

## **HEALTH AND WELLBEING BOARD**

**6 FEBRUARY 2020**

### **Report of the Executive Director Adult Social Care and Health**

#### **DERBYSHIRE BETTER CARE FUND 2019-20 PLAN**

#### **1. Purpose of the Report**

1. To provide a summary of the 2019-20 Better Care Fund Planning Requirements; and
2. To present the 2019-20 Better Care Fund Plan for Derbyshire to the Derbyshire Health and Wellbeing Board;

#### **2. Information and Analysis**

On 18 July 2019 the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England published the Better Care Fund (BCF) 2019-20 Planning Requirements following the publication of the BCF Policy Framework on 10 April 2019. This publication included details of allocations of funding for the BCF 2019-20 and the planning template, for which completed returns were due to NHS England by 27 September 2019.

##### **Planning requirements**

The BCF planning requirements for 2019-20 have been designed to provide a level of continuity from 2017-19. This is partly due a national review of the BCF currently taking place, and therefore any substantial changes to the overall policy and subsequent planning requirements will not be made until this has been completed – likely during 2020, with changes to take effect 2021-2024.

There are four national conditions set out in the Policy Framework that must be achieved to ensure a BCF plan can be approved and funding accessed:

- i. That a BCF Plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs.
- ii. A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG's minimum contribution.

- iii. That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, which may include seven day services and adult social care.
- iv. A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). BCF Plans should set out the current state of implementation for each of the eight changes in the model and the planned level of implementation by March 2020. The plans will include a narrative describing the priorities and actions for 2019-20 to embed the model, including:
  - Details of changes;
  - Anticipated improvements to care and discharge, minimising delays and ensuring that as many people as possible are discharged safely to their normal place of residence.

The four national metrics used in previous years to monitor implementation and success of BCF plans across England will also remain the same.

#### **Confirmation of funding contribution**

NHS England has published individual HWB level allocations of the BCF for 2019-20. This includes an uplift in contributions in line with CCG revenue growth. The minimum contributions required for Derbyshire from partners for 2019-20 are:

<b>CCG</b>	<b>Minimum Contribution 2019-20</b>
NHS Tameside and Glossop CCG	£2,389,013
NHS Derby and Derbyshire CCG	£54,445,848
<b>Total Minimum Contribution</b>	<b>£56,834,861</b>

The iBCF funding made available to Derbyshire during 2019-20 is provided below, along with the Winter Pressures grant for 2019-20 which is now part of the BCF Pooled Budget.

<b>Funding Source</b>	<b>2019-20</b>
iBCF	£31,054,728
Winter Pressures Grant	£3,627,306
<b>Total iBCF Funding available</b>	<b>£34,682,034</b>

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

Following the approach taken in previous years, the Disabled Facilities Grant (DFG) will again be allocated through the BCF. The funding made available for the District & Borough Councils in Derbyshire is £6,960,721

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

The BCF at a national level 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 £2.048m has been allocated for services to support Carers in 2019-20, this is an increase of c£0.086m to include costs associated with carer respite services.

In summary the Derbyshire BCF Pooled Budget for 2019-20 is:

<b>Source of funding</b>	<b>2019-20</b>
CCG Minimum	£56,834,861
CCG Additional (spend on Social Care)	£1,432,572
LA Additional (Community Equipment)	£1,566,063
iBCF	£31,054,728
Winter Pressures Grant	£3,627,306
DFG	£6,960,721
<b>TOTAL</b>	<b>£101,476,251</b>

### **National metrics**

The national metrics used to monitor the BCF during 2019-20 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.

Targets for non-elective admissions and delayed transfers of care have been set nationally. Targets for the social care metrics were agreed by the Adult Social Care and Health Senior management Team at its meeting on 6 August 2019. The targets were to maintain performance at existing levels, rather than set stretching targets. The rationale being that the Council is about to undertake a long-term transformation programme which will impact upon the performance of these areas over the coming years.

### **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 planning template (which includes a narrative plan) that demonstrates how all

the national conditions are to be met and what targets are set to be achieved. These documents were submitted to the Better Care Support Team (BCST) on 27 September 2019.

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 government). All submissions will need to be sent to the local BCM, and copied to <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a>	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent to BCST	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments and NHSE	5 – 15 November
Approval letters issued giving formal permission to spend (CCG minimum)	Winter 2019-20
All Section 75 agreements to be signed and in place	By 31 January 2020

### **The Derbyshire BCF 2019-20 Plan**

The Derbyshire 2019-20 BCF Plan is, in effect, a continuation of the 2017-19 plan. The main changes to the plan from 2017-19 relate to an alignment of the services being funded by NHS Derby and Derbyshire CCG following the merger of four former CCGs. 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 work of the Joined Up Care Derbyshire 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 2019-20 Plan is attached as an appendix to this report.

The Plan has been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan was approved by the Joint BCF Programme Board, a delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB), at its meeting on 20 September 2019. A copy of the final plan was sent to the Chair of the Health and Wellbeing Board for information ahead of its submission. However, due to timings of meetings, the 2019-20 BCF Plan has not been presented to the HWB until today. The 2019-20 BCF Plan for Derbyshire was formally approved by NHS England on 8 January 2020.

### **3. Background Papers**

- *Better Care Fund Policy Framework 2017 to 2019*, Department for Communities and Local Government and Department of Health and Social Care, London, 10 April 2019
- *Integration and Better Care Fund planning requirements for 2019-20*, Department for Communities and Local Government, Department of Health and Social Care, and NHS England, London, 20 July 2019

### **4. Officer's Recommendations**

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

1. Note the summary of the 2019-20 Better Care Fund Planning Requirements;
2. Note the 2019-20 Better Care Fund Plan for Derbyshire; and

**Helen Jones**  
**Executive Director, Adult Social Care and Health**  
**Derbyshire County Council**

# Derbyshire Better Care Fund

## 2019-20 Planning Template

*Print Version*

## Contents

2. Cover .....	1
3. Summary.....	2
4. Strategic Narrative .....	5
5. Income .....	13
6. Expenditure .....	14
8. Metrics .....	25
9. Planning Requirements .....	30

