if the STP
- **Transforming the workforce** – proposals for the changes needed in the system-wide approach to workforce recruitment, development and retention;
- **Funding contributions** – how specific elements of the BCF Pooled Budget have been allocated;
- **Metrics** – summary of performance against the national BCF metrics for 2016-17 and targets for 2017-19.

### Learning from 2016-17

2016-17 should be viewed as a year of consolidation. It was the second year that the BCF had been operating after its first full year of learning and development in 2015-16. Improvements were made to the management of the programme through improved monitoring of finances, schemes, and a revised risk register to provide programme delivery assurance..

### Successes

- Equipment Services – improvements that began in 2015-16 continued into 2016-17 with over £800,000 of efficiencies realised over the year;
- The number of people whose long-term care needs were met in a residential setting continued to decrease in line with the BCF plan;
- The number of people who were still at home 91 days after completing a period of reablement also improved markedly during the year.

### Challenges

- The number of emergency admission to hospitals increased to their highest rate in two years during 2016-17; and
- The number of bed days lost to delayed transfers of care were much higher than planned.

### Looking ahead to 2017-19:

Recruitment continues to be a challenge across Derbyshire. The Council, along with health partners, has developed a Talent Academy to try and address these employment challenges.

Wider system reorganisation will require the Local Authority to be responsive to potential impacts arising from a restructure of four of the County’s Clinical Commissioning Groups and the alignment of NHS Providers towards an Accountable Care System.

Delivering the Vision
 Performance so far

Metric	Reporting Period	Q1	Q2	Q3	Q4	Year End
<div> <div>H</div> <div>1. Non-Elective Admissions (NEAs) General and Acute - actual number</div> </div>	2014/15	21,081	20,795	21,723	21,141	84,739
	2015/16	22,264	21,816	22,529	22,786	89,394
	2016/17	21,888	21,479	22,135	22,441	87,943
<div> <div> <div></div> <div></div> </div> <div>2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (Rate per 100,000 population)</div> </div>	2014/15	182.5	183.1	200.1	232.1	797.8
	2015/16	193.4	189.1	183.6	178	744.1
	2016/17	192.1	184.8	150.1	161	688
<div> <div> <div></div> <div></div> </div> <div>3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</div> </div>	2014/15	81.6%	86.6%	79.0%	87.1%	83.6%
	2015/16	84.1%	89.4%	82.4%	73.6%	73.6%
	2016/17	88.4%	86.0%	84.8%	83.0%	83.0%
<div> <div> <div></div> <div></div> </div> <div>4. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).</div> </div>	2014/15	859.3	703.8	644.6	605.0	703.2
	2015/16	641.6	596.8	655.3	830.2	681.0
	2016/17	825.4	854.3	982.9	885.7	883.3

# Delivering the Vision

## Derbyshire STP: 'Plan on a Page'

The summary below provides a high level overview of the Derbyshire STP:

### (1) The gaps

The health and care challenges we face, and our plans for addressing them, are rooted in the particular needs of the County:

- Fundamentally, we know that across Derbyshire people are living longer in ill health and significant inequalities exist
- We have made significant progress with beginning to 'join up care'; however, there remain many opportunities to integrate care more effectively and consistently. We are still overly reliant on bed-based care
- We also know we have significant improvements to make in Primary Care and Urgent Care, as well as ongoing improvements in a number of other areas
- The financial gap for the Derbyshire health system is £219m, with a further £136m gap across the two local authorities (LAs) - there are a number of factors that are driving this position

To tackle the gaps requires transformational changes to the way in which care is provided.

To direct the changes we have defined an aiming point - a place-based care system which is effectively joined up with specialist services and managed as a whole.

### (3) Impact & Implications

Delivering our STP will help us to:

- **For the people of Derbyshire:** meet our aims to keep people: (i) **safe & healthy** – free from crisis and exacerbation; (ii) **at home** – out of social and health care beds; and (iii) **independent** – managing with minimum support. We will begin to **address lifestyle issues** related to poor health and will **improve access** to urgent and routine care.
- **Achieve a financially sustainable system:** the combined impact of the priorities described will enable us to achieve **a financially balanced health system by 2020/21**.

**We will significantly change the 'shape' of the system:**

- **£247m more care delivered through Place** (growing from 30% to 39% of all care delivered) and a reduction in care delivered in specialist settings
- Major changes to the workforce – **2,500 more staff delivering place-based care** (c.10% of our current workforce)
- Reduction of bed-based care – **535 fewer beds** (c.400 acute; 300 within Derbyshire system)
- And, changes to the physical configuration of place-based services

### (2) Our priorities

Five priorities form the core of our Sustainability and Transformation Plan:

- **Place-based care:** We will accelerate the pace and scale of the work we have started to 'join up' care to operate as a single team to wrap care around a person and their family, tailoring services to different community requirements across our 21 places.
- **Prevention and self-management:** By preventing physical and mental ill health, intervening early to prevent exacerbation and supporting self-management, we will improve health and wellbeing
- **Urgent Care:** Transforming urgent care provides our single greatest opportunity to address fragmentation and unwarranted variation
- **System efficiency:** We will ensure ongoing efficiency improvements across commissioners and providers
- **System management:** Our organisations' leaders will come together to manage the Derbyshire system through an aligned leadership and governance approach

### (4) Next steps

Delivering the STP:

- The work over the next five years to deliver our STP is part of and consistent with our ongoing journey – more place-based care to reduce the current reliance on institutional care. We will accelerate the pace and scale of these changes to have the necessary transformational impact
- We now begin the transition from planning into delivery (including through the revised 2 year contracting process)
- During the next 6 months we will:
  - Establish our system delivery team
  - Define and implement revised 2 year contracts monitored through the system-based architecture
  - Commence delivery of a number of high impact transformation schemes to support immediate sustainability
  - Continue our localised engagement programme focussing on staff, stakeholders and our local population.





# Transforming the Workforce

The future supply of the health and care workforce has been identified as a critical issue for future service delivery across Derbyshire. The turnover of staff in some parts of the system is high and often staff will move from one employer to another for small benefits in terms and conditions. In particular, health employers attract a high number of applicants from the social care sector which only creates pressures in social care.

The Derby City/ Derbyshire Talent Academy Programme Board has been established to oversee the delivery of the Strategy and Action Plan.

The Derby City/ Derbyshire Talent Academy Programme Board will bring together health, social care and key stakeholders so that the aims and objectives of the Talent Academy can be identified and delivered.

The Talent Academy Programme Board will be responsible for establishing and supporting the collaborative Derby City/ Derbyshire Health and Social Care Talent Academy across the City/County to co-ordinate a range of activities designed to meet the three Programme Deliverables set out below:

1. Attraction and Recruitment
2. Traineeships and Apprenticeships
3. Retention and Progression

The outputs will include:

- Increasing the profile of careers in health and care
- Engaging with schools and other education providers, Job Centre +, Princes Trust etc.
- Supporting traineeships and work experience
- Building up apprenticeship and higher apprenticeship numbers
- Increasing the numbers of people entering the health and social care workforce
- Ensuring that people joining health and care have the right skills and values
- Working across our future and existing workforce to train and develop people for a career in health and care
- Articulating the range of career pathways for care workers
- Preparation for the workforce changes that will be required as a result of the Derbyshire-wide STP.

