



DARLINGTON

Borough Council

Health and Wellbeing Board Agenda

3.00 pm

Thursday, 14 March 2024

Council Chamber, Town Hall, Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on: –
 - (a) 7 September 2023
 - (b) 14 December 2023
(Pages 5 - 14)
5. Darlington Safeguarding Partnership - Annual Report –
Report of the Independent Scrutineer – Darlington Safeguarding Partnership
(Pages 15 - 48)
6. Council Plan 2024-2027 –
Report of the Strategy and Policy Manager
(Pages 49 - 64)
7. Joint Strategic Needs Assessment - Demonstration –

Report of the Director of Public Health
(Pages 65 - 66)

8. Developing the Darlington Health and Wellbeing Plan 2023-2027 –
Report of the Director of Public Health
(Pages 67 - 72)
9. Better Care Fund –
Report of the Assistant Director Commissioning, Performance and Transformation
(Pages 73 - 144)
10. Childhood Dentistry Update –
Presentation of the Integrated Care Board – Director of Place (Darlington)
11. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of
an urgent nature and can be discussed at the meeting.
12. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 6 March 2024

Town Hall
Darlington.

Membership

Councillor Dulston

Councillor Harker, Leader of the Council, Leader of the Council

Councillor Holroyd

Councillor Roche, Cabinet Member for Health and Housing, Cabinet Member with Health and
Housing Portfolio

Councillor Tostevin

James Stroyan, Group Director of People

Miriam Davidson, Interim Director of Public Health

David Gallagher, Executive Director of Place-Based Delivery - Central and Tees Valley, North
East and North Cumbria Integrated Care Board

Martin Short, Director of Place - North East and North Cumbria Integrated Care Board, North East and North Cumbria Integrated Care Board
Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust
Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust
Jackie Andrews, Medical Director, Harrogate and District NHS Foundation Trust
Joanne Dobson, NHSE/I Locality Director for North East and North Cumbria, NHS England, Area Team
Alison MacNaughton-Jones, Joint Clinical Director, Darlington Primary Care Network
Sam Hirst, Primary Schools Representative
Dean Lythgoe, Principal, St Aidan's Academy, Secondary School Representative
Carole Todd, Darlington Post Sixteen Representative, Darlington Post Sixteen Representative
Michelle Thompson, Chief Executive Officer, Healthwatch Darlington
Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life Sciences, Teesside University
Andrea Petty, Chief of Staff, Durham Police and Crime Commissioner's Office

Since the last meeting of the Board, the following items have been sent to the Chair/Members of the Board:-

- XXX

If you need this information in a different language or format or you have any other queries on this agenda please contact Michael Conway, Mayoral and Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail michael.conway@darlington.gov.uk or telephone 01325 406309

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HEALTH AND WELLBEING BOARD

Thursday, 7 September 2023

PRESENT – , Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, Councillor Roche (Cabinet Member for Health and Housing) (Cabinet Member with Health and Housing Portfolio), Councillor Tostevin, James Stroyan (Group Director of People), Miriam Davidson (Interim Director of Public Health), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington), Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

APOLOGIES –Councillor Dulston, David Gallagher (Executive Director of Place-Based Delivery - Central and Tees Valley) (North East and North Cumbria Integrated Care Board), Brent Kilmurray (Chief Executive) (Tees, Esk and Wear Valley NHS Foundation Trust), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Joanne Dobson (NHSE/I Locality Director for North East and North Cumbria) (NHS England, Area Team) and Sam Hirst (Primary Schools Representative)

HWBB1 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB2 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 16 MARCH 2023

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 16 March 2023.

RESOLVED – That the Minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting

HWBB4 BETTER CARE FUND 2023/25 PROGRAMME

The Assistant Director Commissioning, Performance and Transformation submitted a report (previously circulated) updating Members on the submission of the Darlington Better Care Fund Plan for the 2023/25 Programme and providing an update on the next steps across the Programme.

It was reported that the use of the Better Care Fund (BCF) mandatory funding streams and Disabled Facilities Grant must be jointly agreed by Integrated Care Boards and local authorities; they must reflect local health and care priorities; and plans must be signed off by Health and Wellbeing Board.

Reference was made to the Government's priorities for 2023-25 as set out in the BCF Policy Framework and the vision of the BCF; and that the vision was underpinned by two core BCF objectives, Enable people to stay well, safe and independent at home for longer and Provide the right care in the right place at the right time.

Details were provided of the four national conditions for funding; the five key metrics; and the funding for the 23/25 programme, including Discharge Funding was outlined. It was reported that the funding package for 2023/25 was not new monies and were allocated against the ASC budgets.

Members were informed that following endorsement by the Programme Board, the Plan for Darlington was submitted to the BCF national team on 28 June and that feedback was currently awaited.

It was reported that a service review was underway across all programme funded schemes with the findings due to be reported to the Pooled Budget Partnership Board in October.

Discussion ensued regarding how the patient and carer voice is included in plans with assurances given that the plans are built around public engagement and involvement. Further discussion was held regarding young carers and the lack of a young carers group for schools to signpost to, members representing colleges and university confirming this.

RESOLVED – (a) That the submission of the Darlington 23/25 Plan and expected dates of approval letters being issued be noted.

(b) That the programme review be noted, and a report to be tabled at future meetings, detailing the outcome of the review.

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.

HWBB5 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - LIVING IN DARLINGTON AND RESPONDING TO THE PANDEMIC 2022/2023

The Interim Director of Public Health submitted a report (previously circulated) sharing the Director of Public Health Annual Report for 2022/23 with Members and wider stakeholders. A copy of the report will be available on the Council website shortly following this meeting.

It was reported that the Annual Report has a particular focus on how some of the community responded to the COVID 19 pandemic and how they see their future; and that the Annual Report is the last report of Penny Spring as Director of Public Health due to her retirement in

June 2023.

The submitted report stated that it is a requirement of the Director of Public Health under the 2006 NHS Act to produce an annual report; the subject of the annual report for 2022/23 is how young people, families and staff in Darlington responded to the pandemic and how it affected their lives; and the report is presented in a video format produced with students from Darlington College, using the testimony of individual young people, families and staff.

No notable discussion or questions were fielded following the Interim Director of Public Health's delivery.

RESOLVED – (a) That the Annual Report of the Director of Public Health 2022/23 be received by the Health and Wellbeing Board

(b) That the testimony of the impact of the COVID 19 pandemic on lived experience be noted.

(c) That the legacy and ongoing impact of the pandemic on local people living and working in Darlington be noted.

REASONS – (a) The Health and Social Care Act 2012, sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.

(b) The annual report raises awareness of specific health issues in Darlington.

(c) The annual report highlights areas of specific concern, and makes recommendations for change for all partners and stakeholders.

HWBB6 NHS FIVE YEAR JOINT FORWARD PLAN UPDATE

The Director of Place (Darlington), North East and North Cumbria Integrated Care Board gave a presentation updating the Board on the NHS Five Year Joint Forward Plan (JFP).

The presentation outlined the national guidance for the JFP covering 2023/24 to 2028/29 which would be reviewed, updated and republished every March; reference was made to the JFP and how this fit with the ICP Strategy and NHS Operating Plan; and reference was made to the operational planning requirements.

Details were provided of the Tees Valley priorities; a number of key pillars had been identified, which support the delivery of the organisational, place and system plans; and these pillars had been aligned to the core elements of the collective Health and Wellbeing Strategies, Start Well, Live Well and Age Well. Members were provided with details of the work being undertaken in respect of these core elements; and reference was made to the cross cutting themes.

Members noted the stakeholder engagement and associated deadlines for the JFP.

Discussion ensued with board members requesting a list of meanings for the various

initialisms and acronyms used in the presentation. Secondary School colleague expressed the opinions that the goals presented were not presenting clear trackable goals and it was agreed that Director of Place, Darlington would share relevant details after the meeting. It was also highlighted that union representation would be valuable in order to speak on staff issues and it was confirmed that workshops are being set up to handle this.

RESOLVED – That the thanks of the Board be conveyed to the Director of Place (Darlington), North East and North Cumbria Integrated Care Board for his informative presentation.

REASON – To convey the views of the Board.

HWBB7 HEALTH INEQUALITIES IN DARLINGTON: THE ROLE OF THE HEALTH AND WELLBEING BOARD

The Interim Director of Public Health submitted a report (previously circulated) updating Members on the health status of the population, with a focus on inequality and updating Members on the Health and Wellbeing Board in the context of the inequality. A presentation (also previously circulated) accompanied the report.

Discussion ensued with School colleagues highlighting that health inequalities are very evident in school settings with a noticeable difference when comparing children attending more and less privileged schools.

Councillor Holroyd recalled a principle employed by Cornwall Council in which the Doughnut Economics model was employed, a decision-making principle, in which all decisions are measured against how they reduce social indicators of deprivation as well as how they reduce negative aspects related to overshoot – with the aim to find a "happy medium" in which all needs are met without causing damage to society / population health or the environment.

The Interim Director of Public Health expressed a desire to push the establishment of a "Health and Wellbeing Network" in which members could freely share work and research to assist in completing priorities in an efficient and direct manner. This was well received by members with specific expressions that PCC and healthcare colleagues would be willing to contribute and Healthwatch Darlington willing to promote.

J Foggin, Communications Manager, County Durham and Darlington Foundation Trust, informed members of a current programme in which young people are assisted and provided guidance towards careers in health care.

RESOLVED – (a) That the overview of health status in Darlington and the narrative on health inequalities and how they affect outcomes, be noted.

(b) That a review of the Health and Wellbeing Board "way of working" be agreed and the development of a Health and Wellbeing Network be supported.

(c) That a Task and Finish workstream to review and refresh the Joint Strategic Needs Assessment be established.

(d) That a Task Group to review and refresh the current Health and Wellbeing Strategy so it is

a “fit for purpose” Joint Local Health and Wellbeing Strategy, be established.

REASONS – (a) It is a statutory duty of the Health and Wellbeing Board to improve the health and wellbeing of their local population and reduce health inequalities and produce a Joint Local Health and Wellbeing Strategy.

(b) The current Health and Wellbeing Plan has expired.

(c) To enable the Health and Wellbeing Board to ensure that the ICB’s forward plan takes proper account of local health inequalities and the Joint Local Health and Wellbeing Strategy.

HWBB8 TERMS OF REFERENCE

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that Members give consideration to amendments to the Terms of Reference for the Health and Wellbeing Board (also previously circulated).

It was reported that the terms of reference for the Board were last considered and approved at its meeting held on 7 July 2022; and a number of minor amendments have been made to the membership of the Board.

No notable discussion or questions were lodged following presentation of this item.

RESOLVED (a) the Terms of Reference be approved, with the inclusion of the following amendments :-

- (i) the deletion of the Darlington Borough Council Portfolio Holder with a remit covering Adult Services from the Membership of the Board;
- (ii) the deletion of the Darlington Borough Council Portfolio Holder with a remit covering Children Services from the Membership of the Board;
- (iii) the addition of Conservative Group Member to the Membership of the Board; and
- (iv) the addition of Green Group Member to the Membership of the Board

(b) That the revised Terms of Reference be included within this Council’s Constitution.

REASONS – (a) To enable the Terms of Reference to be updated with a number of minor changes.

(b) To enable the Board to consider any further amendments to the Terms of Reference, as necessary.

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HEALTH AND WELLBEING BOARD

Thursday, 14 December 2023

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Holroyd, Councillor Tostevin, Councillor Wallis, Councillor Curry, Miriam Davidson (Interim Director of Public Health), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Jill Foggin (County Durham and Darlington Foundation Trust) and Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington)

APOLOGIES –Councillor Dulston, Councillor Harker (Leader of the Council) (Leader of the Council), James Stroyan (Group Director of People), David Gallagher (Executive Director of Place-Based Delivery - Central and Tees Valley) (North East and North Cumbria Integrated Care Board), Brent Kilmurray (Chief Executive) (Tees, Esk and Wear Valley NHS Foundation Trust), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Joanne Dobson (NHSE/I Locality Director for North East and North Cumbria) (NHS England, Area Team), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network), Sam Hirst (Primary Schools Representative), Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

HWBB9 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB10 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB11 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 7 SEPTEMBER 2023

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 7 September 2023.

Slight amendments were requested from a member before approval.

RESOLVED – That the Minutes be amended and resubmitted for approval at the next meeting.

REASON – In order to represent an accurate record of the meeting.

HWBB12 DARLINGTON HEALTH AND WELLBEING PLAN

The interim Director of Public Health outlined the purpose and tasks involved in formulating the Darlington Health and Wellbeing Plan.

It was highlighted that an update to the Joint Strategic Needs Assessment (JSNA) is currently in progress for which a demonstration of the web-based JSNA will be presented to members at the March 14 2024 meeting.

The interim Director of Public Health went on to outline the purpose of the Health and Wellbeing Board members' workshop, arranged to take place 14 December 2023, which is to develop the framework and agree strategic objectives of the Darlington Health and Wellbeing Plan 2023-2027. Members were encouraged to work together in order to develop the plan with an emphasis on avoiding duplicating work already present in other workstreams and identifying any gaps in the plan that should be included moving forward.

RESOLVED – That the approach and points raised by the interim Director of Public Health be noted by the board.

REASON – Members in agreement of the above for the effective formulation of the Darlington Health and Wellbeing Plan.

HWBB13 DARLINGTON'S COMMITMENT TO CARERS 2023 -2028

Darlington's Commitment to Carers 2023-2028 was circulated to members electronically prior to this meeting with the request that comments and questions be provided to the authoring Commissioning Officer due to the presenting officers being unable to attend this meeting.

A member, who had also provided feedback to the author via email, voiced concerns that the document could be presented with a greater focus on young carers, making reference to "Action One" that was felt to be too general and "Action Six" where it was requested that the effectiveness of action days moving forward be specified more clearly. The member concluded that young people require tangible assistance and would like the report to reflect this where possible.

A further member highlighted an inaccuracy in the data requiring correction and also raised the question of what provision is available for cross-border carers i.e residents who care for individuals who do not live in their Local Authority. And a final comment that maximum earning limits could be perceived as being low and would like further information on this.

It was agreed that before board approval the report's author would be in contact with the above members in order to reflect their suggestions in a revised version of the report.

RESOLVED – That the document's author be in contact with relevant members to incorporate comments into a revised version of the report which will then be circulated electronically to members for consideration and approval.

REASON – In order to produce a final report that meets the measures of the board's members.

HWBB14 TERMS OF REFERENCE

The interim Director of Public Health presented the updated Terms of Reference for the board for approval.

RESOLVED – That the updated Terms of Reference are agreed.

REASON – Members agreed to the updated terms without contest.

HWBB15 SUPPLEMENTARY ITEMS

The Chair requested that Darlington Hospice be invited to attend future meetings of the board, this was agreed without contest. The board's clerk agreed to extend the necessary invitations.

The Chair of the Health and Wellbeing Board made an expression of gratitude to the outgoing interim Director of Public Health, Miriam Davidson. The Chair commended Miriam on her professionalism, thanked her for her guidance and praised her as an outstanding example of a public servant of Darlington. The sentiments were mirrored by all members of the Health and Wellbeing Board.

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**HEALTH AND WELL BEING BOARD
14 MARCH 2024**

ITEM NO.

DARLINGTON SAFEGUARDING PARTNERSHIP ANNUAL REPORT – 2022/2023

SUMMARY REPORT

Purpose of the Report

1. To enable the Health and Wellbeing Board to receive and comment upon the Annual Report of the Darlington Safeguarding Partnership (DSP) for the period 2022/23.

Summary

2. Local Safeguarding Partnerships are required to produce an Annual Report to account for the Partnerships achievements over the previous year and make an assessment of the effectiveness of multi-agency safeguarding arrangements within the local area. The report summarises and reflects on the work of the Partnership over the 2022/23 period.
3. The report will provide the Health and Wellbeing Board with an understanding of the Partnership's work to date to generate some discussion on the issues/common interests that may cut across both Strategic Partnerships.

Recommendation

4. It is recommended that the Health and Wellbeing Board note and comment on the DSP Annual Report for 2022/23.

Reasons

5. The recommendations are supported by the following reasons :-
 - (a) Safeguarding is a responsibility that runs through a number of Strategic Boards/Partnerships and there are often areas of common interest. The DSP annual report will provide the HWBB with an understanding of the Partnerships achievements over the previous year, highlighting some of those areas of common interest.