## 2. Cover

Better Care Fund 2019/20 Template					
Health and Wellbeing Board:	Derbyshire				
Completed by:	Graham Spencer				
E-mail:	graham.spencer@derbyshire.gov.uk				
Contact number:	01629532072				
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Carol Hart				
Will the HWB sign-off the plan after the submission date?	Yes				
If yes, please indicate the date when the HWB meeting is scheduled:	6/2/2020				
	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Councillor	Carol	Hart	<a href="mailto:Carol.Hart@derbyshire.gov.uk">Carol.Hart@derbyshire.gov.uk</a>
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	Chris	Clayton	<a href="mailto:Chris.clayton2@nhs.net">Chris.clayton2@nhs.net</a>
	Additional Clinical Commissioning Group(s) Accountable Officers		Steven	Pleasant	<a href="mailto:steven.pleasant@tameside.gov.uk">steven.pleasant@tameside.gov.uk</a>
	Local Authority Chief Executive		N/A	N/A	<a href="mailto:NA@NA.com">NA@NA.com</a>
	Local Authority Director of Adult Social Services (or equivalent)		Helen	Jones	<a href="mailto:Helen.Jones@Derbyshire.gov.uk">Helen.Jones@Derbyshire.gov.uk</a>
	Better Care Fund Lead Official		Graham	Spencer	<a href="mailto:Graham.Spencer@derbyshire.gov.uk">Graham.Spencer@derbyshire.gov.uk</a>
	LA Section 151 Officer		Peter	Handford	<a href="mailto:Peter.Handford@derbyshire.gov.uk">Peter.Handford@derbyshire.gov.uk</a>
<i>Please add further area contacts that you would wish to be included in official correspondence --&gt;</i>	Service Director Commissioning and Performance (Derbyshire County Council)		Julie	Vollor	<a href="mailto:Julie.Vollor@derbyshire.gov.uk">Julie.Vollor@derbyshire.gov.uk</a>
	Director of Joint Commissioning and Community Development (NHS Derby and Derbyshire CCG)		Kate	Brown	<a href="mailto:kate.brown12@nhs.net">kate.brown12@nhs.net</a>
	Head of Delivery and Assurance (NHS Tameside and Glossop CCG)		Elaine	Richardson	<a href="mailto:Elaine.Richardson@nhs.net">Elaine.Richardson@nhs.net</a>



### 3. Summary

#### Income & Expenditure

##### [Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£6,960,721	£6,960,721	£0
Minimum CCG Contribution	£56,834,861	£56,834,861	£0
iBCF	£31,054,728	£31,054,728	£0
Winter Pressures Grant	£3,627,306	£3,627,306	£0
Additional LA Contribution	£1,566,063	£1,566,063	£0
Additional CCG Contribution	£1,432,572	£1,432,572	£0
<b>Total</b>	<b>£101,476,251</b>	<b>£101,476,251</b>	<b>£0</b>

##### [Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£16,004,896
Planned spend	£22,985,124

#### Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£32,180,173
Planned spend	£33,312,078

### Scheme Types

Assistive Technologies and Equipment	£7,794,061
Care Act Implementation Related Duties	£2,148,836
Carers Services	£2,048,328
Community Based Schemes	£710,215
DFG Related Schemes	£6,960,721
Enablers for Integration	£6,790,283
HICM for Managing Transfer of Care	£5,325,293
Home Care or Domiciliary Care	£6,568,103
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£27,878,542
Intermediate Care Services	£5,905,908
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£4,099,098
Residential Placements	£0
Other	£25,246,863
<b>Total</b>	<b>£101,476,251</b>

### HICM >>

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

## [Metrics >>](#)

### Non-Elective Admissions Delayed Transfer of Care

[Go to Better Care Exchange >>](#)

### Residential Admissions

		19/20 Plan
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	640

### Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.1%

## [Planning Requirements](#)

[>>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	No

## 4. Strategic Narrative

**What is your approach towards integration of health and social care from:**

*When answering the sections below please highlight any learnings or changes you have undertaken from the previous planning 2017-19*

<b>A) Person-centred outcomes</b>	
Your approach to integrating care around the person, this may include (but is not limited to):	
- Prevention and self-care	
- Promoting choice and independence	
Remaining Word Limit:	173
<p><b><u>Introduction</u></b></p> <p>The Derbyshire Better Care Fund (BCF) Plan 2019-20 is an extension of the 2017-19 plan that built upon previous iterations of the original 2015/16 plan. This latest version has been informed by:</p> <ul style="list-style-type: none"> <li>• the development and implementation of the Derbyshire Sustainability and Transformation Plan (STP) known locally as Joined Up Care Derbyshire (JUCD);</li> <li>• the Tameside &amp; Glossop Corporate Plan and Care Together Programme;</li> <li>• the Derbyshire Health and Wellbeing Strategy 2018-2023; and</li> <li>• Organisational Plans (e.g. Council Plan 2019-2021, CCG Operational Plans).</li> </ul> <p>The predominant focus of the Derbyshire BCF continues to be on supporting the delivery of place-based population health and care across Derbyshire.</p> <p><b><u>The Vision</u></b></p> <p>The overall vision of the Derbyshire Better Care Fund (BCF) is for individuals to be able to plan their 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.”</p> <p>At the heart of this vision 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 for as long as is appropriate. During 2018-19 there were 146 Personal Health Budgets provided to Children and Adults with the number increasing throughout 2019-20, as an example of how people are being supported differently to manage their own health and care needs. Carers are also supported through the BCF in a variety of ways, not least through Carers Personal Budgets ( 1,874 in 2018-19) and provision of Information Advice and Guidance ( 6,998 contact with Carers requesting IAG during 2018-19)</p>	

### **The Approach**

Over the past few years, the BCF has funded the ongoing development of community support teams across Derbyshire. These teams have brought together social care, primary care and community health services within defined place-based populations to prevent and/or reduce admissions to hospitals and care homes and provide greater support to people living in residential or nursing care. Across Derbyshire and Derby City this forms part of the Place workstream of the STP. Within the Glossop locality of Derbyshire, a similar approach has been taken with Tameside & Glossop CCG in supporting their development of Neighbourhoods.

Where people do need to be admitted to a hospital, close working between the hospital and community support teams means individuals are increasingly better supported upon discharge, enabling them to return to their own homes sooner. Increased preventative care and community support will, in the long-term, enable hospital providers to focus on providing specialist acute care whilst people are encouraged to live well better and take greater control over the management of their own conditions.

