

**AGEING WELL
BETTER CARE FUND 2017 - 19**

SUMMARY REPORT

Purpose of the Report

1. To update Health and Well Being Board on delivery of the 2017-19 Better Care Fund (BCF) submission and associated plans.
2. To update the Board on any updated guidance received before the date of the meeting in respect of how BCF will continue into 2019/20.

Background

3. As reported to this Board in September 2018 the BCF plan 2017-2019 has seven broad workstreams to support the delivery of the BCF priorities in the areas of:
 - (a) Improving healthcare services to Care Homes:
 - (b) Equipping people to be resilient and self-reliant through Primary Prevention/Early intervention, and Care Navigation
 - (c) Intermediate Care and improvements to reablement and rehabilitation services; further
 - (d) Improving Transfers of Care through the implementation of the High Impact Change Model,
 - (e) New models of Care and personalisation of services including through technology and domiciliary care;
 - (f) Supporting carers and delivering DFG adaptations.
 - (g) Improving Dementia Diagnosis and post diagnosis support
4. The two-year plan remains in place.

Recommendation

5. The Health and Well Being Board is asked to
 - (a) Note the progress to date on delivering 2017-19 Better Care fund Objectives.
 - (b) Note the position in respect of BCF 2019/20.
 - (c) Note the position in respect of the national metrics and the actions taken.

Reasons

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

- (a) The two-year plan remains in place with delivery progressing well; new guidance issued in June 2018 has not required any amendment or addition. Scheme reviews during the year have led to small changes in the expenditure plan for 2018/19 but not at a material level.
- (b) There is an expectation that a further plan will be required for 2019/20 but no guidance has yet been received.
- (c) This report summarises the current position.

Suzanne Joyner
Director of Children and Adults Services

Background Papers

The Better Care Fund narrative plan 2017 - 2019

Pat Simpson : Extension 6082

S17 Crime and Disorder	Not applicable
Health and Well Being	The Better Care Fund is owned by the HWBB
Carbon Impact	None
Diversity	None
Wards Affected	All
Groups Affected	Frail elderly at risk of admission/re-admission to hospital
Budget and Policy Framework	Budgets pooled through a s75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivering care have the capacity to generate efficiencies
Implications on Looked After Children and Care Leavers	None

MAIN REPORT

Healthcare services to Care Homes

7. A BCF Darlington Care Home Commissioning Delivery Group continues to meet, to aid closer working of health and social care commissioners to support the residential care sector.
8. Early results from the intensive MDT (led by GP, with CPN, community matron, and therapist input) at every home, every month are positive but longer term evaluation/ feedback is required. The MDT reviews residents who have had an unplanned admission, three unplanned community matron visits, had a fall, or had an adverse medications management event, with the objective of making recommendations that reduce the risk of a further unscheduled admission.

Primary prevention and care navigation, equipping people to be resilient and self-reliant

9. The care coordination scheme, known as health and wellbeing facilitators is to be delivered through Primary Healthcare Darlington, the GP Federation. Scheduled to be mobilised in March/April 2019, with objectives of supporting frail older people identified by GPs and Social Workers as having the potential to benefit from access to community based support and resources through the development of a personalised wellbeing plan, which in turn will empower people to self-care and self-manage to reduce reliance on health and social care services.
10. This service and the facilitators delivering the service will benefit from plans for the further development and improvement of the comprehensive directory of resources and community assets for Darlington. Livingwell.Darlington is up and running, and a steering group is now in place to provide oversight of improvements, prioritising promotion and further developments in the service for Darlington residents.

Intermediate Care

11. An improved reablement pathway is currently being prepared for implementation at the Council.
12. In parallel, the joint Strategic Commissioning Group (comprising commissioners from the CCG and DBC) has developed a vision for the transformation of Intermediate care and will, during 2019, establish a group to design a model for the future provision of this vital service. This is a priority area of work for both the Health and Wellbeing Board and the BCF Delivery Group, and the model, once designed, will come to the Board for approval prior to mobilisation.
13. A deep dive into the mechanism of collecting the ASCOF 2B data has been completed and a new collection and analysis process is now being embedded. This will ensure that the data is robust and reliable and able to be used to inform service improvement.

Transfers of Care: High Impact Change Model

14. Patient flow and discharge planning is pivotal, and work to implement the high impact changes will continue. Darlington is on track to be “established” in each of the eight changes by the end of March 2019, in line with national expectations. The Local Authority and health partners have been working together on discharge planning and delivery for a number of years and the BCF Transfers of Care delivery group is focusing on patient flow.
15. The BCF Darlington Transfers of Care group brings together hospital, commissioning and provider representatives to further progress the work. This group has “ownership” of the High Impact Change model, and has developed a system-wide action plan. A good practice case study of the way DBC social workers are embedded in the DMH discharge team is being presented at the regional BCF workshop in Newcastle at the end of January.