**James Stroyan
Group Director of People**

Background Papers

DSP Annual Report 2022/23

Ann Baxter
Independent Scrutineer
Darlington Safeguarding Partnership

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	This proposed collaborative project will provide improvements for health and wellbeing of residents with Long Term Conditions.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers or amend

MAIN REPORT

Information and Analysis

6. The Annual Report summarises and reflects on the work of the Partnership over the period 2022/23, drawing upon a range of data and information, to outline the progress made and to illustrate the effectiveness of multi-agency safeguarding partnership arrangements across Darlington.
7. The year continued to be shaped by the impact of COVID-19 and the national safeguarding context has been an evolving landscape as services continued to adapt, many organisations facing national recruitment challenges. The current landscape is challenging and likely to remain so, impacting on the children, young people and adults we work with. There was Significant organisational change during the year with the introduction nationally of Integrated Care Boards and much change ahead with a new iteration of Working Together to Safeguard Children along with the implementation of Local Authority Adult Regulatory inspections.



**Darlington
Safeguarding
Partnership**

Protecting Children and Adults

Annual Report

2022-2023



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1. Introduction

Foreword by Statutory Safeguarding Partners and Independent Scrutineer

Welcome to our annual report covering the work of Darlington Safeguarding Partnership for the period 1st April 2022 to 31st March 2023. The report provides an overview of the year’s multi-agency safeguarding activity and reflects the hard work and dedication of all our partner agencies as they’ve worked together to safeguard and promote the welfare of children, young people and adults with care and support needs across Darlington.

The year continued to be shaped by the impact of COVID-19 and the national safeguarding context has been an evolving landscape as services continue to adapt with many organisations facing national recruitment challenges. The lasting legacy of lockdown continues to affect the lived experiences of our children, young people and vulnerable adults in Darlington, with greater numbers of adults finding themselves in hardship as the cost-of-living crisis continues. The current landscape is challenging, and is likely to remain so, impacting on the children, young people and adults we work with, as well as practitioners who provide support and services.

There was significant organisational change during the year with the introduction nationally of Integrated Care Boards in September 2022. During this time, health agencies continued to maintain their commitment to both regional and local partnership working.

We saw a positive Local Authority Ofsted inspection in October 2022 which highlighted that children in need of help and protection in Darlington receive a good service. The inspection highlighted multi-agency Strategic Partnerships are highly effective with a strong multi-agency response being delivered to children through well-established and effective relationships with key agencies. The inspection highlighted that the quality of the support and care provided to children in care and care leavers is outstanding.

There is much change ahead as we move through consultations in response to the government’s Stable Homes, Built on Love publication and a new iteration of Working Together to Safeguard Children along with the implementation of Local Authority Adult Regulatory Inspections. We will continue to remain focused on ensuring local multi-agency safeguarding practice remains effective for our children, young people and adults with care and support needs during any changes that may result from new legislation.


We consider the Partnership to be a mature and effective safeguarding partnership but recognise the many challenges we face and will strive to ensure we provide support and guidance and ensure that agencies continue to work together to keep children, young people and adults with care and support needs safe in Darlington.

Finally, we recognise the work of colleagues across our partners agencies and beyond, who work tirelessly to help keep children, young people and adults with needs for care and support safe from abuse and neglect. Working together effectively is the real strength of the partnership.

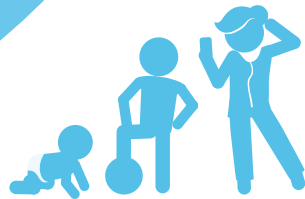
<p>Ann Baxter Independent Scrutineer</p>	<p>James Stroyan Group Director for People Darlington Borough Council</p>	<p>David Ashton Detective Chief Superintendent Durham Constabulary</p>	<p>Jean Golightly Director of Nursing and Quality North East and North Cumbria Integrated Care Board Tees Valley</p>
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2. Local Picture

Darlington Borough Council is a Unitary Authority in the North East of England which covers 76.3 square miles. Darlington is part of the Tees Valley city region.



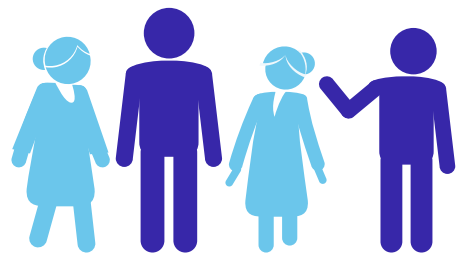
As of 2021 Darlington has a population in excess of **107,000** individuals who live in around **45,475** households.



Children and young people under the age of 25 years make up **28%** of the population, the number of children and young people under the age of 18 living in Darlington is **22,627** which equates to **21%** of the current population.



The number of people aged over 65 years old in Darlington is estimated at **21,700**



In terms of ethnicity, the 2021 Census reported 94.4% of Darlington's population as White and **5.6%** from Black and Minority Ethnic (BME) groups.

The Health of People in Darlington is varied compared with the England average and **20%** of children live in low income families.



In County Durham and Darlington the Gypsy, Roma and Traveller (GRT) community form the largest single ethnic minority group, the proportion of Darlington residents who identify themselves as GRT (2021 census) is **0.3%** which is three times higher than the national average.

Overall, comparing local indicators with England averages, life expectancy for both men and women is lower. The health of people in Darlington is varied, about 20% of children live in low income families.

3. How we have worked this year?

Whilst this report covers the period from April 2022 to March 2023, it includes some references to work already started which continued into the year under review, along with the new work which has commenced and which will continue beyond April 2023.

The COVID-19 pandemic has continued to have a lasting effect, bringing challenges for services both in terms of maintaining frontline workforces along with significant financial pressures. Despite this, the Partnership maintained a relentless focus on protecting vulnerable children, families and adults across Darlington.

Poverty and the cost of living crisis continues to be a challenge for children and families living in Darlington, which can impact significantly on their wellbeing. These additional pressures may increase the risk of abuse, homelessness, mental health problems, domestic abuse, neglect, self-neglect and substance misuse and all partner agencies have a role to play in ensuring children, young people and vulnerable adults continue to be safeguarded.

The Partnership's vision is for 'Darlington to be a place where children and adults can live their lives safely' and its aim is to understand what is working well in its collective safeguarding practice and identify what needs further development to ensure arrangements are effective and coordinated.

New governance arrangements have been developed with a focus on reflection and practice improvement and the Statutory Safeguarding Partners now meet three times a year to ensure they have a collective oversight of safeguarding arrangements. The Chairs of the subgroups submit executive reports to the Statutory Safeguarding Partners on the key themes, practice issues and actions along with the narrative needed to ensure the Statutory Safeguarding Partners are provided with the oversight and assurance required.

The Partnership re-established the Multi-Agency Safeguarding Partnership Group, which had not met since the start of the Pandemic. The group consists of the key strategic safeguarding leads from a wide range of agencies and the first meeting focussed on the successes and challenges in safeguarding the Darlington population throughout the pandemic, some of those challenges included recruitment and retention, the impact of new regulatory inspections and how to address groups such as organised crime groups which have a significant impact on services.

The sub-groups continue to drive forward the work of the partnership and through understanding those themes and trends we are better able to understand the priority areas of focus and details of the work outlined below.



Snapshot of activity from Sub-Groups

- **Children’s MASH Operational Group**

This sub-group continued to have oversight on Front Door practice and a number key themes were identified including complex mental health, domestic abuse and harmful sexual behaviour. The group developed Harmful Sexual Behaviour Guidance to support professionals to approach and respond to this area of safeguarding confidently.

The group continues to discuss specific multi-agency practice issues raised by agencies or identified in the weekly referral meetings to determine how they can be addressed collectively. The group spends time focussing on key learning points from national reviews including the Arthur Labinjo-Hughes and Star Hobson reviews, to understand whether Darlington is compliant with the learning and recommendations.

- **Adult Operational Group**

The group continues to have oversight of performance data to obtain an understanding of the changing landscape and key themes coming through contacts and referrals. The group highlighted an increase in the incidence of adult self-neglect in this period through performance data and following learning identified through learning requests into the Partnership. The group is taking forward key pieces of work through a multi-agency task and finish group to look at the self-neglect issues and will be reviewing its practice guidance and developing tools and pathways to aid practitioners.

The group continues to monitor those settings in the Executive Strategy Process and discuss significant provider concerns and has revised its guidance in relation to the Process to provide professionals with a framework for dealing with serious safeguarding concerns on a multi-agency level.

- **Learning and Development Group**

The group continued to receive referrals for learning requests which do not meet the criteria for a Local Child Safeguarding Practice Review (LCSPR) or Safeguarding Adult Review (SAR). there were five learning request referrals received during the year (4 adult and 1 child). Details of these are outlined in section 8 of the report.

During this period the group continued to address work which had continued from the previous reporting year, including the development of briefing documents following the learning from reviews undertaken in the previous year relating to child criminal exploitation/harm away from home, parental mental health and complex mental health issues; these are outlined in section 8 of the report.

The sub-group set up a task and finish group following findings from two adult reviews in response to the increasing concerns involving self-neglect. Self-neglect and hoarding can be complex and challenging areas for practitioners. A task and finish group was established to understand what is needed to support practitioners, including a revision of the self-neglect practice guidance; developing a risk assessment tool and self-neglect pathway and determining the training and resources needed to support frontline practitioners. This work will progress into the next reporting year.

- **Quality Assurance and Performance Management Group**

The group continues to have oversight of multi-agency performance data and operational information. Robust data and operational oversight of Children's multi agency performance is well embedded, however there is a considerable amount of work to be done with regards to Adult Safeguarding. This will be a priority for the QAPM group into the next reporting period.

The two operational groups (Child and Adult), provide an overview of any emerging trends and patterns to ensure that any themes or emerging risks can be identified at an early stage and reported accurately to the Statutory Safeguarding Partners.

The group had oversight of the mapping exercise undertaken to understand service provision in Darlington following the national review of Star Hobson and Arthur Labinjo-Hughes. The group was assured that Darlington is in a good position and already compliant with the recommendations of the review, but it was recognised there are areas of practice that need strengthening.

Towards the end of the year the group proposed a time limited task and finish group should review the Organisational Safeguarding Self-Assessment Audit (Section 11) arrangements, this work will carry over into the next reporting period.

- **Strategic Child Exploitation Group**

The group continued to monitor the strategic response of partner agencies in tackling the incidence of children missing from home, care and education and the reduction of child exploitation in Darlington and County Durham.

It was assured, following the local authority Ofsted Inspection in October that Darlington children identified as missing and exploited are well supported and robust risk assessments are reviewed through multi-agency meetings.

The group was sighted on the learning points from a review the Partnership undertook in 2021/22 in relation to criminal exploitation and harm away from home. The review focussed on how agencies could work differently and highlighted the need to look outside the traditional core group of partners to strengthen partnership working and the involvement of parents and identified a number of measures to address this which will be monitored by the group.

- **Child Death Overview Panel**

Child Death Overview Panel (CDOP) oversees all deaths of children under the age of 18. There have been 8 deaths in this reporting period and all of these were subject to a Child Death Review. CDOP works closely with the Partnership to highlight any emerging themes and issues and learning from child death reviews that require further consideration. CDOP completes a Bi-Annual Report which provides a summary of activity carried over a two-year period, the report will be published in the next reporting period.

Partners are mindful of how the groups have evolved over the year, implementing innovative and new ways of working as a result of which the Partnership developed its Strategic Plan. Work is progressing and the plan will be finalised and published in the new reporting year with a focus on the following safeguarding principles:

- Partners work collaboratively to ensure effective safeguarding arrangements are in place
- Partners achieve the best possible outcomes for children, young people and adults with needs for care and support
- Partners work collaboratively to strengthen existing practice with a focus on a 'whole family approach'
- Partners challenge and hold one another to account effectively
- Partners improve safeguarding practice
- Learning is promoted and embedded across the partnership
- Information is shared effectively to ensure timely decision making
- Early identification of 'new' safeguarding issues and emerging threats

Priorities for 2023-23

National and local reports identified the significant increase in child exploitation as communities emerged from the Covid-19 pandemic lockdowns which were still in place at the beginning this reporting period. National reports also identified the impact the Pandemic had on the care and support of older people, including those with needs arising from self-neglect and hoarding. As a result, these two areas became the main priority and focus throughout 2022-23.

What we did/are going to do:

Exploitation

- Committed to improve awareness to obtain a better understanding of how young people become involved in exploitation in the first instance
- Agreed to look beyond the usual core group of practitioners to strengthen partnership working and consider the role community safety and enforcement services have in identifying young people who may be at risk
- Implemented daily multi-agency missing meetings to discuss those children missing from home over past 24 hours
- Implemented twice weekly check in meetings to respond to current issues and opportunity to share information
- Involve parents at the earliest opportunity if willing to engage, if not adapt a different approach to intervention
- Agree to review the Child Exploitation Matrix to remove victim blaming language
- Launched the Early Intervention Exploitation Panel which will focus on places and potential forming of groups who may be at risk of being drawn into criminal exploitation

Self-neglect

- Established a task and finish group to take forward key pieces of work
- Revise current practice guidance to include examples of positive, flexible approaches of engaging people who are self-neglecting
- Consider the development of Mental Capacity Act Guidance to support practitioners working with individuals who are reluctant to engage with services
- Consider the development of risk assessment tool and self-neglect pathway
- Consider establishing a multi-agency risk escalation meeting to manage complex cases
- Training - consider what learning needs to feed into multi-agency training

The Independent Scrutineer and Chair

The independent scrutineer/chair continues to ensure there is a clear focus on seeking assurance on the effectiveness of the multi-agency safeguarding arrangements and ensures safeguarding partners and relevant agencies are challenged and supported in their roles to work collaboratively to meet the safeguarding priorities identified by the partnership.

The independent scrutineer chairs meetings of the Statutory Safeguarding Partners and the Multi-Agency Safeguarding Partnership Group and encourages and facilitates an open culture of mutual, respectful challenge and support.

4. Partnership Governance and Structure

The Partnership revised its governance arrangements in 2022/23 and set out the role and responsibilities of the sub-groups. The sub-groups engage in the safeguarding priorities and explore the effectiveness of safeguarding arrangements. The groups continue to review their work including reviewing terms of reference, membership and roles and responsibilities of members. A wide range of organisations are represented on the Partnership groups and includes senior lead, details are outlined in Appendix 2.