Other issues within scope:

- High levels of employment in certain geographical locations
- Maintaining existing staffing levels to meet turnover
- The programme will need to consider how it works with wider partners e.g. Skills for Care, to improve perceptions of caring as a career.

# Delivering the Vision

## Funding Contributions

### Overview

The 2017-19 BCF comprises a Pooled Budget made up of contributions from the five NHS Clinical Commissioning Groups within the Derbyshire Health and Wellbeing Board area, and Derbyshire County Council. The total pooled budget for 2017-18 is £88.777m compared to £64.951m in 2016-17. A summary of the pooled fund is provided at the beginning of this plan, and an overview of how the Pool is being spent in line with the STP priorities is provided on the next page.

### Specific funding requirements:

Within the BCF Pooled Budget, provision has to be made to ensure that funding has been allocated and agreed for use against a number of specific components, namely:

- Care Act duties - £2.058m has been allocated each year for 2017-19 for use by Derbyshire County Council to ensure it continues to fulfil its duties in delivering the Care Act
- Carers - £1.962m has been allocated, as in previous years, for the carer-specific support services that will deliver the aims of the Derbyshire Carers Strategy 2016-19;
- Reablement - £5.967m has been included with the plan for delivery of reablement services
- Disabled Facilities Grant - £5.966m has been allocated for DFGs in 2017-18 and £6.451m for use in 2018-19. During 2017-19 the DFG allocation will continue to be passported to District and Borough Councils as in previous years, whilst improvements are made in Prevention, Assessment and Delivery areas of the DFG.
- iBCF - £18.219m has been allocated to Derbyshire County Council for 2017-18 and £24.906m for 2018-19.



Delivering the Vision

# Expenditure by STP Priority Area

1) Prevention and Self-management		2a) Place-based Care: Proactive	2b) Place-based Care: Reactive	3) Learning Disability and Autism	4) Enablers
Initiatives in place that enable people to take more control of their lives in their normal place of residence.		Services look after and focus on people in their community, rather than being offered in a way that suits organisations and revolves around buildings.	Initiatives to support the flow through the system and to prevent readmissions and permanent admissions to care settings	Specialist services organised to make sure everyone, including those at risk of high cost institutional care, is enabled to secure their rights, independence, choice and inclusion.	Supporting mechanisms E.G. Data Sharing / Information Governance, Dignity Campaign, BCF & Transforming Care Programme Management
Includes: • Carers services • Disabled Facilities Grant • Health and Housing • Local Area Coordinators		Includes: • Community / Neighbourhood Teams (Matrons, Nursing, Therapy) • Supporting the Care Market	Includes: • Intermediate Care • Reablement • Community Specialist beds • Dementia Support and reablement Services	Includes: • Autism Pathway Development • Transforming Care Programme Integrated Support Service (1 Year)	Includes: • Care Act duties • Talent Academy • Programme Management
2017-18	£17,282,893	£50,548,966	£16,452,180	£1,184,758	£3,307,699
2018-19	£18,240,796	£56,697,419	£16,817,615	£450,000	£3,351,713

Overview

Prior to the announcement of the additional funding for Local Authorities at the Spring Budget 2017, Derbyshire County Council knew what budget savings were required over the subsequent three year period and the need to make reductions in social care support to achieve this. In addition the Local Authority, along with health partners, was aware of what support was needed to help reduce pressures on the NHS (specifically in relation to DToCs) and to support the care market in Derbyshire to maintain stability but was not in a financial position to enact this support.

The additional funding, therefore, has enabled the Local Authority to defer or remove some of the savings to social care support that would have had to have been made to ensure continuation of core service provision. It has also allowed for the implementation of investment into additional activity to support both the NHS and care market locally.

Use of the iBCF in 2017-19:

Reduce Budget Savings to Protect Social Care		Supporting the Care Market	Support to Improve System Flow & Support Hospital Discharge	Preventative Services (inc Public Health and Health and Housing)	Enablers (System and Service Redesign to increase capacity)
We expect to see, at minimum, a maintenance in the average caseload for Social Work staff		We expect to see a reduction in social care attributable DToCs.  We would also expect to see a sustainable care market in Derbyshire providing similar levels of home care provision and care home placements as in 2016-17	We expect to see a reductions in social care attributable DToCs and in average length of stay for emergency admission (over 65+)	Reductions in emergency admissions due to falls;300 eligible, high risk households will receive warmth, wealth and health interventions	Implementation of upgraded IT systems to support improved data sharing between health and social care.
2017-18	£5,840,000	£8,210,768	£2,535,765	£1,395,000	£237,160
2018-19	£11,351,652	£7,937,693	£3,473,500	£1,867,000	£276,321

Delivering the Vision

# Metrics: Performance and Targets

Targets for 2017-19 have been set by the BCF Programme Board in line with current local performance trends and national expectations. Targets for the Non-Elective Admissions target have been set nationally.

<i>Residential Admissions</i>		Actual 15/16	Planned 16/17	Outturn16/17*	Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	744.9	743.7	654.7	<b>683.4</b>	<b>647.1</b>
	Numerator	1,213	1,237	1,089	<b>1,158</b>	<b>1,118</b>
	Denominator	162,882	166,333	166,333	<b>169,452</b>	<b>172,768</b>

Targets for 2017-19 have been set to continue the year-on-year decrease in the number of people having long-term needs met in a care setting, in line with the overall direction of travel of the BCF Plan.

\*The 2016/17 outturn reported at year end was 654.7, however, due to data lag the actual figure was 707.

<i>Re-ablement</i>		Actual 15/16	Planned 16/17	Outturn16/17	Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	73.61%	85.3%	83.2%	<b>84.9%</b>	<b>86.1%</b>
	Numerator	396	390	273	<b>360</b>	<b>365</b>
	Denominator	538	457	328	<b>424</b>	<b>424</b>

In setting targets for 2017-18 and 2018-19 the expectation is to see a year-on-year increase in line with the wider planning intentions to provide more community based services to support people to remain independent.

<i>Delayed Transfers of Care*</i>		Actual 15/16	Planned 16/17	Outturn16/17	Planned 17/18	Planned 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Annual rate	680.9	710.6	884.8	<b>760.2</b>	<b>772.9</b>
	Numerator	4,290	4,500	5,604	<b>4,840</b>	<b>4,944</b>
	Denominator	629,776	633,273	633,273	<b>636,650</b>	<b>639,626</b>

\*Targets set on a quarterly basis, figures provided here represent who-year performance.

DToc targets have been set in line with national expectations for Derbyshire to achieve no more than 8.5 bed days delayed per day per 100,000 aged 18+. The figures supplied here are in the equivalent BCF reporting format of bed days delayed per 100,000 population aged 18+.