The continued development of person-centred care remains a funding priority for the Derby and Derbyshire Better Care Fund plans during 2019-20.

### **Health profile 2018 update:**

This approach to meeting the needs of place-based populations will, in time, help to reduce the levels of variation of health outcomes seen across Derby and Derbyshire, which are generally lower than the England average in some key areas. The Derby City and Derbyshire County Health Profiles for 2018 show the following:

- Life expectancy from birth in both Derbyshire County (M: 79.1, F: 82.8), and Derby City (M: 78.2, F: 82.7) is below the national average for England (M: 79.5, F: 83.1)
- In the city, the life expectancy gap is 10.2 years for men and 8.3 years for women when comparing the most deprived areas of the city to the least deprived areas
- In the county, the life expectancy gap is 7.9 years for men and 6.8 years for women when comparing the most deprived areas of the county to the least deprived areas
- In the county approximately 15% (19,300) children live in low-income families with 21% (10,700) 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. Excess weight in adults in Derbyshire (63.8%) and Derby City (65.1%) are above the England average (61.3%)
- 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

It should, however, be noted that the majority of preventative services funded through the Derbyshire BCF relate to provision of equipment, or other aids/adaptations and services to support Carers – in essence preventing admission to hospital or a residential care-setting. Preventative services funded through the BCF account for c19% of overall funding as the priority is to focus on development of community services across place/neighbourhood. A JUCD Prevention Strategy has recently been published which complements the existing Health and Wellbeing strategies and other strategies that exist as part of the JUCD programme, e.g. Mental Health, Sexual and Reproductive Health, and Child Health. These strategies are interdependent and taken together, provide a whole system approach to prevention across Derbyshire.

### **The Workforce**

In order to deliver person-centre care effectively, we need a workforce that is able to provide this. Through the BCF, funding has been used to support the work of Joined Up Careers Derbyshire, formerly known as the Derbyshire Health and Social Care Talent Academy. This initiative brings together local partner organisations to support the current and future health and social care workforce. The following provides an overview of the work undertaken to-date and ongoing developments:

- *Developing new roles to support the Derbyshire Model of Care* – Hybrid roles (still in development) that will be delivered at Place levels offering person-centred approaches to caring for local residents and to free up time for clinical professionals to respond to more complex cases.
- *A new Health and Care Support Worker Apprenticeship Pilot* - The scheme, launched in September 2018, runs until 2020 and offers individuals a 15-month rotational apprenticeship scheme across health and social care organisations, including primary care and private and voluntary organisations. The positions have been hosted by University Hospitals of Derby and Burton NHS Foundation Trust and Derbyshire County Council.
- *Place Alliance OD Programme* - The Leading Across Boundaries programme has been ongoing since October 2018 to support Place Alliance members in delivering care and promoting health and wellbeing. The programme brings pathways together, identifying how collaboration can be further enabled in Derbyshire and understanding from citizens ‘what matters to you’? rather than ‘what’s the matter with you’?
- *System Workforce Dashboard* - A system-wide dashboard which provides a visual, robust image of the current workforce position across the system in Derbyshire has been implemented. The dashboard inclusive of statutory NHS, Primary Care & Social Care data provides a base-line view of the current workforce, future workforce risks, new roles, integrated models of care and can also be used to track movements across the workforce.
- *Workforce modelling programme* – This has utilised a whole system partnership methodology focusing on specific workstreams of the STP to develop a Derbyshire workforce model. The aim is to develop the future workforce plan to establish Derbyshire as an attractive proposition for clinicians to train and remain. The development of place-based care with GP practices networked under principles of the Primary Care Network model will give greater stability and individual support to practitioners creating even closer links with Health Education England to triangulate our plans and develop a single Derbyshire training hub.
- *Programme of work on GP Retention* - There is an improved understanding of our workforce baseline following the GP Forward View monitoring survey. The aim will be to establish Derbyshire as an attractive proposition for clinicians to train and remain. The development of place-based care with GP practices networked under principles of the Primary Care Networks model will give greater stability and individual support to practitioners.

## B) Neighbourhood / HWB level

### (i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements

- Alignment with primary care services (including PCNs (Primary Care Networks))

- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

Remaining Word Limit:

9

The 2019-20 Joined Up Care Derbyshire (JUCD) System Operation Plan Overview, which the local BCF plan supports, has identified the following system priority for 'place' (the local approach to community-based population health and care support):

- To develop an integrated care model to meet the needs of local 'Place-based' populations. The care model will, over time support the delivery of the 'Derbyshire wedge' – the way in which we describe the shift in activity and resources from the acute sector to the community.

This will be delivered through a range of activity highlighted below – some of which will continue to be funded through the BCF:

- Further development of Community Wellness Hubs; focusing on obesity, smoking, falls, sexual health, alcohol, CVD prevention, Health Protection
- Implement evidenced-based falls pathway, based on Falls Needs Assessment
- Identify and stratify those at risk of admission to hospital, provide appropriate and timely interventions to avoid admission/escalation, use standardised multi-disciplinary approaches to develop personalised care planning and use all available community assets to support people (e.g. voluntary sector).
- Deliver personalised care through an integrated multi-disciplinary team approach.
- Implement the agreed Derbyshire frailty pathway for those at risk of becoming frail or living with frailty through adoption of the approaches above.
- Care Homes - develop new model of primary and community care support to people in care homes utilising existing care home primary care Local Enhanced Services.
- Community Support Beds – all beds delivered across the County are funded through the BCF along with elements of other discharge to assess pathways.
- Continuation and expansion of core delivery of integrated working focussed on the frailty cohort.

The anticipated impact of delivering these activities are that:

- Integrated Care Teams will be developed with enhanced assessment skills to reduce the need for people to have a hospital admission and support them to stay in their own homes wherever possible with appropriate support.
- As much care as possible is delivered in people's normal place of residence or their community, reducing the need for admissions to acute or long-term care settings.

- Care is planned and pro-active where possible and responsive when required.
- Providers collaborate to deliver care with clear accountability for improving outcomes.
- Maximised use of existing resources, target variation, link growth in community capacity to reduce need for admission.

