Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

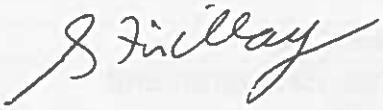
1) PLAN DETAILS

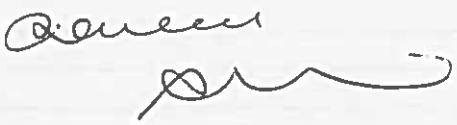
a) Summary of Plan

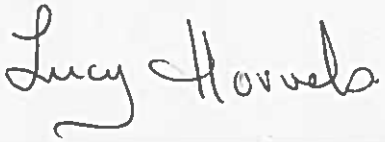
Local Authority	**Durham County Council**
Clinical Commissioning Groups	**North Durham CCG**
	Durham Dales, Easington and Sedgefield CCG
Boundary Differences	**Co-terminus**
Date agreed at Health and Well-Being Board:	**21st January 2013**
Date submitted:	
Minimum required value of ITF pooled budget: 2014/15	**£12.936m**
2015/16	**£43.735m**
Total agreed value of pooled budget: 2014/15	**£12.936m**
2015/16	**£43.735m**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group 	North Durham Clinical Commissioning Group
By	Nicola Bailey
Position	Chief Operating Officer
Date 13th Feb 2014	

Signed on behalf of the Clinical Commissioning Group 	Durham Dales, Easington and Sedgefield Clinical Commissioning Group
By	Dr Stewart Findlay
Position	Chief Clinical Officer
Date 13th Feb 2014	

Signed on behalf of the Council 	Durham County Council
By	Rachael Shimmin
Position	Director Children and Adults Services
Date 13th Feb 2014	

Signed on behalf of the Health and Wellbeing Board 	County Durham Health and Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Lucy Hovvels
Date 13th Feb 2014	

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Engagement with service providers has taken place in relation to the development of the Market Position Statement, CCG commissioning intentions and the refresh of the Joint Health and Wellbeing Strategy. Service providers have been involved in engagement events in relation to the future shaping of services and the transformation agenda. In the development of our seven work programmes, ongoing discussion has taken place with service providers in both health and social care which has informed the Better Care Funding process. The local authority and health have a number of provider forums to ensure continuous engagement with service providers.

There has been positive involvement with all our Foundation Trusts (FTs) who are supportive of this plan, and we are working together to ensure that key issues such as workforce, and the timing and phasing of the programme are addressed through regular and ongoing engagement as the BCF plan develops. All Foundation Trusts recognise that the BCF offers both challenges and opportunities them. As part of the engagement and involvement process with FTs weekly meetings were set up in January 2014 between CCGs and FTs.

Providers are members of the Health and Wellbeing Board and have been engaged in discussions and decisions on the Better Care Fund.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

The Health and Wellbeing Board has undertaken a consultation process involving a wide range of stakeholders, including service users, patients and members of the public to identify future priorities to inform the refresh of the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board has developed a Memorandum of Understanding for engagement to ensure that engagement is undertaken in partnership to avoid duplication and to share a common focus. Existing mechanisms are utilised for engagement with service users through our service user Partnership Boards, patients are engaged through patient reference groups and wider members of the public are involved through our Area Action Partnerships. Healthwatch are also undertaking specific consultation with the local population, for example, in relation to Dementia.

CCG's are also involving patients, the public, partners and health and social care staff as part of their Call to Action engagement exercise.

Consultation has also taken place with Children and Young People's and Adults Health and Wellbeing Overview and Scrutiny Committees in relation to the JSNA, JHWS and Call to Action.

In addition, the council undertook innovative and wide ranging public consultation on the Medium Term Financial Plan (MTFP) throughout October to early December. Building on our expertise on participatory budgeting (PB), all 14 Area Action Partnerships (AAPs) conducted a PB event. Over 10,000 people voted at the PB events with more than 3,000 giving the council their views on the MTFP and 1,300 taking part in a board game based exercise designed to glean spending priorities through group discussion.