Delivering the Vision

# Metrics: Performance and Targets (Continued)

The Delayed Transfer of Care monthly targets split by attributable organisation for 2017-18 are provided below and remain unchanged from a July pre-planning submission::

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	0.0	1084.2	1084.2	1049.2	1084.2	1049.2	1089.4	1089.4	991.5	1089.4
NHS East Staffordshire CCG				10.1	10.1	9.8	10.1	9.8	10.2	10.2	9.3	10.2
NHS Erewash CCG				123.7	123.7	119.7	123.7	119.7	124.3	124.3	113.1	124.3
NHS Hardwick CCG				135.4	135.4	131.0	135.4	131.0	136.0	136.0	123.8	136.0
NHS North Derbyshire CCG				412.5	412.5	399.2	412.5	399.2	414.5	414.5	377.2	414.5
NHS Nottingham West CCG				8.7	8.7	8.4	8.7	8.4	8.7	8.7	7.9	8.7
NHS Southern Derbyshire CCG				331.6	331.6	320.9	331.6	320.9	333.2	333.2	303.3	333.2
NHS Tameside and Glossop CCG				50.8	50.8	49.2	50.8	49.2	51.1	51.1	46.5	51.1
Select any additional CCGs (if required)												
NHS Mansfield and Ashfield CCG				6.9	6.9	6.7	6.9	6.7	7.0	7.0	6.3	7.0
NHS Eastern Cheshire CCG				1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.7
NHS Nottingham North and East CCG				0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
NHS West Leicestershire CCG				1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.7
NHS Bassetlaw CCG				0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Social Care attributed delayed days				551.9	532.2	497.1	513.6	497.1	513.6	513.6	463.9	513.6
Jointly attributed delayed days				73.1	73.1	70.7	73.1	70.7	73.1	73.1	66.0	73.1
Total Delayed Days	0.0	0.0	0.0	1709.2	1689.5	1617.0	1670.9	1617.0	1676.1	1676.1	1521.5	1676.1
Population Projection (SNPP 2014)	635,882	635,882	635,882	635,882	635,882	635,882	635,882	635,882	635,882	638,956	638,956	638,956
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	0.0	0.0	0.0	268.8	265.7	254.3	262.8	254.3	263.6	262.3	238.1	262.3

Delivering the Vision

# Managing Transfers of Care

Implementation of the High Impact Change Model for Managing Transfers of Care is being undertaken at a system level with regular reporting through the A&E Delivery Board. Below is a high-level assessment, by the A&E Delivery Board for Derbyshire, of current status and planned targets against the 8 high impact change areas.

Change Area	Status	Risks & Mitigations	Target (March 2018)
1: Implement early hospital discharge planning	Established:	<p><b>Risk 1:</b> Lack of Primary Care engagement to undertake joint discharge planning Mitigation: Engagement with CCG Place leads.</p> <p><b>Risk 2:</b> Lack of Community Nursing capacity to support potential increase in activity Mitigation: Monitor activity and available capacity, escalate capacity issues to CCG leads.</p>	Mature
2: Implement system to monitor patient flow	Plans in Place/ Established:	<p><b>Risk 1:</b> lack of engagement from staff due to number of changes being introduced at pace Mitigation: Provide robust support to resolve any problems.</p>	Mature
3: Implement multidisciplinary discharge teams	Established	Teams established in Chesterfield Royal Hospital NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust and links with external Acute providers that regularly discharge residents back into Derbyshire.	Exemplary
4: Home First/Discharge to Assess scheme in place	Established	<p><b>Risk:</b> Lack of robust transport service to facilitate timely discharges. <b>Mitigation:</b> Transport audit underway to understand what the transport issues are which are impacting on discharges and discuss findings with lead Commissioner.</p>	Mature

# Managing Transfers of Care (Continued)

Change Area	Status	Risks & Mitigations	Target (March 2018)
5: Seven-day service in place	Plans in Place/ Established	<p><b>Risk 1:</b> Lack of capacity in Community Services to provide robust 7 day services <b>Mitigation</b> - Work with patients and families and apply strength-based principles when assessing needs to include patients own established networks to support discharge packages as per D2A</p> <p><b>Risk 2:</b> Inability to readily share patient information across organisations/services to facilitate safe and timely admissions/discharges &amp; transfers and support implementation of trusted assessor model. <b>Mitigation:</b> Review IT systems and identify potential opportunities to improve the transfer of patient information.</p>	<b>Mature</b>
6: Trusted Assessor models in place	Plans in Place	<p><b>Risk 1:</b> Potential reluctance from staff across all health and care settings to accept Trusted Assessor principles <b>Mitigation:</b> Ensure robust training &amp; support in place to address issues &amp; concerns in a timely manner – task and finish group established to build on work already undertaken to develop Trusted Assessor principles across the STP.</p>	<b>Mature</b>
7: Promoting choice and self-care for patients	Established/ Mature	<p><b>Risk:</b> Lack of nursing and residential care home capacity. <b>Mitigation:</b> Monitor delayed discharge reasons and provide evidence to Commissioners/Providers to ensure appropriateness of referrals.</p>	<b>Exemplary</b>
8: Enhanced health and care services in care homes	Established/ Mature	Care Home 'Surge' learning from Hardwick CCG shared with commissioners and providers across the STP. Highlighted findings of impact of support provided to care homes to reduce non-elective admissions, reduce polypharmacy – further evidence required before establishing system-wide .	<b>Exemplary</b>

Delivering the Vision

# Managing Transfers of Care (Continued)

Additionally – the services being funded through the BCF have been mapped to the 8 change areas to demonstrate how they are supporting the system-wide implementation.

Scheme	1: Implement early hospital discharge planning	2: Implement system to monitor patient flow	3: Implement multidisciplinary discharge teams	4: Home First/ Discharge to Assess scheme in place	5: Seven-day service in place	6: Trusted Assessor models in place	7: Promoting choice and self-care for patients	8: Enhanced health and care services in care homes
1) Prevention and Self-management	✓	✓	✓	✓	✓		✓	✓
2a) Place-based Care: Proactive	✓	✓	✓	✓	✓	✓	✓	✓
2b) Place-based Care: Reactive	✓	✓	✓	✓	✓	✓	✓	✓
3) Learning Disability and Autism				✓			✓	
4) Enablers	✓	✓	✓	✓	✓	✓	✓	

# Progress against the 2016-17 National Conditions:

For 2017-19 the number of national conditions imposed upon the Better Care Fund has been reduced to three from eight in 2016-17. Below is an update on the progress against those national conditions no longer required for 2017-19

National Condition	Update
Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.	<p><i>Delivery of 7-day services is being implemented through the Derbyshire STP and its relevant thematic workstreams – particularly in relation to the Urgent Care Workstream (and also outlined in CCG Operational Plans).</i></p> <p><i>Most of the relevant services are already available 7 days although there remains an inconsistent approach across the county.</i></p>
Better data sharing between health and social care, based on the NHS number	<p><i>Derbyshire County Council's Adult Care are undertaking a major data cleansing process to make ensure alignment of client records to the NHS spine. This work will also ensure that Information Governance processes are adhered to with regards to the holding of a client's NHS number.</i></p> <p><i>Adult Care can only hold the NHS number for those receiving a direct care service and those who are being assessed or receiving long term support.</i></p>
Ensure a joint approach to assessments and care planning – accountable professional	<p><i>This work has been undertaken as part of the Discharge to Assess Pathway developments across the STP Footprint and is being managed through the STP process.</i></p>
Agreement on the consequential impact of the changes on providers that are predicted to be substantially affected by plans	<p><i>The revised plans for 2017-19 have been discussed with partners as part of their development. This has included engagement with the A&amp;E Delivery Board and BCF Programme Board and Finance an Performance Sub-Group.</i></p>
Agreement to local action plan to reduce Delayed Transfers of Care	<p><i>This work has been superseded by the implementation of the Discharge to Assess Pathways across Derbyshire which is being delivered through the Place STP workstream.</i></p>



# Managing the Programme

The Derbyshire Better Care Fund is managed by a Programme Board on behalf of the Derbyshire Health and Wellbeing Board. Full details of the governance arrangements are provided in the Governance page below. It is underpinned by a Section 75 (NHS Act 2006) agreement which allows for the pooling of NHS and Local Authority budgets.