<p>Statutory Safeguarding Partners Group - Chaired by Independent Scrutineer</p>	<p>The Statutory Safeguarding Partners and Independent Scrutineer meet three times a year and have a strong collective oversight of all safeguarding arrangements to ensure fulfilment of statutory obligations.</p> <p>The Partners commission the strategic and operational groups to ensure the priority areas of the Strategic Plan are delivered and ensure effective scrutiny arrangements are in place. The Chairs of the groups provide an overview on progress and evidence that multi-agency safeguarding arrangements are effective.</p>
<p>Multi-Agency Safeguarding Partnership Group - Chaired by Independent Scrutineer</p>	<p>This multi-agency group meets three times a year and has a wide membership of key strategic leads from agencies.</p> <p>Meetings are themed and focus on local and national safeguarding priorities and areas identified through data, audits and reviews. The Chairs of the Strategic sub-groups provide an overview of current priorities and ongoing activity to inform the discussion.</p>
<p>Quality Assurance and Performance Group (QAPM) - Chaired by Head of Service, Darlington Borough Council</p>	<p>This is a strategic group which meets four times per year and is responsible for monitoring and evaluating the effectiveness of safeguarding work across partner agencies and commissioned organisations.</p> <p>The group has responsibility for audits and monitoring safeguarding data to be assured that both child and adult safeguarding systems are robust, effective and identifies areas for improvement to share with the Learning & Development Group.</p>
<p>Learning and Development Group (L&D) - Chaired by Detective Inspector, Durham Constabulary</p>	<p>This is a strategic group which meets four times per year and is responsible for oversight of learning and improvement, multi-agency training and learning opportunities, policy and procedure to improve outcomes for children and adults.</p> <p>It has governance responsibility for all reviews undertaken, reviewing the learning outcomes and suggested recommendations for improvement. It establishes process for dissemination of learning and identifies any training need requirements.</p> <p>Any improvements identified through reviews are taken forward and shared with the Quality Assurance & Performance Management Group.</p>

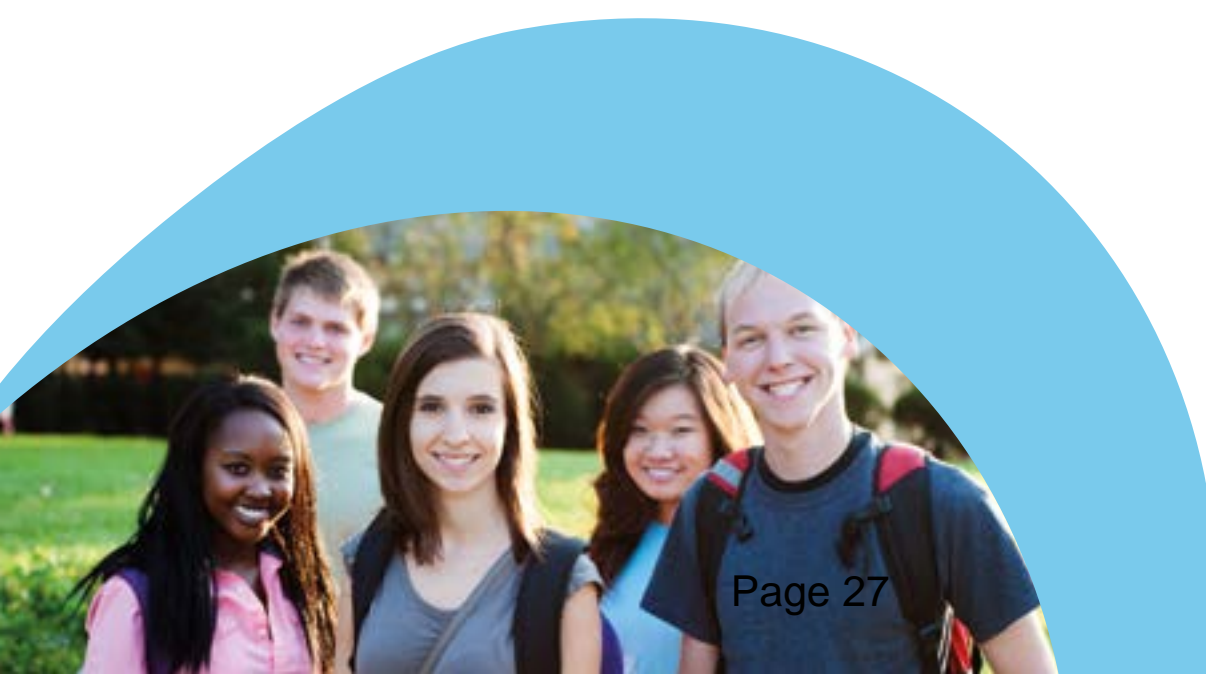
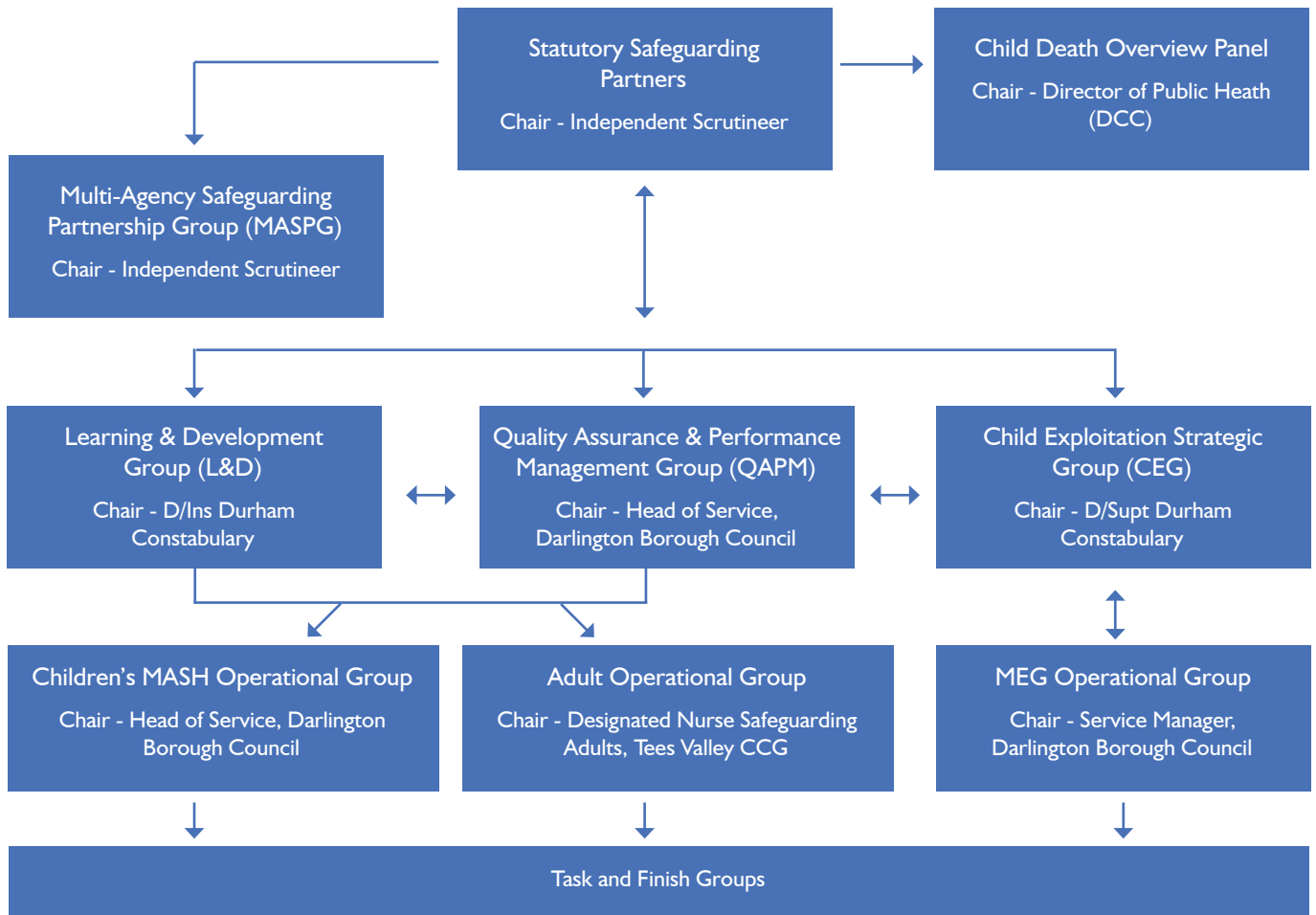
<p>Child Exploitation Group (CEG) - Chaired by Detective Chief Superintendent, Durham Constabulary</p>	<p>This is a strategic group which meets four times per year and is responsible for overseeing, monitoring, evaluating and improving responses to tackle children missing from home, care and education and for the reduction of child exploitation across County Durham and Darlington.</p> <p>The group ensures the action plan is delivered and monitors data and intelligence to better understand the picture of exploitation across County Durham and Darlington</p> <p>It directs the multi-agency response towards prevention, early identification and intervention.</p> <p>An operational group oversees individual cases of children at risk of exploitation in Darlington with a purpose to prevent, disrupt and deter individuals or groups who seek to exploit, abuse and harm children.</p>
<p>Adult Operational Group - Chaired by Designated Nurse for Safeguarding, Local Commissioning Group (Interim basis)</p>	<p>This is an operational group that meets eight times per year and is a multi-agency group with shared responsibility for safeguarding service delivery to safeguard adults with needs for care and support.</p> <p>The group's purpose is to ensure all agencies are able to fully contribute and fulfil their safeguarding roles and responsibilities and that any barriers to this are identified and actions taken to resolve any issues.</p> <p>The group will identify key themes or practice challenges through monitoring performance data and operational practice issues and develop appropriate actions to respond to them.</p> <p>Any trends or areas of concern will be shared with the Quality Assurance & Performance Management and Learning & Development Groups by exception.</p> <p>The Group has responsibility for issues relating to provider concerns and those settings who are in the Executive Strategy Process and monitor responsiveness to any identified issues and actions.</p>
<p>Children's MASH Operational Group - Chaired by Head of Service, Darlington Borough Council</p>	<p>This is an operational group that meets monthly and is a multi-agency group with shared responsibility for safeguarding service delivery to safeguard children and young people. The group promotes effective communication between all partner agencies contributing to operational management and functioning of the Children's Front Door.</p> <p>The group's purpose is to ensure all agencies are able to fully contribute and fulfil their operational safeguarding roles and responsibilities and that any barriers to this are identified and actions taken to resolve any issues.</p> <p>The group will identify key themes or practice challenges through monitoring performance data and operational practice issues and take them forward within multi-agency focussed sessions and develop appropriate actions to respond to them.</p> <p>Any trends or areas of concern will be shared with the Quality Assurance & Performance Management and Learning & Development Groups by exception.</p>

Child Death Overview Panel (CDOP) - Chaired by Director of Public Health

Child Death Overview Panel arrangements are undertaken cross border with Durham Safeguarding Children Partnership. The Panel continues to review all deaths of children as required in Working Together to Safeguard Children Statutory Guidance (2018) with an aim to identify learning to prevent future deaths.

The National Child Mortality Database (NCMD) gathers information on all children who die in England and shares the learning so that improvements can be made to save children's lives in the future.

Partnership Governance Structure



5. Partnership Activities and Interventions

Safeguarding Children

In terms of safeguarding children, there was a 24.6% increase on contacts into the Children's Door compared to the previous period. In terms of safeguarding concerns, significantly more contacts were made by hospitals, the Building Stronger Families Service and relatives than in the previous reporting year.

There have been many more complex issues and referrals of a complex nature made to Children's Social Care due to issues such as parental mental health and substance misuse, which are impacting on children. There was an increase in repeat referrals, mainly involving children's mental health and family dysfunction. It has been found that there is often a lack of joined up working between partner agencies in such instances, and if the assessment does result in Child in Need Plan or Child Protection Plan, then the opportunities to work with partners and parents and children is often missed.

Other themes which have been identified in 2022/23 include an increase in Early Help Assessments in comparison to the previous year. School nurses also identified an increase in issues related to Type 1 diabetes in children, which can be problematic for children looked after in the care system at the point of transition to adulthood.

Harm outside the family home continues to be an increasing concern. Following the remodelling of the Children's Front Door in 2020, to ensure the right service is provided swiftly to children and their families, it was recognised there was need to improve support for children who go missing and are at risk of exploitation and as a result the Missing and Exploitation Team was formed and now sits within the Front Door service.

The Children's Social Care weekly review meetings continue to provide a high level of management oversight and challenge to decision making at the Front Door and is the mechanism for highlighting emerging themes and trends. This is about 'shared ownership' of the data to get to the crux of safeguarding issues and also focus on safeguarding data in 'live time'; whilst this was initially set up in house within the local authority it was recognised there are significant benefits in extending this to partner agencies to help them see what is done with the referrals and how decisions are made along with providing some understanding of the themes and trends to take learning back to their own organisations.

Safeguarding Adults

In terms of adult safeguarding there has been a significant increase in the total number of reported concerns that progressed to a strategy meeting in this reporting period. The areas of abuse remain consistent with Neglect & Acts of Omission, Physical Abuse and Emotional and Psychological abuse being the highest categories.

There are some specific pressures and gaps in the understanding of safeguarding procedures with some providers, particularly private hospitals which apply their own policy and procedures when making referrals. The local authority has implemented proactive engagement to support these providers and meet with them to discuss threshold criteria.

There continues to be an increase in self-neglect as a reported category of abuse, this is being seen as a national issue and is a consistent theme in many Safeguarding Adult Reviews (SARs) and can often be linked to alcohol and substance misuse. Self-neglect and hoarding can be complex and challenging areas for practitioners. An adult who self-neglects may not always be at a level of risk which warrants adult safeguarding arrangements to be initiated and it is therefore imperative that agencies work with the adult and each other to try and prevent individuals who self-neglect from getting to a point where it is deemed that safeguarding processes or a type of enforcement required to protect them.

The Local Authority commenced a safeguarding project to review adult safeguarding processes and approaches and how data is collated and reported into the partnership.

The project is also reviewing how referrals are submitted and the local authority is considering moving to a telephone referral system which is a more efficient way of taking and screening referrals; this would also mirror the system operated by Children Services. This should help identify themes, patterns and safeguarding issues which cut across both children and adults safeguarding, improving the 'whole family' focus in Darlington, looking at early identification and prevention in terms of issues relating to adults to prevent an adverse impact on children further down the line.

Work is also ongoing to improve the quality of professional safeguarding practice in order to further embed 'Making Safeguarding Personal' and to make sure that the voice of the person is captured and that safeguarding processes ensure that a person feels safe, is listened to and placed at the heart of decision-making.

The Care Quality Commission (CQC) is implementing regulatory inspections of local authorities in the provision of adult social care in the next reporting period. A peer review of adult social care was conducted which looked at performance data and a number of recommendations for multi-agency adult safeguarding were identified to support the local authority in being inspection ready.

Modern Slavery and Human Trafficking Network

The Durham and Darlington Anti-Slavery network was established in April 2022 and is funded by the Police and Crime Commissioner. Its purpose is to coordinate a response to modern slavery and human trafficking and increase support for victims. The group meets monthly and includes representatives from the Darlington network. Whilst numbers in Darlington appear to be very small, it was agreed data needs to be collated to have a full understanding of this issue in the Darlington locality.

North East Region SAR Champions Network:

Darlington participates in the North East Regional SAR Champions Network, which meets quarterly. The purpose of the network is to identify regional and national themes, develop good practice in the submission of Safeguarding Adult Referrals (SARs) maintain a regional SAR library and share learning from SARs.

In 2022/23 the network developed the North East regional SAR library and developed a quality marker checklist for the completion of SARs to improve the quality of submissions and information sharing to assist decision making.

The network monitors regional and national SARs to identify themes, for example fire deaths and the deaths of care experienced young people up to the age of twenty-six years, to identify specific learning and good practice and share the learning by means of the SAR reports and briefing documents.

North East Regional Fire Task and Finish Group

Darlington has joined the regional Fire Task and Finish Group which has an action plan with aims to increase fire risk awareness and partner referrals to the fire service and increase awareness of risk factors including mobility issues, memory problems clutter, hoarding and emollient cream. They are also looking providing information leaflets, to influence reviews on fire safety and look at national initiatives. County Durham & Darlington Fire and Rescue Service has rolled out the "eyes wide open" training to partner agencies for staff who go into peoples' homes who may be able to spot risks relating to fire.



Domestic Abuse

Domestic abuse concerns continue to be one of the top five reasons for contacts into the Children's Front Door. During the period April 2022 to March 2023 305 children had been affected by domestic abuse in the family home.

To understand the local picture, the Partnership has oversight of the Operation Encompass Protocol which addresses shortcomings in the early sharing of information with schools to enable them to provide proactive support to children and young people who are affected by domestic abuse.

The Partnership has oversight of the 4Kids project, which was launched in response to a concerning rise in numbers of children becoming looked after where the main causal factor was a background of parental domestic abuse. The service, which sits in the children's front door, supports families who would not ordinarily be visible to services through other processes, as they fall outside the usual thresholds and criteria of statutory involvement and may have declined consent to offers of support.

In relation to adult safeguarding, there were 50 reported concerns where domestic abuse was the reported category of abuse for the 2022-23 period, 12 progressed to a strategy meeting.

The Community Safety Partnership (CSP) and Darlington Safeguarding Partnership continue to work together to raise awareness and reduce the prevalence of domestic abuse across the Darlington locality. There are a number of multi-agency groups which support operational services and oversee Domestic Abuse and Sexual Violence. The Domestic Abuse and Sexual Abuse Network (DASAN) is a frontline, operational network with wide representation and local knowledge of service users views and experiences. The Domestic Abuse and Sexual Violence Executive Group (DASVEG) is a multi-agency strategic group with responsibility for supporting Durham and Darlington local authorities in meeting their duty under Part 4 of Domestic Abuse Act 2021, ensuring victims of domestic abuse have access to adequate and appropriate support within safe accommodation and wider domestic abuse services. Work is ongoing to forge better links into the Safeguarding Partnership.

Violence Against Women and Girls

The Partnership is aware of the measures in place to address the violence against women and girls agenda. Darlington was successful in obtaining funding to support this agenda to help women and girls feel safe on the streets of Darlington. Durham Constabulary undertook a survey which found that women felt significantly less safe in the evening when out in their neighbourhood or town centre. The funding has been used to fund a range of projects to increase safety in public spaces and raise awareness within schools and community groups.