### **Joint Commissioning**

Following the merger of four CCGs into one covering Derby and Derbyshire (excluding Glossop which continues to be part of Tameside & Glossop CCG) the local approach to Joint Commissioning is currently being reviewed. A Joint Commissioning Group has been formed, comprising Officers from the new Derby and Derbyshire CCG, Derby City Council, and Derbyshire County Council. This group is currently reviewing commissioned services and arrangements across the STP to develop a more strategic approach to commissioning that will provide a more coherent joined-up approach to commissioning in the future.

For the purposes of managing the BCF in Derby and Derbyshire there is a Joint Better Care Fund Programme Board which has, and continues, to oversee jointly commissioned services that were introduced via the original Better Care Fund in 2015/16. This Board will continue to have oversight of these services until such time as a decision is made on the future strategic relationship required for commissioning. In doing so it will continue to report to the health and Wellbeing Board and JUCD workstream Boards e.g. Place to ensure that the BCF continues to align with developments within the JUCD delivery of the STP and emerging ICS in Derbyshire.

### **Alignment with Primary Care Networks**

There are sixteen Primary Care Networks covering Derbyshire (including Glossop) and Derby City. These PCNs were confirmed at the end of May 2019 and commenced operation on 1 July 2019, but moving forward, are an important building block of developing community services to support better delivery of hands-on, personalised, coordinated and more joined-up health and social care across the local system. The relationship, therefore, between Place Alliances and primary Care networks will be important to achieving the ambitions of the STP. Further details of PCNs in Derbyshire can be found here:

<http://www.derbyandderbyshireccg.nhs.uk/about-us/who-we-are/primary-care-networks/>

### **Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)**

Derbyshire County Council is currently undertaking a strategic review of the funding provided to the VCS for both its infrastructure, and the services it delivers. The aim of this review is to develop a new offer that moves away from the traditional model of grant funding. In doing so it is envisaged that this will help the VCS to grow and thrive, providing the right support in the right areas and reduce inefficiencies and inequity of services.



**(ii) Your approach to integration with wider services (e.g. Housing), this should include:**

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the Regulatory Reform Order (2002)

Remaining Word Limit:

275

As in previous years, the Disabled Facilities Grant (DFG) has been 'passported' directly to the District and Borough Councils across Derbyshire. Each District and Borough Council has developed local assurance plans for 2019-20 which, as with the wider BCF plan, are an extension to assurance plans delivered during 2017-19.

The local assurance plans set out how each District and Borough will utilise their DFG funding, which in most areas includes continued delivery of mandatory Disabled Facilities Grants alongside more innovative pieces of work to improve housing and housing opportunities to help support people to remain independent in their own communities. Some of this work is being supported by work with the NHS on Place. From a policy perspective officers are considering how best to use the DFG's flexibilities in supporting the BCF's aims whilst maintaining statutory obligations. In particular, decisions around how BCF is used to address disrepair of owner occupied homes where the condition of the home has a direct influence on the likelihood of hospital admission or delayed discharge.

This is also supported by a County wide Older Persons Housing Commissioning Strategy for Derbyshire which Districts and Boroughs are adopting which will support continued focus on the improved delivery of meeting the needs of older people and those with reduced mobility.

Examples include:

- Integrated adaptations of new build social housing to better match disabled residents to suitable accommodation (Amber Valley, Erewash, South Derbyshire);
- Support of Place Alliances – District & Borough Council's will continue to work with partners at the Place level to identify ways in which they work together, current examples include Chesterfield Holistic Care Model, Trialling use of new technology, small dementia grants (based on Worcestershire), support moves to adapted or more suitable properties;
- Work is underway to provide stairlifts as equipment rather than DFG to improve waiting times and increase recycling as well as provide a more responsive service for short term needs;
- Hospital Avoidance Scheme (South Derbyshire District Council);
- Support for the Healthy Homes programme operated by Derbyshire County Council;
- Stock Condition Survey being undertaken across Derbyshire and Derby City – purpose of this is to provide intelligence to inform STP and other partners about the condition of the housing stock and inform commissioners and their policy decisions based on the findings of the report;
- Dedicated mental health Worker in South Derbyshire – to support people in crisis and reduce risk of homelessness.

There are continuing challenges facing the delivery of DFGs across Derbyshire which have been identified during 2018-19. The main ones concern processes around efficiently identifying need through assessment and reducing duplication across the system. There are also workforce resourcing issues across both

housing services to administer the DFGs and Occupational Therapy to support the assessment process. Consideration is being given as to how to address these issues and various proposals have already been identified in some areas that could be utilised more consistently across the County. Longer term certainty around DFG funding allocations will be critical to maintain momentum and confidence that investment in more efficient processes will be supported by the funding required to meet that demand.

<b>C) System level alignment, for example this may include (but is not limited to):</b>	
- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans - A brief description of joint governance arrangements for the BCF plan	
Remaining Word Limit:	1077
<p><b>BCF and STP/ICS Alignment</b></p> <p>The Derbyshire Better Care Fund pre-dates the development of STPs and ICSs and also operates across a different footprint to these. This has, therefore, presented challenges in understanding how the different plans fit together considering Derbyshire's BCF crosses two Health and Wellbeing Board areas, two CCGs in different NHS regions, two different STPs (one in Derbyshire and the Greater Manchester Health &amp; Social Care System) and eight District and Borough Councils. In Derbyshire, however, it has become clear over time that the BCF is best-placed to support the delivery of Place-based health and care services.</p> <p>The 2019/20 BCF Plan for Derbyshire will predominantly fund services that are delivered across the eight Place Alliance areas in Derbyshire, as it has in previous years. These are services that are key to supporting the wider system in shifting the model of care into the community to enable acute services to provide various specialist and urgent and emergency care services.</p> <p>The model for delivering integrated care in Derbyshire is as follows:</p> <ul style="list-style-type: none"> <li>• Primary Care Networks – delivering services to populations of c30,000-50,000 people with GP Practices working collaboratively along with other health and social care patterns to provide a more integrated neighbourhood response;</li> <li>• Place – Eight Place Alliance areas which plan and deliver integration of health and care services across local populations. Based on an effective population health management model to increase focus on more preventative services and reduce levels of variation / consistency in services and tackle inequalities;</li> <li>• System – oversees the delivery of a vision and strategy developed by the Joined Up care Derbyshire Partnership Board. Will oversee the development of an Integrated Care Partnership amongst its local providers and over time streamline commissioning arrangements.</li> </ul> <p><b>BCF Governance</b></p> <p>The Derbyshire Health and Wellbeing Board established a BCF Programme Board as a delegated sub-group, to oversee the management and monitoring of the Derbyshire Better Care Fund programme back in 2014/15. This Board comprises representatives from the two CCGs covering Derbyshire (DDC and T&amp;G CCGs), and Derbyshire County Council. Over the last 12 months, the Board has expanded to include Derby City Council to prevent duplicating effort of monitoring between the newly merged CCGs and the City Council. Whilst the Board has delegated authority from the County Health and Wellbeing Board, it does not have the same level of power in respect of Derby City. Therefore, for consistency, all BCF national returns (planning and quarterly monitoring) are reported via the Board to both Health and Wellbeing Boards.</p>	