### **The BCF Programme Board**

The Board comprises members of the five Clinical Commissioning Groups, Derbyshire County Council (Adult Care and Public Health), and a District and Borough Council representative.

The purpose of the Board is to ensure that the vision described in the BCF plan is delivered at pace and scale across Derbyshire. The Board is accountable and reports to the Derbyshire Health and Wellbeing Board, the Derbyshire Adult Care Board, the CCGs' Governing Bodies and the Council's Cabinet. It is also responsible for capturing and sharing learning.

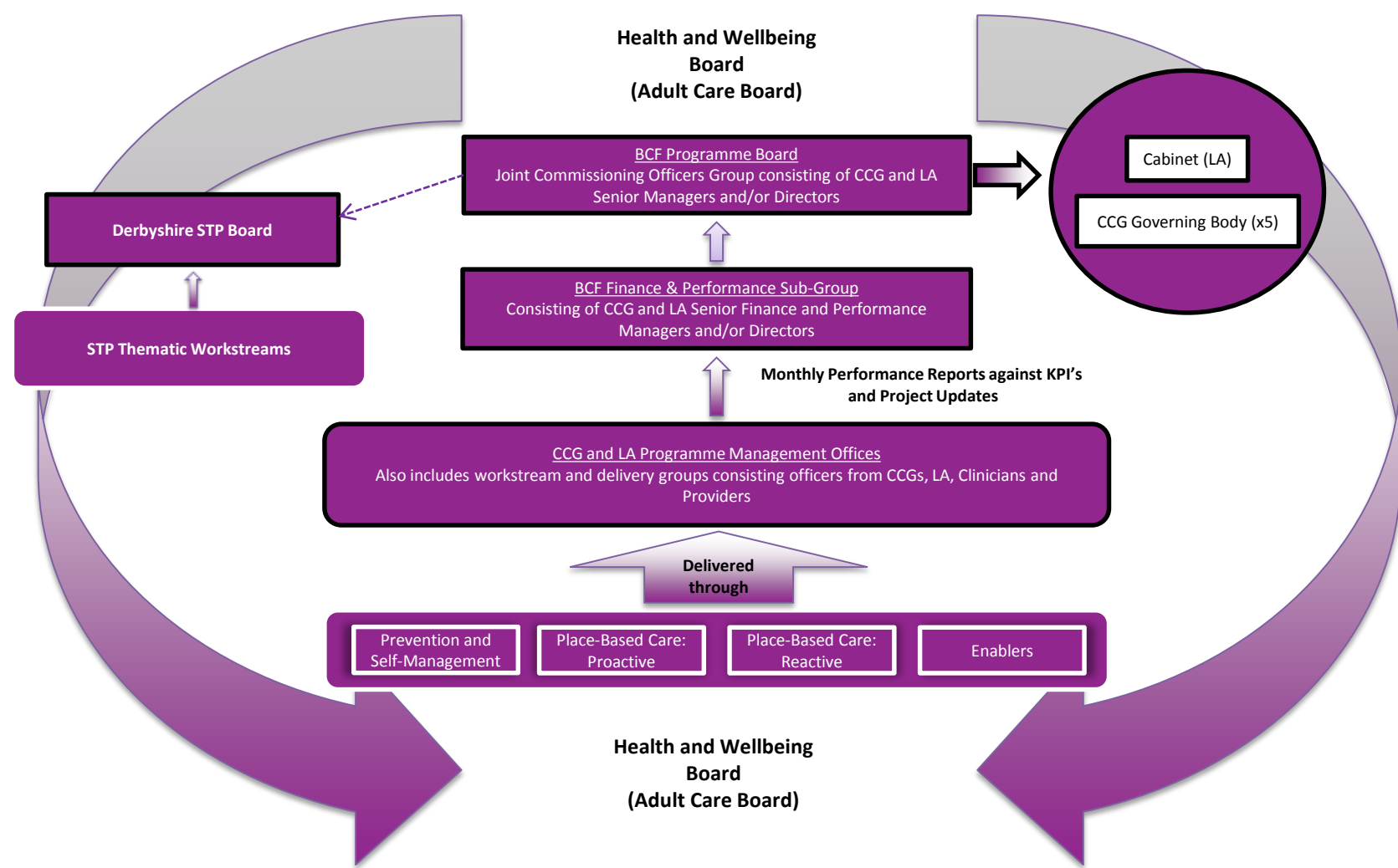
### **BCF Finance and Performance Sub-Group**

The purpose of the Sub-Group is to ensure that the Derbyshire Better Care Fund programme is monitored at scheme level and risk managed to support the delivery of the Programme. This is undertaken through monthly monitoring of finances, metrics and risk, and quarterly monitoring of scheme performance. The Sub-Group is accountable and reports to the BCF Programme Board.

The following sections provide more details on the Governance, Risk Management, and Risk Sharing of the BCF Programme.

# Managing the Programme Governance

The governance of the BCF is described in the original submission - BCF 2015/16 Part 1. The diagram below shows the current governance arrangements which will continue to evolve as wider system changes occur to support the delivery of the STP



## Managing the Programme

# Risk Management

The BCF Programme Risk Register was reviewed and updated in 2016-17 to focus more on the programme itself, rather than wider system level risks. The revised register has been split into four domains covering the main aspects of the BCF Programme:

- National Metrics
- National Conditions
- Finance
- Delivery of Plan

There are currently 16 risks, split across the four domains, on the register of which two are high-risk (scoring 12+) in relation to achieving aims of the plan. These are:

- Non-Elective Admissions; and
- Delayed transfers of Care

The register outlines the appropriate mitigations in place bring each risk down to an appropriate level of control.

Governance of the register has also been improved with regular monitoring of the register by the Finance and Performance sub-group and quarterly reporting to the BCF Programme Board on an exception basis. The responsibility of risks relating to expenditure lies with the relevant lead commissioner(s).

# Risk Sharing

It was agreed as part of the 2015-16 BCF Plan that a separate risk share agreement would not be put in place as there were a number of county-wide arrangements already in place, for example around continuing care, high cost placements and high cost drugs. However, much risk sharing is most appropriately administered at an individual CCG level and linked to the unit of planning because of the provider geography.

CCGs have historically managed activity variances, and have a number of process and governance structures in place to identify these early and mitigate where necessary. CCGs hold both contingency and specific risk reserves based on calculated risk at plan stage, so these resources will be utilised should investment be needed for any mitigation or corrective action.