Housing and Homelessness

2022/23 continued to be a challenging and busy year for Darlington Borough Council housing teams and partner agencies. The service has seen an 84.5% increase in people being accommodated in emergency accommodation. The local authority continued to carry out the monthly and annual rough sleeper counts with colleagues across the region to ascertain how many individuals were sleeping rough through the North East on a specific night. In 2022-23 35 rough sleepers were identified.

In 2022/23 1842 individuals presented to the Housing Options Service for advice regarding homelessness, 74 were victims of domestic abuse. There has been an increase in victims of domestic abuse and people with mental health needs requesting housing, along with people who have multiple complex needs and dual diagnosis, but who are nevertheless deemed to have capacity. As a consequence two practitioners have been appointed within the housing options team to support these individuals.



6. Snapshot of effectiveness of safeguarding arrangements in Darlington

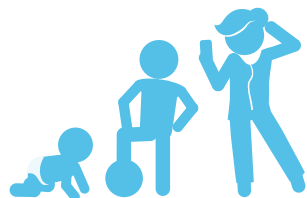
Ofsted Inspection

In October 2022 Ofsted carried out a full inspection of Local Authority Childrens Social Care, which highlighted that children in need of help and protection in Darlington receive a good service. The inspection highlighted that multi-agency Strategic Partnerships are highly effective, with a strong multi-agency response being delivered to children through well-established and effective relationships with key agencies. The inspection highlighted that the quality of the support and care provided to children in care and care leavers is outstanding and this is reflected in the extent to which they feel cared about, valued, listened to and taken seriously. The Ofsted inspectors reported that children's experiences of social care have improved significantly since the last inspection in 2018.

Child Safeguarding

The multi-agency Child Protection Procedures and Practice Guidance provide a framework for all organisations to work together to safeguard and promote the welfare of children and young people in Darlington.

The below provides a snapshot of safeguarding concerns and the outcomes achieved during the year;



8393 contacts into the

Childrens Front Door.

Of these, **820** were

referred to Building Stronger

Family Service and **1033**

referred to children's social care



265

Children in need

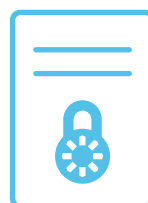


478 (917 children)

Strategy Discussions started

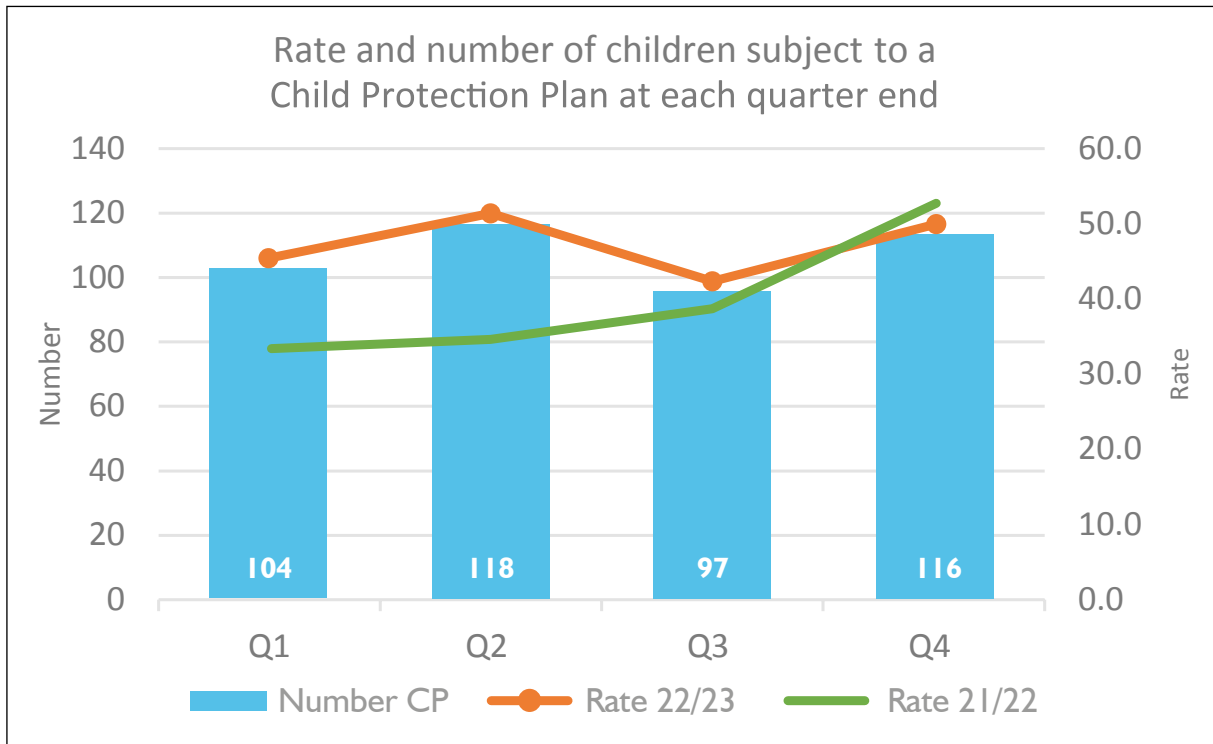
74.7% progressed

to a section 47 enquiry



131 children had a child protection plan started.

116 subject to a child protection plan at end of March 2023



Risk Factors associated with Child Protection were due to:			
Neglect	Emotional Abuse	Physical Abuse	Sexual Abuse
52%	27%	17%	3%

Building Stronger Families

The Early Help Service, now known as Building Stronger Families (BSF), provides coordinated help for children and families with a range of needs through an early help assessment or targeted programmes. There were 1650 Early Help Assessments opened in this year, of these 223 were initiated by an external agency.

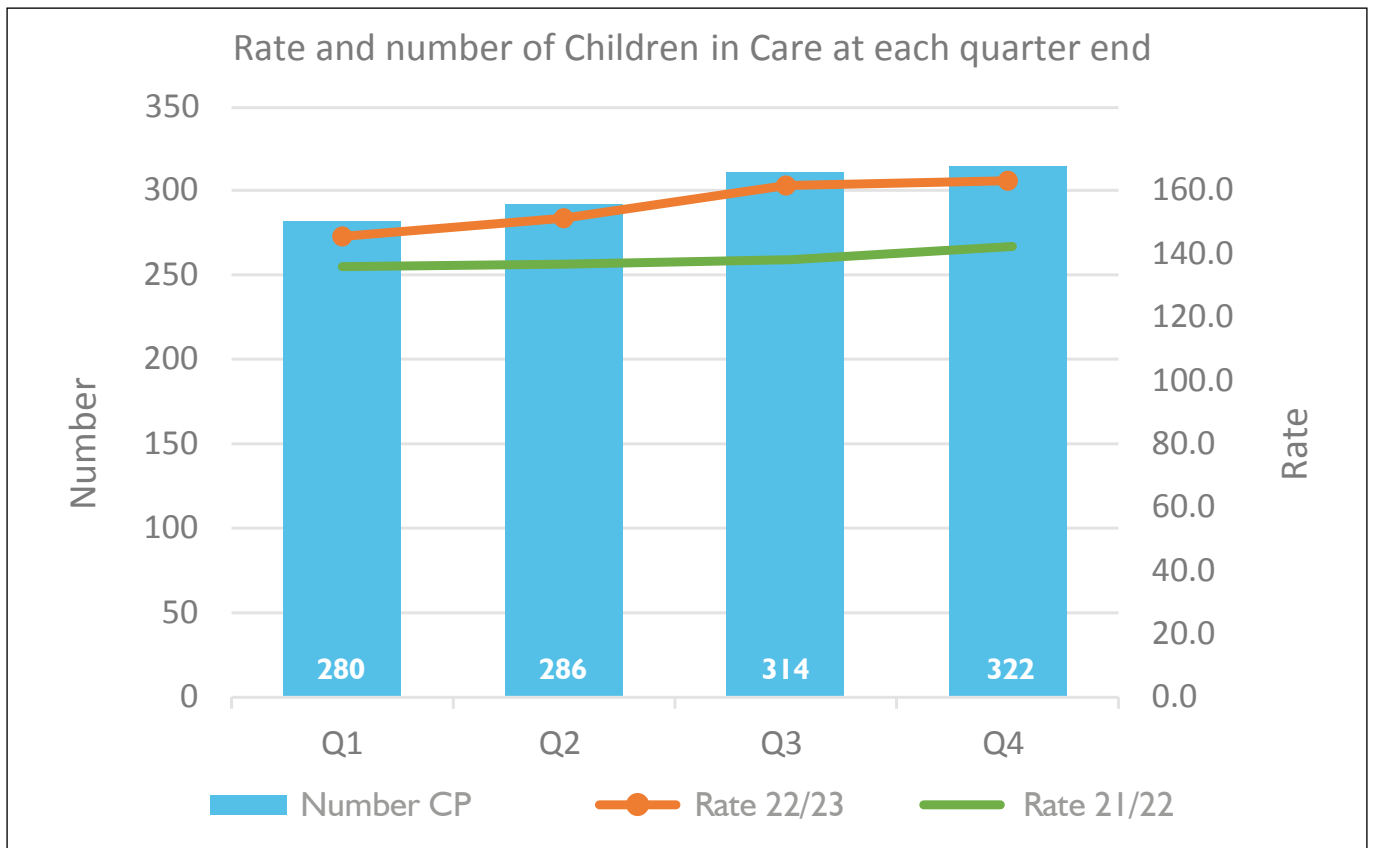
Keeping Families Together

The Keeping Families Together team works with young people aged 10-16, their aim is to support children and families to remain at home, while it is safe to do so. At the end of March 2023, there were 14 families open to the Keeping Families Together (KFT) team, involving 27 individual children.



Children Looked After

Children Looked After and Care Leavers are recognised nationally as one of the most vulnerable groups. The number of Looked After Children (LAC) by the local authority at the end of March 2023 was 322 (142.3 per 10,000), of these 17 were unaccompanied asylum seekers.



Care Leavers

The Local Authority has a 'Staying Put' policy and there are currently 11 young people accommodated under this arrangement. In Darlington 96% of care leavers were in suitable accommodation by the end of 2022-23 and the percentage of care leavers (aged 19-21) who were not in education, employment or training (NEET) was 20%.

Young People Engagement and Justice Service (YPEJS)

The number of young people identified as First Time Entrants (FTE) being referred to the YPEJS increased from the previous year. At the end of March 2023 there were 34 young people (29 Males and 5 Females) who were FTEs.

The YPEJS had 61 young people (46 Males and 15 Females) referred to the service for pre-caution disposals, there has been a 90% success rate in terms of young people not reoffending.

Transition to Adulthood

When a young person reaches the age of 18 they are legally an adult under SEND and Leaving Care statutory guidance, however children's services continue to retain responsibility to ensure the right package of care is provided through the transition to adulthood.

Education attendance

Spring data indicated there was a 7.2% overall absence across all education settings, compared with 7.3% nationally. The estimated absence rate was highest in secondary schools (14.7%), followed by special schools (14.2%), and primary schools recorded the lowest absence rate (7.5%). In 2022/23, 22.3% of pupils were estimated to be “persistently absent” (defined by the Department for Education as missing 10% or more of possible school sessions or around 19 days per academic year).

The Vulnerable Pupil Panel is a multi-agency panel the aim of which is to avoid children disengaging from education due to any cause. Since the Panel was created in 2019 to respond to an increase in rates of exclusion, the Panel has seen a reduction in permanent exclusion and persistent absences.

Elective Home Education (EHE)

There are effective measures in place for the monitoring children who are in Elective Home Education. A full time EHE Advisor is responsible for maintaining the EHE database, supporting parents and ensuring evidence of suitable education is being provided. The number of children EHE remains fluid and the EHE advisor continues to support schools when children don't return at the start of the new academic term.

Home visits continue to take place and those children who are identified as not receiving appropriate education receive a visit every 3 months. As of 31 March 2023 there were 253 children registered on the EHE database, of these 103 were from GRT community, Darlington has a higher than average GRT population, the EHE advisor works closely with the GRT Education Service.

Children Missing from Home, Care and Education

The total number of children who went missing from home or care during 2022/23 was 246 with 90.7% of these children being offered a return home interview (RHI) and 51.2% of children engaged in their RHI. Of these young people, Children in Care (CiC) continue to dominate the number of missing episodes.

The total number of children missing from education (CME) for 2022/23 were 72, three of these children left the UK and have not been traced, although Border Force confirmed they have left the Country.



Exploitation of children and young people

Multi-agency work around child exploitation continues to be coordinated through the Missing and Exploited Operational Group and Strategic Child Exploitation Group (CEG). The partnership continues to obtain an understanding of the risks posed to young people as they grow and become influenced by a whole range of environments and people outside the family home such as, their community, peer groups or online.

A multi-agency Child Exploitation Vulnerability Tracker (CEVT) continues to be used across Darlington and County Durham to track and identify those children at high risk of exploitation. Children are scored based on the level of risk and continues to be monitored by the CEG. The average score was 71.5, with a range of 50 to 90, which is a decrease on the same period last year, across Durham and Darlington. Of those children on the tracker in May 2023, (numbers are fluid), 15 children were linked to a Child Sexual Exploitation crime and 9 linked to a Child Criminal Exploitation crime and 5 linked to county lines.

Designated Officer and Managing Allegations

The Designated Officer is employed by the Local Authority and is responsible for the oversight of the management of allegations against employees who work with children and may have harmed or pose a risk of harm to children. In 2022/23 the Designated Officer service received a total of 273 contacts in respect of potential allegations. This represents a 15% increase on the number of contacts received in 2021/22 and is the highest number of yearly contacts ever recorded. Of the 273 contacts, the main category for referral was allegations of physical abuse and the largest referring group and largest allegation by staff group is Education. This is in line with the data from previous years and is reflected regionally and nationally.

Adult Safeguarding

The multi-agency safeguarding adult procedures and guidance provide a framework for all organisations to work together with the person at risk, to support them to be safe from abuse, neglect or self-neglect and is underpinned by the six Care Act Principles. The below provides a summary of safeguarding concerns and the outcomes achieved.

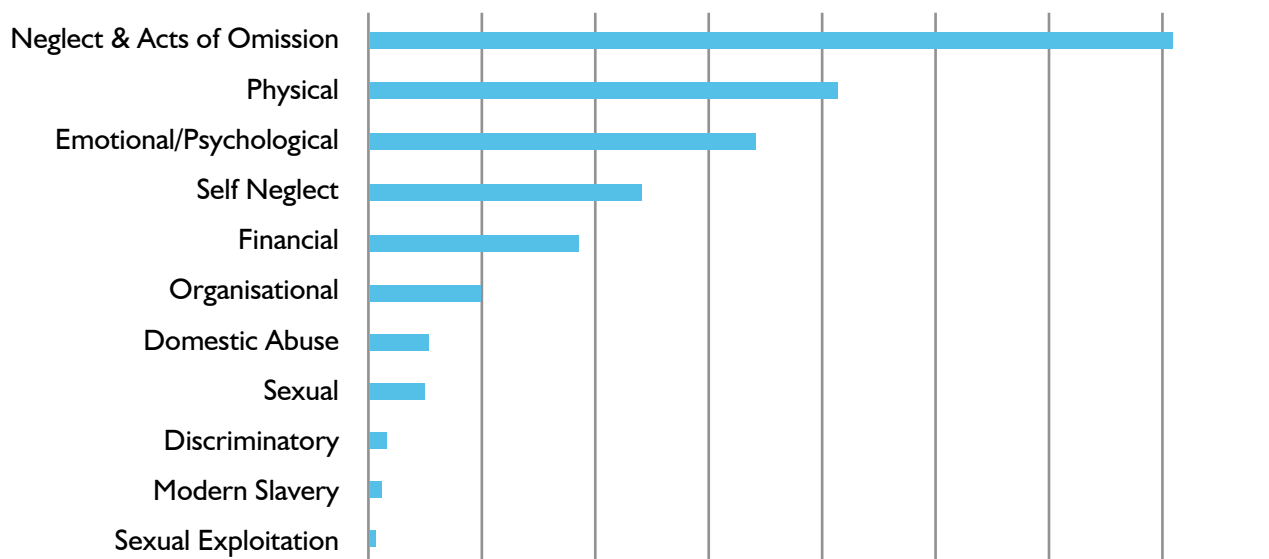
<h3>What is a Safeguarding Concern?</h3> <p>A report made to the lead agency for the safeguarding process to raise a concern of adult abuse and neglect</p>	<h3>What is a S42 Enquiry?</h3> <p>The Care Act 2014 (Section 42) requires that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse and or neglect</p>
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69% of individual, family representative or advocate involved at point of referral

45% of individuals providing own view

Types of Abuse: Section 42 Enquiries



The top areas of abuse for S42 enquiries continue to be neglect & Acts of Omission (27%), Physical (22%), Emotional (14%) and Financial and Self Neglect (11%)

Location of abuse:

Own home	In the Community	Supported accommodation	Care Home Nursing	Care Home residential	Hospital Acute	Hospital Mental Health	Hospital Community	Public Place
32.4%	0.8%	2.5%	4.09%	32%	7%	11.1%	0.82%	1.6%

Person or organisation alleged to have caused harm



Executive Strategy Process

Executive Strategy processes are held to address all concerns and issues relating to suspected organised or institutional abuse or neglect of adults.