Areas prioritised by focus groups included: • Social work and protecting vulnerable children and adults • Support for adults in their homes

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Joint Strategic Needs Assessment (JSNA)	Identifies the health and wellbeing needs and inequalities of a local population in order to inform future service planning to improve the health and wellbeing of the people of County Durham and reduce health inequalities Joint Strategic Needs Assessment (JSNA)
Joint Health and Wellbeing Strategy (JHWS)	Sets out the priorities and actions for the Health and Wellbeing Board from 2013 to 2017 Joint Health and Wellbeing Strategy (JHWS)
Social Care Funding transferring from NHS England (Health and Wellbeing Board) report	Identifies the use of social care funds under a section 256 agreement Social Care Funding transferring from NHS England, Health and Wellbeing Board report
Council Plan	Identifies the overarching strategic plan for Durham County Council Durham County Council Plan
CCG Clear and Credible Plans 2012 - 2017	Sets out the strategic direction and provides a framework to support the planning process DDES CCG Clear and Credible Plan North Durham CCG Clear and Credible Plan

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The vision for health and wellbeing in County Durham is to:

"Improve the health and wellbeing of the people of County Durham and reduce health inequalities". This is articulated through the strategic objectives and actions in the Joint Health and Wellbeing Strategy.

By 2018/19 we will:

- Provide care closer to home.
- Provide more coordinated hospital discharge planning and avoiding re-admission.
- Reduce inappropriate admissions to care homes.
- Maintain people's independence at home and reduce unplanned admissions to hospital.
- Ensure greater use of telecare to support people maintain independence in their own home.
- Have 7 day working arrangements in place.
- Reduce social isolation in communities.
- Reduce health inequalities across the county.
- Provide more personal budgets to give more choice and control to the service user.
- Support more carers in their caring role.
- Transform care services, which includes maintaining the current level of eligibility and implementing provisions in the Care Bill.
- Integrate health and care services where appropriate.

Recognising the changing demography of County Durham and the challenges that brings, this vision and the associated strategic objectives aspire to maintain and where possible improve the performance, quality and experience for our population in 2018.

Outcomes will be monitored through the existing performance arrangements for the Council, CCGs and for the Joint Health and Wellbeing Strategy, though the Health and Wellbeing Board, which will also evaluate the value for money and effectiveness of services.

Patient/ Service user experience of health, care and support services will continue to increase.

Dignity in care is a key area of focus for the Health and Wellbeing Board who have signed up to the National Pensioners Confederation Dignity in Care Charter.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

Our aim is to improve the health and wellbeing of the people of County Durham by innovating and transforming services with a focus on improved outcomes, prevention and integration, reducing reliance on long term health and social care, whilst maintaining the independence of our population.

The following strategic objectives are included in the Joint Health and Wellbeing Strategy (JHWS):

- Children and Young People make healthy choices and have the best start in life
- Reduce health inequalities and early deaths
- Improve the quality of life, independence and care and support for people with long term conditions
- Improve the mental and physical wellbeing of the population
- Protect vulnerable people from harm
- Support people to die in the place of their choice with the care and support they need

Our priorities for transformation are:

- Intermediate care
- Support for care homes
- Non Fair Access to Care Services (FACS) reablement
- Combating isolation
- 7 day services

Within County Durham we have a long tradition of partnership working to gain improved outcomes for our population. Multiagency approaches to planning, commissioning and providing services are at the core of our Sustainable Communities Strategy, Children, Young People and Families Plan and our Joint Health and Wellbeing Strategy. Using the intelligence from our Joint Strategic Needs Assessment, the expertise of our Clinical Programme Board and the views and experiences of our population we have crystallised our health and social care priorities.

The initiatives identified in this template have been developed and agreed jointly by the Clinical Commissioning Groups (CCGs), Local Authority (LA) and Foundation Trust providers and are built on evidence based best practice. Adopting asset based approaches we aspire to build resilience and capability into our communities, reducing and delaying their reliance on statutory health and social care services and thereby ensuring capacity within those services to provide for those most in need.

Recognising the synergies that can be realised through integrated working we will jointly review working arrangements and services to build a continuous improvement/ transformational change culture with a focus on prevention and integrated functions where appropriate. We are already experiencing the benefits of the transfer of Public Health functions into the Local Authority in facilitating this approach in relation to tackling health inequalities and the wider determinants of health.

By approaching the Better Care implementation in this way we are building in the flexibility to absorb and respond to change and manage the yet unknown challenges for all partner organisations including the regulations and duties associated with the emerging Care Bill.