## The STP finance and efficiency gap

The Derbyshire STP has identified a financial gap across the local health system of £219m, with a further £136m gap across public health, children and adult services in both Local Authorities. The STP primarily focuses in improving the NHS part of the financial challenge, which is driven by a number of factors:

1. Resources are not keeping pace with rising demand and costs;
2. Underlying structural financing issues;
3. Increasing productivity is challenging
4. Inefficient care models are driving up costs and imposing significant opportunity costs
5. Duplication of functions across health and care organisations
6. Inefficient use of estate;
7. Perverse payment and incentive arrangements

## For more information contact:

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Expenditure Line	Derbyshire County Council	NHS Erewash CCG	NHS Hardwick CCG	NHS North Derbyshire CCG	NHS Southern Derbyshire CCG	NHS Tameside & Glossop CCG	Row Total	METRICS				STP Priority	STP Priority Subset		Early discharge planning	Systems to monitor patient flow	Multi disciplinary/ multi-agency discharge teams	Inclusion VCS	Home first/ D2AM	Seven Day Service	Trusted Assessors	Focus on Choice	Enhancing health in care homes
								NEA	DTOC	Residential	Reablement												
Community Nursing		£ 1,619,887	£ 801,364	£ 4,525,221	£ 4,430,193	£ 11,376,666	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Community Nursing Additional		£ 778	£ 1,887,446	£ 1,007,419	£ 847,983	£ 3,743,627	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Integrated Teams				£ 439,632		£ 439,632	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Evening Nursing Services			£ 207,386	£ 548,426	£ 370,636	£ 1,126,448	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Care Co-ordinators		£ 241,000		£ 297,665	£ 149,215	£ 687,880	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓					
Community Matrons			£ 428,999	£ 791,078	£ 920,533	£ 2,140,610	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Community Therapy			£ 886,605	£ 1,474,509	£ 1,095,700	£ 3,456,814	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Senior Medical Input			£ 58,194	£ 274,854	£ 20,000	£ 353,048	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Voluntary SPA		£ 17,849				£ 17,849	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓		✓			
Primary Care Hubs		£ 130,000				£ 130,000	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Care Home Support Service		£ 439,000				£ 439,000	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
TCP support for ISS Teams	£ 734,758					£ 734,758	✓	✓	✓	Learning disabilities	N/A					✓							
Community Mental Health Teams			£ 2,372,096			£ 2,372,096	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓				✓	
Glossopdale Neighbourhood Team					£ 456,019	£ 456,019	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓		✓			
Mental Health Triage	£ 95,000					£ 95,000	✓			Place-based care	Proactive care					✓							
Mental Health Enablement	£ 515,000					£ 515,000	✓			Place-based care	Proactive care				✓							✓	
Local Area Coordinators	£ 32,000			£ 121,000		£ 153,000	✓			Prevention and self-management	Social and community networks and resilience	✓			✓								
Integrated care teams	£ 1,500,000					£ 1,500,000	✓			Place-based care	Proactive care					✓		✓					
ICS - Integrated Workforce (social care)	£ 2,167,314					£ 2,167,314	✓			Place-based care	Proactive care						✓		✓				
Care packages to maintain clients in a social care setting	£ 5,481,195					£ 5,481,195	✓			Place-based care	Proactive care						✓		✓				
(IBCF) Supporting the Care Market	£ 8,210,768					£ 8,210,768	✓	✓	✓	Place-based care	Proactive care						✓		✓			✓	
(IBCF) Preventative Services (inc. Public Health and Health and Housing)	£ 1,395,000					£ 1,395,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓		✓	✓	✓			✓	✓	
(IBCF) Reduce Budget Savings to Protect Social Care	£ 5,840,000					£ 5,840,000	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	✓		✓	✓	✓	
(IBCF) Support to Improve System Flow	£ 2,535,765					£ 2,535,765	✓	✓	✓	Place-based care	Reactive Integrated care						✓		✓		✓	✓	
Intermediate Care Team Chesterfield				£ 40,792		£ 40,792	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓	✓	✓		✓	✓	✓	
Intermediate Care Team BSV			£ 109,591	£ 89,666		£ 199,257	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓	✓	✓		✓	✓	✓	
Intermediate Care Team NED			£ 492,316	£ 489,750		£ 982,066	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓	✓	✓		✓	✓	✓	
Community IV Therapy			£ 149,215			£ 149,215	✓	✓		Place-based care	Reactive integrated care	✓		✓			✓					✓	
Clinical Navigation Service	£ 195,000	£ 113,223	£ 300,102	£ 238,759		£ 847,084	✓			Place-based care	Reactive integrated care			✓		✓	✓			✓			
Discharge Support	£ 286,000			£ 286,000		£ 572,000	✓	✓		Place-based care	Reactive integrated care	✓				✓		✓					
Wheelchairs		£ 480,000	£ 503,241			£ 983,241	✓	✓		Prevention and self-management	Social and community networks and resilience	✓				✓		✓				✓	
Dementia Reablement Service	£ 725,637	£ 60,500	£ 70,414	£ 174,723	£ 172,190	£ 26,536	£ 1,230,000	✓		Place-based care	Reactive integrated care					✓		✓					
Falls Recovery	£ 243,000					£ 243,000	✓			Place-based care	Reactive integrated care						✓						
ICES - Existing	£ 1,500,060	£ 253,645	£ 297,266	£ 734,278	£ 547,679	£ 3,332,928	✓	✓		Prevention and self-management	Social and community networks and resilience						✓						
ICES - Additional	£ 1,571,204	£ 265,675	£ 311,364	£ 769,103	£ 573,654	£ 3,491,000	✓	✓		Prevention and self-management	Social and community networks and resilience						✓						
Mental Health Acute Based Social Worker Support	£ 95,000					£ 95,000	✓			Place-based care	Reactive integrated care					✓					✓		
Seven Day Working	£ 750,000					£ 750,000	✓			Place-based care	Reactive integrated care								✓				
Mental Health - Recovery and Peer Support	£ 295,000					£ 295,000	✓	✓		Place-based care	Reactive integrated care											✓	
ICS Reablement & DSO Reablement	£ 4,427,000					£ 4,427,000	✓			Place-based care	Reactive integrated care						✓				✓		
ICS -Specialist beds (With & without Therapy)	£ 1,540,000					£ 1,540,000	✓			Place-based care	Reactive integrated care					✓	✓				✓		
ICS - Hospital Teams	£ 900,000					£ 900,000	✓			Place-based care	Reactive integrated care			✓		✓	✓				✓		
Dementia Support	£ 400,000					£ 400,000	✓	✓		Place-based care	Reactive integrated care											✓	
Autism Support	£ 450,000					£ 450,000	✓	✓		Learning disabilities	Enhanced Pathway for Autism											✓	
Telecare	£ 650,000					£ 650,000	✓	✓		Place-based care	Reactive integrated care						✓						
ICS - Specialist Teams	£ 596,000					£ 596,000	✓			Place-based care	Reactive integrated care					✓		✓					
Amber Valley	£ 1,094,633					£ 1,094,633	✓	✓	✓	Prevention and self-management	Living and working conditions			✓		✓	✓						
Bolsover	£ 857,684					£ 857,684	✓	✓	✓														

