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Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 28 February 2024

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting

2. Declarations of Interest

3. To approve the Minutes of the meeting of this Scrutiny Committee: –

   (a) 3 January 2024 Meeting of the Health and Housing Scrutiny Committee.

   (b) 23 January 2024 Special Meeting of the Health and Housing Scrutiny Committee.
   (Pages 3 - 10)

4. Breast Symptomatic Services Update –
   Presentation of the Integrated Care Board – Director of Place (Darlington)

5. Preventing Homelessness and Rough Sleeping Strategy Update –
   Report of the Assistant Director – Housing and Revenues
   (Pages 11 - 20)

6. Darlington Better Care Fund Update –
   Report of the Assistant Director Commissioning, Performance and Transformation
   (Pages 21 - 88)

7. Work Programme –
   Report of the Assistant Director Law and Governance
   (Pages 89 - 104)

8. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.

9. Questions

Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 20 February 2024

Town Hall
Darlington.

Membership
Councillors Baker, Crudass, Holroyd, Johnson, Layton, Mahmud, Mammolotti, Pease, Mrs Scott and Beckett

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HEALTH AND HOUSING SCRUTINY COMMITTEE
Wednesday, 3 January 2024

PRESENT – Councillors Crudass, Dillon, Holroyd, Johnson, Mahmud, Pease and Mrs Scott

APOLOGIES – Councillors Baker, Layton and Mammolotti,

OFFICERS IN ATTENDANCE – Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing), Ken Ross (Public Health Principal), Michael Conway (Mayoral and Democratic Officer) and Cheryl Williams (Programmes and Performance Manager)

HH24 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH25 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 1 NOVEMBER 2023

RESOLVED – That the minutes of the Health and Housing Scrutiny Committee – 1 November 2023 are approved.

HH26 PRIMARY MEDICAL CARE AND GENERAL PRACTICE IN DARLINGTON

The Commissioning Lead – Primary Care (North East and North Cumbria Integrated Care Board) attended and delivered a presentation and provided an update to Members on general practice in Darlington with an accompanying dataset.
The presentation included clear definitions of general practice, the variances in operations and contracts and regulation of practices as well as the role of the Primary Care Network (PCN) in Darlington.

Funding and expenditure for GP practices was explained with a summary of the Quality and Outcomes Framework Scheme (QOF), a points-based scheme that provides funding to support aspiration to and achievement of a range of quality standards, by rewarding practices for the volume and quality of care delivered to their patients.

Members were provided with a breakdown of the general practice workforce in Darlington, and it was highlighted that a strong focus is placed on ensuring that patients are seen by the staff member with the most effective skillset to deal with their issue in order to maximise efficiency.

Demand for general practice appointments was also covered along with the types of appointments now available to residents, namely face-to-face, phone and online appointments. The responses from the most recent patient survey have been received and are expected to be published in July 2024, however, responses from the 1,300 from Darlington show an above level of satisfaction with the service.

Questions were raised by Members and included highlighting variances in full time and full-

time equivalent staff between practices for which we were informed that practices always aim to reasonably meet the needs of their patients with staff trained and specialised where possible to accommodate needs. Further questions included clarifying criteria for patients' registration at a practice and we were informed that patients can register and change practices where needed and only in the case of a "closed list" would a practice be unable to take further registrations.

Discussion was raised regarding the availability of Saturday appointments and Members agreed that this could be more effectively publicised and promoted by practices. NHS colleagues stated that the availability of Saturday appointments is included in newsletters however Members' comments will be raised with their colleagues.

A further discussion was held with regards to patients who do not attend (DNA) their appointments without cancelling. Members noted that the numbers of DNA appointments are disappointingly high and asked if penalties are present for this – NHS colleagues acknowledged the numbers and highlighted that reminder text messages before and after (DNA) appointments, that practices promote the importance of properly cancelling unrequired appointments and highlighted that where possible practices are more inclined to try and resolve issues and have patients attend future appointments.

Members raised points of note to NHS colleagues which included improving online access as timeouts and navigation can be an issue and also clarifying the different types of treatment and appointments between primary and secondary care.
Further points of note included that improved phone services are being implemented in Darlington with all Darlington practices now operating with cloud-based telephony. Additional patient surveys are in production with an aim to gather the most relevant and actionable data from patients.

RESOLVED – That the content of the presentation be noted. NHS colleagues informed members that any additional data can be provided if requested.

HH27 MEDIUM TERM FINANCIAL PLAN

Members received the report of the Assistant Director Resources presenting the Medium Term Financial Plan (MTFP) for 2024/25 to 2027/28, agreed for consultation on 5 December 2023 with the consultation period running until 22 January 2024.

A briefing was delivered to Councillors on 13 December 2023 which provided an overview and highlighted key points in the plan. It was noted that since the report had been published the Council has received the draft financial settlement for 2024/25 and an update was provided to Members highlighting the key points

(a) The settlement is for 2024/25 only.
(b) The Services Grant has reduced by approximately £800,000.
(c) The New Home Bonus has been continued for 2024/25, we will receive approximately £400,000.
(d) A number of figures are still to be confirmed, but at this point it is estimated that resources will decrease by approximately £250,000 for 2024/25 and further in future years if the New Homes Bonus ends.

A discussion was raised with regards to the Local Government Finance Settlement. Members stated that they had not had sight of this prior to the meeting. Officers clarified that the draft settlement was received on 18 December 2023 and that staff have been working through and interpreting the figures and that all settlement details will be included in an updated version of the MTFP. Some Members expressed the view that more time was required to consider the MTFP in view of the receipt of the Local Government Finance Settlement and could not form a view on the MTFP until this was known.

A comment was made that questioned why the construction of energy efficient homes was not above the minimum regulations.

Members raised questions which included whether the Public Health Grant remains at a similar level as in the past, officers confirmed that the indicative allocation has an increase of just over £100,000. The Public Health Principal welcomed this increase but highlighted to members how some of that increase had to be spent on very specific things such as funding the NHS pay award in public health services provided by the NHS and for delivering new public health duties and responsibilities that have been placed on local authorities recently.

A question was asked relating to "intersectional issues"; if the council tackle issues early before they can cause increased spending at a later date specifically relating to maintaining and improving the health of the residents. Officers clarified that the Public Health grant invests in programmes across the authority to contribute to delivering on key Public Health outcomes and objectives and provided examples of programmes that are in place to tackle childhood obesity, weight management, exercise referral, school swimming as well work undertaken by Environmental Health colleagues such as eatery inspections.

A further question was asked as to the charges for hire of leisure spaces with Leisure colleagues confirming that charges for spaces are calculated at an hourly rate.

Members questioned why some charges are proposed to increase and some are not and the reasons for this. Officers clarified that some charges are nationally set and in other areas managers keep sustainability in mind and as such are conscious that increased charges could result in a reduction in demand and a net decrease in income. A question was raised concerning why car parking charges were not proposed to be increased and an additional point was added from members that charges from parking could be better utilised to improve parking enforcement.

RESOLVED –

(a) Members noted the report and agreed that the Chair of this meeting, in consultation with the Lead Scrutiny Officers supporting this Scrutiny Committee, be given authority to agree the Minutes of this Scrutiny Committee, to enable the Minutes to be considered at a Special Meeting of the Economy and Resources Scrutiny Committee scheduled to be held on 18 January 2024.

(b) That the minority view of this Scrutiny Committee, as expressed by Councillor Mrs. Scott on behalf of the Conservative Group is that they would not support the MTFP in its current form until fully appraised of the Local Government Finance

Settlement.

HH28 HOUSING SERVICES CLIMATE CHANGE STRATEGY 2024-29

The Programmes & Performance Manager - Housing and Revenues delivered a presentation on Housing Services Climate Change Strategy 2024-29 to be considered before approval by Cabinet on 9 January 2024 with progress of the strategy to be reviewed on an annual basis.

We were provided with information in support of the Government's target of achieving net zero carbon by 2050 including the challenges faced by Housing staff and the strategies in place to handle these and to meet the Government targets of achieving an Energy Performance Certificate (EPC) rating of C for all our council homes by 2030.
Members received an explanation of the "Fabric First" approach being utilised, in which the service's goal is to maximise efficiency in the use of all materials (e.g., insulation, windows and doors) in carrying out works on council properties with the average spend on each property between £26,707 to £31,410.

It was reported that positive progress is being made overall and that the benefits to residents include better quality insulation resulting in shorter periods with heating on and double-glazing keeping heat in resulting in positive feedback from tenants.

Members asked questions including enquiring as to the longevity and practicality of external insulation for which officers confirmed that external wall insulation has a thirty-year lifespan however owners must avoid drilling through or otherwise breaking through panels.

We also asked as to whether home ventilation work is carried out alongside other work, and it was confirmed that certain ventilation work is carried out before or at the same time as carrying out other upgrades. A further question related to whether solar panels are installed on new-builds and if not does this affect costs if installed later. Officers answered that solar panels are not included on new-builds by default due to their higher energy efficiency however costs for installation remain similar if installed during or after building.

Discussions were held confirming the length of provider contracts at twenty years. And further points including the effect of the strategy on the capital programme for which officers confirmed that increased internal climate change spend can enable application for greater grants.

RESOLVED - Members acknowledged the quality of presentation and information provided and support the report's onward submission to cabinet and to review progress on an annual basis.

HH29 PERFORMANCE INDICATORS (LEISURE INDICATORS) - QUARTER 2 2023/24

The Head of Leisure presented performance indicators for the following areas – Dolphin Centre visitor numbers, school pupils in the Sports Development Programme and number of individuals participating in the Community Sports Development Programme.

It was reported that Dolphin Centre visitor numbers have shown a decrease which is attributed to the closure of the main pool due to upgrade works. However, it is noted that other services available at the Dolphin Centre have performed extremely well.

The number of school pupils participating in the Sports Development Programme has decreased, however this is attributed to capital project works at Eastbourne Sports Complex which has limited the scope of hostable events.

Members were informed that the number of individuals participating in the Community Sports Development Programme has increased. Numbers at the Holiday Activity Project remaining consistent with previous years while experiencing improved drop-off rates.

RESOLVED – That the report be noted and members expressed thanks for the efforts of all Leisure staff for their contributions to the positive figures.

HH30 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest being included in the previously approved work programme.

RESOLVED - Members agreed the following:

(a) That a special meeting of the Health and Housing Scrutiny Committee will be held on 23 January 2024 to consider the Housing Revenue Account (MTFP)

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HEALTH AND HOUSING SCRUTINY COMMITTEE
Tuesday, 23 January 2024

PRESENT – Councillors Layton (Chair), Baker, Crudass, Johnson, Mahmud, Mammolotti, Pease and Mrs Scott

APOLOGIES – Councillors Crudass, Dillon and Holroyd,

ALSO IN ATTENDANCE – Councillors Roche, McGill and Snedker

OFFICERS IN ATTENDANCE – Olivia Hugill (Democratic Officer), Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing) and Michael Conway (Mayoral and Democratic Officer)

HH31 DECLARATIONS OF INTEREST

There were no declarations of interest at the meeting

HH32 HOUSING REVENUE ACCOUNT - MTFP 2024-25 TO 2027-28

The Assistant Director – Housing and Revenues presented the Housing Revenues Account (HRA) – Medium Term Financial Plan (MTFP) for 2024-25 to 2027-28 before recommendation by Cabinet on 6 February 2024 and approval by Council on 15 February 2024.

Members were appraised of the report and provided with details of the most significant points which included the service's business plan which requires a 6.7% increase in funding from the previous year, increases in funding for energy efficiency to £3.6m from £1m previously, and a £2m additional budget for property acquisitions.

Information was also provided to members on the new-build programme and responsive repairs service with all Darlington properties currently complying with decent homes standards however the service is preparing for new standards that are due to be set by central government in the near future.

Rent income was highlighted with information provided that Councils must set rents in accordance with the Government's Rent Standard guidance. The guidance allows social housing providers to increase rents, by CPI plus 1%, which means for 2024-25, Councils would have the discretion to increase rents by up to 7.7%.
In the case of Darlington a 6.7% increase is proposed with context provided that rent in Darlington remains lower than other social housing providers in the area and being the only social housing provider in the area suggesting increases below the 7.7% maximum.
Members were informed that a consultation exercise was carried out with the tenants' panel. In addition, an on-line consultation on the proposals was also conducted with all Council tenants, receiving 507 responses– responses showed that 78.3% did not agree with the proposed 6.7% rent increase and members were assured that this figure is not abnormal however the majority of responses also agreed that their rent represents value for money.
The point was also made that due to 70% of affected residents being in receipt of relevant benefits, the majority will not incur any additional costs.

Members asked questions which included as to whether energy efficiency improvements are the reason for rent increases and it was stated that energy efficiency funds are able to be match-funded by central government to help offset costs while progressing towards net carbon zero 2050 goals, with EPC ratings of C to be completed by 2030.
Members asked for the timeframe for bringing houses up to new decent home standards and when the new standards are expected to be released; this info will be reported once known however officers anticipate that many homes will already meet the new standards.
The question was asked as to what impact rent increases will have on increasing council house stock. Officers responded that balance is always the key when implementing any increases with rent increases enabling other investments such as energy efficiency.

