Doncaster Council

Report

Agenda Item No. 13
Date: 11 November 2021

To the Chair and Members of the
HEALTH AND WELLBEING BOARD

BETTER CARE FUND (BCF) 2021-22 Draft Plan

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Rachael Blake	All	No

EXECUTIVE SUMMARY

1.1 Final sign-off of the Better Care Fund (BCF) Plan and subsequent quarterly statutory return is the responsibility of the Health and Wellbeing Board. Feedback from the Board is required on Doncaster's draft plan for the use of the BCF in 2021-22. The BCF Planning Requirements and Financial Allocations for 2021-22 were issued by NHS England and NHS Improvement on 30 September 2021 with a deadline for submission of 16 November, 2021. BCF planning and reporting incorporates the Improved Better Care Fund (iBCF).

1.2 The financial allocations for Doncaster are as follows:

Funding source	**£**
Disabled Facilities Grant	2,782,137
Minimum Clinical Commissioning Group (CCG) Contribution	25,972,737
iBCF	15,830,812
Total	**44,585,686**

The minimum required to be spent from the CCG Contribution is:

NHS Commissioned Out of Hospital Spend from the minimum CCG allocation	7,380,716
Adult Social Care services spend from the minimum CCG allocations	8,575,547

1.3 The BCF four national conditions and four metrics have changed (See 5.2, 5.3). The requirements of the planning process have focused on continuity in 2021-22, while enabling areas to agree plans for integrated care that support recovery from the pandemic and build on strategic working.

BCF plans should include stretching ambitions for improving outcomes against the national metrics for the fund and these ambitions, should align to local NHS trust plans to reduce the number of inpatients who have been in hospital for 21 days or over, and should be developed with hospital trusts.

1.4 **Submission Timetable**

BCF planning requirements published	30 Sep 2021
BCF draft planning submission submitted to Better Care Manager	By 19 Oct 2021
Receive informal pre-submission feedback from Regional Assurance Panel	By 2 Nov 2021
Final BCF from HWB to be sent to the local Better Care Manager and cc'd to National Team for NHS England	16 Nov 2021
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	16 Nov to 7 Dec 2021
Cross-regional calibration	9 Dec 2021
Approval letters issued giving formal permission to spend (CCG minimum	From 11 Jan 2022
All Section 75 agreements to be signed and in place	31 Jan 2022

The submission of Doncaster's BCF plan is being overseen by members of the Joint Commissioning Operational Group (JCOG).

1.5 **Doncaster BCF Plan**

Given the delay in funding announcements, the majority of existing schemes have been rolled over into 2021-22 with an uplift for inflation where appropriate. The final plan is required to be submitted to NHS England on a spreadsheet template with supporting narrative, however, for ease of review and comment, the key information has been extracted and attached as appendices:

Appendix 1: Draft Strategic Narrative and Impacts on metrics
Appendix 2: Financial Summary detailing the budget plan for Doncaster Council and Doncaster CCG for BCF, iBCF and DfG.

EXEMPT REPORT

2. The report does not contain any exempt information.

RECOMMENDATIONS

3.1 That the Health and Wellbeing Board comments on the draft Doncaster BCF Plan for 2021-22.

3.2 That the Board confirms sign-off arrangements for the final plan, pending feedback from regional assurance on 11 November 2021 for submission by the deadline of 16 November 2021.

3.3 That the Board notes that a Section 75 Agreement has already been produced for this financial year; relevant annexes will be updated to include details of the new national conditions and metrics.

3.4 That the Board reviews progress of Doncaster's BCF plan for 2021-22 and evaluation of schemes at future meetings.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The BCF is a programme spanning both the NHS and local government to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing then with 'wrap around' fully integrated health and social care, resulting in an improved experience and better quality of life.

BACKGROUND

5.1 The BCF is a single pooled budget for health and social care services to work strategically in local areas, based on a plan agreed between the NHS and local authority which is then signed off by the Health and Wellbeing Board. The BCF comprises a substantial level of funding in order to support health and social care integration.