Expenditure Line	Derbyshire County Council	NHS Erewash CCG	NHS Hardwick CCG	NHS North Derbyshire CCG	NHS Southern Derbyshire CCG	NHS Tameside & Glossop CCG	Row Total	Metrics				STP Priority	STP Priority Subset	High Impact Change Model									
								NEA	DTOC	Residential	Reablement			Early discharge planning	Systems to monitor patient flow	MHT / disciplinary / multi-agency	Home first/ DZAM	Seven Day Service	Trusted Assessors	Focus on Choice	Enhancing health in care homes		
Community Nursing		£	1,189,165	£	863,028	£	4,693,234	£	4,867,612	£	11,613,040	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Community Nursing Additional		£	476,121	£	1,825,783	£	839,406	£	410,564	£	3,551,873	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Integrated Teams								£	439,632	£	439,632	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Evening Nursing Services			£	207,386	£	548,426	£	370,636	£	1,126,448	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓	
Care Co-ordinators	£	240,875		£	297,665	£	791,078	£	149,215	£	687,754	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Community Matrons			£	428,999	£	791,078	£	920,533	£	2,140,610	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓	
Community Therapy			£	886,605	£	1,474,509	£	1,095,700	£	3,456,814	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓	
Senior Medical Input			£	58,194	£	274,854	£	20,000	£	353,048	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓	
Voluntary SPA	£	17,867						£	17,867	£	17,867	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Primary Care Hubs	£	130,130						£	130,130	£	130,130	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Care Home Support Service	£	439,651						£	439,651	£	439,651	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Community Mental Health Teams			£	2,372,096				£	2,372,096	£	2,372,096	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Glossopdale Neighbourhood Team								£	464,131	£	464,131	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Mental Health Triage	£	95,000						£	95,000	£	95,000	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓	✓	✓
Mental Health Enablement	£	515,000						£	515,000	£	515,000	✓	✓	✓	Place-based care	Proactive care	✓		✓	✓	✓		✓
Local Area Coordinators	£	32,000					£	121,000	£	153,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience		✓					✓	
Integrated care teams	£	1,500,000						£	1,500,000	£	1,500,000	✓	✓	✓	Place-based care	Proactive care	✓		✓				
ICS - Integrated Workforce (social care)	£	2,167,314						£	2,167,314	£	2,167,314	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓		
Care packages to maintain clients in a social care setting	£	6,337,666						£	6,337,666	£	6,337,666	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓		
Supporting the Care Market	£	7,937,693						£	7,937,693	£	7,937,693	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓		
Preventative Services (inc. Public Health and Health and Housing)	£	1,867,000						£	1,867,000	£	1,867,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓	✓	✓	✓		✓	
Reduce Budget Savings to Protect Social Care	£	11,351,652						£	11,351,652	£	11,351,652	✓	✓	✓	Place-based care	Proactive care	✓		✓		✓	✓	
Support to Improve System Flow	£	3,473,500						£	3,473,500	£	3,473,500	✓	✓	✓	Place-based care	Reactive integrated care	✓	✓	✓	✓	✓	✓	
Intermediate Care Team Chesterfield				£	40,792			£	40,792	£	40,792	✓	✓	✓	Place-based care	Reactive integrated care	✓	✓	✓	✓	✓	✓	
Intermediate Care Team BSV			£	109,591	£	89,666		£	199,257	£	199,257	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓	✓	✓	✓	
Intermediate Care Team NED			£	492,316	£	489,750		£	982,066	£	982,066	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓	✓	✓	✓	
Community IV Therapy				£	149,215			£	149,215	£	149,215	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓	✓	✓	✓	
Clinical Navigation Service	£	194,700	£	113,223	£	300,102	£	238,759	£	846,784	£	846,784	✓	✓	Place-based care	Reactive integrated care	✓		✓	✓	✓	✓	
Wheelchairs	£	480,900						£	480,900	£	480,900	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓	✓	✓	✓	✓	✓	
Wheelchairs Additional			£	503,241				£	503,241	£	503,241	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Dementia Reablement Service	£	725,637	£	70,414	£	174,723	£	172,190	£	26,536	£	1,230,000	✓	✓	Place-based care	Reactive integrated care	✓		✓	✓			
Falls Recovery	£	243,000						£	243,000	£	243,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓				
ICES - Existing	£	1,500,060	£	253,645	£	297,266	£	734,278	£	547,679	£	3,332,928	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓				
ICES - Additional	£	1,571,204	£	265,675	£	311,364	£	769,103	£	573,654	£	3,491,000	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓				
Mental Health Acute Based Social Worker Support	£	95,000						£	95,000	£	95,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓		
Seven Day Working	£	750,000						£	750,000	£	750,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓				
Mental Health - Recovery and Peer Support	£	295,000						£	295,000	£	295,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓			✓	
ICS Reablement & DSO Reablement	£	4,427,000						£	4,427,000	£	4,427,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓		
ICS - Specialist beds (With & without Therapy)	£	1,540,000						£	1,540,000	£	1,540,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓		
ICS - Hospital Teams	£	900,000						£	900,000	£	900,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓		✓		
Dementia Support	£	400,000						£	400,000	£	400,000	✓	✓	✓	Place-based care	Reactive integrated care	✓	✓	✓			✓	
Autism Support	£	450,000						£	450,000	£	450,000	✓	✓	✓	Learning disabilities	Enhanced Pathway for Autism	✓					✓	
Telecare	£	650,000						£	650,000	£	650,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓				
ICS - Specialist Teams	£	596,000						£	596,000	£	596,000	✓	✓	✓	Place-based care	Reactive integrated care	✓		✓				
Amber Valley	£	1,187,963						£	1,187,963	£	1,187,963	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
Bolsover	£	926,243						£	926,243	£	926,243	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
Chesterfield	£	1,120,380						£	1,120,380	£	1,120,380	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
Derbyshire Dales	£	491,470						£	491,470	£	491,470	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
Erewash	£	867,590						£	867,590	£	867,590	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
High Peak	£	453,273						£	453,273	£	453,273	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
North East Derbyshire	£	669,487						£	669,487	£	669,487	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
South Derbyshire	£	734,320						£	734,320	£	734,320	✓	✓	✓	Prevention and self-management	Living and working conditions	✓		✓		✓		
DCC Emergency Home Based Respite Budget	£	232,529						£	232,529	£	232,529	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Contribution to commissioned Young Carers Support Service	£	45,000						£	45,000	£	45,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
DCC Carer Emergency Card Service	£	30,000						£	30,000	£	30,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
DCC Stakeholder and Engagement activity	£	5,000						£	5,000	£	5,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
DCC Carer communication strategy	£	10,000						£	10,000	£	10,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Commissioned carer service	£	860,000						£	860,000	£	860,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Carer personal budgets	£	700,000						£	700,000	£	700,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Adult Care liaison worker based with carer service	£	28,000						£	28,000	£	28,000	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Carer clinics in GP practices	£	51,471						£	51,471	£	51,471	✓	✓	✓	Prevention and self-management	Social and community networks and resilience	✓		✓			✓	
Workforce Development	£	250,000	£	35,885	£	42,057	£	103,884	£	77,484	£	509,310	✓	✓	ENABLER	N/A	✓	✓	✓	✓	✓	✓	
Patient Feedback		£	17,810					£	17,810	£	17,810	✓	✓	✓	ENABLER	N/A	✓					✓	
Programme Management (BCF & TCP)	£	200,000	£	40,000	£	40,000	£	40,000	£	70,000	£	390,000	✓	✓	ENABLER	N/A	✓						
Information sharing across health	£	100,000						£	100,000	£	100,000	✓	✓	✓	ENABLER	N/A	✓		✓				
Care Act	£	2,058,272						£	2,058,272	£	2,058,272	✓	✓	✓	ENABLER	N/A	✓						
Enablers (System and Service Redesign to increase capacity)	£	276,321						£	276,321	£	276,321	✓	✓	✓	ENABLER	N/A	✓	✓	✓	✓	✓	✓	
Total	£	60,717,046	£	3,842,923	£	8,770,778	£	11,661,470	£	10,074,658	£	490,667	£	95,557,542	37	62	32	10					
CCG Minimum Contribution		£		£	6,587,499	£	7,527,543	£	19,918,809	£	18,111,790	£	2,294,870	£	54,440,511								
Contribution to LA	£	30,854,562			£	3,876,402	£	4,218,985	£	10,918,733	£	1,830,739	£	30,854,562		TRUE							
CCG Minimum Contribution Remaining		£		£	2,711,097	£	3,308,558	£	9,000,076	£	8,102,087	£	464,131	£	23,585,950								
CCG Direct Spend		£		£	3,187,218	£	8,009,677	£	9,839,482	£	8,512,651	£	464,131	£	30,013,159								
Spend Above Minimum Contribution Remaining		£		£	476,121	£	4,701,119	£	839,406	£	410,564	£	-	£	6,427,210								
Additional Spend (ICES)	£	1,500,060	£	253,645	£	297,266	£	734,278	£	547,679	£	-	£	3,332,928									
IBCF	£	24,906,166									£		£	24,906,166									
DFO	£	6,																					



