

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: Please DO NOT alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:

1. Select your local authority from the drop-down menu in Cell C10.
2. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in MS Excel format. Do not convert this spreadsheet to another file format.
4. Once completed and saved, please e-mail this MS Excel file by **21 July 2017** to: CareandReform2@communities.gsi.gov.uk

Local authority:	Darlington UA
E-code	E1301
Period	Quarter 1 (April 2017 – June 2017)

Section A

A1. Provide a scene-setting narrative for Quarter 1 in relation to the additional funding for adult social care announced at Spring Budget 2017.

Darlington UA is currently the 5th best Local Authority for DToC nationally and the aspiration is to maintain this performance.

It has maintained relatively high levels of spend per head of population on ASC compared to similar Local Authorities. This level of expenditure is not sustainable in the long term and a transformational shift has to take place in order to manage demand, maximise independence, deliver personalised outcomes and promote a cost effective and stable market.

This approach will benefit the health and social care system as a whole. It will continue to reduce pressure on the local NHS system and support effective and efficient patient flows. It will meet condition 4 of the BCF, in that, it will be spent on social care needs, relieve pressure on the NHS and ensure a continued focus on hospital discharge.

A2. Explain how has this additional money has affected decisions on budget savings that may otherwise have been required.

The intention is to allocate 50% to offset expenditure on current pressures and demands and 50% to support transformational activity to enable system changes to take place. The intention is to achieve a model of care and support that can manage demand, in a sustainable way, by year three, beyond which there is no guarantee of any additional funding.

The rationale for this approach is that Darlington Borough Council is currently July 2017) the fifth best performer nationally in respect of delays to social care related transfer of care. The Council is also a high spending authority by comparator group in terms of per-head of population expenditure on social care. These two circumstances are linked, and investing in the ongoing delivery of the core Adult Social Care offer, while transformational changes take place, will benefit the health and social care system as a whole.

The new grant funding will be used to offset expenditure on current pressures and demand. This will reduce the immediate ASC budget pressure and achieve a more financially stable position for ASC in the medium term.

A3: What are the main initiatives/projects that this money will be used to support? You do not need to complete every column in the table below, but please name as many initiatives/projects as you consider relevant. You can provide further information to the right of the table if you want to describe more than 5 projects.

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
A3a. Please provide an individual name for each initiative/project (this is so that they can be identified in later quarterly returns).	Investing in the ASC care offer	Reablement	NMC - an agile workforce	Telehealth and assistive technology	Online services and directory
A3b. Please briefly describe (in general no more than 2 to 3 lines) the objectives/expected outcomes for each initiative/project. You will be expected to comment on progress in later quarters.	Embedding strength-based assessment/support planning, by increasing capacity will improve an individual's independence, ability to self-care and reduce the potential for future service need. Locating grant funding in key, core areas will provide more stability for ASC and the system as a whole. It will create the conditions needed to continue to develop and embed the transformational changes that will move the system towards achieving a sustainable model of care and support.	Investment to improve the reablement pathway will contribute to reducing NEA and maintenance of good DToC performance. The expansion of reablement provision will introduce more 'step up' capability". It will also strengthen the social care contribution to partnership working in the areas of hospital discharge and Teams Around Practices.	The New Models of Care currently being proposed the CCG present the opportunity to align staff around real or virtual hubs. A mobile and agile workforce is needed to enable ASC to work efficiently and flexibly with partners. Investment in agile technology will support social care staff to maximise their capacity and contact time in the community, and will facilitate working from different locations. This will support effective multi-disciplinary working and the delivery of integrated care around the person.	To invest in telecare equipment, and its deployment, particularly in respect of falls prevention. A fall is often a trigger event for reduced independence and often results in unnecessary permanent care home admissions. Grant funding will enable the use of assistive technology to become a default offer that will maximise self-care and independence.	The implementation of online systems to provide people with tailored information, advice and guidance and effective sign posting to community and voluntary sector services. Initiative/Project 6 Targetted seven-day support Develop service capability across the week in specific areas of the social care pathway. This will improve the availability of the social care skill set within RIACT and the interface with health partners. This will support discharge to assess initiatives and the implementation of trusted assessor approaches.

A4a. Have you engaged with your care providers in light of the new funding? Please choose yes or no from the drop-down menu.

Yes

A4b. If you have answered 'Yes' to question A4a, please describe what action you have taken. If you have answered 'No' to question A4a, you should outline your plans for engaging with your care providers.

Proposals discussed and agreed at Pooled Budget Partnership Board, and further detail being worked up.

A5a. Please provide your average unit costs for home care for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per contact hour)

2016/17	2017/18
13.22 standard and 13.44 enhanced	13.53 standard and 14.09 enhanced

A5b. Please provide your average unit costs for care home provision for clients aged 65+ for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per client per week, excluding full cost payers, 3rd party top ups and NHS-funded nursing care)

455.55 is the average across our range of residential fee levels	466.08 is the average across our range of residential fee levels
--	--

Section B

B1. In comparison with plans made before this additional funding was announced, what impact do you anticipate on the:

B1A. Please provide figures to illustrate the impact.

Number of home care packages provided in 2017/18:	Hours of home care provided in 2017/18:	Number of care home placements in 2017/18:
Our transformation programme aims to prevent need and maximise independence with metrics in place to monitor impact.	Our transformation programme aims to prevent need and maximise independence with metrics in place to monitor impact.	Our placements have reduced on target over the past two years and we plan to maintain this focus, reporting progress through BCF and the Health and Wellbeing board.

Section C

C1. Please provide any further information you wish us to be aware of, and use whatever further specific metrics you consider appropriate for your area; for example this might include reablement, timeliness of assessments, carers, staff capacity etc. You will be expected to update these each quarter.

We expect an increase in the population aged 70-74 of around 20% (just under 5000 to almost 6000) by 2021 on 2016 figures. This will be followed by an increase of 30% - 40% in the 75 - 80 cohort, which will grow from just over 4000 to almost 5500 between 2020 and 2025. These forecasts will influence the design of services.

Delivery will be reported through Health and Wellbeing Board in line with the BCF requirements, with the mandated metrics for DToc, admissions to residential care, reablement effectiveness and non-elective admissions.

Section D

D1. The grant determination requires you to work with the relevant CCG(s) and providers to meet National Condition 4 (NC4) of the Integration and Better Care Fund. NC4 states that all areas should implement the High Impact Change Model for managing transfers of care to support system-wide improvements in transfers of care. Please set out, from the local authority's perspective, what progress is being made to implement the High Impact Change Model with health partners and the intended impact on the performance metrics, including Delayed Transfers of Care.

The Local Authority and health partners have been working together on discharge planning and delivery for a number of years and are probably at the "mature" stage in terms of change 3 (Multi-disciplinary discharge teams) and Change 8, enhancing health in care homes (ref BCF Exchange Case Study on Darlington's community matrons). Social Care staff participate in twice daily on-ward huddles and have an escalation process in place to facilitate discharge where necessary. We have very well established relationships with patient flow teams at the hospital, robust communications, and social care staff participate in the weekly regional OPEL teleconferences. The hospital has in place "your ticket home" to ensure discharge is discussed as soon as possible after admission.

A rapid response service implemented over winter proved very effective and allowed discharge to assess to function well, along with seven day working.

The use of trusted assessors is constrained currently by existing systems but social care teams accept health assessments.

We will jointly be carrying out a self-assessment against all eight changes and developing a plan, with the intention of maintaining our current good DToc performance, delivering the targets set out in the DToc metric and preserving our existing good relationships. A specific discharge group for Darlington is in place to further progress the work.