## 5. Income

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Derbyshire	£6,960,721
DFG breakdown for two-tier areas only (where applicable)	
Amber Valley	£1,281,883
Bolsover	£999,472
Chesterfield	£1,208,957
Derbyshire Dales	£530,326
Erewash	£936,182
High Peak	£489,109
North East Derbyshire	£722,417
South Derbyshire	£792,375
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£6,960,721</b>

iBCF Contribution	Contribution
Derbyshire	£31,054,728
<b>Total iBCF Contribution</b>	<b>£31,054,728</b>

Winter Pressures Grant	Contribution
Derbyshire	£3,627,306
<b>Total Winter Pressures Grant Contribution</b>	<b>£3,627,306</b>

Local Authority Additional Contribution	Contribution
Derbyshire (additional ICES Funding)	£1,566,063
<b>Total Additional Local Authority Contribution</b>	<b>£1,566,063</b>

CCG Minimum Contribution	Contribution
NHS Derby and Derbyshire CCG	£54,445,848
NHS Tameside and Glossop CCG	£2,389,013
<b>Total Minimum CCG Contribution</b>	<b>£56,834,861</b>

Additional CCG Contribution	Contribution
NHS Derby and Derbyshire CCG (Pathway 2 – CSB Additional)	£871,572
NHS Derby and Derbyshire CCG (Pathway 1 – Home Care Additional)	£561,000
<b>Total Addition CCG Contribution</b>	<b>£1,432,572</b>
<b>Total CCG Contribution</b>	<b>£58,267,433</b>

	2019/20
<b>Total BCF Pooled Budget</b>	<b>£101,476,251</b>

## 6. Expenditure

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Mental Health Enablement	Preventative & recovery focussed support to people living with a mental health condition	Prevention / Early Intervention	Other	Mental Health / Wellbeing			Medium	Not applicable	Not applicable	Not applicable	Mental Health		LA	Local Authority	Minimum CCG Contribution	£537,660	Existing
1	Integrated care teams	Alignment of Social Care staff to GP Practices to provide early intervention to people at risk of health or social care admission.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	Medium	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£1,566,000	Existing
1	ICS - Integrated Workforce (social care)	Provision of assessments and support and care for out of hospital clients and others in a residential or home care setting on either a short term or long term basis.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	High	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£2,262,676	Existing
1	Care packages to maintain clients in a social care setting	provision of social care packages to help and support clients to remain outside of an acute setting and within their local community	Home Care or Domiciliary Care			Hours of Care	286,566.0	High	High	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£6,568,103	Existing
1	Dementia Reablement Service	Specialist social care reablement service for people living with dementia	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	720.0	Not applicable	High	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£1,284,120	Existing
1	Falls Recovery	24 Hour Service - alternative response to non-urgent fallers	Prevention / Early Intervention	Other	Physical Health / Wellbeing			High	Not applicable	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£253,692	Existing
1	Mental Health Triage	AMHPs to support work of the Mental Health Triage Hub	Prevention / Early Intervention	Other	Mental Health / Wellbeing			High	Not applicable	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£99,180	Existing
1	Mental Health Acute Based Social Worker Support	Social Workers working at inpatient (Acute Mental Health Wards	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Not applicable	High	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£99,180	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Seven Day Working	Additional Social Worker and OT capacity to provide core 7 day offer.	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services				Medium	High	Medium	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£783,000	Existing
1	Mental Health - Recovery and Peer Support	County wide offer of targeted support through 1:1, group work and drop-in including face to face and telephone; recovery education; low level housing related support.	Other		Mental Health Recovery & Support			High	High	Not applicable	Not applicable	Social Care		LA	Charity / Voluntary Sector	Minimum CCG Contribution	£307,980	Existing
1	ICS Reablement & DSO Reablement	Countywide reablement service	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	1,900.0	Not applicable	Not applicable	Not applicable	High	Social Care		LA	Local Authority	Minimum CCG Contribution	£4,621,788	Existing
1	Community Support Beds	Pathway 2 (D2A) Community Support Beds	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Low	Medium	Social Care		LA	Local Authority	Minimum CCG Contribution	£2,631,942	Existing
1	ICS - Hospital Teams	Dedicated hospital social work teams working across acute providers in and surrounding the County	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Medium	High	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£939,600	Existing
1	Dementia Support	Advice and information support service for people living with dementia and their family / carers	Prevention / Early Intervention	Other	Advice & Information			Low	Low	Not applicable	Not applicable	Social Care		LA	Charity / Voluntary Sector	Minimum CCG Contribution	£417,600	Existing
1	Assistive Technology	The Telecare service provides equipment to support people to maintain their independence in the community, to live in their own homes for longer, assist people leaving hospital, prevent avoidable admissions and to underpin care support for vulnerable people of all ages.	Assistive Technologies and Equipment	Telecare				Medium	Medium	Not applicable	Not applicable	Social Care		LA	Private Sector	Minimum CCG Contribution	£709,920	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	ICS - Specialist Teams	Specialist social care services that support people to remain at home.	Prevention / Early Intervention	Other	Care Planning, Assessment and Review			Not applicable	Medium	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£622,224	Existing
1	Supporting the Care Market	Incentivised Payments and other associated schemes to support the wider care market in Derbyshire	Other		Care Market Sustainability			Medium	Medium	Medium	Medium	Social Care		LA	Private Sector	iBCF	£7,937,693	Existing
1	Reduce Budget Savings to Protect Social Care	iBCF funding used to offset budget savings required across Adult Social Care and Health	Other		Adult Social Care Delivery			Medium	Medium	Medium	Medium	Social Care		LA	Local Authority	iBCF	£11,351,652	Existing
1	Support to Improve System Flow	Additional posts across Adult Social Care & Health to support hospital admission avoidance and reduce delayed transfers of care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Social Care		LA	Local Authority	iBCF	£3,473,500	Existing
1	Winter Pressures	Further funding to support the wider care market during winter period to be as responsive as possible to pressures on NHS	Other		Care Market Sustainability			Medium	Medium	Medium	Medium	Social Care		LA	Local Authority	Winter Pressures Grant	£3,627,306	New
1	Community Nursing	Community nursing services deliver care in the home for patients with a broad range of nursing needs. The needs are not acute in nature but will prevent situations deteriorating.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£10,507,743	Existing
1	Integrated Teams	The Integrated Teams comprise of Community Matrons and Care Co-Ordinators who work closely and proactively with the whole primary care team as well as strengthening the	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£439,632	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
		links to the wider Integrated community teams functioning in other levels of care																
1	Evening Nursing Services	The service provides nursing care to adults who require nursing care within their own home due to an urgent problem related to a long term chronic disease/condition or as a result of an acute episode of ill health. This includes assessment and treatment of patients with nursing needs	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£1,126,448	Existing
1	Care Co-ordinators	The service aims to improve the co-ordination and provision of packages of care for adults with complex care needs and their families, enabling patients to be cared for in their place of their choice that meets their needs	Other		Care Coordination			High	Medium	Medium	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£687,754	Existing
1	Community Matrons	Community Matron Programme provides a proactive, holistic approach to managing patient's long-term conditions that is centred on primary care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Medium	Medium	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£2,140,610	Existing
1	Community Therapy	The Community Therapy Teams (physiotherapy and/or occupational therapy) aim to provide highly skilled assessment and intervention to patients with physical problems affecting	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	High	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£3,456,814	Existing



Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
		their functional abilities																
1	Senior Medical Input	Advanced Care Practitioners - provide senior assessment and intervention to patients within patients own home environment (for the community element), within community support beds and within the acute Trust	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£353,048	Existing
1	Voluntary SPA	The aim of the voluntary sector Single Point of Access (vSPA) service is to provide one referral route into health and social care voluntary services to support people to receive services at home or as close to home as is possible	Other		Single Point of Access			Medium	Medium	Not applicable	Low	Other	Voluntary Sector	CCG	Charity / Voluntary Sector	Minimum CCG Contribution	£17,867	Existing
1	Primary Care Hubs	Extension of available primary care access via two GP Hubs in Erewash that will give patients local access and support, reducing the need to attend other services	Prevention / Early Intervention	Other	Access to Primary Care			High	Medium	Medium	Not applicable	Primary Care		CCG	NHS Community Provider	Minimum CCG Contribution	£130,130	Existing
1	Care Home Support Service	Ward Rounds carried out in care homes by a multi- disciplinary team (supported by a GP) to improve care and reduce the number of acute interventions. First point of contact for assessment for acute interventions.	Other		Healthcare Services to Care Homes			Medium	Medium	Medium	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£439,651	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Glossopdale Neighbourhood Team	Multi-Disciplinary Integrated Care Team to deliver Neighbourhood services in Glossop	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£483,171	Existing
1	Intermediate Care Team Chesterfield	The premise of ICTs is the coming together of existing teams, mainly across health and social care in order to provide a seamless service for both patients and professionals at different points of need.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£40,792	Existing
1	Intermediate Care Team BSV	The premise of ICTs is the coming together of existing teams, mainly across health and social care in order to provide a seamless service for both patients and professionals at different points of need.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£199,257	Existing
1	Intermediate Care Team NED	The premise of ICTs is the coming together of existing teams, mainly across health and social care in order to provide a seamless service for both patients and professionals at different points of need.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Medium	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£982,066	Existing
1	Community IV Therapy	Provides services to facilitate the timely discharge from acute and community hospital care. In some instances the service can be used to prevent unnecessary admissions into hospital	Community Based Schemes					Medium	Medium	Not applicable	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£149,215	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Clinical Navigation Service	The service will accept and triage referrals, improve co-ordination, assessment and provide care delivery through both health and social care services in order to support patients to receive clinically appropriate care at home or as close to home as is possible	Integrated Care Planning and Navigation	Care Coordination				Not applicable	High	Not applicable	Not applicable	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£846,784	Existing
1	Community Support Beds - Additional	Pathway 2 (D2A) Community Support Beds	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Low	Medium	Social Care		CCG	Local Authority	Additional CCG Contribution	£871,572	New
1	Pathway 1 home care	Provision of home care to support Pathway 1 (D2A)	Community Based Schemes					Not applicable	High	Medium	High	Community Health		CCG	Local Authority	Additional CCG Contribution	£561,000	New
2	Local Area Coordinators	Systematic effort, organised and led by public bodies in partnership with local people and communities, to ensure that people can prevent their ordinary needs from becoming major problems, avoid crisis and support themselves to maintain and strengthen their everyday citizenship	Prevention / Early Intervention	Social Prescribing				Medium	Medium	Medium	Low	Social Care		LA	Local Authority	Minimum CCG Contribution	£171,612	Existing
2	Carers	Number of services delivered to support Derbyshire Carers Strategy Inc. Derbyshire Carers Service, Emergency Card etc.	Carers Services	Other	Carer Advice, Information and Respite Services			Low	Medium	Low	Not applicable	Social Care		LA	Charity / Voluntary Sector	Minimum CCG Contribution	£2,048,328	Existing
2	Disabled Facilities Grant	Provision of Disabled Facilities Grants across 8 District & Borough Councils	DFG Related Schemes	Other	Adaptations, wider Health & Housing Solutions			Medium	Medium	Medium	Not applicable	Social Care		LA	Local Authority	DFG	£6,960,721	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
2	Integrated Community Equipment Service	The Integrated Community Equipment Services provides a range of equipment from simple aids for daily living to more complex pieces of equipment enabling people to stay in their home environment.	Assistive Technologies and Equipment	Community Based Equipment				Low	High	Not applicable	Low	Social Care		LA	Private Sector	Minimum CCG Contribution	£4,533,937	Existing
2	Integrated Community Equipment Service - additional	The Integrated Community Equipment Services provides a range of equipment from simple aids for daily living to more complex pieces of equipment enabling people to stay in their home environment.	Assistive Technologies and Equipment	Community Based Equipment				Low	High	Not applicable	Low	Social Care		LA	Private Sector	Additional LA Contribution	£1,566,063	Existing
2	Preventative Services (Inc. Public Health and Health and Housing)	Includes development of a Derbyshire Falls Pathway, funding for voluntary and community sector groups to make local communities more resilient and better able to support vulnerable people without statutory agency support; support to Welfare Rights.	Prevention / Early Intervention	Other	Health & Housing			Medium	Medium	Medium	Medium	Social Care		LA	Local Authority	iBCF	£1,867,000	Existing
2	Wheelchairs	The Wheelchair Service provides assessments for people with permanent mobility problems (longer than 6 months), including specialist seating for wheelchairs users	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Not applicable	Community Health		CCG	Private Sector	Minimum CCG Contribution	£984,141	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
		with postural problems.																
3	Autism Support	Implement Improvements in the adult element of the all age pathway for people with autism - specifically: Increase access to peer support/befriending/ short term skill development and coping skill support/support to access and maintain employment.	Other		Pathway Developm ent			Low	Low	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£469,800	Existing
4	Workforce Developme nt	Funding for Joined Up Careers Derbyshire Service	Enablers for Integration	Integrated workforce				Low	Not applicable	Low	Low	Social Care		LA	Local Authority	Minimum CCG Contribution	£261,000	Existing
4	Programme Manageme nt (BCF & TCP)	Programme management and Support for the BCF	Other		Enabler			Low	Low	Low	Low	Social Care		LA	Local Authority	Minimum CCG Contribution	£407,160	Existing
4	Information sharing across health	Supports delivery of former BCF national condition and continued developments in shared data.	Enablers for Integration	Shared records and Interoperability				Medium	Medium	Medium	Medium	Social Care		LA	Local Authority	Minimum CCG Contribution	£104,400	Existing
4	Care Act	This area of expenditure relates to the provision of services to support the continued implementation of the Care Act	Care Act Implementati on Related Duties	Other	Various - Advocacy, Prisoners, Safeguardi ng			Low	Medium	Not applicable	Not applicable	Social Care		LA	Local Authority	Minimum CCG Contribution	£2,148,836	Existing
4	Enablers (System and Service Redesign to increase capacity)	Additional support to improve case management system and direct care transformation (to support D2A)	Enablers for Integration	Implementation & Change Mgt capacity				Medium	Medium	Medium	Medium	Social Care		LA	Local Authority	iBCF	£6,424,883	Existing