# Planning Template v.14.6b for BCF: due on 11/09/2017

## Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

[<< Link to the Guidance tab](#)

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Health and Well Being Board	Derbyshire
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Completed by:	Graham Spencer
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E-Mail:	graham.spencer@derbyshire.gov.uk
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Contact Number:	01629532072
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Who signed off the report on behalf of the Health and Well Being Board:	Councillor Carol Hart
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Area Assurance Contact Details*	Role:	Title and Name:	E-mail:
	Health and Wellbeing Board Chair	Councillor Carol Hart	Carol.Hart@derbyshire.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr Chris Clayton	TBC
	Additional Clinical Commissioning Group(s) Accountable Officers	Gareth Harry Jenny Swatton Sarah Carter Angela Wright	Gareth.Harry@nardwickccg.nhs.uk Jenny.Swatton@southernderbyshireccg.nhs.uk N/A
	Local Authority Chief Executive	N/A	N/A
	Local Authority Director of Adult Social Services (or equivalent)	Joy Hollister	Joy.Hollister@derbyshire.gov.uk
	Better Care Fund Lead Official	Graham Spencer	Graham.Spencer@derbyshire.gov.uk
	LA Section 151 officer	Peter Handford	Peter.Handford@derbyshire.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->			

\*Only those identified will be addressed in official correspondence

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

### \*Complete Template\*

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	31
3. HWB Expenditure Plan	16
4. HWB Metrics	31
5. National Conditions	12

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

2017-19

### 2. HWB Funding Sources

[<< Link to the Guidance tab](#)

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Derbyshire	£5,965,724	£6,450,727
Lower Tier DFG Breakdown (for applicable two tier authorities)		
Amber Valley	£1,094,633	£1,187,963
Bolsover	£857,684	£926,243
Chesterfield	£1,036,340	£1,120,380
Derbyshire Dales	£453,873	£491,470
Erewash	£801,905	£867,590
High Peak	£421,205	£453,273
North East Derbyshire	£625,255	£669,487
South Derbyshire	£674,829	£734,320
<b>Total Minimum LA Contribution exc iBCF</b>	<b>£5,965,724</b>	<b>£6,450,727</b>

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
--	-----	-----

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Derbyshire	£2,234,818	£1,500,060
<b>Total Local Authority Contribution</b>	<b>£8,200,542</b>	<b>£7,950,787</b>

Comments - please use this box clarify any specific uses or sources of funding
Additional Expenditure for Integrated Community Equipment Service and one-off 2017-

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Derbyshire	£18,218,693	£24,906,166
<b>Total iBCF Contribution</b>	<b>£18,218,693</b>	<b>£24,906,166</b>

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Tameside and Glossop CCG	£2,252,081	£2,294,870
NHS Erewash CCG	£6,464,671	£6,587,499
NHS Hardwick CCG	£7,387,186	£7,527,543
NHS North Derbyshire CCG	£19,547,408	£19,918,809
NHS Southern Derbyshire CCG	£17,774,083	£18,111,790
<b>Total Minimum CCG Contribution</b>	<b>£53,425,428</b>	<b>£54,440,511</b>

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
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Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Erewash CCG	£734,423	£729,766
NHS Hardwick CCG	£5,060,049	£4,998,385
NHS North Derbyshire CCG	£1,741,697	£1,573,684
NHS Southern Derbyshire CCG	£1,395,662	£958,243
<b>Total Additional CCG Contribution</b>	<b>£8,931,831</b>	<b>£8,260,077</b>

Comments - please use this box clarify any specific uses or sources of funding
Integrated Community Equipment Service, Wheelchairs & Community Nursing
Integrated Community Equipment Service, Wheelchairs, Community Mental Health
Integrated Community Equipment Service & Community Nursing
Integrated Community Equipment Service & Community Nursing

	2017/18	2018/19
<b>Total BCF pooled budget</b>	<b>£88,776,495</b>	<b>£95,557,542</b>

Funding Contributions Narrative
The expenditure provided for 2018-19 from CCG Minimum (for both Social Care and Health) is subject to change due to a variety of factors including service reconfigurations and recommissioning of contracts.

Specific funding requirements for 2017-19	Response	Response	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?	Yes	Yes	
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the IBCF grant included in the pooled BCF fund?	Yes	Yes	

Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet		
Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£30,279,256	£30,854,562
Ringfenced NHS Commissioned OOH spend	£23,146,173	£23,585,950

		Expenditure													
		Scheme Descriptions Link >>													
Sch eme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissione r	% NHS (if Joint Commissioner )	% LA (if Joint Commissioner )	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
	Mental Health Triage	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£95,000	£95,000	Existing
	Mental Health Enablement	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£515,000	£515,000	Existing
	Local Area Coordinators	13. Primary prevention / Early Intervention	1. Social Prescribing		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£153,000	£153,000	Existing
	Integrated care teams	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,500,000	£1,500,000	Existing
	ICS - Integrated Workforce (social care)	10. Integrated care planning	4. Other	Care Planning and Review	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,167,314	£2,167,314	Existing
	Care packages to maintain clients in a social care setting	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,481,195	£6,337,666	Existing
	Discharge Support	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Social Care		Local Authority			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£286,000		New
	Dementia Reablement Service	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,230,000	£1,230,000	Existing
	Falls Recovery	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£243,000	£243,000	Existing
	ICES - Additional	16. Other		Community Equipment	Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,491,000	£3,491,000	Existing
	Mental Health Acute Based Social Worker Support	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£95,000	£95,000	Existing
	Seven Day Working	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£750,000	£750,000	Existing
	Mental Health - Recovery and Peer Support	16. Other		Mental Health Recovery & Support	Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£295,000	£295,000	Existing
	ICS Reablement & DSO Reablement	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,427,000	£4,427,000	Existing
	ICS -Specialist beds (With & without Therapy)	11. Intermediate care services	5. Other	Step Up and Step Down	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,540,000	£1,540,000	Existing
	ICS - Hospital Teams	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£900,000	£900,000	Existing

Selected Health and Well Being Board:  
Derbyshire

Data Submission Period:  
2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£30,279,256	£30,854,562
Ringfenced NHS Commissioned OOH spend	£23,146,173	£23,585,950

