
NEW MODELS OF CARE - PRIORITIES

**Responsible Cabinet Member
Councillor Andy Scott, Health and Partnerships Portfolio**

**Responsible Director
Murray Rose, Director of Commissioning**

SUMMARY REPORT

Summary

1. In June 2015, Darlington's health and care partners held their first Health and Care Summit. The aim of the event was to share with a wide strategic and leadership audience the work which had been developed through the Better Care Fund and through the Five Year Forward View. This report summarises the progress since then and seeks Cabinet approval for the proposed high level programme definition document.

Information

2. The health and care economy in Darlington (and nationally) is under immense pressure, with a growing and ageing population and with the development of better interventions which improve outcomes for those with otherwise limiting long term conditions.
3. Collectively, the five main health and care organisations in Darlington; Darlington Borough Council, Darlington Clinical Commissioning Group, Primary Care Darlington, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust, are working to address the local financial pressures. This includes working through the Health and Well Being Board and through the supporting officer group, the Unit of Planning, to agree a set of priorities for action. Each of the priorities identified needs to be one which either removes waste from the system or which supports people to access lower cost but equally effective interventions.
4. In November 2015, the emerging priorities were tested out with primary and secondary care clinicians and with other senior health and care practitioners. There was broad support for taking forward the priorities because it was recognised that they were evidence based and were capable of being delivered through local actions.

5. The six proposed priorities for action include some that are already established and need a level of maintenance to be successful, some that are in the early stages of activity and some that are still in the developmental stage. This was considered to give a balanced programme of phased activity, capable of being delivered within the available resources across the partners.
6. The priority areas are as follows:-
 - (a) Frail elderly and nursing home scheme
 - (b) Long term conditions
 - (c) High impact users
 - (d) Self-management of conditions
 - (e) Social prescribing
 - (f) The development of care hubs
7. The attached Programme Definition Document (PDD) **Appendix 1** shows the overall scope of the activities designed to deliver the Darlington vision for a sustainable health and care economy by 2020 and how the programme would be governed, managed and resourced. It identifies the six priority areas and the programme leadership and support for each of them.

Recommendation

8. Cabinet are asked to approve the Programme Definition Document attached as Appendix 1.

Reason

9. In order to make the most efficient use of resources.

Murray Rose
Director of Commissioning

Background Papers

No background papers were used in the preparation of this report

Murray Rose: Extension 5424

S17 Crime and Disorder	This report prioritises trying to improve services for some high impact users who have been identified in partnership with the Police and Fire and Rescue services
Health and Well Being	This report has a significant positive impact on the health and wellbeing of all residents. It aims to deliver better access to services, better use of resources and an increased focus on personal responsibility.
Carbon Impact	There are no specific issues in this report
Diversity	There are no specific issues in this report
Wards Affected	All
Groups Affected	All, but with a particular emphasis on the elderly, those with long term conditions and those with needs which are challenging in the current system.
Budget and Policy Framework	This report makes no changes to the budget or policy framework.
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	This report makes a significant contribution to the health and social care strand of the work undertaken to deliver the local strategic priorities; in particular, those relating to One Darlington.
Efficiency	This report contributes to the overall Council efficiency programme relating in particular to adult social care and public health budgets.