## **7. High Impact Change Model**

**Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:**

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Priorities for the HICM were reviewed during 2017-18 via the Joined Up Care (STP) Derbyshire Board. As a result of this three High Impact Change areas were identified and recommended to the BCF Programme Board as being the priorities for improving performance during 2017-19. These were:

- 4 - Home first / discharge to assess
- 6 - Trusted assessors
- 8 - Enhancing health in care homes

Work to progress Changes 4 and 6 progressed well during this timeframe, with both achieving the intended positions as at the end of March 2019. However, progress against Change 8 was not achieved as expected and is a performance issue to be addressed during 2019-20. This is, in part due to the merger of four of the CCGs serving Derbyshire (particularly in respect of workforce and capacity of staff) along with changes being made to the Derbyshire STP workstreams which are now being reflected in the latest STP refresh to be submitted in Autumn 2019.

Further improvements will be needed within services to ensure that Change areas 4 and 6 continue to perform well, particularly in the light of increasing numbers of delayed transfers of care during the first part of 2019-20 – partly in response to continuing rise in non-elective admissions. This should be viewed against a backdrop of continued investment into community services to try and provide health and care support to people to remain as independent as possible.

The BCF Programme Board will not be developing a new action plan for the remainder of 2019-20. This is due to a number of factors including the anticipated revision to the HICM and the outcome of the revised STP plan for Derby and Derbyshire. This does not mean there won't be any further improvements – the BCF will continue to support people to remain in their own homes and manage their own conditions for as long as is appropriate, and support the NHS to reduce pressures on its services. The successful Discharge to Assess work continues with further developments planned across the South of the County and in the City to better understand the levels of demand and ensuring the current Pathways for discharge will be fit for purpose in the future. A system wide dashboard has also been implemented and continues to be refined to support the operational delivery planning that is replacing the traditional seasonal planning approach.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Established	
Chg 4	Home first / discharge to assess	Mature	Mature	
Chg 5	Seven-day service	Plans in place	Established	
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Established	Established	
Chg 8	Enhancing health in care homes	Established	Established	

## 8. Metrics

### 8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative	
Total number of specific acute non-elective spells per 100,000 population	<b>Collection of the NEA metric plans via this template is not required</b> as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	<p>There are a range of programmes of work that include reducing non elective admissions as an objective with interventions planned at different stages of the pathway that may lead to admission. At high level these include the following</p> <p><b>Prevention</b> – The provision of information to the public regarding services and accessibility is undertaken system wide to ensure that we are able to more effectively manage demand targeting specific issues and causes, for example dealing with weather extremes that can trigger exacerbations of conditions. Increased social connectedness utilising the investment into social prescribing.</p> <p><b>Access</b> – from 1<sup>st</sup> October there will be 100% coverage of extended access (i.e. until 8pm) for GP practices plus improved accessibility through the NHS app for booking. Improvements in access, triage and responsiveness of urgent nursing needs in the community (as a component of integrated responsive provision)</p> <p><b>Reducing demand</b> – there is a programme of actions co-ordinated and delivered through Place-based working targeting the need to reduce NELS. Actions include ensuring options in a local area as an alternative to conveyancing, reducing falls, and care home support based progressing elements of the Enhanced Health in Care Homes framework. There are also condition specific actions targeting service changes to increase care outside of hospital</p>	<b>Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.</b>

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox:

[ENGLAND.bettercaresupport@nhs.net](mailto:ENGLAND.bettercaresupport@nhs.net)