Members asked if reassurance could be given that tenants who struggle with rent are still a consideration when implementing increases. The Head of Housing provided clear reassurance, informing members that staff monitor accounts on a weekly basis in order to identify any concerns with team members available who have proven to be very efficient at assisting tenants and keeping arrears stable with final clarification that the process is proactive, and the service does not wait until tenants are in crisis before offering assistance or advice.

A member raised the question around installing upgrades such as solar panels on older houses and if this is incurring greater costs than would be feasible. Officers informed members that a full stock condition survey is planned to take place over the next 5 years which will help identify the suitability of homes for various upgrades to help focus spending as efficiently as possible.

A discussion was held regarding waiting lists for social housing and whether increased costs are being incurred due to emergency housing. Officers clarified that demand for social housing is high, together with the need for temporary accommodation to meet our statutory homeless duties.

The Chair invited the Health and Housing portfolio holder to add any relevant remarks. It was stated that in his opinion, onward investment in social housing is necessary in order to maintain the level of housing provided in Darlington, that a 6.7% rent increase reflects this need to invest while maintaining the lowest increase in the region.

RESOLVED – The committee considered the Housing Revenues Account (HRA) – Medium Term Financial Plan (MTFP) for 2024-25 to 2027-28 and accept its onward submission to Cabinet on 6 February 2024 and approval by Council on 15 February 2024 with the following comments:

(a) A minority view was expressed that some members do not agree with the 6.7% rent increase or with the portfolio holder’s opinion that the increase is necessary in order to maintain social housing in Darlington.

(b) A member expressed that they support the 6.7% rent increase having been provided with reassurance at this meeting that any financially struggling tenants will be assisted by staff where required.

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HEALTH AND HOUSING SCRUTINY COMMITTEE
28 FEBRUARY 2024

PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY UPDATE

SUMMARY REPORT

Purpose of the Report

1. For Members to consider progress against the Preventing Homelessness and Rough Sleeping Strategy and receive an update on homeless services provision during 2023-24.

Summary

2. The Preventing Homelessness and Rough Sleeping Strategy was approved by Cabinet in July 2019 and an update was provided to this Scrutiny Committee in December 2022. **Appendix 1** of this report provides an update on the Strategy's action plan.

3. The Housing Options service has continued to see a high numbers of homeless presentations, with the number of households placed in emergency accommodation during 2022-23 increasing by 41% compared to 2021-22. This level of demand for emergency accommodation has continued to increase for the first three quarters of 2023-24.

Recommendation

4. It is recommended that Members:-

   (a) Note the contents of this report.

   (b) Agree to develop a new Preventing Homelessness and Rough Sleeping Strategy for 2025-30, in accordance with paragraph 21 of the main report.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

No background papers were used in the preparation of this report.

Anthony Sandys: Extension 6926

S17 Crime and Disorder	There are no implications
Health and Wellbeing	There are no implications
Carbon Impact and Climate Change	There are no issues which this report needs to address
Diversity	There are no implications
Wards Affected	All wards will potentially be affected by this report
Groups Affected	Homeless people, rough sleepers and those at risk of homelessness
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
Council Plan	This report supports the Council plan to review the Preventing Homelessness and Rough Sleeping Strategy
Efficiency	Increased demands on the Council's homeless services will continue to have budget implications
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. Over the past 3 years, the Council has continued to deal with a significant increase in demand for Homeless and Housing Options services. Whilst these services would normally work in a proactive way with clients to prevent homelessness, the increase in presentations and demand for emergency accommodation has meant that services have had to be more reactive to ensure that no-one is left homeless or having to rough sleep.

6. As well as the pressures created since the Covid-19 pandemic, the lifting of the ban on section 21 ("no fault") evictions in June 2021 has also created an increase in homeless presentations and requests for housing advice. In 2022-23, we received 1,842 presentations to the Housing Options service, compared to 1,745 in the previous year, an increase of 6%. In the first three quarters of 2023-24, this number has remained high, with 1,077 presentations made during that period.

7. Our existing temporary accommodation provision includes temporary Council housing, emergency supported accommodation, hotels and out of area placements. In 2022-23, we placed 395 households in temporary accommodation compared to 281 for the previous year, an increase of 41%. In the first three quarters of 2023-24 this demand has continued to increase, with 351 households being placed in temporary accommodation for that period.

8. In addition, in 2022-23 there were 7,308 nights spent in emergency accommodation recorded, compared to 3,697 for the previous year, an increase of 98%. In the first three quarters of 2023-24, this number has also continued to increase, with 5,647 nights spent in emergency accommodation during that period. This has meant that our existing

emergency accommodation provision has been rapidly used up, meaning that we have had to find a number of alternatives (such as more expensive hotel and out of area accommodation).

9. However, our approach to dealing with homeless clients is unchanged in that every person matters and can, with the appropriate intervention, move from rough sleeping into long-term, sustainable accommodation. However, over the past few years, we have found the options available to rehousing people from temporary accommodation has decreased.

10. An ongoing challenge for the Housing Options Team has been finding suitable accommodation and support for those individuals with complex needs. This includes clients with multiple needs, repeat homeless presentations and clients who have lost their accommodation due to their behaviour.

11. To illustrate this point, in 2022-23;

    (a) 409 clients presenting had a mental health need (33% of the total).

    (b) 161 clients presenting had drug issues (13% of the total).

    (c) 214 clients presenting had an offending history (17% of the total).

12. However, despite these challenges, the following has been achieved in the past 12 months:

    (a) Our specialist Housing Options (Mental Health) Officer has continued to develop her role, working closely with social workers and West Park Hospital. This is a continuing challenge due to the increased demand on mental health services throughout the sector. However, her role has helped with a reduction in discharges for clients with no fixed abode and 102 people with mental health needs have been supported into accommodation.

    (b) Our specialist Housing Options (Domestic Abuse) Officer has also worked hard this year to build relationships with the women's refuge, which has helped to streamline the process for women moving on into permanent accommodation. We have also funded 2 properties with Harbour for Domestic Abuse victims. Whilst there, the women receive intensive support from both the Domestic Abuse Officer and a Harbour support worker. Over this last year, we have successfully housed 6 families in the two properties who have moved on to more permanent tenancies. In addition, 56 people at risk of domestic abuse have been supported into stable accommodation.

    (c) The ACCESS Team, which aims to fast track clients into Drug and Alcohol services and supports the rough sleeping agenda, has continued to work directly with Housing Options Officers and one of their team now spends at least one day a week in the Housing Options Office to ensure a joined up approach in supporting clients.

    (d) We have continued to develop the Next Steps project (which comprised 4 properties purchased and refurbished in the Northgate area as temporary accommodation). 9 households have been supported by both the 700 Club and our Housing Plus Team to address any barriers to finding accommodation and moving on after their time in the

placement.

(e) The Rough Sleeper Initiative funding has continued this year and we have been able to carry on with the following:

(i) Funded an Outreach Support Worker, delivering street support and floating support to prevent people from rough sleeping. Over the past year, 24 street link reports have been made, 9 street walks carried out and 8 individuals engaged with.

(ii) Continued to fund a Housing Options Navigator post, who is carrying out triage, processing all the duty to refer referrals we receive – 336 received to date since April 2023 and low level case work.

(iii) Our Rough Sleeper Co-ordinator is working across the Tees Valley to support Local Authorities in delivering their homelessness and rough sleeping strategies, co-ordinating rough sleeper counts and analysing data and returns for Government. She is developing a gap analysis for Darlington, to ensure any future bids for funding target priority areas.

(iv) We have continued with the Housing First model in 2 Council properties, which prioritises getting people quickly into stable homes. Both properties have had 2 occupants over the last year who have successfully moved on to more permanent accommodation. During their stays, they have addressed issues with debt and addiction through engagement with support from the 700 Club.

(f) We have received further funding from the Government's Accommodation for Ex-Offenders scheme, to support ex-offenders into new accommodation by March 2024.

(g) We have housed 15 people through the "No Second Night Out" initiative to prevent rough sleeping and 10 people through the Severe Weather Emergency Protocol (SWEP).

13. However, despite the significant challenges, everyone in need of emergency accommodation has been provided with somewhere to stay. In addition, most of the people placed in emergency accommodation have now moved on to more permanent housing. Housing staff have proved typically resilient in dealing with these issues and ensuring that people who find themselves homeless or at the risk of homelessness continue to receive an excellent service.

Table 1 – Households placed in emergency accommodation for Quarters 1, 2 and 3 of 2023-24 compared to previous years

	2021-22 Total	2022-23 Total	2023-24			
			Q1	Q2	Q3	Total
The number of presentations to the Housing Options service	**1,745**	**1,842**	**345**	**395**	**337**	**1,077**

The number of households placed in emergency accommodation	**281**	**395**	**121**	**122**	**108**	**351**
The number of days spent in emergency accommodation	**3,697**	**7,308**	**1,477**	**2,180**	**1,990**	**5,647**

Preventing Homelessness and Rough Sleeping Strategy

14. Section 1(1) of the Homelessness Act 2002 requires housing authorities to carry out a homelessness review for their area and formulate and publish a homelessness strategy based on the results of the review every five years. Darlington's Preventing Homelessness and Rough Sleeping Strategy for 2019-2024 was approved by Cabinet on 9 July 2019.

15. The strategy consists of four main sections to satisfy the requirements of the regulations: A review, strategy, action plan and a new requirement to have a specific statement on rough sleeping. In recent years, the Government has become increasingly concerned about the growth of rough sleeping. In 2018 the Government published its Rough Sleeping Strategy and its supporting guidance required homelessness strategies to be rebadged as Preventing Homelessness and Rough Sleeping Strategies.

16. There are five key supporting objectives to our Strategy:

    (a) Those at risk of homelessness will be made aware of and have access to the services they may need to prevent it.

    (b) Suitable accommodation and support options will be provided for people who are, or who may become homeless.

    (c) Rates of repeat homelessness will be reduced.

    (d) The right support and services will be provided so that no person needs to sleep rough.

    (e) Strong partnerships will be built to deliver our aims.

17. The emphasis on prevention is not new but the Homeless Reduction Act 2017 introduced new challenges and a requirement for much greater co-operation across agencies.

18. The Strategy also sets out a "holistic" approach to assessing needs, recognising that a solution may not be directly related to housing and again requiring greater co-operation with other agencies. As a consequence, an important element of the Strategy is to establish a new monitoring group to help provide a focus for co-ordination.

19. Progress on the Strategy's action plan is monitored through the multi-agency Preventing Homelessness and Rough Sleeping Forum.

20. **Appendix 1** of this report provides an update on the Strategy's action plan. Members will recall from the last update presented in December 2022, that all of the 28 actions in the Strategy have either being completed or remain ongoing due to the continuing demands

on services.

21. A new strategy will be due in 2025 and work will commence shortly to start developing this with our strategic partners. The next update for this committee will, therefore, be to consider the draft Preventing Homelessness and Rough Sleeping Strategy for 2025-30.

Appendix 1

Preventing Homelessness and Rough Sleeping Strategy action plan update

1. Those at risk of homelessness will be made aware of and have access to the services they may need to prevent it

Action	Comments	Status
1.1 Establish an effective Duty to Refer	All information on the website and awareness raised with other partners	Complete
1.2 Improve Needs assessment to address individual issues	Gateway in place with holistic needs assessment	Complete
1.3 Improve information on the website	All information is on the website and regularly updated	Complete and ongoing
1.4 Increase the use of social media	Regular updates and information now available through social media	Complete and ongoing
1.5 Address issues around discharges from hospital that lead to homeless applications	Homeless Duty to Refer procedure has been added to the discharge protocols for physical and mental health hospitals	Complete
1.6 Reduce risk of young people becoming homeless	Joint Protocol for 16/17 Year Old Housing and Children's Services signed off by Government	Complete
1.7 Improve Support to people with mental health issues	Regular meetings are taking place between Adult Social Care and Housing Services to consider cases and improve processes. Housing Options (Mental Health) Officer is now in place	Complete and ongoing

2. Provide suitable accommodation and support options for people who are, or who may become homeless

Action	Comments	Status
2.1 Develop the allocations process to meet the needs of the Homelessness Reduction Act	Common Allocations Policy now updated and new ICT system in place	Complete
2.2 Maintain and if possible, improve access to private sector housing	Following a successful funding bid, 4 empty homes were brought back into use. The properties have been refurbished and repurposed for those at risk of rough sleeping	Complete
2.3 Improve access to private sector housing for those who have difficulties funding a bond	Bond scheme is in place	Complete

2.4 Address the housing and support implications of the Homelessness Reduction Act	Review of Housing Related Support commissioned services has been completed by Adult Social Care	Complete
2.5 Review existing support contracts	As above	Complete
2.6 Support the development of appropriate supported housing	As above	Complete
2.7 Address the challenges of Universal Credit	Effective links with DWP maintained and good quality information is available to those who need it	Complete and ongoing