5.2 The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved; these are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board;
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
3. Invest in NHS commissioned out-of-hospital services.
4. Plan for improving outcomes for people being discharged from Hospital.

5.3 There are four key BCF national indicators which must be monitored and these are:

1. Effectiveness of reablement (proportion of older people, aged 65 and over who were still at home 91 days after discharge from hospital into reablement or rehabilitation)
2. Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
3. Reduction in the number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions)
4. Discharge Indicator Set

5.4 Improved Better Care Fund (iBCF) is for adult social care and is for meeting adult social care needs, reducing pressures on the NHS (including supporting discharge from hospital) and ensuring the local social care provider market is supported.

5.5 Disabled Facilities Grant (DFG) is a means tested financial grant to pay for essential housing adaptations to help disabled people stay in their own homes. DFG can be used to take a joined-up approach to improving outcomes across health, social care and housing.

5.6 Section 75 Agreement – There is an existing partnership framework agreement between Doncaster Council and Doncaster CCG and this sets out the terms to maintain pooled funds relating to BCF and iBCF. The agreement will be updated to confirm the local BCF plan and changes to the national conditions and metrics.

OPTIONS CONSIDERED

6. The delay in issuing national planning guidance and confirming funding allocations has meant that there is little alternative to continuing existing schemes in 2021-22.

REASONS FOR RECOMMENDED OPTION

7. The limited timescales available to work partners and the notice period that would be required to end contracts.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

8.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	BCF supports the Well Doncaster project, which supports people into employment.
	Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage	BCF programmes of work including winter warmth, the Amber Project and Complex Lives support the living well vision.
	Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that	BCF supports projects to deliver the outcomes identified in the Doncaster Place Plan for Children

	is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work	and Young People; an example of such a project is 1001 days.
	Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	BCF supports projects to deliver the outcomes identified in the Doncaster Place Plan. Examples of work includes the Carers Innovation Fund and a range of programmes to support the discharge pathways.
	Connected Council: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance	BCF supports projects to build community resilience and the localities model of working. BCF is a key resource to enable health and social care integration and transformation of current services.

RISKS AND ASSUMPTIONS

9.1 **Funding beyond 2021/22**

The Better Care Fund is a significant financial resource which enables health and social care integration and transformation of current services. Central government has made it clear that the funding shall be available long-term and BCF plays a substantial part in the move towards the new integrated care system. The delay in announcements this year and uncertainty about 2021-22 onwards means that it is extremely difficult to

plan ahead. General budget planning for 2022-23 is already underway and assumptions are being made on the basis of having the same level of funding. Contracts at risk of coming to an end over the next two years have been reviewed and re-procurement exercises or where necessary, strategic reviews or de-commissioning has already started to take place and this will inform budget setting from 2022-23.

9.2 **Performance**

BCF is for integration and transformation. Whilst there is uncertainty around funding, there is a risk that integration across the system does not progress or mature at the pace required. As a result, there is a risk that the performance against the four BCF metrics does not meet the targets set. This would bring greater scrutiny of Doncaster's BCF plan.

LEGAL IMPLICATIONS [Officer Initials NJD Date…3rd November 2021]

10. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do.

The Care Act 2014 places a number of duties to promote an individual's wellbeing, ensuring that care and support provision is integrated together with other health provision.

Section 75 of the NHS Act 2006 makes provision for payments to be made between the Council and CCG by entering into a Section 75 Agreement.

FINANCIAL IMPLICATIONS [Officer Initials……HR… Date……28/10/2021…..]

11. Doncaster Council and Doncaster CCG have been allocated a total budget of £44.59m which forms the pooled budget arrangement covered under the Section 75 agreement. The breakdown of the funding streams are shown in para 1.2. The spending plan for this arrangement is shown in Appendix 2 and demonstrates spend against the Better Care Fund scheme headings prescribed under funding guidance.

Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) are paid to local authorities with a condition that they are pooled locally into the BCF and spent on specific purposes set out in the grant determinations and conditions. Disable Facilities Grant is a ring-fenced capital grant and is included in the council's capital programme.

The three funding streams forming the pooled budget arrangement are subject to quarterly and year end reporting as set out in the conditions of the funding.

