
THE BETTER CARE FUND

**Responsible Authors –
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SUMMARY REPORT

Purpose of the Report

1. To present the final Better Care Fund (BCF) to the Health and Well Being Board (HWBB) and to seek approval for its submission on the 4th April 2014.

Summary

2. The attached final BCF submission outlines our plans to develop community and home based support provision which will decrease the demand for acute hospital beds. The submission to the NHS Area Team and Local Government representative is required by the 4th April 2014.

Recommendation

3. It is recommended that:the Board approve the submission of the BCF on the 4th April 2014. See **Appendix A**

Reasons

4. The recommendation is supported in order to ensure that the submission is made within the required timescales.

**Ada Burns
Chief Executive, DBC**

**Martin Phillips
Chief Officer, Darlington CCG**

Background Papers

Darlington BCF Submission and appendices
NHS Area Team draft plan review

Duncan Clark; Extension 2013

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	This proposed collaborative project will provide improvements for health and well being of residents with Long Term Conditions.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
One Darlington: Perfectly Placed	N/A
Efficiency	N/A

MAIN REPORT

Introduction

5. The Better Care Fund requires DBC and DCCG, as commissioners, to lead on the integration of health and social care services to enable people to be cared for within their own home and community wherever possible. The engagement and partnership with key partners including the Foundation Trusts and Voluntary sector is critical to its success.
6. A significant change to the way we care for a number of people in our community, particularly those who are elderly and frail is required and our vision of what services should be like in Darlington by 2018 is outlined on page 10 of the attached submission.
7. It highlights the need for flexible support, provided 7 days a week, with professionals working together as part of a multi-disciplinary team. Many services are based in localities in order to be accessible and the focus is on out of hospital care.
8. Community support is provided by the voluntary sector to help support people who are at risk of being admitted to hospital. The support in our care homes is coordinated and we use the available technology to provide swift and easy access to diagnostic and support services.
9. By 2016 we will need to have reduced our use of hospital beds by £3.9 million. The commitment to ensure the quality of care and support in Darlington is not compromised requires effective community provision to be developed.
10. It is estimated that there were over 2800 avoidable hospital admission in Darlington last year, and based on average costs and length of stay, costing over £4.6 million. Many of the admissions were for people over 65 and the vision of Darlington 2018 will seek to reduce these admissions significantly, through better care.
11. Specific work streams are being developed to support both the development of our workforce and also the stimulation and promotion of behaviour change to support the public to choose the most appropriate services for their need. We would anticipate this will see a reduction in the number of people unnecessarily attending A&E and GP services. The work has included a significant event across the partnership including GPs, adult social care and both Foundation Trusts to ensure our commitment and vision are aligned and there is commitment to making it happen. Our local Health Watch is a member of the voluntary sector working group and it has been agreed that they will now be a member of the BCF Joint Commissioning Group to ensure the public's involvement is at the centre of our work.
12. Fundamentally, we aim, through the BCF programme, to deliver the right care, in the right place at the right time, where people with a complex or long term condition will be managed within a system which identifies and responds to their individual needs, supported by a framework of integrated support services and when required, intervention/treatment to keep them safely independent and cared

for outside of hospital.

13. Specifically we aim to:

- (a) build outside of hospital capacity including community and voluntary sector;
- (b) offer targeted and proactive individualised case management in a community setting with a range of additional support services aimed at maintaining and improving people's current health;
- (c) improve routine care for people with long term conditions to encourage and support self-management as well as prevent deterioration in their overall condition;
- (d) reduce avoidable unplanned hospital admissions and readmissions for all people following an exacerbation of their long term condition or deterioration of general health;
- (e) identify the need for and improve access to a range of integrated support services for identified cohorts of people at risk of admission on a 24/7 basis to allow them to better manage their own condition and remain as independent as possible, and thus avoid unnecessary A&E attendances;
- (f) facilitate better management of people at risk of admission and readmission by health and social care professionals through early identification and risk assessment of their condition, thus supporting better health outcomes;
- (g) develop targeted preventative services based in the community and provided by the Voluntary sector to help develop a community support approach to prevention.