3. Reduce rates of repeat homelessness

Action	Comments	Status
3.1 Improve the chances of people avoiding repeat homelessness	• Information on the website • No First Night Out initiative delivered • Joint working with other services • Regular begging meetings • Good pathways from prison with Project Beta and Through the Gate	Complete and ongoing
3.2 Address the issues of those who have the most challenging behaviour	Adult Social Care and Housing meetings are addressing this issue, but it is recognised that there are a handful of individuals who lose their accommodation due to behaviour which includes a mix of offending, substance misuse and mental health issues	Ongoing
3.3 Identify and address the needs of those who are vulnerable but not eligible for additional support	Issues being addressed through regular meetings with Adult Social Care and Housing	Ongoing
3.4 Analyse case management for occurrence of repeat homelessness	Analysis done through the statistics in the main report. New opportunities for individuals to progress through Next Steps and ex-offender funding	Complete
3.5 Analyse overall approach to repeat homelessness	This is now in place with Rough Sleeper Initiative funding for an outreach support worker. Also discussed as part of the Homeless Forum and Rough Sleeper Action Groups	Complete and ongoing
3.6 Recognise the specific needs of those with dual diagnosis	Housing Options Officer (Mental Health) is now in place. This post works alongside Adult Social Care	Complete and ongoing

	staff at West Park hospital and with Public Health and the Access Team	

4. Provide the right support and services so that no person needs to sleep rough

Action	Comments	Status
4.1 Reduce the number of people sleeping rough	• Regular begging meetings • Street link service • Information on the website • No First Night Out • Have a Heart campaign • Outreach service • Additional funding secured through the Rough Sleeping Initiative for additional staffing resources • Bi-monthly rough sleeper counts	Complete and ongoing
4.2 Reduce the number of people sofa surfing	No First Night Out has been delivered by Darlington since 2018. However, during the Covid-19 pandemic we followed the Government's 'Everyone In' agenda and have continued to do so. All approaches to us will be assessed appropriately and if the person is homeless and has a local connection, offers of temporary accommodation will be made regardless of priority need	Complete and ongoing
4.3 Develop a new preventative approach to those rough sleeping	Awareness of Duty to Refer and information in 4.1 are in place. Agencies throughout Darlington work together proactively to reduce rough sleeping	Complete
4.4 Improve response to those who rough sleep	All the services listed above are in place. The Housing First and Next Steps projects are in place. Additional temporary accommodation and prevention tools are also in place	Complete
4.5 Review pathways to independence	Completed as part of the review of Housing Related Support commissioned services	Complete

5. Build a strong partnership to deliver our aims

Action	Comments	Status
5.1 Support and improve partnership development planning and information exchange	Preventing Homelessness and Rough Sleeping Forum established with regular meetings being held	Complete and ongoing

5.2 Improve partnership working	Good links established through: • Preventing Homelessness Forum • Preventing begging meetings • Working alongside commissioned providers of housing related support • Regular meetings between Adult Social Care and Housing • Sub-regional meetings • North East Regional Homeless Group • Government funding bids	Complete and ongoing
5.3 Improve internal Council joint working	Regular meetings taking place between Adult Social Care and Housing	Complete and ongoing

HEALTH AND HOUSING SCRUTINY COMMITTEE
28 FEBRUARY 2024

DARLINGTON BETTER CARE FUND 2023/25 PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is to update Health and Housing Scrutiny Committee on the Darlington Better Care Fund 2023/25 Programme.

2. Provide an update on the next steps across the Programme.

Summary

3. The use of BCF mandatory funding streams (NHS minimum contribution, Improved Better Care Fund grant (iBCF) and Disabled Facilities Grant (DFG) must be jointly agreed by integrated care boards (ICBs) and local authorities to reflect local health and care priorities, with plans signed off by health and wellbeing boards (HWBs).

4. The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, **including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.** BCF encourages integration by requiring integrated care systems and local authorities to enter into **pooled budget** arrangements and agree an integrated spending plan. The vision for the BCF over 2023-25 is to support **people to live healthy, independent and dignified lives,** through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

   - **Enable people to stay well, safe and independent at home for longer**
   - **Provide the right care in the right place at the right time**

5. The framework confirms the four national conditions for funding:

   - Jointly agreed Plan
   - Enabling people to stay well, safe and independent at home for longer
   - Provide the right care in the right place at the right time
   - Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services"

6. As well as the four national conditions of funding, the plan includes the delivery against five key metrics of:

   - Avoidable Admissions: Per 100,000 population
   - Falls: Emergency Hospital Admissions due to falls in people aged over 65
   - Discharge to Usual Place of Residence: Percentage of People who are discharged from acute hospital to their normal place of residence
   - Residential Admissions: Long term support needs of people aged 65 and over met by admission to residential and nursing care homes
   - Reablement: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

7. Funding for the 23/25 Programme is set out below. This includes Discharge Funding being part of the Pooled Budget for the first time.

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2
DFG	£1,063,345	£1,123,530	£1,063,345	£1,123,530
Minimum NHS Contribution	£9,651,859	£10,198,154	£9,651,858	£10,198,154
iBCF	£4,488,137	£4,742,165	£4,488,137	£4,742,165
Additional LA Contribution	£629,078	£288,839	£629,078	£288,839
Additional ICB Contribution	£0	£0	£0	£0
Local Authority Discharge Funding	£629,230	£1,044,522	£629,230	£1,044,522
ICB Discharge Funding	£404,677	£671,764	£404,677	£671,764
Total	**£16,866,325**	**£18,068,974**	**£16,866,325**	**£18,068,974**

8. It must be noted that the funding package for 2023/25 is not new monies, as these are allocated against ASC budgets.

9. Following publication of the Planning Guidance and confirmation of the submission requirements, the Plan for Darlington was submitted to the BCF national team on 28 June. This followed endorsement by the Programme Board.

10. Approval of the Plan was received on 8 September 2023.

11. A copy of the approved plan is included as an appendix to this report, and was considered at the meeting of HWBB held on 7 September.

Next Steps

12. As part of on-going Programme Management, a joint Local Authority and ICB review is underway across all schemes funded through the Programme. This is to ensure these schemes continue to deliver against the priorities of the Programme and to ensure emerging priorities can be funded. The findings of this review are currently being considered by the Pooled Budget Partnership Board.

13. During the covid pandemic, formal quarterly reporting of the BCF programme was stood down. However, these have now been re-instated, and work is currently underway on development and submission of the 2023/24 Quarter 3 return, which needs to be submitted by 9 February. The BCF National Team have confirmed that the focus of the quarter 3 report will be for updates to be provided on scheme performance and expenditure updates.

14. Finally, an end of year submission will be required, the purpose of which is to confirm compliance with national conditions; challenges faced across the system as well as identifying best practice. Details are currently awaited on the requirements for the end of year submission due in May/June (date still to be confirmed) following which national guidelines for 2024/2025 will be published.

Recommendations

15. It is recommended that:-

    (a) Members note the submission and approval of the Darlington 2023/25 Plan.

    (b) Note the programme review underway, with a report to be tabled at future meetings, detailing the outcome of the review.

    (c) Note the reporting requirements of the programme.

Reasons

16. The recommendations are supported by the following reasons:

    (a) The 2023/25 Plan has been endorsed by the Pooled Budget Partnership as part of the agreed governance arrangements

    (b) Following completion of the review a report of the findings will be available.

Christine Shields
Assistant Director Commissioning, Performance and Transformation

Background Papers

(i) Darlington BCF 2023/25 Plan Template
(ii) Darlington BCF 2023/25 Plan Narrative

Paul Neil : Extension 5960

S17 Crime and Disorder	Not applicable
Health and Well Being	The Better Care Fund is owned by the Health and Wellbeing Board
Carbon Impact and Climate Change	None
Diversity	None
Wards Affected	All
Groups Affected	Frail elderly people at risk of admission/re-admission to hospital
Budget and Policy Framework	Budgets pooled through section 75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
Council Plan	Aligned
Efficiency	New ways of delivery care
Impact on Looked After Children and Care Leavers	No impact

BCF Narrative 2023-25
Darlington Health and Wellbeing Board

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

How have you gone about involving these stakeholders?

Our BCF plans have been developed collectively over the past years through regular meetings between ICB (Integrated Care Board) and Local Authority commissioners, Pooled Fund managers and BCF leads. It has been agreed that many of the BCF schemes are recurrent 'business as usual' so these will be included in the plan for this and future years.

Linking with the members of these groups, colleagues across the system have the opportunity to present business cases around potential new schemes to address a need or gap identified and which would support the BCF and system priorities and metrics. These are duly considered against what uncommitted funding is available and decisions on whether to approve them are made jointly between the ICB and Local Authority.

The governance structure supporting the BCF decision making process is made up of the following:

- Darlington BCF Delivery Group: with representatives from the local authority and ICB commissioners, operational and finance leads, the group are responsible for making recommendations on new business case requests as well as reporting on performance against the metrics of the programme
- Darlington Pooled Budget Partnership Board: Consider all recommendations from the delivery group confirming all business cases deliver against the metrics of the programme as well as providing challenge to decisions made. Membership is made up of senior executives across LAs and ICBs
- Darlington ICB provides system wide assurance to HWBB on programme performance as well as recommending solutions for any areas of escalation
- HWBB: Has oversight and ownership of the programme, approving all returns and programme plans

Throughout the lifetime of the BCF Programmes, there are a number of operational working groups in place, each with a focus on key areas of the programme. These include Enhanced Health in Care Homes; Frailty pathways and Discharge Planning. These groups include representation from NHS, social care, PCNs, TEWV and the voluntary sector.

Many of our new schemes this year have been developed to support the Hospital Discharge agenda. This has involved extensive discussions and planning with colleagues from County Durham and Darlington NHS Foundation Trust and other partners for example the care home and domiciliary care sector. The LA, ICB and Foundation Trust engage regularly with the care home and domiciliary care sector via forums and other mechanisms to identify needs, pressures and provide support.

As Darlington’s Health and Social Care System recovers from the Covid 19 Emergency pandemic, the Council is currently refreshing its approach to housing need within the Borough. This comprises of review and gap analysis of key strategic and operational priority areas:

- Review and further development of the Housing Needs Assessment including supported living accommodation; extra care, sheltered housing , private rented and social housing sectors. Of particular importance in the current cost of living acute pressure is the application of the recent Homeless legislation. An impact assessment will be conducted in the changes to Section 21 legislation (currently before Parliament) especially with regard to the affordable social housing sector. The review will be considering impact on the default to home model in discharge pathways and is supported by the North East ADASS Commissioning Network.
- The Council has commissioned services with supported living local providers arrange of preventative and first response services including Homeless Hostel; Outreach services, Multi – agency begging support and accommodation/ support services funded through the Domestic Abuse Act (2021) for people in crisis.
- Operationally, the local health and social care response to housing need is to continue to support as many people to live as independently as possible in their own homes through the Disabled Facilities Grant (DFG) . In addition, at the of "point of admission" housing related liaison with clinical staff within inpatient acute settings is identified e.g., Darlington such as Westpark Hospital (primary mental health needs) and County Durham and Darlington Foundation Trust's Darlington Memorial Hospital to ensure compliance with Homelessness "priority" need and advice and support for those inpatients deemed to be at risk of homelessness.

Executive Summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan

The priorities of both the North East and North Cumbria (NENC) Health and Care Partnership strategy and the developing collective Tees Valley Place Plan, include aims and programmes to improve the quality of life for people through admission avoidance and investment in preventative services and tackling delays in discharges with improved outcomes.

Our partnership priorities include:

- ➢ Strengthening the provision of Home Care and Extra Care Housing and reducing the reliance on residential and nursing homes
- ➢ Working with the care market to increase capacity and sustainability
- ➢ Reducing the time people spend in hospital whose needs could be better met by access to social care
- ➢ Developing shared solutions around housing and maximise the use of digital technology
- ➢ Working to identify and support more people who are providing unpaid care
- ➢ Improving joint discharge processes between health and social care
- ➢ Scaling up intermediate care across all of our places and reducing the reliance on beds
- ➢ Upskilling and scaling-up of social care staff and services across all of our places, enabling them to respond to the needs of local people and ensuring social care staff are valued as equals within the health and care system

- Expand the range and uptake of 2 hour community response service to enable people to receive timely care in the right place

Our Better Care Fund plan supports the local and regional aims and outcomes. Our priorities for 2022-23 are aligned to the objectives above and more specially to the BCF and Ageing Well principles. There is also a focus on maintaining sustainable services with the pressures caused by the on-going covid-19 pandemic.

The Ageing Well programme is a blueprint for attenuating rising health service demand to support older people with frailty in their communities. It promotes healthier ageing and begins to address inequalities through population health management. In providing fuel for the journey to age equality, successful implementation will make better use of public and local community assets. Ensuring parallel development and implementation of both BCF Plans and the Ageing Well programme priorities is critical to ensure maximum impact of the available resource. This means better use of health and care services including hospitals and better outcomes for older people.