Part 2 of the planning template (outcomes and metrics) sets out the expected outcomes and benefits and how they will be measured.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Our plans and priorities are fully aligned to provide an integrated proposal securing value for money.

Short term intervention services

We will develop and transform a range of integrated short term and crisis support services aimed at preventing admission to acute and mental health inpatient services and long term care, ensuring timely discharge into appropriate community settings. This will ensure the provision of care closer to home and maintaining independence for as long as possible, avoiding residential and specialist placements where appropriate. The Integrated Short-term Intervention Service pilot, running until June 2016, will incorporate evaluation which will also include other initiatives (the Community Older People's Excellence and falls services) plus a range of additional intervention models. The CAMHS self-harm pilot will run until mid-2015/16. The end point for delivery will be June 2016.

Equipment and adaptations for independence

Focussing on our priority to maintain independence for as long as possible we will transform aids and adaptation provision into an integrated service reflecting changing and advancing technologies that will be sustainable in light of the growing demand for these services and their key role in keeping people out of hospital and residential care. We will review our current services and recommission or integrate redesigned services by March 2016.

Supporting independent living

We will develop and transform a range of services aimed at achieving and maintaining independent living. This will focus on some of the wider determinants of health such as accommodation and employment. We will review our current services and redesign a range of integrated jointly commissioned services with an end point of March 2016.

Supporting carers

Recognising the value and contribution that carers make to the health and social care economy we are committed to improving their support mechanisms to enable them to maintain their caring role and their own health and wellbeing, addressing the expected changes to the Care Bill. We will review our current services and redesign a range of integrated jointly commissioned services by March 2016.

Social isolation
Through an asset-based approach we will work to increase community capacity and resilience working with third sector and community services with the potential to transform services at a pre-health and social care delivery stage, diverting people away from formal health and social care services and preventing the need for such in the future. We will undertake a review of existing services and develop new integrated services to support the asset based approach by March 2016.

Care home support
We are committed to supporting high quality care home provision and ensuring the competency and capability to provide high quality care thereby reducing unnecessary admission to hospital ensuring dignity and safeguarding standards are met. A review of pilot services will take place mid 2015/16 with an end point of March 2016.

Transforming care
Recognising the changing environment we will ensure supporting and enabling services are transformed to enable integrated delivery. This will incorporate innovative approaches to commissioning integrated services and cultural change. A project plan has been developed to address the new requirements of the Care Bill with an end point of March 2016.

d) Implications for the acute sector
Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

It is recognised that this shift in priority will impact on our Acute Trusts. We have scoped and modelled this potential shift and have built in continuous evaluation and monitoring to prevent destabilising this sector. It should be noted that our main Acute Trust provides a significant number of our community services as part of their community arm. Our plans will involve an internal shift in resource across this organisation.

e) Governance
Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Supporting the Health and Wellbeing Board are a number of programme delivery groups that will oversee and coordinate the implementation of our Better Care transformation schemes. These are joint groups with representation from CCGs, Local Authority and provider organisations. The Clinical Programme Board sits at a strategic level and comprises senior clinicians from CCGs and provider organisations. It has responsibility for supporting effective clinical leadership to support innovation, delivery and change management to ensure that the programmes are delivered across the local health and social care economy. The Urgent Care Group is focused on transformational schemes to ensure patients receive the best possible urgent and emergency care and reduce unnecessary admissions to hospital or residential or nursing care. The Planned Care Group is focused on transformational changes to support prevention and self-care as well as effective elective care that is closer to home where possible. The Intermediate Care Project Board has the remit to deliver transformation change across health and social care to support patients outside of hospital, long term conditions and reduce avoidable unplanned hospital admissions.

A programme approach is being used to support the delivery of the Better Care transformational plan. For each of our 7 programmes there is a senior sponsor and project manager. Commissioning and service transformation resources are aligned to each programme through our commissioning support organisation. This approach ensures that there is effective programme and technical capacity to deliver the transformational programmes.

User engagement is a key part of our four year Joint Health and Wellbeing Strategy and will form part of our review process for our strategy.

A Health and Wellbeing Board governance structure diagram is also included which shows these relationships. Please refer to the diagram at the end of this document.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Maintaining local eligibility criteria.

Please explain how local social care services will be protected within your plans.

Maintaining the current substantial and critical eligibility levels criteria.

