
HEALTH AND SOCIAL CARE DELIVERY PLAN

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is to update the Health and Partnerships Scrutiny Committee on the progress made to date with the Health and Social Care Delivery Plan 2013-2016.

Summary

2. The Health and Social Care Delivery Plan outlines the shared priorities for healthcare, social care and public health for 2013- 2016. The plan sits underneath the Darlington's Health and Wellbeing Strategy and its purpose is to focus collective action on improvements in health and social care outcomes and narrowing the gap in outcomes within Darlington, and between Darlington and the rest of England.
3. The Health and Social Care Delivery Plan priority actions are as follows:
 - (a) Action 1 – To focus resources in areas of highest need
 - (b) Action 2- To create a sustainable health and social care economy
 - (c) Action 3- To improve the management of Long Term Conditions

Recommendation

4. It is recommended that:-
 - (a) Members are requested to consider whether they wish to undertake any further work in relation to any of the actions included within the Development Plan at this time and that any views/comments be forwarded to the Health and Well Being Board.
 - (b) Members are requested to consider how they wish to be involved, in future, in the scrutiny of the Development Plan.

Murray Rose
Director for Services for People

Background Papers

There were no background papers used in the preparation of this report.
Simon Bishop: Extension 2846

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through improvements in the Delivery Plan.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected members contributing to the Healthy Darlington Theme Group.
Efficiency	The Delivery Plan is integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.

MAIN REPORT

Information and Analysis

5. The Health and Social Care Action Plan includes three priorities. This section will detail each of the priorities and how they will achieve their desired outcomes.

Action Plan 1 Overview

To focus resources in areas of highest need

6. The Darlington Health and Wellbeing Board has a duty under the Health and Social Care Act (2012) to advance the health and wellbeing of the people and to address issues of the most vulnerable fastest. The focus of Action Plan 1 is to develop a model which would act as a pathfinder in a community to identify and test the enablers required to address local issues.
7. An area of high level of need has been identified, it is a wider area than a ward i.e. it is a cluster of wards in a centrally accessible location. There is largely coterminosity with 2 GP surgeries (Blacketts and Clifton Court) and an alignment to Durham Constabulary plans addressing High Impact Areas.
8. The selected approach should support both Action 2, creating a sustainable health and social care economy and Action 3, the Long Term Conditions Collaborative.
9. A preliminary action is to identify the assets, including services and support that are currently in place and determine the scale and intensity required to address the level of need in the community.
10. A framework of "Make Every Contact Count" (MECC) is the mechanism for providing opportunistic brief advice or brief intervention which will be applied as the model of change. MECC is intended to make the most of the potential that exists in contact with individuals, whether a client, service user or patient. Ensuring that every contact counts requires a whole system approach which will be scoped by focusing on the "Action 1 community" and evaluating the impact of the implementation.

Action Plan 1: To focus resources in areas of highest need

11. The key actions underpinning the programme are described in the table below:

No.	Action	Delivery date	Outcomes
1.	Undertake a review of the data intelligence.	End February 2013.	Action 1 defined i.e. agreement to focus resources in areas of highest need.
2.	Conduct Options Appraisal of the potential communities – agree definition	March/April 2013.	Option Appraisal

No.	Action	Delivery date	Outcomes
	of "community".		concluded. 2 stage consultation and engagement process undertaken.
3.	Target pathfinder community agreed. Data collection co-ordinated.	April 2013.	The Health and Wellbeing Board and CCG for approval.
4.	Develop a stakeholder programme across sectors to identify full range of assets. Identify programme process.	(May 2013) September 2013.	Stakeholder Programme designed and consultation complete.
5.	Making Every Contact Count (MECC) - adopt as the framework for change to add to health and wellbeing of every individual.	May – June 2013.	Making the case for MECC has involved a structural level (via Health and Wellbeing Board business Group, economic case and the evidence base of the model.
6.	Develop an evaluation framework, drawing upon, but not exclusively based upon, the MECC evidence base.	End November 2013.	Evaluation framework agreed, including quantitative and qualitative measures. Community feedback and local measures to be developed and actioned in partnership with Darlington Healthwatch.
7.	Identify areas of inequitable access and support.	October/ November 2013.	Areas identified and proposals for resource allocation developed.
8.	Commence programme (MECC) delivery in Action 1 community, Phase 1 via brief interventions.	November 2013.	Competencies identified, training

No.	Action	Delivery date	Outcomes
			programme implemented, workforce engaged, training and support identified.
9.	Interim "Process" evaluation review of Action 1 programme. Impact evaluation measures reviewed and agreed across partners.	April 2014.	Process evaluation findings, influence programme delivery, assessing implementation, programme reach, acceptability and impact on sectors.
10.	Project closure report, evaluating Action 1 programme.	October 2014	Project closure plan developed, evaluation reports disseminated via Health and Wellbeing Board.

Action Plan 2 Overview

To create a sustainable health and social care economy

12. This includes a number of sub-actions across the health and social care economy including; the commissioning for resilience programme, quality improvement programmes in health and social care and early intervention and prevention.

13. There are three elements to this work stream:-

(a) Part 1 - Understanding the Future

An economic modelling exercise across health and social care combining a joint understanding of future projections for activity, demand and resulting spend (10-20 years). This exercise will use current data from the Acute Legacy Programme, Commissioning for Resilience and other sources to create a combined picture of future pressures across health and social care and to identify areas of pressure where joint working will have the greatest impact.