In summary the key changes to our previous BCF plan include:

- Reconfiguration of care home and planned/unplanned community health teams
- A dedicated iSPA for D2A/hospital discharges, intermediate care and unplanned care which continues to be developed
- EHiCH and COVID has resulted in a drive to improve access to support and advice for care home residents and has provided:
    - Improvement in take up of NHS Mail
    - Programme of work for medication management and proxy ordering
    - Consistent approach to delivery of DES for older peoples care homes

The key changes to our plan this year will be the use of the BCF and Additional Discharge Funding to continue initiatives that support discharges to the right place with the right care. Our aim is particularly to reduce the reliance on use of beds and to promote an enhanced reablement model to enable more people to be discharged on pathway 1 with rehabilitation and reablement to optimise the chance of recovery.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area

The governance for our BCF plan is illustrated in the embedded slide:

Tees Valley BCF Governance Overview

We have monthly meetings of the BCF Delivery Group which is formed of commissioning, finance and BCF leads from the Local Authority and ICB. This Group collectively plans, reviews new business cases, and monitors expenditure of the Better Care Fund.

The Pooled Budget Partnership Board receives recommendations from the BCF Delivery Group. The Board has senior membership from the Local Authority and the ICB and its role is to:

- Provide strategic direction on the Individual Schemes
- Receive financial and activity information
- Review the operation of this Agreement and performance manage the individual schemes
- Agree such variations to the s75 Agreement from time to time as its thinks fit
- Review and agree annually revised Schedules as necessary
- Request such protocols and guidance as it may consider necessary in order to enable the Pooled Fund Manager to approve expenditure from the Pooled Fund
- Manage the performance of the Better Care Fund in line with the key performance indicators agreed nationally
- Review and agree annually a risk assessment and a Performance Payment protocol
- Receive and approve business cases for proposals against the pooled budget

In addition to the above the Health and Housing Scrutiny panel consider all BCF returns and plans prior to any submission and consideration to HWBB. This ensures all system partners, including housing colleagues, can challenge the programme and schemes within.

New governance arrangements at place are being finalised by the ICB. Moving forwards some aspects of BCF planning and implementation may sit within the Place Committee.

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- *Joint priorities for 2023-25*
- *Approaches to joint/collaborative commissioning*
- *How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.*

Joint priorities for 2023-25 will be driven by ever increasing presentation of complex needs of older people in a post covid pandemic environment. The post Covid pandemic operating environment brings with it the associated increased risk of hospitalisation and increasing length of stay, future nursing home admission and mortality.

The ICB, Darlington's Adults Joint Commissioning Board, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valleys Trust and VCSE will be informed and guided by both national and local policy to address this challenge across health and social care. They will, as in previous years, take into account the NHS Long term Plan, Regional ICB planning, local HWBB strategies and the Better Care Fund plans.

The agreed strategic aims and objectives of the Joint Commissioning Board (Adults) for Darlington are to:

- improve outcomes for adults and older people through achieving best value, economies of scale and improved efficiencies or co-ordination in the joint planning/commissioning of services
- improve joint planning and commissioning activity with regard to services for

adults and older people
- map existing services and identify opportunities to remove duplications, identify gaps, and explore opportunities to align or pool budgets
- agree priorities for joint planning and commissioning based on needs assessments and available evidence base
- ensure effective delivery and monitoring of jointly commissioned services and co-ordinate development of joint commissioning strategies
- support the development of provider services within the area to meet identified needs
- consider horizon scanning and to understand the policy implications of new national policies in respect of children and young people, influencing local policy direction implementation
- establish task and finish groups as and when required in order to take forward specific pieces of work.

Joint priorities for 2023-25 are:

- Maintain independence at home/ place of residence and prevent hospital admissions where possible
- Review and enhance the intermediate care and reablement offer in Darlington to restore patients' (and associated family carers support) confidence re- integration back into community
- Ensure that clear and effective integrated discharge pathways are developed and adopted across acute and community services
- To ensure timely assessment of discharge requirements and ensure that the flow from the acute system into community services is sustained
- Digitisation and improve health and wellbeing of people living in care homes using digital technology in accordance with TV Care Homes digital strategy
- Improve coordination of care for people presenting with multi- morbidities

iBCF Funding

As part of the template submission, schemes 61-68 detail the allocations across the iBCF Programme. As part of the conditions of the funding, these schemes continue to address the following:

- Meeting adult social care needs
- Reducing pressures on the NHS
- Supporting more people to be discharged from hospital
- Ensuring that the social care market is supported.

National Condition 2

Use this section to describe how your area will meet BCF Objective 1: ***Enabling people to stay well, safe and independent at home for longer***

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- *Steps to personalise care and delivery asset based approaches*
- *Implementing joined up approaches to population health management and proactive care and how the schemes delivered through the BCF will support these approaches*
- *Multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake*
- *How work to support unpaid carers and deliver housing adaptations will support this objective – LA to expand*

Enable people to stay well, safe and independent at home for longer:

A key system aim across the Tees Valley is to continue to identify appropriate alternatives to a hospital admission through the use of more innovative service models and by better joining up the service offers available across primary, community and secondary care; including NHS 111 and our Ambulance Service provider.

We know from national and local evidence, and via the Fuller report, that people's care needs can often be best met outside of a hospital setting through integrated (neighbourhood) teams, where admissions can be avoided with the right care and support in place. We are stepping up capacity for out-of-hospital care, including virtual wards, so that people can be better supported at home for their physical and mental health needs, and in some cases, replace the need for admission, and in others facilitate people being able to safely leave hospital sooner.

Across the Tees Valley we have already commenced and made great progress in the development and implementation of our **Virtual Ward** models. We now need to extend and accelerate the breadth of conditions and patients who can be supported, out of hospital, using this approach. Our Virtual Wards aim to provide our patient population with hospital standard care within their own home, helping us to:

- Prevent unplanned hospital admissions and delays in hospital discharges
- Further reduce inequalities for people by ensuring all health and care needs are met through delivery of virtual frailty ward and virtual respiratory wards
- Embed good commissioning practices in integrated health and social care
- Improve outcomes and experiences for people admitted into the virtual wards
- Make data and evidence the basis for policy development, good practice, and targeted improvement support

Urgent community response (UCR) is the collective name for services that improve the quality and capacity of care for people through delivery of urgent, crisis response care within two-hours and/or reablement care responses within two-days. They provide a person-centred approach to optimise independence and confidence, enable recovery and prevent a decline in functional ability. Services should adopt a 'no wrong door' ethos and work flexibly based on need, not diagnosis/condition.

Our Urgent Community Response (2-hour UCR) aims to provide urgent care to people in their homes (including care homes) which helps to avoid hospital admissions and enable people to live independently for longer. The service offers a high-quality multi-professional integrated response providing both intensive short-term hospital-level care at home or in a care home which:

- ✓ reduce the risk of deconditioning, delirium and hospital-acquired infection
- ✓ improve hospital flow
- ✓ support older people to regain independence
- ✓ reduce demand for readmission and long-term support.

Close working between hospital, primary care teams, ambulance providers, community rehabilitation, and intermediate care and reablement services will ensure an efficient and sustainable integrated network of UCR in our locality.

Avoidable Admissions

There is a continued priority on admission avoidance in urgent care situations focussed on ensuring robust assessment, decision making and diversion to more appropriate services and support when needed. There are a range of community services funded by the BCF to support this including: A rapid response domiciliary care service commissioned to provide a 2-hour response and overnight sitting if required and a responsive integrated assessment care team (RIACT) which offers crisis response alongside community nursing services.

Residential admissions – *older adults whose long-term care needs are met by admission to residential or nursing care*

Discharge to Assess initiative and our intermediate care and rapid response services offer the opportunity for the individual to receive the care and time needed to maximise recovery. They maintain independence and avoid admission to long term residential and nursing care if possible.

Effectiveness of reablement *proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)*
The range of BCF schemes to support reablement will continue and include assistive technology, rapid response, an expanded reablement team and overnight planned care.

<u>Ageing Well priorities:</u>

Urgent 2 hour community response:
Existing BCF funded services which support this include RIACT and community nursing working together 7 days a week to support the triage and response to urgent referrals from the community. In 2021 the services have also been reconfigured to become a planned and unplanned team, offering a dedicated care home response and also an urgent community response.

Darlington Borough Council are part of the 'Urgent and Emergency Care Managed Clinical Network' and local 'Tees Valley Urgent Community Response Group.' Proposals have been put forward to the group via the Ageing Well monies to fund:

- Additional staff to improve the community crisis response and enhance the service cover and deliver full triage options as part of the iSPA for Darlington from 08:00 to 21:00 seven days per week.
- Continuation of the “Making Space” Rapid Response service in Darlington which provides an 8a.m. to 8 p.m.- 7 days per week domiciliary care service and supports the effective discharge flow from the RIACT team into community provision. The Rapid Response service is an essential element in the D2A - default discharge to a person’s own home and provides an emergency response/ crisis intervention and aims to move on clients within 48- hours of discharge. The service is aligned with the ethos of the urgent community response initiative by promoting

faster recovery from illness or injury and the facilitation of safe and timely discharge from hospital. It also prevents unnecessary admissions into Hospital.

- Additional Therapy input into the Darlington Care Home Team. Patients who reside within care homes do not always receive the same level of therapy input into maintaining their present levels of independence or functionality. Working with the CDDFT Care home Team and Primary Healthcare Darlington (PHD) to focus on the enhanced Healthcare in Care Homes (EHiCH) the proposed increase of therapy input in day-to-day activities enhancing the lives of patients and residents in care homes, including spot beds. Delivering increased skills and knowledge across care home workforce.

  By offering targeted therapy input into the already successful Care home focused teams will support patients and the care home workforce deliver sustained independence and functionality and slow the progression of supported living/residential care patients declining into dependant nursing care.

The proposals will impact and deliver the following;

- Meet the UCR standard for urgent community response services to be available 7 days a week 8 to 8 and 2-day reablement standard.
- See an increase in the community workforce numbers to deliver the Ageing Well UCR standards
- Improve discharges from hospital through a the 'home first' principles
- Reduce pressures on Emergency and Urgent Care Centres
- Reduce or stem growth in non-elective admissions
- Improve the quality-of-care planning and functional presentation of people living in care homes
- Reduce or delay the requirement for people moving from 24-hour residential care into 24-hour nursing care
- Reduction in the number of falls in care homes
- Reduction in care home admissions
- Reduction in ongoing need for care following reablement support
- The community data set for UCR

Enhanced Health in Care Homes:
Now part of the Ageing Well programme and Primary Care Network DES, we have had BCF funded services to support care homes for several years. Prior to the DES, community nurses were reconfigured to provide reactive care to care homes with a 'virtual ward round' response from GPs to support clinical decision making and care planning. As part of the DES home round, community matrons undertake a proactive home round and have monthly multi-disciplinary teams with GP, pharmacy and nursing input as a minimal to support personalised care planning, alongside the care home nursing team.

Dedicated pharmacy support has been commissioned to drive quality regarding medicine management, policies and the implementation of proxy medication ordering for all care homes.

A digital programme of support has been commissioned to enhance and support the delivery of digital developments in care homes to support delivery of:

- NHS Mail
- Proxy ordering of medication
- Personalised care and support planning
- Information sharing

Anticipatory Care

Many of our BCF schemes support the delivery of proactive care and support, particularly older people living with frailty to help them stay independent and healthy for as long as possible at home (or the place they call home).

Over the coming months our collective system including community health teams, Primary Care Networks, social care, mental health teams, community pharmacy, the housing and voluntary sector will be establishing or building on multi-disciplinary teams to strengthen relationships where required, delivering Anticipatory Care to an identified cohort of individuals. A key outcome will be that services will be transformed from being crisis driven to working in an integrated, personalised, and co-ordinated way for patients.

Priorities for this year and early 23/24 are:

- The development of clear ambitions for Anticipatory Care across the Tees Valley, working closely with providers and more specifically, PCNs to translate these ambitions into a comprehensive Anticipatory Care Plan
- To identify key segments of PCN's registered practice populations using risk stratification tools, who have complex needs and are at high risk of unwarranted health outcomes. Once this baseline/cohort has been developed, agree the number of individuals to be offered Anticipatory Care in 23/24
- To clinically validate individuals as appropriate for Anticipatory Care, prioritising those with greatest clinical need first
- To implement a holistic assessment process to understand the goals and ambitions of those identified as the Anticipatory Care cohort

The ICB aims to ensure as part of service re-design, that the key principles of personalisation are considered and embedded into new pathways including personalised care support plans, Shared Decision Making and Patient Activation Measures (PAM). Knowledge and opportunities will be shared across all Tees Valley place portfolio teams

National Condition 2 (cont'd)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- Learning from 2022-23 such as
  - Where number of referrals did and did not meet expectations
  - Unmet demand, ie where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - Patterns of referrals and impact of work to reduce demand on bedded services – eg admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services

- Approach to estimating demand, assumptions made and gaps in provision identified
  - Where if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

- How have estimates of capacity and demand (including gaps in capacity) been taken on board and reflected in the wider BCF plans

Darlington Discharge Pathways

In Darlington, the overarching aim is to support people in the community and when a person is admitted and discharged from hospital, to get them back to their usual place of residence, reflecting the Hospital Discharge and Community Support Policy and our 'Home First' ethos.