		Expenditure													
		Scheme Descriptions Link >>													
Sch eme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissione r	% NHS (if Joint Commissioner )	% LA (if Joint Commissioner )	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
	Dementia Support	2. Care navigation / coordination	3. Other	Advice & Information	Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£400,000	£400,000	Existing
	Autism Support	16. Other		Pathway Development including Education	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£450,000	£450,000	Existing
	Telecare	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£650,000	£650,000	Existing
	ICS - Specialist Teams	12. Personalised healthcare at home	3. Other	Mental and Physical Health	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£596,000	£596,000	Existing
	Carers	3. Carers services	4. Other	Carer Afvice, Information and Respite services	Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,962,000	£1,962,000	Existing
	Workforce Development	7. Enablers for integration	5. Workforce development		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£504,475	£509,310	Existing
	Programme Management (BCF & TCP)	7. Enablers for integration	3. Programme management		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£390,000	£390,000	Existing
	Information sharing across health	7. Enablers for integration	1. Data Integration		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£100,000	£100,000	Existing
	Care Act	3. Carers services	2. Implementa tion of Care Act		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,058,272	£2,058,272	Existing
	TCP support for ISS Teams	10. Integrated care planning	1. Care planning		Social Care		Local Authority			NHS Community Provider	Local Authority Contribution	2017/18 Only	£734,758		New
	Disabled Facilities Grant	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£5,965,724	£6,450,727	Existing
	ICES - Existing	16. Other		Community Equipment	Social Care		Local Authority			Private Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£1,500,060	£1,500,060	Existing
	Supporting the Care Market	16. Other		Care Market Sustainability	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£8,210,768	£7,937,693	New
	Preventative Services (inc. Public Health and Health and Housing)	13. Primary prevention / Early Intervention	4. Other	Health and Housing	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,395,000	£1,867,000	New
	Reduce Budget Savings to Protect Social Care	16. Other		Social Care Planning & Review, Hospital Discharge	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£5,840,000	£11,351,652	New
	Support to Improve System Flow	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,535,765	£3,473,500	New
	Enablers (System and Service Redesign to increase capacity)	7. Enablers for integration	11. Other	Workforce Development, programme management	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£237,160	£276,321	New
	Community Nursing	10. Integrated care planning	2. Integrated care packages		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£11,376,666	£11,613,040	Existing
	Integrated Teams	10. Integrated care planning	2. Integrated care packages		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£439,632	£439,632	Existing
	Evening Nursing Services	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,126,448	£1,126,448	Existing
	Care Co-ordinators	2. Care navigation / coordination	1. Care coordination		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£687,880	£687,754	Existing
	Community Matrons	10. Integrated care planning	2. Integrated care packages		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,140,610	£2,140,610	Existing
	Community Therapy	10. Integrated care planning	2. Integrated care packages		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,456,814	£3,456,814	Existing
	Senior Medical Input	10. Integrated care planning	1. Care planning		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£353,048	£353,048	Existing
	Voluntary SPA	2. Care navigation / coordination	2. Single Point of Access		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£17,849	£17,867	Existing
	Primary Care Hubs	16. Other		Access to primary care	Primary Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£130,000	£130,130	Existing

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet		
Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£30,279,256	£30,854,562
Ringfenced NHS Commissioned OOH spend	£23,146,173	£23,585,950

		Expenditure													
		Scheme Descriptions Link >>													
Sch eme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissione r	% NHS (if Joint Commissioner )	% LA (if Joint Commissioner )	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
	Care Home Support Service	8. Healthcare services to Care Homes	3. Other	Both Physical and Mental Health	Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£439,000	£439,651	Existing
	Glossopdale Neighbourhood Team	10. Integrated care planning	4. Other	All aspects	Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£456,019	£464,131	Existing
	Intermediate Care Team Chesterfield	11. Intermediate care services	4. Reablement/Reh abilitation services		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£40,792	£40,792	Existing
	Intermediate Care Team BSV	11. Intermediate care services	4. Reablement/Reh abilitation services		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£199,257	£199,257	Existing
	Intermediate Care Team NED	11. Intermediate care services	4. Reablement/Reh abilitation services		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£982,066	£982,066	Existing
	Community IV Therapy	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£149,215	£149,215	Existing
	Clinical Navigation Service	9. High Impact Change Model for Managing Transfer of Care	3. Multi- Disciplinary/Multi- Agency Discharge		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£847,084	£846,784	Existing
	Discharge Support	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£286,000		New
	Patient Feedback	7. Enablers for integration	4. Research and evaluation		Communit y Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£17,792	£17,810	Existing
	Wheelchairs	16. Other		Community Equipment	Communit y Health		CCG			NHS Community Provider	CCG Minimum Contribution	2018/19 Only		£480,900	Existing
	Community Mental Health Teams	12. Personalised healthcare at home	1. Other - Mental health / wellbeing		Mental Health		CCG			NHS Mental Health Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£2,372,096	£2,372,096	New
	Wheelchairs - Additional	16. Other		Community Equipment	Communit y Health		CCG			NHS Community Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£983,241	£503,241	Existing
	ICES - Existing	16. Other		Community Equipment	Social Care		Local Authority			Private Sector	Additional CCG Contribution	Both 2017/18 and 2018/19	£1,832,868	£1,832,868	Existing
	Community Nursing - Additional	10. Integrated care planning	2. Integrated care packages		Communit y Health		CCG			NHS Community Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£3,743,626	£3,551,873	Existing



# Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

2017-19

4. HWB Metrics

<< [Link to the Guidance tab](#)

## 4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	22,075	22,235	21,974	21,648	22,058	22,233	22,013	21,684	87,932	87,989

Are you planning on any additional quarterly reductions? No

Please only record reductions where these are over and above existing or future CCG plans. HWBs are not required to attempt to align to changing CCG plans by recording reductions.

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction										
HWB NEA Plan (after reduction)										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA?

No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£15,181,992	£15,470,449

Cost of NEA as used during 16/17***	£1,490	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
Additional NEA reduction delivered through BCF (2017/18)					
	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 18/19
Additional NEA reduction delivered through BCF (2018/19)					
HWB Plan Reduction % (2017/18)					
HWB Plan Reduction % (2018/19)					

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

\* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

\*\* Within the sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF planning,

\*\*\* Please use the following document and amend the cost if necessary: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/577083/Reference\\_Costs\\_2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf)

## 4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	730.7	743.7	683.4	647.1	Targets for 2017-19 have been set to continue the year-on-year decrease in the number of people having long-term needs met in a care setting, in line with the overall direction of travel of the BCF Plan.
	Numerator	1,189	1,237	1158	1118	
	Denominator	162,714	166,333	169,452	172,768	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>  
 Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

## 4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	77.0%	85.3%	84.9%	86.1%	In setting targets for 2017-18 and 2018-19 the expectation is to see a year-on-year increase in line with the wider planning intentions to provide more community based services to support people to remain independent. The 2016-17 outturn was 83% (numerator = 273, denominator = 328).
	Numerator	352	390	360	365	
	Denominator	457	457	424	424	

## 4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	DTOC targets have been set in line with national expectations for Derbyshire to achieve no more than 8.5 bed days delayed per day per 100,000 aged 18+. The figure supplied for Q1 2017/18 is the actual figure for that period.
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	825.4	845.3	982.9	885.7	704.7	791.3	782.0	762.6	771.1	779.6	779.6	761.4	
	Numerator (total)	5,220	5,346	6,216	5,632	4,481	5,032	4,973	4,873	4,927	4,981	4,981	4,885	
	Denominator	632,404	632,404	632,404	635,882	635,882	635,882	635,882	638,956	638,956	638,956	638,956	641,638	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>  
 Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 5. National Conditions

Selected Health and Well Being Board:

Derbyshire

Data Submission Period:

2017-19

5. National Conditions

[<< Link to the Guidance tab](#)

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	