MAIN REPORT

Information and Analysis

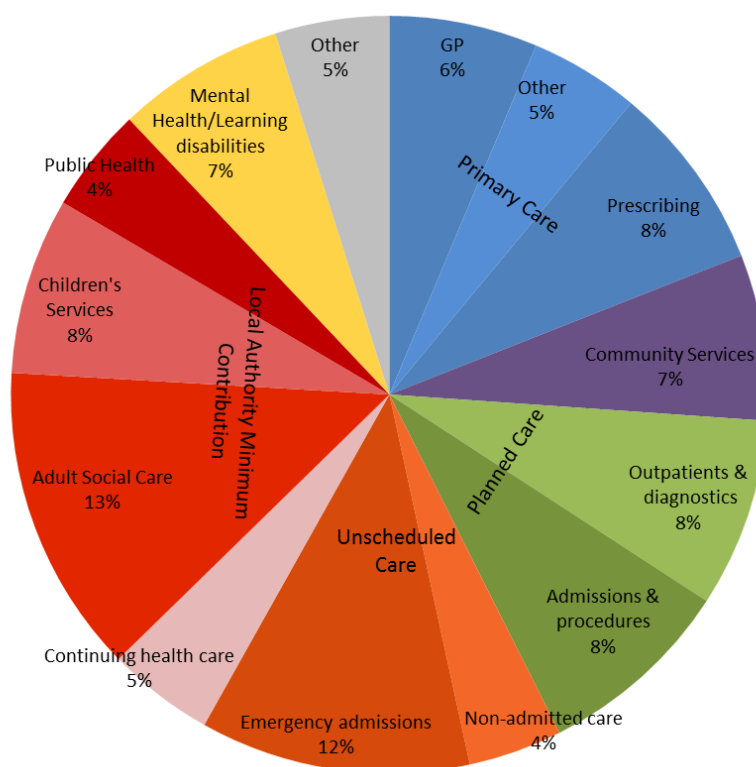
10. The partnership of the main health and care organisations in Darlington - Darlington Borough Council, County Durham and Darlington Foundation Trust, Tees, Esk and Wear and Valleys Foundation Trust, Darlington Clinical Commissioning Group, and Primary Healthcare Darlington - have a shared objective of restructuring the way health and social care are delivered and, where possible, to improve services for people at the same time as reducing costs through stripping out waste. The partners recognise the financial pressures across the health and care economy. Together, they are recommending, for agreement, a programme to ensure that potentially disparate projects and activities undertaken by individual partners, which themselves would otherwise constitute duplication and unnecessary use of scarce resources, are aligned and tested against the shared objective of delivering the 2020 vision:

By 2020 there will be a sustainable health and social care economy in Darlington that places citizens at the centre of the model and which builds strategies and services around them. Personal responsibility, prevention of harm, self-management of conditions, prompt access to primary care and easy access to general acute services will form a continuum of provision in Darlington, with some more specialist services being provided elsewhere.

11. The objectives of the programme set out in the Programme Definition Document (PDD) are to:
- (a) Reduce avoidable early deaths
 - (b) Extend and equalise life expectancy
 - (c) A good quality of life for people in Darlington at all stages of life
 - (d) A measurably high level of public and service-user satisfaction
 - (e) Measurably reduced total cost of health and social care in Darlington
 - (f) Measurably increased value for health and social care spending
12. There is a shared understanding, underpinned by evidence, that these outcomes can best be delivered by:
- (a) Health and social care services designed around the individual, across current organisational boundaries
 - (b) Increased autonomy for individuals to look after themselves
 - (c) Focus – organisation and individual - on prevention
 - (d) Maximised use of partners' resources including skills, expertise, property and other assets.
 - (e) Minimised duplications and waste in service delivery processes
 - (f) Understood and managed demand
 - (g) Full integration of service delivery with community and voluntary sector
 - (h) Transparent budgets and the "cost to care"
 - (i) Data shared appropriately and safely in the interests of individuals
13. In order to help to understand the scale of the challenge, the PDD sets out a pie chart, Figure 1, below, of the £211 million spent annually in Darlington on health

and care, set out as the percentage of spend across a number of defined areas.