In almost all cases the short-term intermediate care services/ staff who support people to remain in the community (step-up) and support people following discharge (step-down) are part of the same service/ staffing cohort. This is the case for domiciliary/ home-based care and bed-based care with the intermediate care beds also being used for both step-up and step-down. Generally, there isn't dedicated step-up or step-down staffing/ capacity (including beds) rather usage is based on demand. However, the vast majority of the short-term intermediate care demand (home and bed-based is following a discharge from hospital.

People going home with little to no support needs (Pathway 0) make up the largest proportion of discharges. There are several services available to support people with low level support needs. Alongside these commissioned services, there are some charitable services who will support people with day-to-day activities. These services are ad-hoc and no formal commissioning or monitoring arrangements are in place.

Depending on the level of need, there are services available to people being discharged on Pathway 1, who need a little more help to recover at home. This includes Domiciliary Care Providers and the Trust Rehabilitation Team who provide up to 4 weeks of support at home. Alongside these we also have a Home First service and Telecare Service and some condition specific healthcare services i.e. Community Respiratory Service.

We have a range of community beds which can be used for both step-up and step-down. In terms of Pathway 2 and 3 discharges there's no distinction to the way the beds are commissioned, and they can be used for either Pathway until the capacity has been used.

There are 23 beds available in Rydal Care Home, which is the core intermediate care facility commissioned on a recurring basis. 14 of these beds are commissioned as Rehabilitation beds and 9 as Nursing beds, however there is an option to flex as needed and there is now a less obvious split in the way the beds are used. In addition to this there is an option to use spot purchase beds when Rydal beds are not available. The availability of spot purchase beds is dependent on a number of factors, including the local care home market, the needs of the individual, the wraparound supporting workforce and funding restrictions.

We have utilised some of the additional discharge funding to increase the capacity for spot purchases in 2023/24 to approximately 10 per month as a result of increased demand. This is shown equally in the capacity section of the planning template, however there will be times of low demand and time of surge, particularly over winter, and the beds can be flexed (increased) each month as a result of the spot purchase contracting arrangement.

2022/23 Learning Points

Completing the capacity and demand requirements in 2022/23 formalised a process which has been taking place in Darlington since the COVID pandemic. Representatives from Adult Social Care and Health services work together and collaborate via a weekly meeting and have regular meetings with the BCF Delivery group to explore pressures, agree resolutions and plan how best to cope with demand and capacity, this ensures the flow of patients continues despite any arising challenges. In times of high demand measures are put in place to alleviate these where possible, for example there is currently an increase to the core domiciliary care hours in place. We also use demand projections to inform discussions regarding future capacity, particularly in relation to homecare and beds.

We use a range of tools to support this, including:

- **Affinity Landscape tool** – demand model and predictive tool used for the last 4 years to automatically generate intelligence showing trends and future predictions of all services, e.g. number of people accessing residential care, domiciliary care etc.
- **Capacity Tracker** – national on-line system that gives local intelligence on care providers in Darlington, including capacity and vacancy details by each provider, care home etc.
- **Activity reports** – existing range of reports that provide detailed information to managers – most of these are being transferred to the new Power BI tool on priority basis, e.g. ISPA report completed first, Team Activity report etc.
- **Liaison with independent providers** – regular weekly contact with all providers, regular provider forums allow detailed, consistent and comprehensive exchange of information and intelligence on both current issues and future developments.
- **Surge management** – 'Tees Valley Incident Command and Coordination Centre' call occurs on a daily basis, including Heads of Service for early intervention service along with health colleagues.
- **Weekly Darlington Systems Pressures group** – regular weekly meeting with Trust, ICB and Local Authorities to identify current issues and trends and related problem resolution and options planning.

This combination of meetings, tools and information sharing monitors performance and expenditure and identifies gaps and pressures to respond to any demand and capacity issues. These tools and information sharing mechanisms produce our statutory returns and enable us to have a better understanding prior to making any operational and strategic decisions. They have also informed us that in comparison to 2021-22, 2022-23 saw an increase in the numbers of referrals coming into the Health and Social Care system, but also allowed us to break this down by area, pathway, function etc. However, both the current and previous BCF Capacity and Demand data collections show a one-dimensional view of capacity and demand, and do not consider any waiting lists or trends in waiting lists, and activity projections do not show whether patients have been discharged on the most appropriate pathways. This is hidden demand that we are not currently capturing. It was difficult to use this data alone to accurately identify any shortage in capacity or unmet demand. We did however use the data alongside the local intelligence detailed above to inform further discussion/understanding and action including:

- It appeared that there were far more people being discharged on pathway 3 than we would expect, and the Discharge to Assess Model (Professor John Bolton) suggests should be the case, although this model is based on aged 65+ and we tend to report on all ages. Further discussion identified that this was due to the way discharges are coded to each pathway, for example someone returning to a Care Home is currently coded as Pathway 3. The figures for the other pathways had similar anomalies, which are currently being investigated further.
- Services are not commissioned in such a way that it is straight forward to measure the capacity for a certain element of them. For example, the staff members who deliver rehabilitation services also deliver other services, and the services they provide are flexed depending on the demand. This may mean that it appears we have sufficient enough capacity to meet the demand, but that is because of this flexibility and overall there may not be enough capacity in the system.
- Within Darlington the actual activity for Community Beds in at certain times in 2022/23 exceeded the predicted numbers. Work is ongoing to try to identify why, although we think there may be several reasons:
    - Increased activity in the hospital (both Elective and Non-Elective), including a surge in demand over the winter months.
    - Limited capacity in the domiciliary care market and increased pressure on discharge teams.
    - Workforce issues (sickness, recruitment etc) and restricted admissions due to outbreaks in Rydal resulted in more spot purchases
    - There has potentially been an increase in step-up placements.

- There may be instances where it appears there is sufficient capacity within the system, but this may not be the case:
    - There may be packages of care available, but not at the most popular times of the day (i.e. 9am calls)
    - Dom Care providers cover different geographical locations within the town, if one provider has no capacity the other may not be able to cover this area
    - Rydal Care Home can accept a maximum of 3 admissions per day, therefore if this limit has been reached there may be capacity in the home which cannot be used.
    - Care Homes have a limit of how many residents with 2-1 care needs they can admit due to staffing limitations.

This information has enabled us to negotiate and agree priorities to respond to the pressures identified – this could include discussing and agreeing alternative arrangements where demand cannot be met by the originally intended service.

These processes and tools allow us to keep a dynamic and up to date check on the capacity available, as well as the demand variation and the response to deal with this variation on a weekly basis, within the framework of the BCF and wider funding options.

2023/24 Approach to Capacity and Demand

As with last year, we have taken a joint approach to completing the Capacity and Demand information. This is necessary to ensure all Capacity and Demand is considered across the locality, however it also provides challenges, as to do this we require data from different information systems. This introduces the risk of missing some patients, double counting others and the systems are used to record information in very different ways. For this reason, we have made a number of assumptions when collecting the data, all of which have been documented in the assumptions section on the planning template.

Much of the low-level social support, including VCS, is provided by charity organisations and volunteers who support people on an ad-hoc basis. This includes helping with shopping, sorting bills and paperwork, cleaning and liaising with other services. There is no set time a person will receive this support and the commissioning of the services vary. Due to the nature of the of these services, most have no formal mechanisms in place to report how many people have been supported or for how long. Similarly, as many of these services use volunteers, the capacity can fluctuate quite significantly. We are not able to accurately report the demand for these services nor the capacity available to meet this demand.

When calculating the capacity of Care Home beds for reablement/rehabilitation we had to consider other factors as well as the actual number of available beds, including the workforce available to support people in the beds, and financial constraints. Because of this, the reported capacity does not include all available Care Home beds in Darlington.

This Capacity and Demand data collection does not include Mental Health data, as we do not currently collect this. We have initiated discussions to set up collection for this, however the data is not available for this planning submission. We do, however, have Mental Health representation in the weekly system pressures discussions and are aware of the pressures faced.

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- Emergency hospital admissions following a fall for people over the age of 65
- The number of people aged 65 and over whose long term support needs were met by admission to residential and nursing care homes per 100,000 population

Falls response services are required in all systems for people who have fallen at home including care homes. We are therefore incorporating and building on the work in EHICH and UCR in order that we can provide a preventative and reactive comprehensive and coordinated community-based falls response for the Tees Valley.

This is to ensure people receive the right care in the right place at the right time, proving appropriate care to people in their own home. The proposal is to initiate a project to engage and consult with stakeholders to undertake a 3-stage process which will include scoping, mapping and reviewing what community falls services are currently available to support people who have fallen and those at risk of falling.

Following the phase one scoping stage, which will include a review of available digital data and discussions with stakeholders to identify relevant pathways and resources, phase 2 will be a mapping stage, plotting identified providers and pathways into services in order to understand the community falls offer across Tees and associated funding streams, review relevant data to develop a local picture of demand and responses from each locality and identify potential gaps and make recommendations for consideration.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge including:

- Ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance
- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds
- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow

Provide the right care in the right place at the right time

The various hospital discharge policies which commenced in March 2020 in response to the COVID-19 pandemic provided an opportunity to develop a more standardised and consistent approach to discharge across the Tees Valley.

There has been a shift from previous processes which included limited surveillance of all hospital discharges, a focus on the notification process (which brought multi agency discussions much later in the process) and the previous formal reporting that focussed on DTOCs which challenged integration by way of the data reporting definitions.

The shift to a 'Home First' approach means that discharge planning starts on admission with daily clinically led review that uses the criteria to reside ensuring that anyone remaining in an acute bed meets one of these 11 criteria and where they no longer meet the criteria they are discharged as soon as possible the same day or the following day.

The Tees Velley has established surge meetings which are flexed (stood up/down) based on pressures and need. Meetings have been closely linked with place based discharge groups to ensure patients were discharged and placed on the next stage of their pathway of care, maintain flow throughout the hospital and promote rapid and supported discharge from hospital to the most appropriate place for recovery in a planned manner rather than an extended length of stay in an acute hospital bed

Locally a group involving all partners led on the delivery of the discharge pathways. Operational leads contributed to the development of the Trusted Assessment tool, the system worked together to map out the pathways, the trust provided training to therapists to become trusted assessors, RIACT social care provided oversight of all discharges with the exception of the ICB commissioned beds, which were managed via RIACT health for a therapy or nursing handover to be completed as part of the process.

The ICB beds are commissioned to provide both rehab and nursing care in a facility with the equipment needed to promote faster recovery from illness or injury, i.e. a gym for rehabilitation. The beds can be accessed as both a step-up and step-down provision. Management of these beds were recently reviewed to provide RIACT Health and RIACT Social the opportunity to work together in managing the beds effectively. This has resulted in improved working relationships between partners including Discharge Teams, RIACT and Care Homes. Bed usage and outcomes are regularly monitored to ensure the best use of the beds.

The "Making Space" Rapid Response service (scheme 42 in the planning return) in Darlington provides an 8a.m. to 8 p.m.- 7 days per week domiciliary care service and supports the effective discharge flow from the RIACT team into community provision. The Rapid Response service is an essential element in the D2A- default discharge to a person's own home and provides an emergency response/ crisis intervention and aims to move on clients within 48- hours of discharge. The service is aligned with the ethos of the urgent community response initiative by promoting faster recovery from illness or injury and the facilitation of safe and timely discharge from hospital. It also prevents unnecessary admissions into Hospital.

Home from Hospital (scheme 34 within the planning return) is a scheme, working in partnership with the Local Authorities Care Connect Service, to ensure patients are transferred from hospital to home in a safe and timely manner.

In addition to the above we have completed a self-assessment against the High Impact Change Model and more recently against the new 100-day challenge initiatives on a trust wide footprint.

In the coming months we aim to:

- Continue to progress the Amber areas identified in the 100-day challenge self-assessment
- Assess if there are any gaps in the pathway 0 services supporting patients with low level needs to return home from hospital
- Review pathway 1 services, including the Rapid Response service and community reablement, to develop an integrated discharge pathway
- Continue to map the current core intermediate care bed base capacity, operational models, workforce, contract and funding arrangements to ensure we are meeting national guidance and achieving best outcomes to inform commissioning intentions and the future bed-based model
- Agree discharge to assess pathways and financial model from April 2023 onwards

National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- Learning from 2022-23 such as
  - Where number of referrals did and did not meet expectations
  - Unmet demand, ie where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - Patterns of referrals and impact of work to reduce demand on bedded services – eg improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services

- Approach to estimating demand, assumptions made and gaps in provision identified
- Planned changes to your BCF as a result of this work

  - Where if anywhere have you estimated there will be gaps between the capacity and the expected demand?
  - How have estimates of capacity and demand including gaps in capacity been taken on board and reflected in the wider BCF plans

The 2022/23 ASCDF enabled investment into the following schemes:

- The incentive payment scheme was paid to 3 prime homecare providers to support recruitment and retention in the homecare market.
- increased the hours of the Rapid Response Service up to 250 hours per week, to provide reablement at home and to support discharge flow.
- Regarding home care pick-up rates, this investment has enabled a significant jump in package allocation when compared to January 23.
- We increased our intermediate short break stay (SBS) bed availability, for up to 6 weeks, to facilitate discharge until the end of March.
- Payment of advanced mileage to support packages of care in surrounding rural areas, has supported local retention and allocation of packages in areas which are difficult to accommodate due to their rurality.
- We also implemented time-bandings flexibility to enable providers to pick up the initial care package calls within a timeslot and then to subsequently rota calls into care agency regular runs. This supported pick-up rates.