(b) **Part 2 - Benefits Realisation**

‘Testing’ joint approaches to achieving value for money. It is proposed to monitor a number of pieces of work that will manage demand and support commissioners across health and social care to understand the benefits that can be jointly realised through different models of working. The programmes identified for monitoring benefits realisation are;

- (i) Long Terms Conditions Collaborative Project
- (ii) Mental Health Prevention Project (new project proposed by Public Health)
- (iii) RIACT
- (iv) Implementing the Darlington Carers’ Strategy
- (v) The Care and Repair Service review
- (vi) Good Friends Scheme

(c) **Part 3 - Joint Transformation Programme**

DBC and CCG have agreed to fund and make a joint appointment of a programme lead to manage areas of integration.

14. In summary the ethos behind **Action 2** is to:

- (a) To create a sustainable health and social care economy in Darlington
- (b) To ensure that value for money is achieved across the Health and Social Care system
- (c) To ‘test’ joint methodologies across health and the local authority to ensure that in future planning we can focus capacity and resources in a robust, agreed approach.

Action Plan 2: To create a sustainable health and social care economy

15. There are a number of steps within the Action Plan that will lead to the outcomes defined. The table below shows each of the steps and an update of what has been achieved to date:

Activity	Date	Outcomes
To develop an evidenced based commissioning for resilience programme across the health and social care system using predictive and benefit impact modelling that will:	April 2013	Commissioning for resilience programme was developed, a statement of our current position was produced in June 2013

Have localised early intervention and preventative services to work proactively with the community. Review investment in early intervention and prevention programmes against latest evidence base and reflect findings in medium term commissioning plans across health and social care	Ongoing	Current reviews both in-house and strategically with integrated early interventions services following the RIACT service model
Restructure and adjust the way in which personalisation, choice and managed services are provided in a way which is affordable	Ongoing	
Undertake an analysis of social networks in a targeted location to support the development of a sustainable Community Support Network (CSN).	Ongoing	
Establish a Community Support Network to avoid or delay service-user entry into the health and social care system	Ongoing	This now includes the Good Friends Scheme
Enhance the step-down approach to move people from specialist services into targeted and universal services	Ongoing	RIACT has achieved a significant increase in the percentage of people able to regain independence after a hospital discharge
Ensure people move into specialist services only where appropriate after effective screening.	Ongoing	
Improve the quality of service provision for both in-house and outsourced services through effective commissioning.	Ongoing	
Deliver quality improvement programmes in health	Ongoing	

Action Plan 3 Overview

To improve the management of Long Term Conditions (LTCs)

16. Living with a long term condition is a growing issue nationally with 15.4 million people (30% of the population) living with a long term condition in England. This rises to 60% of the population for the over 60s. As this number increases demand for services and support will also increase.

17. People with a long term condition transcend primary and secondary health care, mental health care, social care and the voluntary sector. In light of this Darlington CCG, Darlington Borough Council, Tees, Esk and Wear Valley NHS Foundation Trust and County Durham and Darlington NHS Foundation trust have entered into a Long Term Conditions Collaborative. The purpose of the collaborative is to explore how we can create a more person centred approach to ensure that we adequately support people to manage their own long term condition and provide a clear and smooth pathway for provision of treatment and services regardless of where, or by whom, the provision is delivered.

18. The first phase of the Collaborative work runs until October 2013 and seeks to determine what opportunities may exist for improvement. This means gaining an understanding of how we work currently. To help with this a series of discovery interviews have been conducted by Darlington Association on Disability to gain an insight into the experiences of residents living with long term conditions. We are also collecting information on demand for services and identifying what is regarded as best practice regionally, nationally and internationally in terms of supporting people with long term conditions. Once this information is gathered a mapping exercise will be completed to understand the journey of a resident with a long term condition through the health, social and support systems of Darlington. All of this information will then be used to develop proposals for improvements going forward.

Outcomes Achieved to Date

19. This section will detail the outcomes of each of the three action plans achieved to date and inform the next-steps to progression to delivering all outcomes.

Action Plan 3: To improve the management of Long Term Conditions (LTCs)

20. There are a number of actions contained within Action Plan 3 that will lead to the outcomes defined. The table below shows each of the steps and an update of what has been achieved to date:

Activity	Date	Outcomes
To identify and baseline quantitative data around the level and cost of activity relating to LTCs in Darlington in order to: a) Inform direction of evaluation b) Establish a baseline against which future improvements could be measured	April 2013 – August 2013	Data & Finance group convened and initial analysis undertaken this highlighted a number of high prevalence/cost LTCs. Further detailed analysis against these LTCs undertaken.
To collect qualitative baseline evidence of the experience of receiving or delivering care in relation to Long term conditions in Darlington.	April 2013 – July 2013	51 'Discovery' interviews carried out by DAD with Darlington residents with a LTC. Baseline induction interviews carried out with stakeholders from the four partner organisation in the Improvement Collaborative. Clinical and Social Care task and finish groups convened to understand professional opinions on what could be improved – learning from others.
To 'map' the journey of someone with a LTC across the Health, Social Care and Support Services of Darlington.	July 2013 – August	Two mapping events held (18/07/13 and 08/08/13) involving Primary Care, Mental Health, Social Care,

	2013	Acute and Community Medical Services, Voluntary Sector and Patients/Service users to capture the journey someone undertakes and to identify areas for improvement.
'Horizon scan' to establish links and synergies with other programmes of work and projects.	July 2013 – Sept 2013	Initial horizon scanning commenced across all partner organisations to establish what activity is either underway or in development and how the work of this collaborative aligns to it.
Evaluate the collected quantitative and qualitative data and produce recommendations for an on-going programme of work	Sept 2013	Evaluation report with recommendations
Present evaluation findings to LTC Project Board	October 2013	Approval or non-approval of future programme of work