	Number of settings
2021-22	3
2022-233	4

All four of the settings in Executive Strategy Process in 2022-23 were removed during this period as assurance was provided that they had made improvements and had safe practices in place and all regulatory action had been completed. The Partnership's Adult Operational Group has responsibility of monitoring those settings who are in the Executive Strategy Process.

7. Continuous improvement and raising awareness of safeguarding

Communication and Engagement

The voice of children, young people and adults with needs for care and support and their families is at the heart of all partnership activity. The Partnership recognises it is a constant challenge and that practitioners need to understand the lived experiences of children and young people, adults and their families. Where possible the Partnership will involve families in learning reviews and information and from such engagement it is possible to develop best practice.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is applicable to all agencies and aims to develop a person centred and outcomes focussed approach to adult safeguarding. In Darlington MSP and the involvement of service users or their representative in safeguarding enquiries is measured from the outset and is evaluated as part of the safeguarding process. In 2022/2023, 70% of cases consistently involved the individual (or their representative or advocate) in the safeguarding enquiry. The partnership continues to seek assurances that the principles of MSP are embedded within partner agencies and continues to develop customer engagement processes to help inform the Partnership's work.

Independent Chair Engagement

The Independent Scrutineer continues to meet with relevant agencies of the Partnership and attend meetings such as primary and secondary education forums, Child and Adult Scrutiny Committees, Health and Wellbeing Board and Community Safety Partnership to talk about current issues and themes and what is working well and what needs to change relating to current safeguarding arrangements.

Darlington Safeguarding Partnership (DSP) website, briefings and newsletters

The DSP continues to use a variety of communication methods to share information to a wide range of different audiences. The Partnership website continues to be a key forum to provide key safeguarding messages to practitioners and to the wider public as well as useful information and resources to support those working with children and adults.

Partnership website - www.darlington-safeguarding-partnership.co.uk

The partnerships quarterly newsletter continues to communicate and raise awareness of safeguarding and helps to keep in touch with all our agencies to provide information, signposting and guidance to those working across child and adult services.



Social Media

Whilst the Partnership does not have its own social media platforms, it regularly requests partner agencies promote key safeguarding campaigns throughout the year on their own social media platforms. Awareness of key safeguarding campaigns

The partnership continues to raise awareness of safeguarding issues by sharing details of key national safeguarding campaigns throughout the year which included, Safer Internet Day in February and National Child Sexual Exploitation Awareness Day in March along with Safeguarding Adult Week in November where it offered a programme of events to raise awareness of safeguarding issues.

Learning and Development

A key priority is to ensure that safeguarding and promoting the welfare of children and adults at risk of abuse remains the focus of learning and development activity. Practitioners working in both universal and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect and to share that information and provide children and adults with the help they need. To be effective, practitioners need to continually develop their knowledge and skills. The Partnership is committed to delivering a high quality inter-agency training programme to support professionals, volunteers and the independent sector.

The standards are monitored through the Learning and Development sub-group and this ensures there is quality and consistency of single and multi-agency training through initiatives such as training needs analysis (TNA), peer evaluation, quality assurance and the pre and post course evaluation process. The programme is updated to ensure the lessons from learning reviews are reflected as well as identifying the local needs of the multi-agency workforce.

Following a change to the delivery of training during the Covid-19 pandemic and the impact this had on face to face training, a programme of e-learning and virtual training has been developed and embedded.

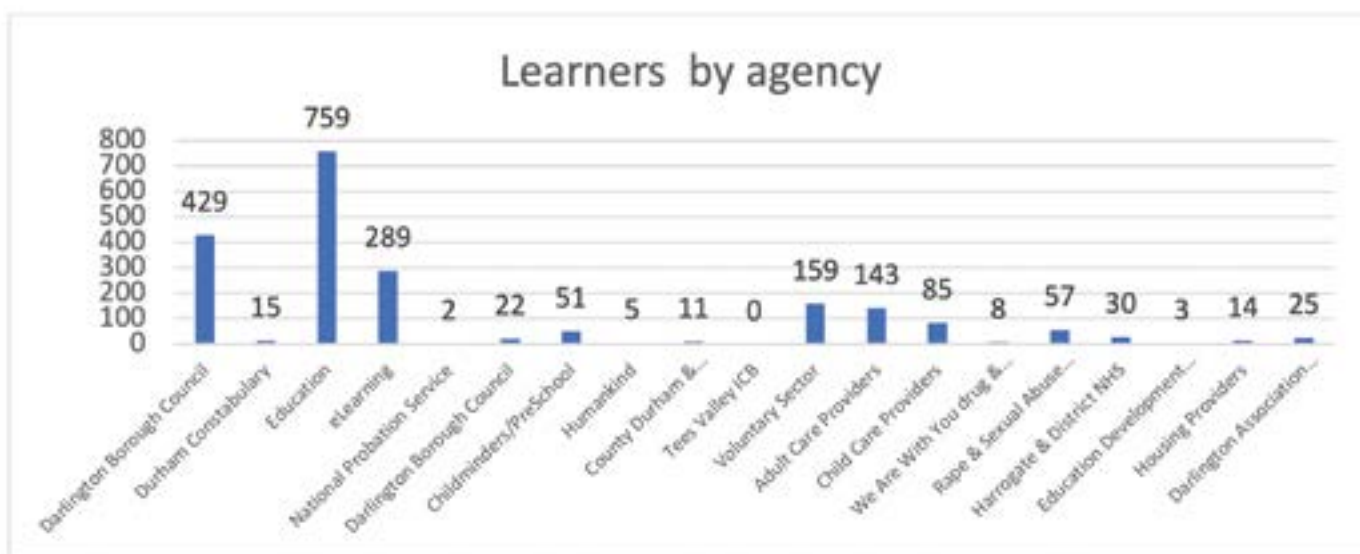
What did we achieve?

- The Partnership continued to provide an extensive multi - agency programme of virtual courses delivered via Teams and bespoke face to face sessions:
 - o Core courses for Safeguarding Adults and Children at Levels 1 (awareness) and 2 (Managing concerns) which are in line with the Care Act 2014, Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2022.
 - o Level 3 specialist courses to reflect national and local priorities
 - o A variety of E-Learning and workbook options to compliment the virtual training offer.
- 116 virtual courses were delivered via Microsoft Teams.
- There was an even split between Adult and Children's Safeguarding training.
- There were 1,822 attendances recorded for the training.
- 318 people completed E-Learning workbooks
- Development of new courses to reflect the impact of the Domestic abuse Act 2021 and Keeping children Safe in Education 2022.
- Development of podcasts to provide information around key messages in respect of Safeguarding Children and Adults.



Evaluation and Assessment

It is recognised that assessment of learning is necessary to measure both the quality of training and to evidence the impact on practice and how the training is contributing to improving the knowledge and skills of the workforce. The trainer continues to request delegate feedback on the quality of training and feedback continues to be positive. The chart below outlines the attendance by partner agencies during the period April 2022 - March 2023.



Development of Policy and Procedure

Enabling continual improvement and learning for partners and practitioners is important to the Partnership. The ongoing review of policies, procedures and practice guidance documents is essential to support front line practitioners with both prevention, early intervention and awareness raising. There is a clear timeline for the revision of policy and procedure, which is monitored through a policy revision schedule.

The Learning and Development sub-group continues to provide a co-ordinated multi-agency approach to safeguarding practice through the development, review and updating of policies and procedures for use by professionals across the partnership. All revisions are undertaken in consultation with partner agencies and who are expected to disseminate and implement within their own organisations. All documents are published on the DSP website.

During 2022/23 the following were developed, reviewed and revised by the Partnership:

- Revision to Child Safeguarding Practice Review and Serious Child Safeguarding Incident Procedures
- Revision to Safeguarding Adult Review Procedure and referral form.
- Development of Harmful Sexual Behaviour Practice Guidance and Protocol
- Revision to the Adult Executive Strategy Process - Responding to serious concerns
- Supported the launch across the region of a short film to raise public awareness of self-neglect and what can be done to support those experiencing self-neglect.
- Developed an organisation directory of key safeguarding contacts across child and adult services working in Darlington to support practitioners in understanding who to contact.
- Refreshed the Information Sharing Protocol.

8. Local Child Safeguarding Practice Reviews and Safeguarding Adult Reviews

During 2022/23 period, the Partnership received its first serious incident notification (March 2023) which is being taken forward as a Local Child Safeguarding Practice Review (LCSPR); the findings and learning from this review will be published in the next reporting period. The Partnership did not undertake any formal Safeguarding Adult Reviews (SAR) in this reporting period.

The Partnership recognises there is a continual need to improve and raise awareness of processes to clearly set out organisational responsibilities for dealing and responding to serious incidents. Both the LCSPR and SAR Procedures were revised to enable agencies to not only submit a referral if they believed the criteria for a LCSPR or SAR were met, but also to refer a Learning Request, when it was felt there was specific learning to be explored in how agencies worked together, but the circumstances did not meet criteria for a formal review.

The number of Local Child Safeguarding Practice Reviews (LCSPRs) or Safeguarding Adult Reviews (SARs) in Darlington continues to remain low, it is recognised Darlington is a very small local authority area. The Partnership has however, seen an increase in the submission of learning request referrals, which may be as a consequence of the revision to procedures.

There were six referrals received during the reporting year a slight decrease on the seven referred in the previous year. They included the LCSPR as outlined above, three were deemed to meet the criteria for a learning request (2 Adult and 1 Child) and referred into the Learning & Development Group, two taken forward as Local Learning Reviews (LLR) (1 child and 1 adult), one adult case as an audit and the remaining two addressed through other processes.

Child Safeguarding Practice Review and Serious Child Safeguarding Incident Procedure and Safeguarding Adult Review Procedure

There were a number of local learning reviews ongoing from the previous reporting period which were carried over to enable the learning to be disseminated, these included:

- **Mental Health** - A themed learning review following three cases where parental mental health was identified as a significant factor and there appeared to be no recognition of the impact or risk this had on the children in the family home. The review highlighted the absence of a 'whole family approach' including consideration of wider family issues. A further case which highlighted concerns in how agencies responded to a child who had complex mental health needs and the challenge in finding suitable accommodation due to her needs.
- **Child Criminal Exploitation/ Harm away from home** - the review highlighted that practitioners sometime failed to recognise harm which occurred away from the home and there were issues in respect of information sharing, agencies failing to work together, poor use of language, failure to engage parents and a lack of professional curiosity.
- **Adult Self Neglect** - two reviews, following two separate incidents which identified two individuals with needs for care and support who died and self-neglect was subsequently highlighted as an issue. The findings relate to mental health and the adults' reluctance/non-compliance with services offered over a period of time. There was a presumption of capacity however lack of any formal capacity assessments being undertaken in respect of care and support and treatment along with a lack of legal oversight relating to capacity and Court of Protection.

Parental Mental Health and Safeguarding



Learning Lessons Review Briefing Parental Mental Health and Safeguarding

Parental Mental Health and Safeguarding

Living in a household where parents or carers have mental health problems does not necessarily mean a child will experience abuse or negative consequences. Many children whose parents have mental health problems go on to achieve their full potential in life, particularly if their parents receive the right support at the right time.



However, there is a risk that parental mental health problems can impact negatively on children. All types of mental health problems can vary in severity. The impact on children depends on the parent or carer, their circumstances and the support they receive.

Babies of mothers who experience perinatal mental illness are at an increased risk of being born prematurely with a low birth weight. Post-natal depression can affect parents and carers bonding with the baby and can have a negative impact on the baby's intellectual, emotional, social and psychological development.

In older children the impact of parental mental health problems include a risk of developing behavioural problems, being required to take on a caring role and increased stress and anxiety. In the most serious cases children may suffer abuse or neglect from a parent or carer with a mental health problem and parental mental health problems are frequently present in cases of abuse and neglect. The risks to children are greater when parental mental health problems exist alongside domestic abuse and parental substance misuse.

For further information and guidance see [NICE: Parental Mental Health](#).

The Background of the Review

Darlington Safeguarding Partnership undertook a review in 2022 to understand and develop learning from three child safeguarding cases, two came in as learning request referrals to the Learning and Development Group, the third case was highlighted through a multi-agency audit undertaken by the Children's MASH Operational Group. Whilst none met the criteria for a Child Safeguarding Practice Review, it was evident that there was learning to explore.

In all three cases, parental mental health was a significant factor and there appeared to be no recognition of the impact or risk this had on the children in the family home. The reviews highlighted the absence of a 'whole family approach' including consideration of wider family issues. Agencies appeared instead to focus on the concern of the moment and did not always consider the daily lived experience of the children. Whilst agencies received information, there was a lack of information sharing and there was not a holistic response.

Child Criminal Exploitation/ Harm away from home



Learning Lessons Review Briefing Child Criminal Exploitation/ Contextual Safeguarding

What is Child Criminal Exploitation (CCE)?

Criminal Exploitation is abuse where children and young people are manipulated and coerced into committing crimes. Coercions may take the form of debt bondage, physical or sexual violence, grooming, and other forms of intimidation. Individuals may not know they are being exploited but the presence of power imbalance and disadvantage weighted against the individual, highlights the risk.



What is County Lines?

County lines is a term used to describe gangs and organised criminal networks involved in transporting illegal drugs from one area to another, using dedicated mobile phones. They are likely to exploit children and vulnerable adults to move and store drugs and money and they will often use coercion, intimidation, violence and weapons.

What is Contextual Safeguarding/Harm Away from Home

Contextual Safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people.

Contextual Safeguarding, which has been developed by Dr. Carlene Firmin at the University of Bedfordshire's *Contextual Safeguarding* Institute, recognises that as young people grow and develop they are influenced by a whole range of environments and people outside of their family. For example in school or college, in the local community, in their peer groups or online. Contextual Safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe.

The Background of the Review

Darlington Safeguarding Partnership (DSP) undertook a learning lessons review (LLR) following an incident in June 2021, the incident did not meet the criteria for a Child Safeguarding Practice Review.

The LLR was undertaken to explore lessons to be learnt to help understand how agencies can learn and act from this incident. Whilst it was determined the incident was significant it did not fit the usual parameters of a traditional review, traditional approaches have focused on the risk of violence and abuse from inside the home. It was recognised there was a real opportunity to look at this incident through the lens of both safeguarding and community safety and to address the time that children and young people spend outside the home to understand the impact that organised crime, county lines and criminal exploitation is having on young people in Darlington and how agencies can work together to address and manage the risks going forward.

The focus of the review was not specifically on the incident but as a consequence of it, to understand how agencies could work differently as current services were not aligned to situations such as this case presented and a requirement to look outside the traditional core group of safeguarding practitioners.

Adult Self Neglect



Learning Lessons Review Briefing Self-Neglect

What is Self-Neglect?

Self-neglect is defined as covering a wide range of behaviours. A person may not be keeping themselves clean, neglecting to care for their own health or their surroundings, may refuse care or treatment for health and care needs, or could be hoarding various types of possessions to the point of being a risk. Self-neglect is a continuum of behaviours ranging from moderate to severe. It may be unintentional, such as not eating due to memory issues. Where self-neglect gets out of control, including an inability to avoid or control self-harm, it can lead to a high risk of death or serious harm to the adult involved and to others' health and safety. There is no standard definition of self-neglect, but the Care Act 2014 Statutory Guidance provides the following definition: "Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding".