Current Home Care Pick-up Rates:
- Prime Provider 1:- 75% (May 23) an increase from 58% in January 23.
- Prime Provider 2:- 92% (May 23) an increase from 52% in January 23.

Rapid Response Capacity:
- Increase from 150hrs per week to 250hrs. Total = 1589hrs between the 1st April – 21st May 23.

Short Break Stay Bed Capacity
- We increased intermediate short break stay (SBS) bed availability, for up to 6 weeks, to facilitate discharge. A circa 75 SBS beds was purchased by the fund. With the utilisation of the £200m fund we continued to fund 2 weeks (if needed) through the original ASCDF.

Residential Capacity:
- Total number of registered beds in in Darlington 1023. In the month of June 23 there is 81% capacity.

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metric

- Discharge to usual place of residence

<u>Adult Social Care Discharge Fund</u>

To support local authorities to build additional adult social care and community-based reablement capacity to reduce hospital discharge delays through delivering sustainable improvements to services for individuals.

Adult Social Care - Additional hours within key SW teams (5hrs per week per person involved)

Brokerage Strengthen current brokerage arrangements and build additional capacity to support discharge flow from acute settings
Extension of 1WTE Agency Worker

Care Market Schemes to facilitate discharge:
- Domiciliary Care: Extension of Time Bandings- extension of initiative for the commissioning of domiciliary care to improve “pick up” rates of providers
- Domiciliary Care: Mileage payments for Home Care - payment of enhanced mileage to encourage recruitment and retention of care workers
- Domiciliary Care: Rapid Response Service- increase capacity to enable timely hospital discharge and prevent avoidable hospital admissions

- Residential & Nursing Care-Additional intermediate /short stay bed capacity in residential and nursing care homes.

Market Sustainability & Improvement Fund

- **Maintain fee uplifts originally made as part of 2022/2023 Fair Cost of Care Grant for Domiciliary care & Residential care in 2023/24**
- **Homecare –** Additional payment for travel time which can be built into new contract formula
- **WAA Residential Care** – paying differential between 3% budgeted uplift and regional average agreed rate of 7.75%
- **Additional Commissioning and Contracts staff –** Agency staff member costs to support Market Sustainability work with providers
- **Additional ASC staff:**
    - WTE additional Senior Co-ordinator
    - 2.0 WTE Reablement Workers
    - reviewing officers or social workers assistants/OTA to enable capacity for more experienced workers to undertake the referrals on waiting lists (reviews and assessments)
- **Brokerage** Strengthen current brokerage arrangements and build additional capacity to support discharge flow from acute settings
    - 1 WTE additional Agency Worker
    - Digital platform to support brokerage of care packages
- **Finance** 1.0 WTE Financial Assessment Officer
- **Reablement** - Cost of ongoing budget commitment currently funded via iBCF

Streamline Assessment Grant

This Grant will support the reduction of waiting times for people who may have care and support needs. The use of this funding will be reviewed as part of the digital transformation workstream to ensure greatest impact.

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

We continue to implement the High Impact Change Model for managing transfers of care and many examples of this are outlined in other sections of this template. In summary:

1. **Early discharge planning –** the transfer of care hub, daily system calls and on-going internal work with Trust colleagues
2. **Monitoring and responding to system demand and capacity –** the reporting mechanisms and daily and weekly multi-agency meetings
3. **Multi-disciplinary working -** examples include our ISPA and Integrated Coordination Centre
4. **Home first –** our system aim wherever possible and established D2A processes
5. **Flexible working patterns –** increased weekend working by social care
6. **Trusted assessment –** in place to support and expedite discharges
7. **Engagement and choice –** examples include our carers in hospital support and staff engagement with patients and families to seek the best outcomes but manage expectations
8. **Improved discharge to care homes –** well established EHICH processes and Trusted Assessors
9. **Housing and related services –** services in place to support with needs patients may have on discharge

National Condition 3 (cont)

Please describe how you have used BCF funding, including the IBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

All the schemes have been created to support the following to:

- build additional adult social care and community-based reablement capacity to reduce hospital discharge delays through delivering sustainable improvements to services for individuals.
- increasing fee rates paid to adult social care providers in local areas
- increasing adult social care workforce capacity and retention
- reducing adult social care waiting times
- streamlining assessments to support the reduction of waiting times for people who may have care and support needs.

All schemes mentioned meet and deliver against our Care Act duties as listed below:

- Promoting individual wellbeing
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Providing information and advice
- Promoting diversity and quality in provision of services
- Co-operating - to promote integration, cooperation and partnership with the NHS and other key partners to enable a care and support system which is person-centred.
- Safeguarding adults at risk of abuse or neglect.

Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers

We will maintain and develop support for Carers to sustain resilience.

Funded through the BCF programme Darlington Carers Support and Humankind Young Carers Service to provide information, advice and guidance so that carers know what support is available and who to contact, 1:1 support tailored to individual needs, group activities and peer support and individual carer breaks. These are referenced in the planning return template, tab 5a, schemes 31 and 32.

Carer breaks are also funded through a number of additional providers to enable a broad range of carers to access breaks and support is provided to the carers of people with dementia via the Dementia Advisor and Dementia Friendly Communities contracts.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support including DFG funding that supports independence at home?

Across Adult Social Care and Housing there was a review of future housing needs in 2019. This had the overall aim of ensuring a strategic link between both areas and in ensuring residents could remain at home. This resulted in a new joint integration forum to ensure the

strategy was delivered as well as ensuring, operationally all future housing requirements/needs were delivered in a consistent way.

In addition to the new joint ASC and housing forum, the lifeline services continue to be provided by housing, and form part of the Adult Social Care reablement service and commissioned care packages. Lifeline services are also accessed by private funders. These services continue to provide people with the support they need to live in their own homes.

The Disabled Facilities Grant (DFG) is a key element in the maintenance of independence for older and disabled people in their own homes. People (and associated family carers) who have appropriate adaptations are less likely to be admitted into hospitals following an injurious incident. In addition, following discharge from hospital DFGs are applied to maximise independence and in turn reduce the risk of readmission.

The LA DFG lead is a key member of both the Darlington BCF Delivery Group and Pooled Budget Partnership Board . This ensures key involvement in planning and agreeing priorities during both the planning and review stages of the programme.

DBC updated its Disabled Facilities Grant and Regulatory Reform Order Policy in 2023, which further broadened the scope of how DFGs are used, including:

- Removal of the means test for: stairlifts (straight and curved); ramps (semi-permanent); level access showers; through floor lifts; wash dry toilets (and any combination of these)
- Retaining the means test for ground floor extensions and garage conversions but increasing the land charge recovery threshold from £5,000 to £10,000.
- Adding new schemes for:
    - provision of additional support such as safe spaces for children and adults with autism/behaviours that challenge
    - dementia grants to fund small modifications that would allow someone with a diagnosis of dementia to remain living safely in their home for longer.
    - smart home kits such as a smart thermostat to control heating and hot water
    - home accident prevention/health and safety such as minor adaptations and repairs, security checks, deep clean and de-cluttering of premises

The recharge of the cost for the Occupational Therapy Services (OT) for the time spent on completing Disabled Facilities Grant has also been increased in line with the increase in demand for DFGs, which enables more DFGs to be processed in a timely manner.

The increase in DFG funding in recent years has enabled DBC and its key partners the opportunity to review existing arrangements to ensure that adaptations continue to play a significant supporting role in enabling the Borough's residents to remain independent in their homes for as long as possible.

Usage of DFG has increased over the last 2 years for which information collated for the DELTA return is available.

This shows provision across housing tenure and age of applicants.

	2019-20	2020-21
Total number completed	96	112
Total number in excess of £30,000 (using RRO policy)	5	7
Owner occupiers	65	77
Housing Association tenants	21	16
Private renters	9	14
Aged 17 or under	11	17
18-65	30	35
66+	54	56

Information collected from the annual LAHS (Local Authority Housing Statistics) returns shows a small decrease in the total number of DFGs completed in 2021-22, but with a further significant increase in 2022-23. (DELTA returns are completed in November each year, so the DELTA return information for 2021-22 and 2022-23 is not yet available).

	2021-2022	2022-2023
Total number completed	98	147
Owner occupiers	78	135
Housing Association tenants	20	12

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? Yes / No

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking into account of people with protected characteristics? This should include:

- *Changes from previous BCF plan*
- *How equality impacts of the local BCF plan have been considered*
- *How these inequalities are being addressed through the BCF plan and BCF funded services*
- *Changes to local priorities related to health inequality and equality and how activities in the document will address these*
- *Any actions moving forward that can contribute to reducing these differences in outcomes*
- *How priorities and Operational Guidelines regarding health inequalities as well as local authorities' priorities under the Equality Act and NHS actions are in line with Core20PLUS5*

The local authority and ICB are committed to making sure equality and diversity is a priority. To do so we aim to work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs, we do this by removing or minimising disadvantages suffered by people due to their protected characteristics; taking steps to meet the needs of people from protected groups where these are different and we encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

We will work with the Ageing Well programme, to ensure Personalised Care approaches are fully embedded to support healthy ageing across the life course, as well as within the programme specific workstreams (Anticipatory Care, Urgent Community Response and Enhanced Health in Care Homes) and workforce competencies.

In terms of BCF the prevention schemes support the most vulnerable, often those with long term conditions.

The four goals for the North East and North Cumbria Health and Care Partnership strategy are:

- Longer and Healthier Lives
- Fairer Outcomes for All
- Better Health and Care Services
- Giving Children and Young People the Best Start in Life

The summary of our NENC Health and Care strategy on the link below outlines the local challenges, goals and approach to prevention, fairer outcomes, Core20Plus5 and improving services across health and care for all.

https://northeastnorthcumbria.nhs.uk/media/bhrbrkt2/icp-strategy-v14.pdf

We will ensure that our BCF schemes continue to complement the local plans outlined above.

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in ‘yellow’. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
  - emergency admissions due to falls for the year for people aged 65 and over (count)
  - estimated local population (people aged 65 and over)
  - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

HM Government England

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Darlington
Completed by:	Paul Neil
E-mail:	paul.neil@darlington.gov.uk
Contact number:	1325405960
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Matthew	Roche	matthew.roche@darlington.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	n/a	Dave	Gallagher	dgallagher@nhs.net
	Additional ICB(s) contacts if relevant	n/a	Martin	Short	martin.short@nhs.net
	Local Authority Chief Executive	n/a	Ian	Williams	ian.williams@darlington.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	n/a	James	Stroyan	james.stroyan@darlington.gov.uk
	Better Care Fund Lead Official	n/a	Christine	Shields	christine.shields@darlington.gov.uk
	LA Section 151 Officer	n/a	Elizabeth	Davison	elizabeth.davison@darlington.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Darlington

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£1,063,345	£1,123,530	£1,063,345	£1,123,530	£0
Minimum NHS Contribution	£9,651,859	£10,198,154	£9,651,858	£10,198,154	£1
iBCF	£4,488,137	£4,742,165	£4,488,137	£4,742,165	£0
Additional LA Contribution	£629,078	£288,839	£629,078	£288,839	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£629,230	£1,044,522	£629,230	£1,044,522	£0
ICB Discharge Funding	£404,677	£671,764	£404,677	£671,764	£0
Total	**£16,866,325**	**£18,068,974**	**£16,866,325**	**£18,068,974**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£2,742,784	£2,898,026
Planned spend	£5,806,215	£6,135,186

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£3,094,967	£3,270,142
Planned spend	£4,028,049	£4,253,565

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	280.0	270.0	254.0	240.0

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,063.7	2,063.7
	Count	460	460
	Population	22271	22271

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.4%	92.5%	92.4%	92.4%

Residential Admissions

		2021-22 Actual	2023-24 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	605	649

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.7%

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: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

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Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Darlington

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabiitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.	Demand Hospital Discharge - To ensure consistency across the Tees Valley, the majority of this data has been pulled together using the Elective and Non-Elective Annual Plans and is based on historic pathway proportions. It is derived by calculating the proportion of activity delivered to the Tees Valley by each provider. Due to the method of coding within each Trust, Pathway 3 data includes patients who require Long Term Care and have returned to a Care Home (which should be Pathway 0), therefore this data looks artificially high and is not comparable to the capacity available. Similarly, Pathway 0 data is for all pathway 0

	Complete:
3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Demand - Hospital Discharge

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Trust Referral Source (Select as many as you need)	Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Social support (including VCS) (pathway 0)	532	577	622	613	621	610	618	640	562	630	575	575
OTHER		69	85	84	83	83	82	84	86	86	88	82	86
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Reablement at home (pathway 1)	38	41	45	44	45	44	44	46	40	45	41	41
OTHER		11	14	14	13	13	13	13	14	14	14	13	14
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Rehabilitation at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER		0	0	0	0	0	0	0	0	0	0	0	0
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER		0	0	0	0	0	0	0	0	0	0	0	0
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Reablement in a bedded setting (pathway 2)	30	32	35	34	35	34	35	36	32	35	32	32
OTHER		1	2	2	2	2	2	2	2	2	2	2	2
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Rehabilitation in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER		0	0	0	0	0	0	0	0	0	0	0	0
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	30	32	35	34	35	34	35	36	32	35	32	32
OTHER		5	6	6	6	6	6	6	6	6	6	6	6
Totals	Total:	716	789	843	829	840	825	837	866	774	855	783	788