Dementia

16. New schemes to improve diagnosis of dementia in minority communities, and to offer activities including singing for the brain, swimming from the brain and brain games have been commissioned.

Additional iBCF Grant Plan

Maintaining the Core Service during transformation

17. The new grant funding (£2.1m in 17/18 and £1,4m in 18/19) is being used to offset expenditure on current pressures and demand to ensure sustainability (50%) while the service undergoes transformation (50%). This has reduced the immediate ASC budget pressure and will achieve a more financially stable position for ASC in the medium term when a transformed service can operate sustainably within its resources.
18. In 18/19 key areas where the grant was used include the Rapid Response Service, which expedites the discharge of people from hospital, the engagement of external consultant support to identify where change will result in improved service and increased efficiency, and the supernumerary review team examining every package of care and identifying where change would benefit the person.
19. Planning to make best use of the grant meant its use didn't get under way until mid-17/18. Consequently we will be seeking permission to roll some of it into 19/20.
20. 19/20 schemes include a significant programme of workforce development, embedding the strength-based approach, and the implementation of the renewed reablement service.

Transforming the service

21. In 17/18 the main uses to which the iBCF additional grant put down the foundations - the extensive review of our reablement service, the implementation of agile working, and support for the new community asset and resource directory Livingwell.Darlington.
22. This year we have built on those foundations through the implementation of the new reablement pathway, and improving the first point of contact.

Performance and Monitoring

Summary of the 2018/19 Q3 national monitoring report

23. All monitoring requirements in 18/19 have been met on time, and endorsed by the Director of Children and Adults, Darlington Borough Council and the Chief Officer, NHS Darlington Clinical Commissioning Group on behalf of the Health and Wellbeing Board. The third quarter monitoring report is due to be submitted on 25 January 2019.
24. The monitoring report required confirmation that Darlington complies with the national conditions attached to BCF
 - (a) Plans are jointly agreed
 - (b) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements
 - (c) Agreement to invest in NHS commissioned out of hospital services
 - (d) Managing transfers of care
 - (e) Funds Pooled through a s75 agreement
25. It also reported that Darlington is on track to meet three of the four metrics, being off track only in respect of ASCOF 2B – the number of people referred to Social Care Reablement who are still at home 91 days after their hospital discharge. This metric has been subject to a significant overhaul this year and the new collection procedure is still bedding in.
26. The three metrics on which Darlington is fully on track are
 - (a) Non elective admissions – Q2 is on track and Q3 projecting to be close
 - (b) Permanent admissions to care homes – continues to be much better than target
 - (c) Delayed Transfers of Care – continues to exhibit excellent performance, which reflects the close working relationship between DBC and the discharge team at DMH.
27. An update on the High Impact Change Model implementation was also required, and shows that Darlington is on track to be “established” in all changes by the end of March, as required nationally.

28. In terms of current activity implementing the HICM, key actions are being delivered by all parts of the BCF plan, and other programmes in the health and social care system. For example, blockages to early discharge planning, and trusted assessors are being addressed through an “Action on A&E” project (known as “Project Margaret”) involving the whole health and social care system, and improvements to multi agency discharge team include the use of iBCF funding to support rapid response social care.

Local delivery monitoring

29. Locally, BCF delivery is managed through the BCF Darlington Delivery Group, which meets monthly, with input from performance and finance colleagues who also attend quarterly, in line with the national reporting schedule.

30. A number of schemes have been reviewed, resulting in specification changes, contract changes or scheme cessation.

Length of Stay

31. NHS England and NHS Improvement have set out their ambition for reducing long stays in hospital by 25% earlier this year, to reduce patient harm and bed occupancy.

32. The current BCF guidance advises that whilst this ambition is not part of BCF, they expect BCF plans to support delivery of this reduction through the continuing focus on delivery of the local DToC expectations and through the implementation of the High Impact Change Model in relation to systems to monitor patient flow, seven day services and trusted assessors (changes two, five and seven).

33. National partners will give consideration to applying additional requirements for 2019/20 (still awaited), including through the BCF where appropriate, for local areas and NHS bodies that have made insufficient progress in reducing the number of people experiencing long stays in hospital during 2018/19.

BCF 2019-20

34. The expectation at the time of preparing this report is that a one year BCF plan for 2019-20 will be required, with minimal change from what is currently planned, probably with the inclusion of a Length of Stay metric as described above. Operational guidance has not yet been received however, neither has a policy framework, so a verbal update will be given at the Meeting if that guidance has been received by that time. The guidance is expected at the same time as the five-year indicative CCG allocations, publicised as coming in “early January”.

35. We also expect some consultation document on the degree to which BCF has had a positive impact on driving transformation change and moves towards integration. Again, if this is received before the meeting, a verbal update will be given.