Social Care Institute for Excellence (SCIE) provides additional guidance on self-neglect [Self-Neglect as a danger](#).

Understanding Self-Neglect

Self-neglect is often defined across three domains:

- neglect of self and lack of self-care
- neglect of the environment
- refusal to accept help and support

What are the signs to look out for?

Neglect of self may include:

- poor personal hygiene/ dirty or inappropriate clothing/poor hair care
- poor diet leading to malnutrition or dehydration
- medical or health needs disregarded (for example refusing medication or treatment/refusing to allow access to health/and or social care staff in relation to personal hygiene and care
- alcohol or substance misuse

Neglect of Environment may include:

- unsanitary or dirty conditions which could result in serious harm to the individual or others
- hoarding
- situations which create a fire risk (for example hoarding)
- poor maintenance of property
- keeping lots of animals which are neglected
- vermin
- lack of heating
- no running water or sanitation
- poor management of finances (leading to utilities being cut off)



The key learning points and multi-agency actions and recommendations for learning have been incorporated into 7-minute briefings which have shared across the Partnership and will be covered within multi-agency training.

The themes from the two local learning reviews undertaken in this period include issues relating to multi-agency safeguarding processes and decision making, along with adult mental health and adult self-neglect, which has been a recurring theme. Key learning points were identified and several single and multi-agency actions and recommendations for learning were identified which are being addressed by the Learning and Development Group. Learning from good practice has also been embedded in the review process.

The Learning & Development Group commissioned a self-neglect task and finish group to take forward key pieces of work at the end of this reporting period. As a partnership we need to consider whether practitioners are recognising self-neglect and help understand what is currently in place and what are the gaps to support them in their work.

Expectations will be to:

- consider a revision to the self-neglect practice guidance, to include examples of positive, flexible and creative approaches to support practitioners in engaging with people who are self-neglecting
- to help understand the barriers organisations pose for those who consistently refuse support.
- the development of a self-neglect pathway and risk assessment tool to support decision making.
- to obtain a better understanding of when formal capacity assessments are undertaken and establish if a need to develop Mental Capacity Guidance.
- consider what training and awareness is needed and be included within multi-agency training provision.

This work will continue into the next reporting period.



What did we learn:

Safeguarding Practice Issues

The review highlighted child protection procedures are being followed which provides some assurance on multi-agency practice

The importance of ensuring GP information is available at strategy meetings when parental mental health is a concern

Improvements to information sharing - had appropriate information and timeline of events been available, this may have supported decision making

Practitioners demonstrated good professional curiosity

Home Environment Assessment Tool (HEAT) assessments are now completed and used by all 0-19 practitioners to identify early signs of neglect

Escalation processes to be addressed through supervision and training opportunities

Maternity Services - to ensure specialist safeguarding representation is available for multi-agency forums and maternity recording systems to be improved

Adult Self Neglect

The importance of conducting detailed mental capacity assessments of both decision making and executive functioning skills

Importance of effective multi-agency information sharing and joined up working - not working in silos

Enabling practitioners, by ensuring they have the skills and tools, to effectively manage and challenge individuals who may be reluctant to engage

Ensuring there is a good understanding of escalation processes

Importance of professional curiosity when working with individuals who are reluctant to engage in support to understand the reasons why

The importance of relationship building and gaining trust

Ensuring practitioners have a full understanding of the history behind the self-neglect

Practitioners to build relationships and consult with those who have good relationships with the adult

As a result of the learning from these reviews, the following guidance and tools were developed:

- Revision of Child Safeguarding Practice Review and Serious Incident Notification procedure.
- Revision of the SAR referral form to support Statutory Safeguarding Partners and the Learning and Development Group to make informed decision on type of review to be taken forward.
- Development of an organisation directory of key safeguarding contacts across child and adult services working in Darlington to support practitioners in understanding who to contact within agencies.

The Learning & Development and Quality Assurance & Performance Management Groups continue to work closely to ensure effective learning and change is embedded into frontline practice.

In October 2022, the Partnership shared a briefing around the learning from the National Reviews 'Star and Arthur'. The Children's MASH Operational Group agreed there was an opportunity to measure where the Partnership is with current service provision against the relevant local recommendations identified to understand if there are any gaps. The group was assured appropriate measures were in place and shared the findings with the Quality Assurance & Performance Management and Learning & Development groups which were satisfied with current service provision.



9. Looking Ahead

Looking forward to 2023/24 we will continue to develop our local response to the changes anticipated in Working Together to Safeguard Children statutory guidance and from the government response to the Independent Review of Children's Social Care and the national Child Safeguarding Practice along with the implementation of Local Authority Adult Regulatory Inspections.

The Partnership has identified a number of key areas of focus which it will set out in its Strategic plan to help keep children, young people, and adults with needs for care and support safe and protected from abuse and neglect and will be taken forward in 2023-24. The strategic priority areas of focus will include:

- Communication and involvement - Making safeguarding everybody's business and improving awareness of safeguarding across all communities and partner organisations
- Prevention and Early Intervention - enabling partners to work together to act early to protect those at risk of abuse or neglect
- Joint Working - ensure effective arrangements are in place to protect children, young people and vulnerable adults from abuse and neglect
- Exploitation - ensuring effective multi-agency response and intervention to protect those at risk of exploitation, in all its forms
- Adult Self-Neglect - ensure all partner agencies improve awareness and understanding of adult self-neglect to ensure early identification can be achieved

Appendix 1

Staffing and Budget

Darlington Safeguarding Partnership is supported by the following staff within the Business Unit:

- Business Manager
- Development Officer/Designated Officer
- Multi-Agency Trainer
- Business Support Officer
- Part-time Analyst (seconded from Durham Constabulary)
- Part-time Information Officer

Contributions from Partner Agencies for 2021-22 period	
Darlington Borough Council	£115,493
North East and North Cumbria Integrated Care Board (Tees Valley)	£41,310
Durham Constabulary	£34,404
Schools Forum	£10,000
Darlington College	£1,600
County Durham and Darlington NHS Foundation Trust	£16,973
Queen Elizabeth 6th Form College	£1,515
Probation Service North East	£1,846
Harrogate and District NHS Foundation Trust	£2,000
Training Income	£1,230
Total Revenue	£226,371

Appendix 2

Relevant agencies over and above Statutory Safeguarding Partner Organisations

- Darlington Local Authority - Housing, Public Health, Young Peoples' Engagement and Justice Service
- Health agencies - County Durham and Darlington NHS Foundation Trust (CDDFT), Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Harrogate and District NHS Foundation Trust (HDFT), North East Ambulance Service NHS Foundation Trust (NEAS)
- Children and Families Court Advisory and Support Service (CAFCASS)
- Care Quality Commission (CQC)
- Durham and Darlington Fire and Rescue Service (DDFRS)
- Early Years Settings
- Education (Primary, Secondary, Further Education, SEN)
- Support organisations for issues such as Substance Misuse / Domestic Abuse / Sexual Exploitation / Sexual Abuse (SARC)
- Family Justice Board (FJB)
- Probation Service North East
- Voluntary and third sector organisations (including Healthwatch)
- Darlington Primary Care General Practices
- Tees Valley Clinical Commissioning Group
- NHS England (pharmacy, dentist and optometrists)
- Independent providers including private hospitals, children's homes, nursing and care homes, domiciliary providers
- Youth groups - e.g. sport, scouts, brownies
- Faith settings
- Minority Communities
- British Transport Police (BTP)
- Chairs of other key local boards
- Representatives of other National Partners
- Darlington Partnership - which includes business and community organisations
- Coroner

This list is not exhaustive





**HEALTH AND WELLBEING BOARD
14 MARCH 2024**

ITEM NO.

DRAFT COUNCIL PLAN – 2024-27

SUMMARY REPORT

Purpose of the Report

1. To introduce the draft Council Plan to the Board and seek comments.

Summary

2. The Council Plan is an official document that outlines the long-term ambitions for Darlington and priorities of the council to deliver over the next three years (2024-2027).
3. The plan gives strategic direction to the Council - and council services - defining priorities and shaping delivery. It gives clarity to residents, businesses and stakeholders on our values, what is important and what we will do.
4. The public consultation for the draft plan runs from 6 March to 25 April and the council is seeking views from residents, businesses, charities and key stakeholders. The Health and Wellbeing Board is an important partner and the Council is keen for the views of members to inform the plan and our priorities.

The Draft Plan

5. The draft Council Plan sets out a proposed long term vision and ambitions for Darlington, and priorities for delivery over the life of the plan. Three core values feed into the plan: addressing inequalities, tackling climate change and efficient and effective use of resources.
6. There are 6 priorities, each of which identify a number of key deliverables. The deliverables will be progressed through supporting plans and strategies. The priorities are:
 - (a) Economy: A strong, sustainable economy and highly skilled workforce with opportunities for all.
 - (b) Homes: Affordable and secure homes that meet current and future resident need.
 - (c) Living well: A healthier and better quality of life for longer supporting those who need it.

- (d) Children and young people: best start in life, realising potential and raising aspirations.
 - (e) Communities: Healthier, safer and more engaged communities.
 - (f) Environment: A well connected, clean and sustainable Borough.
7. The Council is committed to making Darlington a greener and fairer place for all who live, work, learn and invest. The plan is ambitious and requires a Team Darlington approach strengthening our relationships and building new partnerships with our stakeholders and communities.
8. The role of the Health and Wellbeing Board and importance of the new Health and Wellbeing Strategy is highlighted as the first deliverable in the Living Well priority:
- (a) “Health and Wellbeing Board to agree and deliver a new strategy to improve health outcomes and reduce inequalities, and lead the creation of a health and wellbeing network.”

Recommendation

9. It is recommended that the Board:-
- (a) Review the plan and provide comments
 - (b) Members complete the survey and encourage others to do so

Reasons

10. To ensure that the council plan which will provide a framework for delivering priorities takes into account the views of the Board.

Elizabeth Davison
Group Director of Operations

Background Papers

Draft Council Plan and Survey available at: <https://www.darlington.gov.uk/councilplan>

Lynne Davies
Policy and Strategy Manager
Ext: 5070

S17 Crime and Disorder	The Council Plan prioritises the safety of our residents and communities. The Communities Priority identifies key actions that we will deliver in partnership. The performance monitoring framework will include measures to demonstrate progress against this outcome.
Health and Wellbeing	The Council Plan prioritises the health and wellbeing of our residents and communities. The Health and Wellbeing Priority identifies many actions and good health will be an important outcome across the plan. The performance monitoring framework will include measures to demonstrate progress against this outcome improving health and reducing health inequalities.
Carbon Impact and Climate Change	The Council Plan prioritises addressing carbon impact and climate change. Addressing climate change is a core value and will be considered in everything the council does. The performance monitoring framework will include measures to demonstrate progress against this outcome.
Diversity	Addressing inequalities is a core value within the plan. A desktop Equality Impact Assessment has not identified any significant negative impacts on protected characteristics. The key deliverables referenced in the plan will be progressed through other strategies and plans and will involve separate equality impact assessments where appropriate.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	The Council plan will be part of the policy framework and will be the primary strategy that strategies and plans demonstrate their contribution to the vision, ambition and priorities of the Council Plan
Key Decision	This is a key decision because following consultation, agreement to the recommendations will result in the Local Authority adopting a plan which will have an effect on the communities living or working in an area comprising two or more wards within the area of the local authority.
Urgent Decision	This is not an urgent decision as it will require adoption by full Council after consultation.
Council Plan	This is the draft Council Plan for 2024-2027 for consultation.
Efficiency	The draft Council Plan prioritises efficient and effective resources as a key value and will be considered in all council business.
Impact on Looked After Children and Care Leavers	The Council remains committed to ensuring the best outcomes for Looked After Children, and contains a number of priorities and actions that will have a positive impact on this group.

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Council Plan 2024-27

Draft For Consultation
6 March 2024



DARLINGTON
Borough Council

Foreword

It is an honour to be Leader of Darlington Borough Council and to have the opportunity to share with you our draft Council Plan for 2024-2027. This plan sets out our long term ambitions for Darlington and priorities for the next few years. We want to hear your views.

Darlington is a great place to live and work. We are committed to making Darlington fairer and greener for everyone, building on opportunities and successes and facing up to the difficult challenges.

However, over the previous decade inequalities across our communities have worsened. The North East has seen the highest increase in child poverty over much of the previous decade. Child poverty restricts the chances for children to flourish. This is just a one example of inequalities that results in not everyone having the same life opportunities.

At the heart of the plan is our vision to be one of the best places in the UK to live, learn, work and invest - with a strong economy, healthy thriving communities and opportunities for all.

This means Darlington will have an inclusive and sustainable economy; people living well and staying healthy; thriving places and connected communities. This is a long term vision and the beginning of our journey that we want to make together.

Three core values feed into this plan:

- **Addressing inequalities** - Darlington is a wonderful place to live and work and we want these opportunities to be accessible to everyone. We will develop a long term focus on understanding and addressing the causes of inequality ensuring our communities are safe and can thrive.
- **Tackling climate change** - the changing climate will impact all our lives. We will play our part by making the council carbon neutral by 2040 and working with others to deliver a more resilient Darlington.
- **Efficient and effective resources** - we will remain focussed on the financial sustainability of the council, ensuring good governance and delivering the best services possible with the resources we have for our residents, communities, and business.

The Council faces unparalleled financial challenges. Reductions in public spending between 2010 and 2019 meant the Council's budget was reduced by £46m in real terms, a 36% reduction in budget. After covid, we have seen the cost of living increasing, income deprivation and poverty rising, high inflation and interest rates along with a significant increase in demand for adult and children's services consuming over two thirds of our budget.

You will see the plan sets out six priorities for the Council for the next three years: economy, homes, living well, children and young people, communities and the environment.

This is ambitious and requires collaborative effort to deliver with existing partnerships such as the Health and Wellbeing Board, Public Sector Executive Group and Voluntary and Community Sector Executive Steering Group to new partnerships focussed on the economy.

The health, wealth and wellbeing of our residents is really important to us. At the heart of our Council Plan is a determination to have a focus on addressing inequalities. This can only be achieved by the Council working in partnership with our communities.