14. Figure 1

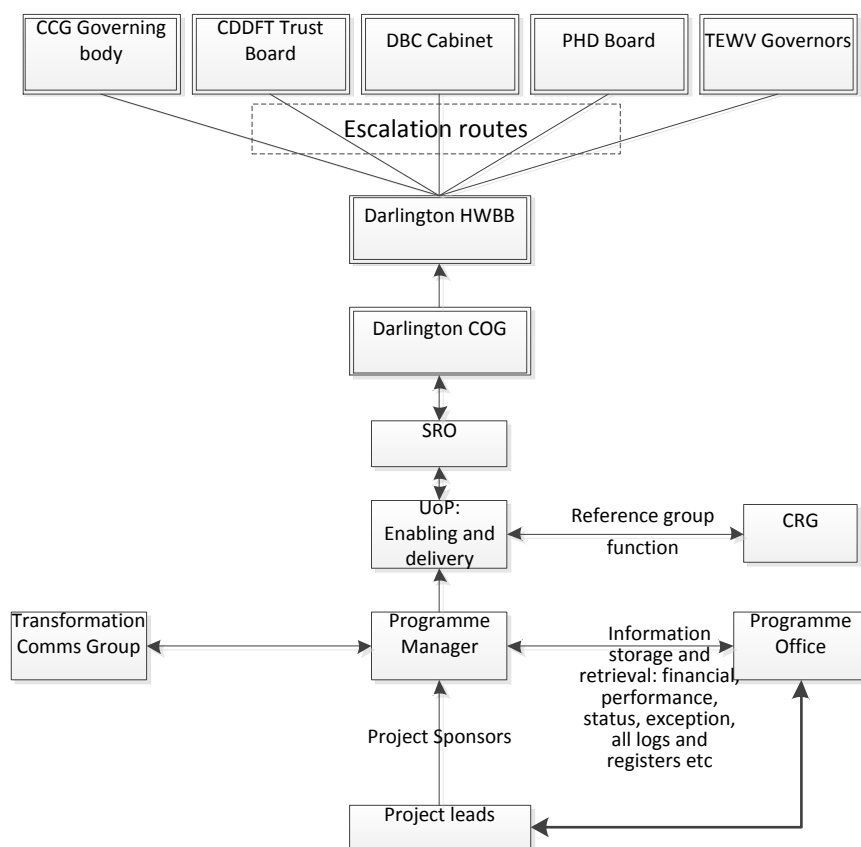


Programme Governance

15. A large scale programme, covering five partner organisations, with annual spend of £211 million, requires very clear governance and lines of accountability. Each of the five organisations supporting the programme remains a separate and sovereign body, each with the final decision on its own spend and work programme. However, it would be expected that, in working together for the interests of the same population, the Darlington residents, that each organisation would work to a shared set of objectives and outcomes and that these would be collectively owned through the Health and Well Being Board. Where any budgets are pooled to improve the commissioning of services, these are anyway subject to a Section 75 Agreement and require formal sign off from each partner and from the Health and Well Being Board.
16. In turn, in order to ensure that each organisation delivers its part in the programme, the five Chief Officers, on behalf of their organisations, need to act together to progress the work programme and to deal with any conflicts or underperformance. They have an agreed and established monthly meeting in order to carry out this function – the Chief Officer group (COG).
17. Ultimately, an officer needs to be accountable for the delivery of programmes and this role, the Senior Responsible Officer (SRO) role, is fulfilled by the Director of Commissioning. Also, within the proposed governance arrangements, set out below in Figure 2, are the roles played by the senior officers across the partnership in the Unit of Planning (UoP) and the clinical leaders in the Clinical Reference

Group (CRG).

18. Figure 2



Identifying the Six Priority Areas

19. The origin for the six priority areas identified is a combination of existing work programmes, evidenced based practice and an analysis of cost pressures. The work programme for the elderly and for those in care homes is well established already. It is delivering significant benefits to citizens and to commissioners and is part of the national Better Care Fund strategy.
20. The work programme to improve outcomes for those with long term conditions is also an existing scheme, jointly funded by the partners and based on the learning from the successful Darlington Dementia Collaborative.
21. The work programme for high impact users/those with drug, alcohol and/or mental health needs is based on an analysis of the cost of the unscheduled care and other services that these individuals consume within the health and care economy. There is a shared view that meeting their needs is currently costly and less effective and that improvements can be made which will deliver efficiencies.
22. The work programmes focussed on self-management and social prescribing are both identified as key strategies for helping people to help themselves, to help them to remain healthy or to recover their health and which will reduce dependency on

higher cost services.

23. Finally, the work programme on care hubs is designed to explore the opportunity to move more services closer to communities and to provide more joined up services sharing facilities. This approach underpins the work to deliver the 2020 vision of a sustainable health and care economy where people are better able to self-manage needs or to get earlier help and support.

Consultation

24. The proposals contained in this report have been developed over a 12 month period, which has included engagement with Members, officers, clinicians, national experts and which has researched evidence-based best practice.