## 8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative	
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	35.0	<p>The ambition in Derbyshire is to maintain DTOC levels at, or below, the daily average rate of 35.0. This will prove challenging as performance during Q1 and into Q2 of 2019-20 is showing higher rates of DTOCs than have been experienced for over two years. There are certain factors that have contributed to this such as refined DTOC guidance, increases in Non-Elective Admissions, and a greater number of people requiring social care packages than previously seen.</p> <p>A system wide plan Operational Plan for 2019-20 is currently being developed which replaces the previous seasonal plans e.g. Winter. This reflects the acknowledgement by system partners that seasonal variations are not causing the levels of demand seen in previous years. Instead, demand upon services has remained at high levels for a sustained period of time.</p> <p>The Winter Pressures Grant, provided to Derbyshire County Council for 2019-20, along with the iBCF will continue to fund a number of initiatives, set out in previous years. This will include providing support to the system to enable people to both remain as independent as possible and leave hospital in a timely manner. Examples of uses of the funding include:</p> <ul style="list-style-type: none"> <li>• Provision of additional care packages to help people leave hospital in a timely manner (694 additional care packages were delivered via 2018-19 Winter Pressure Grant, with 149,933 hours of home care delivered);</li> <li>• Funding to increase capacity across the Healthy Homes programme (boiler repair/installation, hoarding clearance etc) including a seasonal incentive payments scheme to improve responsiveness of contractors throughout the winter period. (There were 71 new heating system installed through the programme in 2018-19 via additional Winter Pressures funding).</li> </ul>	<p>Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.</p>

		<ul style="list-style-type: none"> <li>• Additional Social Care staffing was provided at the two main acute hospitals within Derbyshire to support decision making on admissions and reduce demand.</li> <li>• Incentive payment to encourage home care providers to prioritise hospital discharge packages over Christmas and New Year.</li> <li>• Additional social workers, occupational therapists and community care worker roles across the county to support assessment and care planning (14.5 fte roles in addition to the safeguarding of 60 existing fte social worker roles).</li> <li>• Roll-out of single-handling principles to support hospital discharge teams in identifying appropriate levels of care packages for discharges.</li> <li>• Home from Hospital Service – provided by British Red Cross to support vulnerable people upon discharge from hospital, e.g. transport, prescription/medication, basic provision in the home &amp; ensuring heating works, ensuring social workers are aware person is home, signposting to other services.</li> </ul>
--	--	--

### 8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments	Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
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	651	640	The planned numerator figure for 2019-20 is the same as in 2018-19, though the annual rate will be lower. The intention is, at the very least, to maintain performance at this level.	
	Numerator	1,118	1118		
	Denominator	171,683	174,740	Despite the County being an outlier for admissions, a stretch target has not been set because Derbyshire County Council is currently undertaking a procurement process to identify a Strategic Partner to help transform services for Older People and People living with a Disability. This will include work to reduce admissions to residential and nursing care for older people. The design of this work will be undertaken during 2019-20 and a four-year implementation programme will begin in April 2020, aimed at promoting greater independence and supporting cultural change in staff to enable this.	

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 2016 based Sub-National Population Projections for Local Authorities in England; <https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2016basedprojections>  
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.

## 8.4 Reablement

		18/19 Plan	19/20 Plan	Comments	Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.1%	86.1%	The planned figure for 2019-20 is the same as in 2018-19. The intention is, at the very least, to maintain performance at this level.	
	Numerator	365	365	A stretch target has not been set because Derbyshire County Council is currently undertaking a procurement process to identify a Strategic Partner to help transform services for Older People and People living with a Disability. This will include work to improve both the capacity and efficiency of the reablement service.	
	Denominator	424	424		

## 9. Planning Requirements

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p><b>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</b></p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	None
	PR2	A clear narrative for the integration of health and social care	<p><b>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</b></p> <ul style="list-style-type: none"> <li>- Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care?</li> <li>- A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care?</li> <li>- A description of how the local BCF plan and other integration plans e.g. STP/ICSs align?</li> <li>- Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing.</li> </ul> <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes	<p>2019-20 Plan is a continuation of the 2017-19 assured plan.</p> <p>More details of the previous BCF Plans and our BCF journey can be found here:  <a href="https://www.derbyshire.gov.uk/social-health/integrated-care/derbyshire-better-care-fund/derbyshire-better-care-fund.aspx">https://www.derbyshire.gov.uk/social-health/integrated-care/derbyshire-better-care-fund/derbyshire-better-care-fund.aspx</a></p>

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes	District and Borough Council's have produced Local Assurance Plans outlining the use of the DFG funding. These will be included in the supporting schedules of the Section 75 agreement.
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes	None
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes	None

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p><b>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</b></p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes	None
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p><b>Has funding for the following from the CCG contribution been identified for the area?</b></p> <ul style="list-style-type: none"> <li>- Implementation of Care Act duties?</li> <li>- Funding dedicated to carer-specific support?</li> <li>- Reablement?</li> </ul>	Yes	None

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes	None
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p><b>Have stretching metrics been agreed locally for:</b></p> <ul style="list-style-type: none"> <li>- Metric 2: Long term admission to residential and nursing care homes</li> <li>- Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement</li> </ul>	No	<p>Stretch targets for the social care metrics have not been set for 2019-20. This is due to a programme of work that will begin later this year to redesign the Older People and Whole Life Disability pathways provided by Derbyshire County Council. The long-term objective of this work is to reduce the numbers of people going into residential care, and ensuring reablement services are both productive and effective for the people that use them. Additional information about this can be found in the following places:</p> <p><a href="https://democracy.derbyshire.gov.uk/documents/s1677/Older%20People%20and%20Whole%20Life%20Disability%20Path">https://democracy.derbyshire.gov.uk/documents/s1677/Older%20People%20and%20Whole%20Life%20Disability%20Path</a></p>



Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
					<a href="#">way%20Assessment%20and%20Provision%20of%20Specialist%20Professional%20S.pdf</a>  And: <a href="https://derbyshireleader.wordpress.com/2019/07/11/plans-to-transform-support-to-older-and-disabled-people-revealed/">https://derbyshireleader.wordpress.com/2019/07/11/plans-to-transform-support-to-older-and-disabled-people-revealed/</a>