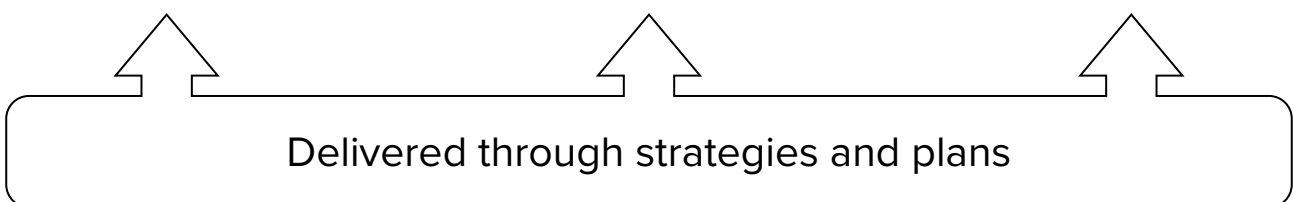
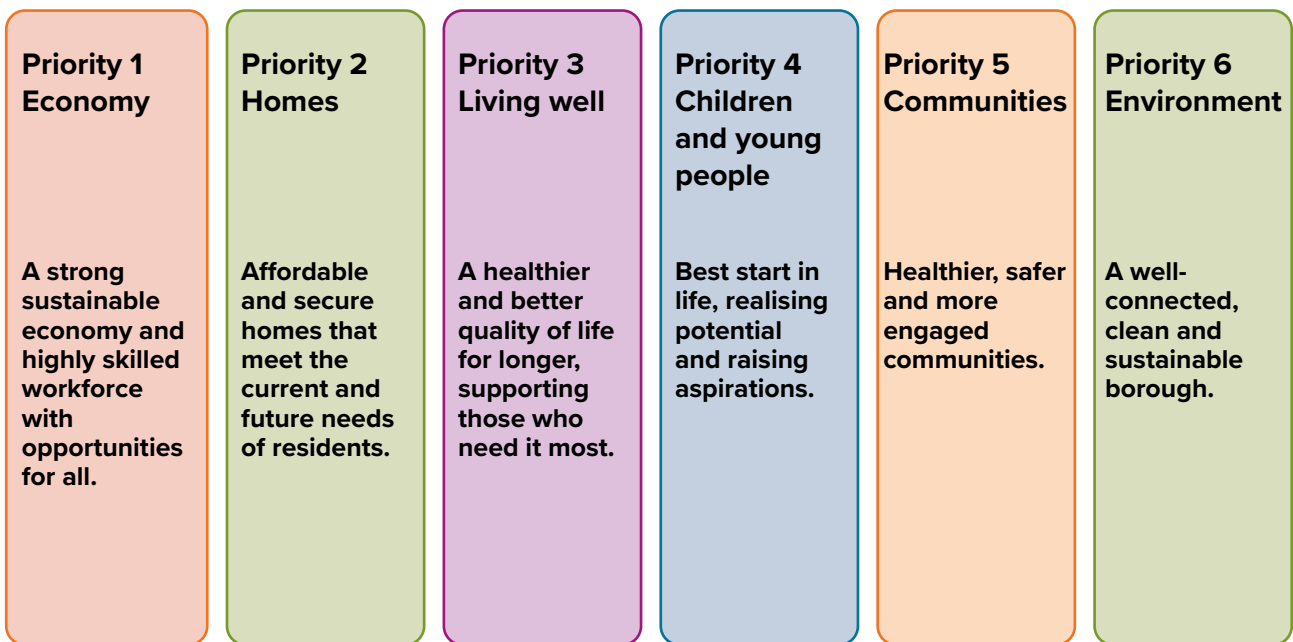
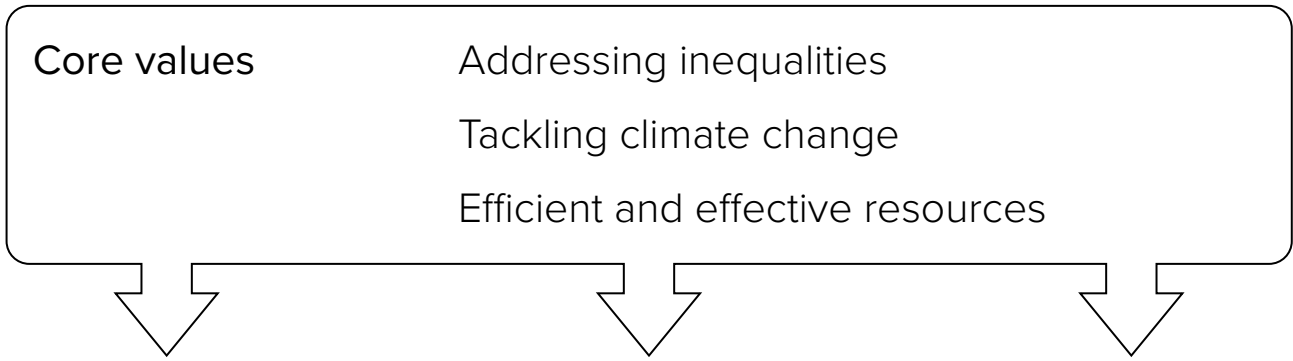
These are both exciting and challenging times for Darlington, and we want your views on our proposals in this plan to help shape our priorities and how we deliver.



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Have your say	10

Our Plan For Darlington



What long term success looks like

An inclusive and sustainable economy will have:

- More people of all ages in good work
- Key sectors and sites innovating and growing by creating jobs, attracting more business and investment
- A healthy, productive and vibrant business community
- A business friendly public sector supporting businesses to locate and grow
- Increased skills levels in the resident labour market
- Vibrant town and neighbourhood centres providing services, retail and work for all generations
- A growing economy that supports our environment and heritage.

Living well and staying healthy will mean:

- Health outcomes are improved and inequalities reduced
- Children and young people have the best start in life
- People are supported to be independent
- Homes are affordable, healthy, secure and meet needs
- Households are more financially secure
- Residents live longer, healthier, more productive lives
- People are active and involved.

Thriving places and connected communities will have:

- Climate resilience where places are prepared for change and can adapt, with reduced CO₂ emissions
- Access to good services
- Happy, safe and secure communities with improved safety in public spaces
- Cultural, heritage and community assets
- Well-connected people and communities, with links to places within and outside the borough
- Digitally connected residents who are benefitting from opportunities offered online
- Attractive, relevant and welcoming places
- Sustainable and integrated transport across the borough and beyond.

Core values

We are committed to making Darlington a fairer and greener place for everyone. We are focussed on ensuring everyone has the opportunity for a good job, home and social connections. Our three core values are important principles we will consider in everything we do.

Addressing inequalities

Darlington is a wonderful place to live and work. We have a high quality of life and our economy is resilient and growing, but this is not felt by everybody. There are widening inequalities, and the gap between the people and places with the best and worst outcomes is unacceptably high. There are unacceptably high levels of child poverty and disadvantage, demonstrated by 25% of Darlington's children living in low income families, with the highest ward reaching nearly 47%. We want opportunities to be accessible to everyone. To achieve this will require a collaborative approach with our partners. We will:

- Develop a cross-council approach based on an in-depth understanding of inequalities and their causes, with a focus on local communities experiencing disadvantage
- Ensure all new strategies and plans consider inequalities, starting with the development of an inclusive growth strategy and a review of the health and wellbeing strategy
- Strengthen partnership working with key stakeholders and the voluntary and community sector with a long term focus on opportunity and addressing the causes of inequality; and short term focus on reducing the burden of the cost of living.

Tackling climate change

The climate is changing, which has an impact on our lives from the risk of flooding and more extreme weather to health impacts for our most vulnerable residents. We are also all facing increasing energy costs and potential threats to energy security. We cannot address these challenges alone, but we know we have an important role to play. One of the first things we did when we came to office was bring forward by 10 years the Council's commitment to being carbon neutral. We will:

- Deliver the climate change action plan to make Darlington Borough Council carbon neutral by 2040
- Involve all parts of the council in a cross-council approach to sustainability and climate change
- Work alongside our business community collaborating with groups such as the Darlington Employers Environmental Partnership to transition to net zero
- Work with partners, government, public and private sectors and residents for a resilient Darlington so we are able to respond and adapt to change.

Efficient and effective resources

The council is facing unparalleled financial challenges with rising costs and a significant increase in demand for services. We have a responsibility to ensure residents get value for money for their council tax and that every pound is spent efficiently and effectively. We will remain focussed on the financial sustainability of the council, ensuring good governance and delivering the best services possible with the resources we have for our residents, communities, and businesses. Our people are our best asset and will lead a culture of collaboration, innovation and creativity, and compassion, whilst maintaining focus on continuous improvement. We will:

- Deliver a balanced Medium Term Financial Plan and positive Value For Money outcome
- Deliver high quality governance and decision making
- Review and refresh the Asset Management Plan and Procurement Strategy
- Build on the Capital Project Management process by introducing an enhanced ICT system to improve efficiency and effectiveness
- Review and deliver the workforce strategy
- Maximise income through new joint venture companies, increase levels of business rates by growing the local economy; and maximising grant opportunities
- Explore opportunities to exploit digital assets to create efficiencies and increase productivity, including online delivery
- Continue to build strong relationships with partners, residents and communities.

Key deliverables

Priority 1 - Economy

- Develop and deliver an inclusive economic growth strategy to create the conditions for businesses and the economy to thrive and provide good work opportunities for residents
- Establish a place-based partnership to support the continued renewal of the town centre delivering more jobs and more homes
- Complete the refurbishment of the historic indoor market
- Accelerate bringing key sites to the market to attract private sector investment including Central Park, Ingenium Parc and Symmetry Park
- Deliver the Towns Fund projects, including the refurbishment of the Northern Echo building to secure new business occupiers
- Provide more education and skills opportunities for residents by delivering the Adult Skills Centre and collaborating with providers and Tees Valley Combined Authority (TVCA)
- Ensure that the borough is safe, clean and maintained to levels that support the economy and encourage inward investment
- Work with employers, national and local employability providers, and TVCA to promote good jobs and career opportunities for all, particularly young people and those with barriers to work, to access good employment outcomes.

Priority 2 - Homes

- Develop and deliver a new homes strategy to deliver current and future housing needs including social and affordable homes across the borough, in accordance with the Local Plan
- Review and refresh the preventing homelessness and rough sleeping strategy, working with partners to ensure the provision of the right support and services to help people avoid homelessness and support those who are
- Review our approach to empty homes across the town so more quality homes are available
- Support the delivery of more social houses and supported accommodation by building more council homes and working with other social landlords and charities
- Continue to improve the quality of housing through healthy home design principles, ensuring developers meet the new Building Regulations requirements to create greater energy efficiency in new homes. Continue investment in the Council's existing and new housing stock to ensure greater energy efficiency
- Introduce additional licencing for homes of multiple occupation, a voluntary landlords charter and work towards the introduction of selective licencing in areas with a high number of private rented sector homes
- Ensure effective use of the Disabled Facilities Grant to enable people to remain independent in their own homes for as long as possible.

Priority 3 - Living well

- Health and Wellbeing Board to agree and deliver a new strategy to improve health outcomes and reduce inequalities, and lead the creation of a health and wellbeing network
- Develop and implement a new public health strategy, focussed on tackling health inequalities. Including developing strategies on domestic abuse, drugs, alcohol and physical activity
- Continue to develop joint working with the NHS and key partners to support people to lead healthier lives, stay in their homes for longer and reduce hospital stays
- Widen participation in recreation and leisure facilities including the Dolphin Centre and Eastbourne Sports Complex
- Shape a sustainable and accountable care market which delivers support focussed on promoting, regaining and maintaining people's independence and wellbeing
- Develop an Adult Social Care engagement strategy to ensure people requiring care and support, and their carers are involved in service development and commissioning activity
- Deliver the key aims of the adult social care transformation plan to prevent, reduce and/or delay the need for care by supporting people to manage their own independence and wellbeing.

Priority 4 - Children and young people

- Refresh and deliver the Children and Young People's Plan working with services across the council, key stakeholders in Darlington, and children and young people
- Develop more meaningful services by ensuring children and young people are involved in service development and commissioning activity
- Work with the Department for Education and the successful academy trust sponsor to ensure the free school for children with Special Educational Needs and Disabilities (SEND) is developed on schedule providing vital additional specialist capacity in Darlington
- Continue the successful management of the Safety Valve plan to improve outcomes for young people with SEND, eliminate the historic deficit on funding and deliver a financially sustainable system
- Work with multi-academy trusts and schools to develop a high quality and inclusive education sector in Darlington
- Widen access for children in receipt of benefits related school meals to the Holiday Activities and Food Programme with a focus on health, wellbeing and raising aspirations
- Work in partnership with the early years sector and health services to promote school readiness and the delivery of the expansion of funded childcare entitlement
- Increase the number of local in-house placements for looked after children who are cared for by the council.

Priority 5 - Communities

- Support and strengthen partnership working with voluntary and community groups with a focus on addressing the causes of inequality, financial inclusion, social exclusion, and vulnerable families with children and young people
- Work with partners to reduce the burden of the cost of living with a focus on food and fuel insecurity
- Work with the voluntary and community sector to develop a strategy for informal volunteering which empowers people to volunteer and directs volunteering to areas of greatest need, including working with Darlington Cares to deliver an enhanced volunteering programme
- Support communities to remain safe and resilient by working with key agencies and communities to address anti social behaviour and crime issues in the community
- Support a strong Community Safety Partnership to ensure the issues affecting the safety and security of our communities are addressed collectively, including addressing hate crime
- Ensuring business activity is regulated, licensed and enforced effectively to protect the health and wellbeing of residents, visitors and businesses.

Priority 6 - Environment

- Celebrate the opening of Hopetown and deliver a successful 2025 festival programme that helps to promote Darlington as a destination for visitors and investment
- Work with local stakeholders and businesses to promote a diverse and accessible programme of events that maximises footfall in the town centre and has a positive impact on the local economy
- Deliver revised supplementary planning documents that guide better design in new developments and contribute to a sense of pride in place
- Enable improvements in transport systems by working in partnership with TVCA and public transport operators to deliver the City Region Sustainable Transport Settlement programme, including the improvement of bus facilities and the reliability of services
- Introduce food waste collections and encourage residents to increase overall recycling rates to move towards the national average
- Work with statutory bodies to progress studies of flood risk in Darlington and enable funding to be sought to mitigate the impact of climate change.

Monitoring the plan

Progress in delivering the plan will be regularly reported to Cabinet. It is anticipated this will include a combination of qualitative and quantitative indicators that demonstrate progress against the long-term ambitions, priorities and deliverables. Some long-term indicators, which we know will take time to move, are likely to be included.

The Council Plan performance report will be supplemented annually by the Darlington Profile report that analyses the most up to date published data and intelligence, and feedback from surveys.

Have your say

We want to support the Borough to be the best it can be and have set out our long term ambitions and short term actions for you to review and have your say. This consultation is the beginning of a conversation with you on the future of Darlington and our priorities.

We want to know what you think of the plan and what is most important to you.

Follow the link below or scan the QR code to complete the short survey:



<https://www.darlington.gov.uk/consultations/>

The survey is open from 6 March 2024 and closes on 25 April 2024.

Printed copies of the plan are available to view and comment on at Darlington Library, Cockerton Library and the Dolphin Centre. Please email **strategy@darlington.gov.uk** if you would like a copy of the draft Council Plan in an alternative format.



DARLINGTON
Borough Council

**HEALTH AND WELL BEING BOARD
14 MARCH 2024**

ITEM NO.

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY REPORT

Purpose of the Report

1. To provide Health and Wellbeing Board members with an update on refreshing the Darlington JSNA. A presentation on the JSNA will demonstrate the utility of using an interactive dashboard to present data which describes the health and wellbeing status of the population.

Summary

2. A Joint Strategic Needs Assessment (JSNA) is a collaborative process where local authorities, NHS organisations and others work together to ensure the needs and local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the population and should be reviewed regularly.
3. JSNAs should be informed by research evidence, local insight and intelligence as any available more detailed local assessments.
4. Historically the JSNA was a large repository of data developed over a number of years and became unwieldy. The JSNA is currently being updated, (previously reported at Health and Wellbeing Board September 2023) when a “two stage” process was agreed.
5. The first stage was to clarify data available, i.e. Demography, Social and Environmental, Lifestyle and Risk Factors, Burden of Ill Health and Service Delivery. The second stage (due to “go live” in May 2024) is to structure the JSNA around the life course approach, underpinning the development of the Darlington Health and Wellbeing Plan. The revised JSNA will use Power BI to process and present information in a cohesive and accessible format. This is a tool for displaying and visualizing data via interactive dashboards which can update automatically.

Recommendation

6. It is recommended that:-

- (a) Health and Wellbeing Board members note the presentation and progress in developing and updating the JSNA.
- (b) Health and Wellbeing Board members are informed when phase two goes 'live' so they have assurance that a fit for purpose JSNA is in place.

Reasons

- 7. The recommendations are supported by the following reasons:-
 - (a) The Health and Wellbeing Board is responsible assessing the health and wellbeing needs of the population and publishing a Joint Strategic Needs Assessment (JSNA).

Lorraine Hughes
Director of Public Health

Background Papers

None

Miriam Davidson
 Interim Director of Public Health
 February 2024

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	The JSNA is a requirement for ensuring health and wellbeing needs are identified.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers or amend

**HEALTH AND WELL BEING BOARD
14 MARCH 2024**

ITEM NO.

**JOINT LOCAL HEALTH AND WELLBEING STRATEGY
(DARLINGTON HEALTH AND WELLBEING PLAN 2023-2027)**

SUMMARY REPORT**Purpose of the Report**

1. To receive the feedback from the Health and Wellbeing Board workshop on 14 December 2023 when Board members considered local priorities and agreed the framework for the Plan.

Summary

2. The Board agreed a framework that generally reflects the life course recognising that a number of priorities and themes span across generations.
 - (a) Children and Young People: Best Start in Life
 - (b) Staying Healthy and Living well
 - (c) Healthy Places
 - (d) Healthy Ways of Working
3. Board members had previously considered the key determinants of health inequality (HWBB meeting September 2023, copies of the presentation were available at the workshop as a reference and resource), and how these affect people cumulatively across the life course.
4. A wide range of evidence-based programmes and initiatives were considered under the above themes, see **Appendix 1** for the full list of potential programmes.
5. **Feedback from the workshop included:**
 - (a) Each of the themes needed a stated ambition with a manageable number of priority programmes with key short-term actions (2023-2027)
 - (b) HWBB members were clear that it was important to avoid duplication and that key strategies across partner organisations should be acknowledged and linked rather than duplicated, e.g. the emerging Police and Crime Commissioner's Plan, the NHS ICB Forward Plan and Darlington Borough Council Plan
 - (c) Recognition that some health and wellbeing priorities do not sit neatly in one theme, e.g. participants were clear that emotional /mental health spans a whole life course,

similarly a Tobacco Alliance supports a Best Start in Life, Living Well and Environmental factors.