3.2 Demand - Community

Demand - Intermediate Care												
Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	123	127	123	127	127	123	127	123	127	127	119	127
Reablement at home	3	3	3	3	3	3	3	3	3	3	3	3
Rehabilitation at home	0	0	1	0	1	1	1	0	1	0	1	1
Reablement in a bedded setting	2	2	2	2	2	2	2	2	2	2	2	2
Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge														Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Reablement at Home	Monthly capacity. Number of new clients.	42	42	42	42	42	42	42	42	42	42	42	42			
Rehabilitation at home	Monthly capacity. Number of new clients.	23	23	23	23	23	23	23	23	23	23	23	23			
Short term domiciliary care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Reablement in a bedded setting	Monthly capacity. Number of new clients.	26	27	26	27	27	26	27	26	27	27	26	27			
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2			

3.4 Capacity - Community

Capacity - Community														Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Urgent Community Response	Monthly capacity. Number of new clients.	123	127	123	127	127	123	127	123	127	127	119	127			
Reablement at Home	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2			
Rehabilitation at home	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1	1	1			
Reablement in a bedded setting	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2			
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Darlington

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Darlington	£1,063,345	£1,123,530
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	**£1,063,345**	**£1,123,530**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Darlington	£629,230	£1,044,522

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS North East and North Cumbria ICB	£404,677	£671,764
Total ICB Discharge Fund Contribution	£404,677	£671,764

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Darlington	£4,488,137	£4,742,165
Total iBCF Contribution	**£4,488,137**	**£4,742,165**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Darlington	£629,078	£288,839	Schemes currently under development

Total Additional Local Authority Contribution	**£629,078**	**£288,839**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS North East and North Cumbria ICB	£9,651,859	£10,198,154
Total NHS Minimum Contribution	**£9,651,859**	**£10,198,154**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£9,651,859**	**£10,198,154**	

	2023-24	2024-25
Total BCF Pooled Budget	**£16,866,325**	**£18,068,974**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

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Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Darlington

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£1,063,345	£1,063,345	£0	£1,123,530	£1,123,530	£0
Minimum NHS Contribution	£9,651,859	£9,651,858	£1	£10,198,154	£10,198,154	£0
iBCF	£4,488,137	£4,488,137	£0	£4,742,165	£4,742,165	£0
Additional LA Contribution	£629,078	£629,078	£0	£288,839	£288,839	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£629,230	£629,230	£0	£1,044,522	£1,044,522	£0
ICB Discharge Funding	£404,677	£404,677		£671,764	£671,764	£0
Total	**£16,866,325**	**£16,866,325**	**£0**	**£18,068,974**	**£18,068,974**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£2,742,784	£5,806,215	£0	£2,898,026	£6,135,186	£0
Adult Social Care services spend from the minimum ICB allocations	£3,094,967	£4,028,049	£0	£3,270,142	£4,253,565	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

>> Incomplete fields on row number(s):

58, 59, 60, 61, 62, 63, 64, 65,

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Planned Expenditure: Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
1	Dementia Advisor	Support for carers and people with dementia	Other						Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
2	Dementia schemes	Support for BAME community	Community Based Schemes	Other	Support and advice				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
3	Dementia Friendly Darlington Co-ordinator	Coordination of DFD strategy and activities	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		LA			Local Authority	Minimum NHS Contribution
4	Supporting Mental Health Services in Care Homes	Protection of community services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution
5	Supporting Acute Mental Health Services	Protection of community services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution
6	Mental Health Team	Support workers aligned to adult mental health team, working primarily in the community	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Mental Health		LA			Local Authority	Minimum NHS Contribution

7	Mental Health Support Workers	Support workers aligned to adult mental health team, working primarily in the community	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Mental Health		LA			Local Authority	Minimum NHS Contribution
8	Protection of Community Services	Protection of community services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
9	Community Integrated Care Core Beds (Rydal)	Intermediate Care beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		225	225	Number of Placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
10	Community Hospitals - CDDFT	Community Hospital beds	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
11	RiACT Health Staff	Intermediate care services and reablement service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		20	20		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
12	Stroke Coordinator	Service available for stroke survivors in Darlington and offers advice and support to patients in the community	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution
13	Stroke and Neuro Community Services - SALT	Speech and Language Therapy available in the Community	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution
14	Falls and osteoporosis	Support services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care					Community Health		NHS			NHS	Minimum NHS Contribution
15	Workforce development	Training for reablement staff	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Minimum NHS Contribution
16	Reablement staff	Dom care staffing	Urgent Community Response						Social Care		LA			Local Authority	Minimum NHS Contribution
17	Increase in physical activity	Provision of exercise activity at Extra Care Homes/Sheltered schemes	Personalised Care at Home	Physical health/wellbeing					Social Care		LA			Local Authority	Minimum NHS Contribution
18	Sensory Loss rehabilitation	Equipment and rent for Vane House and support workers	Other						Social Care		LA			Local Authority	Minimum NHS Contribution
19	Telecare (OOH response team)	Co-ordinate and install Telecare and Lifeline devices following an assessed need	Assistive Technologies and Equipment	Assistive technologies including telecare		126	126	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution
20	Assistive Technology	Develop use of Ats in services of falls prevention, dementia	Assistive Technologies and Equipment	Other	Assistive Technologies	50	50	Number of beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution
21	Blue Badge OT assessments	Referrals for BB assessments to understand mobility needs to ensure remain part of the community	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Minimum NHS Contribution
22	Community Equipment Service	Capital equipment including hoists	Personalised Care at Home	Physical health/wellbeing					Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
23	Paliative Care	Care support	Community Based Schemes	Other	Other				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution

24	Project Management	BCF Programme Management	Enablers for Integration	Programme management					Social Care		Joint	50.0%	50.0%	Local Authority	Minimum NHS Contribution
25	CAB Welfare Rights Service	Welfare and advice registered patients across GP services, including benefit advice, money management	Prevention / Early Intervention	Social Prescribing					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
26	Specialist Advocacy (DAD)	Service for people registeredunder NHS Darlington aged 18+ ensuring access to advocacy service	Prevention / Early Intervention	Social Prescribing					Mental Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
27	Short Breaks for Disabled Children	Personalised support/care at home	Personalised Care at Home	Physical health/wellbeing					Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
28	Adult Carers	Support services for adults caring for adults	Carers Services	Carer advice and support related to Care Act duties		2537	2537	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution
29	Adult Carer Breaks	Provision of carer breaks across voluntary sector	Carers Services	Respite services		53	53	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
30	Medicines Optimisation in Care Homes	Proxy ordering of Care Home medication from GPs electronically	Integrated Care Planning and Navigation	Care navigation and planning					Primary Care		NHS			nhs	Minimum NHS Contribution
31	Young Carers	Information and support from humankind	Carers Services	Carer advice and support related to Care Act duties		95	95	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution
32	Implementation of the Care Act	Care Act duty	Care Act Implementation Related Duties	Other	Care Act Duty				Social Care		LA			Local Authority	Minimum NHS Contribution
33	Home from Hospital	Transfer from hospital to home, making space	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Private Sector	Minimum NHS Contribution
34	Packages to facilitate discharge	Rapid response/SBS	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Minimum NHS Contribution
35	Reduction in admission to 24h care	Care managers for on ward discharge(MDTs)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Primary Care		LA			Local Authority	Minimum NHS Contribution
36	Rapid Response	48 hour support following discharge pending assessment	Home-based intermediate care services	Reablement at home (to support discharge)		175	175	Packages	Social Care		LA			Local Authority	Additional LA Contribution
37	Adult Carers Support Co-ordinator	Working with SMEs to raise awareness of carers in employment	Carers Services	Carer advice and support related to Care Act duties		5	5	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution
38	Safeguarding social worker	To alleviate service pressures	Other						Social Care		LA			Local Authority	Additional LA Contribution
39	Learning impairment network	Network led by DAD to engage across the sector on issues including discharge, carer roles	Community Based Schemes	Other	Facilitation				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution
40	Digital Care Home Support	Tailored digital CH support	Enablers for Integration	Workforce development					Social Care		NHS			NHS	Minimum NHS Contribution
41	Urgent community response (UCR) support	Support towards acheivement of the 2 hour UCR and 2 day reablement standards	Urgent Community Response						Social Care		LA			Local Authority	Additional LA Contribution
42	Equipment and adaptations	OT equipment	Housing Related Schemes						Social Care		LA			Private Sector	Minimum NHS Contribution

43	Equipment and adaptations	Partnership across LA/ICB in Tees Valley and Durham providing community equipment	Housing Related Schemes						Social Care		NHS			NHS	Minimum NHS Contribution
44	Healthcall	Digital Monitoring of Patients	Assistive Technologies and Equipment	Community based equipment		730	730	Number of beneficiaries			NHS			NHS	Minimum NHS Contribution
45	Out of hospital contingency	Contingency	Enablers for Integration	Programme management					Community Health		NHS			NHS	Minimum NHS Contribution
46	ASC contingency	Contingency	Enablers for Integration	Programme management					Social Care		LA			Local Authority	Minimum NHS Contribution
47	ASC contingency	Contingency	Enablers for Integration	Programme management					Social Care		LA			Local Authority	Additional LA Contribution
48	Adaptations and equipment	DFG and equipment DFG adaptations, via schemes connect	DFG Related Schemes	Adaptations, including statutory DFG grants		147	171	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG
49	Discharge to assess additional capacity	Funding allocated towards the continuation of the D2A pathway. We are continuing to fund a discharge to assess pathway (which includes Pathway 1 home care and Pathway 2 'spot-purchased' beds - not block-booked) in 2023/24. Scheme 56 includes the estimated spot purchase bed numbers based on 22/23 activity but this expenditure will be used to flex capacity during winter/ times of increased demand. The actual activity and associated spend will be locally monitored and reflected in the fortnightly D2A returns.	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity					NHS		NHS			NHS	ICB Discharge Funding
50	Local Authority Additional Discharge Funding	Unallocated for 24/25	High Impact Change Model for Managing Transfer of Care	Other	unallocated				Social Care		LA			Local Authority	Local Authority Discharge Funding
51	Adult Social Care	Additional hours within key SW teams (5hrs per week per person involved)	Workforce recruitment and retention			1	1		Social Care		LA			Local Authority	Local Authority Discharge Funding
52	Brokerage	Strengthen current brokerage arrangements and build additional capacity to support discharge flow from acute settings. Extension 1 WTE Agency worker	Workforce recruitment and retention			1	1		Social Care		LA			Local Authority	Local Authority Discharge Funding
53	Domiciliary Care - Extension of Time Bandings	Extension of initiative for the commissioning of domiciliary care to improve "pick up" rates of providers	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	Local Authority Discharge Funding

54	Domiciliary Care - Mileage Payments	Mileage payments for Home Care - payment of enhanced mileage to encourage recruitment and retention of care workers	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	Local Authority Discharge Funding
55	Domiciliary Care - Rapid Response Service	Increase capacity to enable timely hospital discharge and prevent avoidable hospital admissions	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)		75	75	Packages	Social Care		LA			Local Authority	Local Authority Discharge Funding
56	Residential & Nursing care	Additionnal int./short stay bed capacity in res. And nursing homes	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement accepting step up and step down users		12	12	Number of Placements	Social Care		LA			Local Authority	Local Authority Discharge Funding
57	Ambulance Discharge Costs	Hospital Discharge service expansion	other						NHS		NHS			NHS	ICB Discharge Funding
58	D2A Therapy/Trusted Assessor	Expansion of the therapy trusted assessor role	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Community Health		NHS			NHS	ICB Discharge Funding
59	TOCH - DMT Expansion	Expansion of the Discharge Management Team	Workforce recruitment and retention			1	1		Acute		NHS			NHS	ICB Discharge Funding
60	TOCH - DMT Management Structure	Dedicated leadership on complex discharge	Workforce recruitment and retention			0.5	0.5		Acute		NHS			NHS	ICB Discharge Funding
61	DOLs - Best Interest Assessments	Safeguarding	Care Act Implementation Related Duties	Safeguarding					Social Care		LA			Local Authority	iBCF
62	Winter Pressures	Supporting service pressures during winter period	Residential Placements	Care home		15	15	Number of beds/Placements	Social Care		LA			Local Authority	iBCF
63	OT Service	Supporting OT Service	Prevention / Early Intervention	Risk Stratification					Social Care		LA			Local Authority	iBCF
64	Reablement	Funding for the management and assessors across the reablement team	Urgent Community Response						Social Care		LA			Local Authority	iBCF
65	Short Break Stays	In house carers	Carers Services	Respite services		144	144	Beneficiaries	Social Care		LA			Local Authority	iBCF
66	Residential Care	Placements	Residential Placements	Care home		35	35	Number of beds/Placements	Social Care		LA			Local Authority	iBCF
67	Dom Care	Home care	Home Care or Domiciliary Care	Domiciliary care packages		47072	47072	Hours of care	Social Care		LA			Local Authority	iBCF