This approach will seek to improve independence and wellbeing in our population, relieve volume and funding pressures within the acute and social care sector and fits with our developing approach to whole system change in intermediate care services and fully aligns with the strategic objectives within the Joint Health and Wellbeing Strategy.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

Commitment to the development of a 24/7 short term intervention model which will facilitate hospital discharge and the reduction of inappropriate hospital admissions.

Increased access to independent and short term care over a 24/7 timeframe.

Weekend GP appointments have been introduced in North Durham and Durham Dales, Easington and Sedgefield CCG areas and will be available in 2014/15.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All health services use the NHS number as the primary identifier in correspondence.

Social care services record the NHS Number within their case management system; however it is not used as the primary identifier for correspondence.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

The Council will be developing an action plan to comply with the 2015 deadline set by the DoH for use of the NHS Number as the primary identifier in adult social care.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Yes, the Council is committed to looking at adopting systems that are based upon Open APIs and Open Standards as this allows us to integrate better with other systems currently in use.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Partners are committed to ensuring appropriate Information Governance (IG) controls are in place. The Council is a signatory to the Multi Agency Information Sharing Protocol with NHS Partners to facilitate information sharing between Signatories whilst ensuring that personal data is safeguarded and confidentiality maintained where appropriate. The Protocol recognises that joint/partnership work often results in more effective service delivery. It also recognises that there have been occasions where a lack of information sharing has been to the detriment of individuals and this has been commented upon in subsequent enquiries.

It also recognises, however, that the Information Commissioner's Office (ICO) has been critical of agencies failing to take appropriate steps to safeguard the personal data they process. The Multi Agency Information Sharing Protocol is designed to provide a framework for all operating procedures and practices regarding information sharing.

Each Signatory has their own procedures for information sharing, information governance and maintaining confidentiality and it is important to note that the Protocol does not supersede these; it is an inter-agency framework highlighting common issues of good practice. All Signatories recognise and fulfil their individual and collective responsibilities under the Protocol and agree that all personal data will be processed in accordance with the Data Protection Act, The Data Protection Directive, Health Research Authority (HRA), European Convention Human Rights (ECHR) and Common Law duty of confidence etc.

Each Signatory has a duty to refer to appropriate legislation when making decisions regarding information sharing.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

This work has been initiated during 2013/14 and the focus has been on implementation of the Directed Enhanced Service (DES), Risk Profiling and Care Management Service. The DES encourages practices to:

- undertake risk profiling and stratification of their registered patients on at least a quarterly basis, following an holistic approach embracing physical and mental health problems
- work within a local multidisciplinary approach to identify those who are seriously ill or at risk of emergency hospital admission
- co-ordinate with other professionals the care management of those patients who would benefit from more active case management.

In line with NHS planning guidance there will be a specific focus during 2014/15 on those patients aged 75 and over and those with complex needs. The new GP contract secures specific arrangements for all patients aged 75 and over to have an accountable GP and for those who need it to have a comprehensive and co-ordinated package of care.