- (d) The impact of trauma was raised, the effect it has on health and wellbeing and the scope for partners to raise awareness and recognition.
- (e) Board members questioned what a “health inequalities lens” meant for the Health and Wellbeing Plan, examples discussed included understanding the barriers to accessing services, actions to poverty “proof” services, understanding community profiles at ward, or more local level and responding to them.
- (f) Board members commented that each theme of the framework required further work to develop key actions and deliverables in order to monitor progress, leading to refreshed or updated priorities as appropriate.
- (g) The HWBB Chair thanked the Board members for their participation and views, which will inform the detail of the Plan. The Chair encouraged colleagues to consider offering to lead a theme, ie one of the 4 areas of the framework. Each theme will have the support of one of the Public Health Portfolio team.
- (h) Consideration still needs to be given to how best to involve wider community partners and local businesses in delivering the HWB Plan

Recommendation

6. It is recommended that: -

- (a) Health and Wellbeing Board members consider the next steps to develop the detail of the Health and Wellbeing Plan, using the framework of the 4 themes described in Paragraph 2
- (b) The feedback from the ‘tabletop’ discussions at the workshop in December 2023, a) – h) above are taken into account when developing the next stage of the Health and Wellbeing Plan.
- (c) Health and Wellbeing Board members consider a second workshop to develop key actions under each section of the framework.

Reasons

7. The recommendations are supported by the following reasons: -

- (a) It is a statutory duty of the Health and Wellbeing Board to improve the health and wellbeing of the local population, reduce health inequalities and, in partnership develop a Joint Local Health and Wellbeing Strategy, (Health and Wellbeing Plan).

Lorraine Hughes
Director of Public Health

Background Papers

None

Miriam Davidson
 Interim DPH, Darlington
 February 2024

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	The development of a Joint Local Health and Wellbeing Strategy is a requirement of the HWBB.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	Looked After Children and Care Leavers may experience health inequality therefore are affected by the HWB Plan

Appendix 1

Place: Darlington Borough Council

The following actions are evidenced-based proposals to simulate discussion.

<p>1</p>	<p>Children and Young People – Are safe, thriving and enjoying the best start in life:</p> <ul style="list-style-type: none"> • Support for a smoke-free pregnancy and infant feeding. • Delivery of 0-19 years services, including school nursing and health visiting, National Child Measurement Programme. • Oral health promotion. • Domestic Abuse awareness. • Support for children and young people’s mental health. • Tobacco Control Alliance. • NHS England Children and Young People programme. • Awareness of the impact of trauma 	<p>2</p>	<p>Staying Healthy and Living Well, actions to include:</p> <ul style="list-style-type: none"> • Appropriate service provision which promotes prevention and self-care close to home. • Supporting mental wellbeing including access to a fair job for a fair wage and good quality housing; • Alcohol services, substance misuse treatment services, suicide prevention; • Review gambling patterns and consider workplace charter. • Targeted hygiene for health protection • Delivery of NHS health checks, improve detection and management of 3 high-risk conditions for cardiovascular disease: • Increase the rate of “Healthy Weight”; • Support NHS England Core 20 Plus 5, their approach to reduce healthcare
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			<p>inequalities;</p> <ul style="list-style-type: none"> • Carers support aligned with Better Care Fund requirements, in partnership with Community and Voluntary sector organisations; • Support the Primary Care Network to understand the greatest community need in their area, and work with them to pilot new models of care; • Promote enhanced health in care homes; • End of life care and support with care, which is competent, compassionate and personalised.
<p>3</p>	<p>Healthy Places, actions to include:</p> <ul style="list-style-type: none"> • Provision of safe, clean outdoor spaces where people of all ages can be physically active and meet others; • Create experiences and activities are important to wellbeing for all ages. Theatre Hullabaloo has a specialist offering for young audiences; • Libraries and reading support; • Promotion of active travel; • Support work experience as a pathway to employment; • Darlington ‘anchor institutions can have an impact together on the wider factors influencing 	<p>4</p>	<p>Healthy Ways of Working, actions to include:</p> <ul style="list-style-type: none"> • Share grant funding opportunities available for communities to deliver local health and wellbeing initiatives; • Support actions to develop workforce skills across care and support services; • Share messages from engagement surveys, user experience feedback and community leaders; • Maintain the Joint Strategic Needs Assessment so that data is good quality and provides a picture of health inequalities;

	<p>health and wellbeing;</p> <ul style="list-style-type: none">• A positive impact of the COVID pandemic was the number of people coming forward as volunteers. Promote opportunities for volunteers to help with local isolation and loneliness.		<ul style="list-style-type: none">• Consider shared workforce charters, e.g., gambling workforce charter, health at work compacts.
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**HEALTH AND WELL BEING BOARD
14 MARCH 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 Well Being Board 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

HEALTH AND WELL BEING BOARD 14 MARCH 2024

DARLINGTON BETTER CARE FUND 2023/25 PROGRAMME SUPPLEMENTARY PAPER

1. Purpose

- 1.1. To provide an update on the Better Care Fund papers submitted for the meeting of the Health and Wellbeing Board to be held on 14th March.
- 1.2. A number of queries were raised by the chair in advance of this meeting, and this summary report aims to address these, and should be read in conjunction with the main report.

2. BCF Programme Review

- 2.1. Paragraph 12 of the submitted report summarises a joint review, between the Local Authority and ICB colleagues, across all funded schemes that form part of the Darlington Programme Plan is underway.
- 2.2. By way of an update, this review remains on-going and will form part of the 2023-24 Programme End of Year submission. Whilst there has yet to be confirmation of the actual requirements and submission date for the report, it is anticipated that the deadline will be the end of May 2024. The services are split between ICB led reviews and DBC led reviews, and these are then moderated jointly as part of the BCF Partnership Board governance arrangements.
- 2.3. To ensure members of HWBB are fully involved in this review, the following have been agreed:
 - 2.3.1. A task and finish group of HWBB will be established to review the outcomes prior to any decisions being made through the Partnership Board
 - 2.3.2. The draft outcomes will be presented to HWBB members prior to Partnership Board

3. BCF National Programme Submission paperwork and templates

- 3.1. All system areas, as part of the national BCF Programme submission guidance are required to complete 2 templates:
 - 3.1.1. Planning Template: this template, in the form of an excel workbook, captures information relating to compliance with National conditions, detail on expenditure and scheme level detail
 - 3.1.2. Narrative: this template, in the form of a word document, details how all systems deliver against the 4 national conditions of the Programme
- 3.2. It is acknowledged that these templates are complicated and do not allow for HWBB members to summarise progress across the Programme. Whilst it is a requirement for these templates to form part of the submission pack, moving forward, HWBB members will be presented with a summary of the above 2 templates.

- 3.3. As part of the approval and submission process, all system Plans have to be agreed by HWBB, this can either be in advance of or after submission. Historically, the quarterly submissions and end of Year Plans have been approved prior to submission by the Chair and then reported at the next meeting. One factor in this is due to the limited time between guidance and deadlines being published and co-ordinating these dates with HWBB scheduled meetings.
- 3.4. Moving forward, all HWBB members will be consulted prior to submission. This is in-line with the recent quarter 3 submission which was circulated electronically to all members prior to final submission.
- 3.5. Annex A, attached to this report, summarises each of the areas contained within the submission template.

Christine Shields
Assistant Director Commissioning, Performance and Transformation

Annex A: Darlington Better Care Fund: Submission template summary

Planning Template (excel document)

This template contains 8 tabs, ALL of which need to be completed as part of the submission validation process:

- Tab 1 – Guidance: details all of the information systems are required to capture in completing tabs 2-8, as well as the submission requirements
- Tab 2 – Cover: this tab pulls together information from all of the other tabs and provides a visual validation for the national team. That is, where any sections of the template are incomplete, this is shown as “red”. In addition, this also details the main contacts across the Local Authority and ICB who are responsible in the submission process.
- Tab 3 – Summary: again, this tab pulls through key information from the Income, Expenditure, metrics and Planning requirements tabs, to produce a summary of performance, which is collated across all systems by the national team
- Tab 4 – Capacity and Demand: This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway. This tab is partly pre-populated by foundation trust and includes the “red”/”green” validation, to ensure all information has been included
- Tab 5 – Income: this tab breaks down the funding elements by source. There are a number of funding sources that make up the Pooled Budget, and these are:
 - Disabled Facilities Grant
 - Local Authority Discharge Funding
 - ICB Discharge Funding
 - Improved Better Care Fund
 - Any additional contributions from the LA or ICB
- This section then ensures, through validation that the funding breakdown is in line with the programme allocations
- Tab 6a – Expenditure: this section details all schemes that are funded through the programme, their allocations, the source of funding as well as a brief summary descriptor. In addition, there are drop down options for each scheme type to be identified. The expenditure amounts and funding source are pulled into tab 5 to provide the Income summary. As with other tabs, validation is built into the template, highlighting any missing information as “red”
- Tab 6b – Expenditure Guidance: linked to 6a, where each funded scheme has to be aligned to a “type”, this tab provides guidance for each scheme type to ensure these are correctly identified.
- Tab 7 – Metrics: as part of the Programme Plan there are 5 metrics against which performance is measured. All systems are required to include, against each of the metrics, the planned target, actual performance for previous years and a supporting narrative on the plan to meet these targets. As a reminder the metrics are:
 - 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

- Tab 8 – Planning Requirements: This tab 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. To summarise these:
 - National Conditions
 - Jointly agreed Plan between the LA and ICB
 - 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"
 - Planning Requirements
 - PR1 A jointly developed and agreed plan that all parties sign up to
 - PR2 A clear narrative for the integration of health, social care and housing
 - PR3 A strategic, joined up plan for Disabled Facilities Grant (DFG) spending
 - 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
 - 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.
 - 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
 - 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
 - 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?
 - PR9 Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?

Narrative Template (word document)

Where as the Planning template is very much a collection of information based on pre-populated or “choice” cells through drop down options, the narrative template allows for more detailed text to be developed to support the Planning template. The key areas to be addressed through the narrative template are:

- Detail of partners involved in developing the Plan
- Key priorities for the period of the Plan
- Governance arrangements
- How each of the 4 national conditions are met

**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 it 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.

Ageing Well priorities:

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
 - o 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, providing 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 Valley 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
 - o Where if anywhere have you estimated there will be gaps between the capacity and the expected demand?
 - o 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

Adult Social Care Discharge Fund

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 methodology 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.

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:

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 to the pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabilitation 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 occupancy 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 occupancy 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, please select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

<p>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.</p>	<p>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.</p> <p>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.</p>
---	--

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

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	14	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

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
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

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint

3.4 Capacity - Community

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
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

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint

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:

	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
Running Balances						
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	£0	£671,764	£671,764	£0
Total	£16,866,325	£16,866,325	£0	£18,068,974	£18,068,974	£0

<< Link to summary sheet

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			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	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	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		Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding
									Area of Spend	Please specify if 'Area of Spend' is 'other'					
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 OT 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	Palliative 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	we are and advice registered patients across GP services, including benefit service for people	Prevention / Early Intervention	Social Prescribing					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution
26	Specialist Advocacy (DAD)	registered under NHS Darlington aged 18+ ensuring access to advocacy services	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 achievement 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	Additional 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other 	<p>Supporting people to sustain their role as carers and reduce the likelihood of crisis.</p> <p>This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.</p>
4	Community Based Schemes	<ol style="list-style-type: none"> 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 	<p>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)</p> <p>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'</p>
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other 	<p>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.</p> <p>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</p>

6	Enablers for Integration	<ol style="list-style-type: none"> 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 	<p>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.</p> <p>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.</p>
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 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 	<p>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.</p>
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 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 	<p>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.</p>
9	Housing Related Schemes		<p>This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.</p>

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>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.</p> <p>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.</p> <p>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.</p>
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> 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 	<p>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.</p>
12	Home-based intermediate care services	<ol style="list-style-type: none"> 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 	<p>Provides support in your own home to improve your confidence and ability to live as independently as possible</p>
13	Urgent Community Response		<p>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.</p>
14	Personalised Budgeting and Commissioning		<p>Various person centred approaches to commissioning and budgeting, including direct payments.</p>

15	Personalised Care at Home	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 descriptors 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 Intermediate 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	2022-23 Q2	2022-23 Q3	2022-23 Q4	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Actual	Actual	Plan		
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		
	Indicator value	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
		280	270	254	240		

>> [link to NHS Digital webpage \(for more detailed guidance\)](#)

8.2 Falls

		2021-22	2022-23	2023-24	Rationale for ambition	Local plan to meet ambition
		Actual	estimated	Plan		
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	2022-23 Q2	2022-23 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Actual	Actual	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)	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		
	Quarter (%)	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
		92.4%	92.5%	92.4%	92.4%		
		2,295	2,329	2,302	2,430		
		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 there was significant staff issues and high vacancies.	There is a local plan to meet the ambition target taking into account there is an increased confidence with 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 stretch 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	<p>Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated approval? <i>Paragraph 11</i></p> <p>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? <i>Paragraph 11</i></p> <p>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?</p> <p>Have all elements of the Planning template been completed? <i>Paragraph 12</i></p>	<p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Validation of submitted plans</p> <p>Expenditure plan, narrative plan</p>
	PR2	A clear narrative for the integration of health, social care and housing	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> • 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 <i>Paragraph 13</i> • The approach to joint commissioning <i>Paragraph 13</i> • 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 <ul style="list-style-type: none"> - How equality impacts of the local BCF plan have been considered <i>Paragraph 14</i> - Changes to local priorities related to health inequality and equality and how activities in the document will address these. <i>Paragraph 14</i> <p>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. <i>Paragraph 15</i></p>	<p>Narrative plan</p>
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities? <i>Paragraph 33</i></p> <ul style="list-style-type: none"> • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? <i>Paragraph 33</i> • In two tier areas, has: <ul style="list-style-type: none"> - 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? <i>Paragraph 34</i> 	<p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan</p>
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	<p>Does the plan include an approach to support improvement against BCF objective 1? <i>Paragraph 16</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? <i>Paragraph 19</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this objective? <i>Paragraph 19</i></p> <p>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? <i>Paragraph 66</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p>

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.	<p>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? <i>Paragraph 41</i></p> <p>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? <i>Paragraph 41</i></p> <p>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? <i>Paragraph 44</i></p> <p>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? <i>Paragraph 51</i></p> <p>Is the plan for spending the additional discharge grant in line with grant conditions?</p>	<p>Expenditure plan</p> <p>Narrative and Expenditure plans</p> <p>Narrative plan</p> <p>Narrative and Expenditure plans</p>
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	<p>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? <i>Paragraph 21</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? <i>Paragraph 22</i></p> <p>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? <i>Paragraph 24</i></p> <p>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? <i>Paragraph 66</i></p> <p>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? <i>Paragraph 23</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p>
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	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? <i>Paragraphs 52-55</i></p>	<p>Auto-validated on the expenditure plan</p>

<p>Agreed expenditure plan for all elements of the BCF</p>	<p>PR8</p>	<p>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?</p>	<p>Do expenditure plans for each element of the BCF pool match the funding inputs? <i>Paragraph 12</i></p> <p>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? <i>Paragraph 12</i></p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? <i>Paragraph 73</i></p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? <i>Paragraphs 25 – 51</i></p> <p>Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? <i>Paragraph 41</i></p> <p>Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? <i>Paragraph 13</i></p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? <i>Paragraph 12</i> 	<p>Auto-validated in the expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plans, expenditure plan</p> <p>Expenditure plan</p>
<p>Metrics</p>	<p>PR9</p>	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Have stretching ambitions been agreed locally for all BCF metrics based on:</p> <ul style="list-style-type: none"> - 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? <i>Paragraph 59</i> <p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? <i>Paragraph 57</i> 	<p>Expenditure plan</p> <p>Expenditure plan</p>

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