14. On the 28th January 2014 the HWBB received an update on progress in respect of the Better Care Fund and agreed to delegate the power to agree the first submission, to the Chair of the HWBB and that an extraordinary Board meeting be arranged prior to the final submission on the 4th April.

15. The draft Plan was submitted on the 14th February and the NHS Area Team subsequently provided feedback on our draft plan.

16. The feedback form from the Area Team is included as **Appendix B**.

17. The feedback is divided into an Assurance Criteria metric followed by overall comments which are quoted below.

A well-considered first draft, particularly in terms of the links to the overall vision, strategy alignment and creative description of Darlington in 2018 to reflect the shared engagement and thinking from partners. The stated level provider and user engagement is a real positive. Further work is required in terms of the impact on the acute sector, ensuring that the risks accurately reflect the full position (especially the risk relating to the impact on the acute sector) and ensuring that there is sufficient capacity to focus on delivery as well as supporting the most

appropriate governance arrangements.

18. Areas to consider include:

- (a) The activity and financial impact on providers need to be further developed and evidence provided that these have been shared with the Foundation Trusts and transitional and long term impacts identified.
- (b) Further consideration of the impact of the proposed changes including how the local provider infrastructure will change and the associated impacts on workforce.
- (c) Lack of reference to primary care and the implications for individual practices.
- (d) Clarity in relation to how the Plan will deliver better outcomes for patients.

19. The BCF Joint Commission Group has looked at each area of the draft Plan and sought to address the issues.

20. We recognise that there are some areas which have made significant progress and others that require further work. These areas are highlighted below.

21. We have sought to balance the requirement for detail with the need to ensure our plans have sufficient detail and planning to support their success.

22. The key issue for us as a partnership is to ensure we have a set of credible and viable alternatives to enable people to be supported in 'out of hospital' settings.

23. The Boards vision for Darlington's Better Care Fund remains.

Vision

24. The HWBB's vision for Darlington's BCF is that -

- (a) We will work collectively as a collaboration of commissioners and providers;
- (b) The interests of the individual are paramount and at the centre of what we do;
- (c) Organisational interest will not get in the way of improvements for the individual;
- (d) Where improvements adversely affect our partners, we will manage the impact as well as the improvement;
- (e) Good practice and examples of best care and support will be spread for the benefit of all;
- (f) Our population, service users and staff will be proud of what the Health and Social Care system provides.

Progress since the first Submission

- (a) We have identified a core group of staff who will form a 'Transformation hub' to provide programme support to the BCF and ensure the BCF and the wider

change programmes deliver.

- (b) The membership of the hub includes dedicated staff from DBC, NECS (on behalf of the CCG) and CDDFT.
- (c) A Transformation event was held on the 13th March which involved GPs being involved in the future developments of health and social care in the area. This has enabled a greater understanding of the BCF, including the plans to have locality based teams, linked to GP practices.
- (d) We have developed project plans for each key area of work, with actions and timescales identified.
- (e) We have amended our 'ambition' levels to 95% and have used the recommended BCF base data.
- (f) We have further developed our risk mitigation plan.
- (g) Each scheme has a Project Brief.

Work to be developed as part of our BCF planning

- 25. The final submission of our BCF will not mean that the required planning has been complete. In reality the significant amount of work required will be on going and require regular review and adaption. However there remain some key areas of work we need to progress. These include
 - (a) More detail on schemes for mental health.
 - (b) Predictive modelling (the Area Team will be providing support on a regional basis).
 - (c) Implications of the Care Bill.
 - (d) Detailed approach to workforce development and HR implications.
- 26. The Transformation hub will create the capacity and skills to ensure the programme milestones are achieved.
- 27. The regular monitoring of progress by the BCF Board will enable key barriers to be addressed at an early stage and that the impact and outcomes of the programme are monitored.
- 28. It is recommended that the HWBB receive an update on progress on a quarterly basis.