68	Direct Payments	Personalised budgets	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.

15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Darlington

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	271.8	262.2	246.3	258.0	The recording of avoidable admissions is increasing across the patch, hence we are seeing higher indicator values than the previous year, building a 3% increase in activity on 2022/23 actual activity levels.	We will aim to meet the ambition through our BCF funded admission avoidance and prevention schemes as well as wider initiatives such as UCR, Ageing Well and virtual wards.
	Number of Admissions	341	329	309	-		
	Population	106,566	106,566	106,566	106,566		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	280	270	254	240		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	3,051.2	2,063.7	2,063.7	Estimated falls indicator values for this year have decreased so we have carried forward this years estimate to 2023/24.	A project has been initiated across the Tees Valley to scope, map, review and redesign the existing pathways across the system responding to Level 1 & 2 falls in the community.
	Count	685	460	460		
	Population	22,271	22271	22271		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.8%	89.9%	89.8%	92.5%	Plan to maintain already high performance.	We have several schemes and initiatives in place to support this including our Rapid Response service.
	Numerator	2,033	2,013	2,061	2,390		
	Denominator	2,215	2,240	2,295	2,584		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Quarter (%)	92.4%	92.5%	92.4%	92.4%		
	Numerator	2,295	2,329	2,302	2,430		
	Denominator	2,483	2,519	2,490	2,629		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
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	605.5	619.7	706.3	649.1	The ambition is to reduce from the rate, rather than compare figures which have been impacted by the pandemic care home during lock down, where these was signficant staff issues and high vacancies.	There is a local plan to meet the ambitition target taking into account there is an increased confidence with a a reduced turnover of staff of approx 11%. This will support our work to reduce waiting lists and conversion rate for SBS which at
	Numerator	134	143	163	153		
	Denominator	22,131	23,077	23,077	23,571		

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 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.1%	86.7%	81.1%	84.7%	Plan to increase the level of performance in line with previous years plan	There are a number of schemes included in the plan to allow us to improve performance. As we move through the year, performance will be monitored to ensure this stretchig target is achieved
	Numerator	95	98	90	94		
	Denominator	113	113	111	111		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* 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? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4**	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan

Additional discharge funding	**PR5**	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan

Agreed expenditure plan for all elements of the BCF	**PR8**	**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?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan

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HEALTH AND HOUSING SCRUTINY COMMITTEE
28 FEBRUARY 2024

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2023/24 Municipal Year and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2023/24 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee.

3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

4. Following agreement of the work programme for the Municipal Year 2023/24 at the Scrutiny Committee held on 28 June 2023, Officers have proposed that a task and finish group be established for Members to undertaken a review of physical accessibility to health care and ancillary care.

Recommendation

5. It is recommended that:-

   a) Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

   b) Members consider the establishment of a task and finish group to review physical accessibility to health care and ancillary care, and if agreed, to nominate Members to participate in the review.

Luke Swinhoe
Assistant Director Law and Governance

Background Papers

No background papers were used in the preparation of this report.

Author: Mike Conway 6309

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact and Climate Change	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
Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

6. The format of the proposed work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.

7. The Council Plan sets the vision and strategic direction for the Council through to May 2023, with its overarching focus being 'Delivering success for Darlington'.

8. In approving the Council Plan, Members agreed to a vision for Darlington which is a place where people want to live and businesses want to locate, where the economy continues to grow, where people are happy and proud of the borough and where everyone has the opportunity to maximise their potential.

9. The visions for the Health and Housing portfolio is:-

   'a borough where people enjoy productive, healthy lives. They will have access to excellent leisure facilities and recognising the importance of having a home, there will be access to quality social housing.'

10. It is intended to commence work on developing a new Council Plan later in 2023.

Forward Plan and Additional Items

11. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims.

12. A copy of the Forward Plan has been attached at **Appendix 3** for information.

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APPENDIX 1

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	**Timescale**	**Lead Officer/ Organisation Involved**	**Link to PMF (metrics)**	**Scrutiny's Role**
Primary Care (to include GP Access to appointments)	Last considered 3 January 2024	Emma Joyeux, ICB		To scrutinise development around Primary Care Network and GP work
Housing Services Climate Change Strategy (Report and Presentation)	Last considered 3 January 2024	Anthony Sandys		
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Year End August 2024	Relevant AD	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Housing Revenue Account	Special Meeting 23 January 2024	Anthony Sandys		
Medium Term Financial Plan	Last considered 3 January 2024	Brett Nielsen		To scrutinise those areas of the MTFP within the remit of this Scrutiny Committee.
Quality Accounts Update	To be agreed Year End Special May 2024	TEWV/CDDFT		
Preventing Homelessness and Rough Sleeping Strategy Update	28 February 2024 Last considered 14 December 2022	Anthony Sandys		To look at progress following the implementation of the strategy. Update on current position within Darlington

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	28 February 2024 Last considered 2 November 2022	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington. To receive an update on the programme review.
Breast Symptomatic Services	28 February 2024	Martin Short, ICB		
Council Plan	24 April 2024	Lynne Davies		
CAMHS update	24 April 2024 Last considered 14 December 2022	James Graham		
Community Mental Health Transformation	24 April 2024 Last considered 14 December 2022	Allison Housam/Shaun Mayo/John Stamp TEWV		To receive a briefing and undertake any further detailed work if necessary.
Healthy Weight Plan and Physical Activity Plan	24 April 2024	Ken Ross/Lisa Soderman		
Housing Services Asset Management Strategy	24 April 2024	Anthony Sandys		
Suicide Prevention	To be agreed	Ken Ross		
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		
Director of Public Health Annual Report	Last considered 30 August 2023	Penny Spring		Annual report

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Customer Engagement Strategy 2021-2024 Update (Presentation)	Last considered 30 August 2023	Anthony Sandys		To provide annual progress reports to Scrutiny. To look at work being done within communities and how the Customer Panel engage with new communities.
Health and Safety Compliance in Council Housing	Last considered 30 August 2023	Anthony Sandys		To provide annual updates to Scrutiny Members undertake any further work if necessary.
Housing Services Anti-Social Behaviour Policy – Update (Presentation)	Last considered 30 August 2023	Anthony Sandys		To provide annual updates to Scrutiny Members undertake any further work if necessary.
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	Last considered 1 November 2023	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Housing Services Repairs and Maintenance Policy	Last Considered 1 November 2023	Anthony Sandys		
Dental Services	Last considered 1 November 2023	Pauline Fletcher, NHS England		To update Scrutiny Members undertake any further work if necessary.
Public Health Protection	August 2024	Ken Ross / Cherry Stephenson		

MEMBERS BRIEFINGS

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Integrated Care System (ICS)	Last Considered 23 August 2023	Martin Short, ICB		To receive an update on the ICS
Drug and Alcohol Service Contract – We Are With You	Last considered 14 September 2023	Mark Harrison/Jon Murray		To update Scrutiny Members undertake any further work if necessary.

TASK AND FINISH REVIEW GROUP

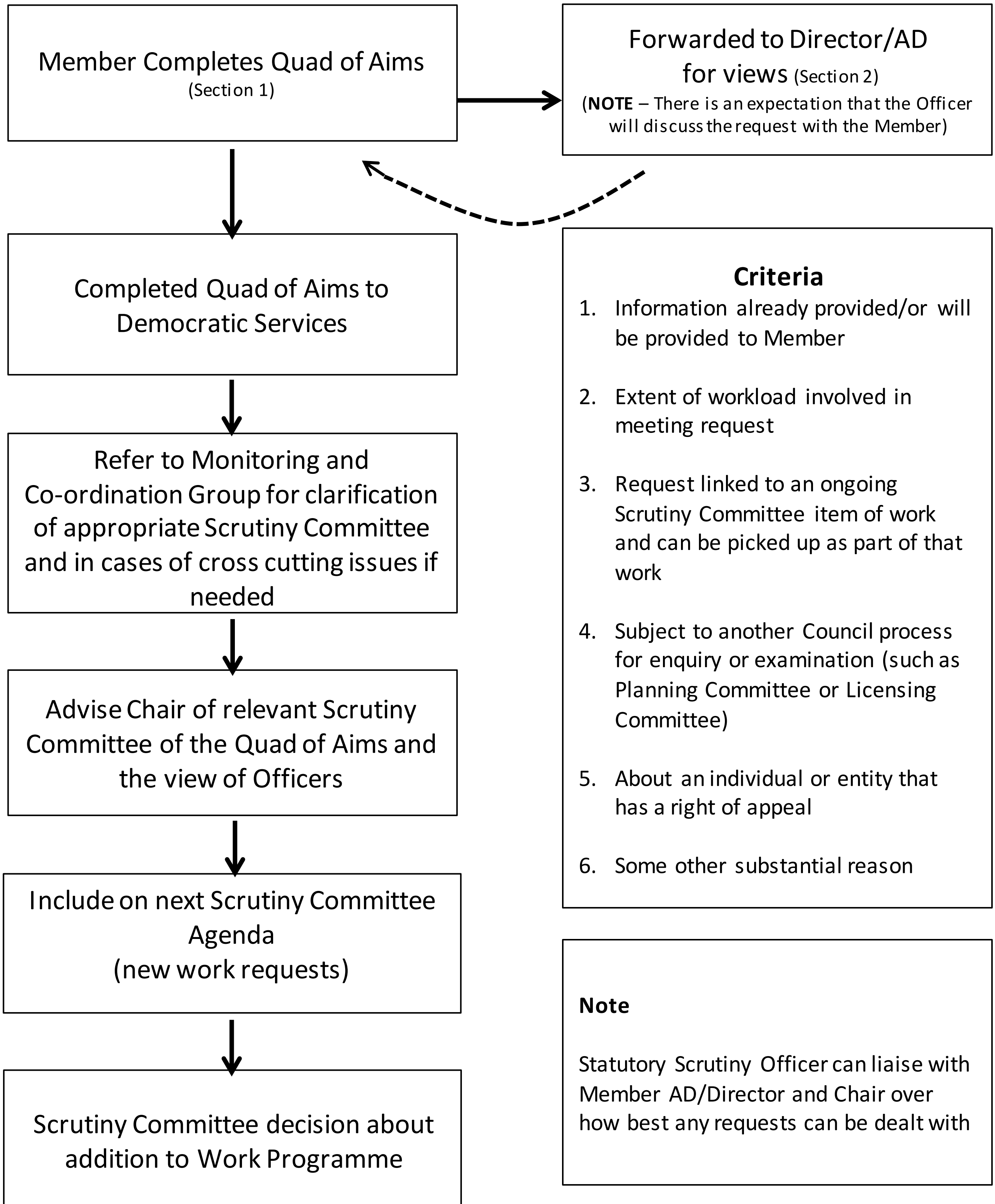
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Physical Accessibility to health care and ancillary care	Scoping meeting TBC	Ken Ross/TBC		

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities **Adults Scrutiny to Lead**	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020			

Appendix 2

PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	**RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)**
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	**HOW WILL THE OUTCOME MAKE A DIFFERENCE?**

Signed Councillor …………………………………………. **Date …………………………………………………….**

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS
(NOTE – There is an expectation that Officers will discuss the request with the Member)

1. (a) Is the information available elsewhere? Yes ………………. No ……………….

   If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)

   ………

   (b) Have you already provided the information to the Member or will you shortly be doing so?

   ………

2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?

   ………

3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?

   ………

4. Is there another Council process for enquiry or examination about the matter currently underway?

   ………

5. Has the individual or entity some other right of appeal?

   ………

6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?

   ………

Criteria

1. Information already provided/or will be provided to Member
2. Extent of workload involved in meeting request
3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
5. About an individual or entity that has a right of appeal
6. Some other substantial reason

Signed …………………………………… **Position …………………………………………………….** **Date ……………………..**

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DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

DARLINGTON
Borough Council

FORWARD PLAN
FOR THE PERIOD: 7 FEBRUARY 2024 - 30 JUNE 2024

Title	Decision Maker and Date
Changing Places Toilet (Darlington Hippodrome) - Release of Funding	Cabinet 5 Mar 2024
Council Plan	Council 21 Mar 2024 Cabinet 5 Mar 2024
Local Development Scheme (LDS)	Cabinet 5 Mar 2024
Local Transport Plan	Cabinet 5 Mar 2024
Regulatory Investigatory Powers Act (RIPA)	Cabinet 5 Mar 2024
Release of Capital Funds - Hurworth Schools Section S106 Funding	Cabinet 5 Mar 2024
Annual Procurement Plan	Cabinet 9 Apr 2024
Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement (IDA)	Cabinet 9 Apr 2024
Schedule of Transactions - April 2024	Cabinet 9 Apr 2024
Town Centre Site Development and Proposal to seek Development Partner through Framework and Acquisition of East Street Leasehold Interest	Cabinet 9 Apr 2024
Housing Services Asset Management Strategy	Cabinet 7 May 2024
Housing Services Vulnerability Policy	Cabinet 7 May 2024
Offset Strategy	Cabinet 8 Oct 2024

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