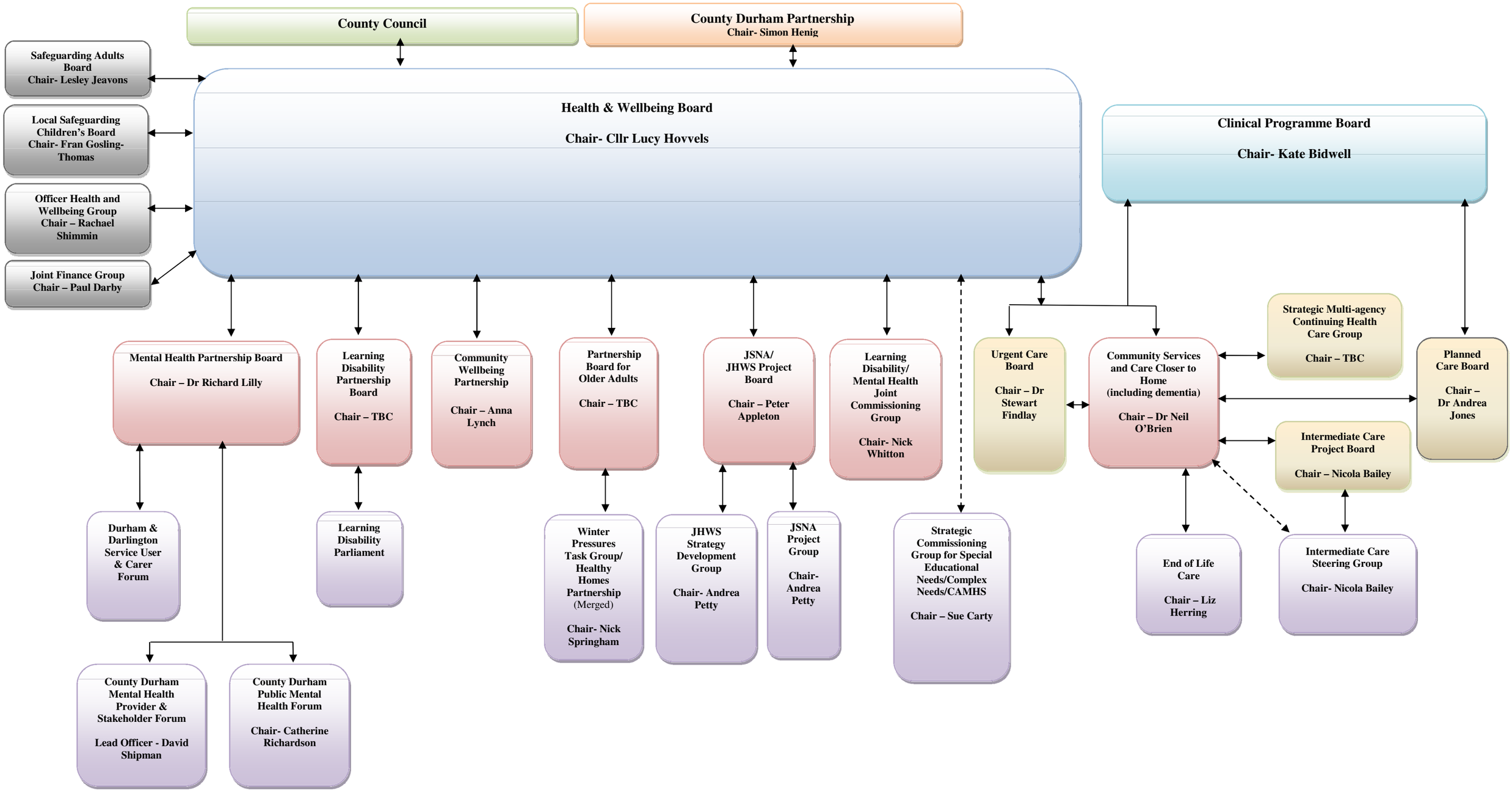
4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	**Risk rating**	**Mitigating Actions**
NHS England have a clear focus on Transformational Change as emphasised by the Area Team. Realistic boundaries and expectations must be determined within realistic funding envelopes	Medium	Engagement with Area Team at BCF meetings, transparency of schemes included within BCF.
MTFP of partner agencies are not aligned to the consequences of BCF	Medium	Partner agencies to consider BCF as part of their MTFP.
Targets in outcome measures not achieved/not achieved to timescale	Medium	Robust performance management and strong links with the Area Team to mitigate/understand variations from target. Contingency plans have been developed.
Implied disinvestment by CCGs with Local Foundation Trusts will impact upon services in the area, if transformation is not evident or subject to delay	Medium	Engagement with local FTs is vital to ensure engagement and ensure transformation work progresses.

Risk	Risk rating	Mitigating Actions
Workforce capacity and capability is reduced in the health and care system	Medium	Workforce planning and development taking place with Health Education North East, through building capacity with the voluntary and community sector and through independent sector providers.
Risk of destabilising the overall health and social care market, so increasing costs for all partners, and reducing the quantity and quality of services	High	Partners to work closely to understand the implication of schemes prior to agreement and implementation.
Delays may occur whilst awaiting the final regulations and duties associated with the emerging Care Bill	Medium	A project plan has been developed to address the new requirements of the Care Bill which will be reviewed on a regular basis.

HEALTH & WELLBEING BOARD JOINT WORKING ARRANGEMENTS STRUCTURE



KEY:
Working Relationship ——————— **Reporting Relationship** - - - - - - - - - - - - - -

JSNA – Joint Strategic Needs Assessment **JHWS – Joint Health & Wellbeing Strategy**