HUMAN RESOURCES IMPLICATIONS

12. None received.

TECHNOLOGY IMPLICATIONS [Officer Initials…PW… Date……28/10/2021…..]

13. There are no specific technology implications in relation to this report. Any technology requirements to support the delivery of the BCF Plan should be

discussed at the earliest opportunity with Digital and ICT, with a further report for consideration by the Technology Governance Board (TGB), where applicable.

HEALTH IMPLICATIONS [Officer Initials……RS……..Date …27/10/2021……]

14. The Better Care Fund is a national health and care policy designed to improve outcomes for people who would benefit from integrated care. There are no additional health implications.

EQUALITY IMPLICATIONS [Officer Initials SC…… Date 02/11/2021…..]

15. Decision makers must consider the council's duties under the Public Sector Equality Duty of S149 of the Equality Act (2010). The duty requires the public sector such as the council and NHS, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share it.

The BCF programme of work spans both the NHS and local government to deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for carers and some of the most vulnerable and marginalised groups of people in our society, resulting in an improved experience and better quality of life. Each programme of work is assessed for equality implications, therefore an overall equality impact analysis / assessment is not required for this report.

CONSULTATION

16. The annual return and narrative has been fed through to JCOG and JCMB. Initial feedback has also been received from the Regional Better Care Fund Manager.

BACKGROUND PAPERS

17. N/A

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Appendix 1: BCF Narrative assurance text to support BCF annual submission

Doncaster Council

NHS Doncaster Clinical Commissioning Group

Draft BCF Narrative Plan to support the agreed spending plans and ambitions for BCF national metrics

Overview

Local areas need to submit narrative plans for the Better Care Fund (BCF). These plans should complement the agreed spending plans and ambitions for BCF national metrics in the Doncaster System BCF Planning Template

The submission of the Doncaster BCF plan is to be overseen by members of the Joint Commissioning Operational Group (JCOG).

The Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Key deadlines:

BCF draft planning submission submitted to Better Care Manager (feedback received and narrative updated, however the narrative must be agreed and owned by all involved in the system)	By 19 Oct 2021
Draft narrative plan circulated to JCOG members in advance of meeting	By 21 Oct 2021
JCOG to scrutinise content of draft narrative plan and make recommendations for change	26 Oct 2021
Receive informal pre-submission feedback from Regional Assurance Panel	By 2 Nov 2021
Report to be circulated to member of AHWB	By 4 Nov 2021
AHWB to agree content of spending plan and narrative	11 Nov 2021
Final BCF from HWB to be sent to the local Better Care Manager and cc'd to National Team for NHS England	16 Nov 2021
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	16 Nov to 7 Dec 2021
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Contents

1. Doncaster Council Health and Wellbeing Board

Provide a description of how the Health and Wellbeing board has involved stakeholders such as NHS Trusts, social care provider representatives, VCS organisations and other bodies when preparing the overall BCF plan.

The Health and Wellbeing Board (bi-monthly) is the main forum where providers, Voluntary, community and faith sector representatives and housing leads come together (also known as Team Doncaster) to comment on the BCF Plan and carry out quarterly performance monitoring. The Health and Wellbeing Board oversee an integrated outcomes framework, delivered through Joint Commissioning and the Place Plan.

Over the past year, colleagues from Team Doncaster have worked closely with local partners such as the Voluntary, Community Faith sector and our strategic alliance (NHS Trusts) to help build insights in to the needs of our local population and in doing so have developed a number of dedicated products that help 'tell the story' for each of our localities. Some of these products include:

- Local Community Intelligence
- COVID-19 Cases Dashboard –Number of Cases by Age/Gender
- COVID-19 Surveillance Dashboard – Mapping tool to support distribution of cases
- Domestic Abuse Dashboard – number, characteristics and geography of incidents
- Community Tensions Report – localised understanding of specific incidents in localities
- Specific Deep Dives –e.g. furlough information by geography
- Population Dashboard – deprivation, population, birth rate and death rates by geography.
- Specific intelligence work to support those that are on the Clinically Extremely Vulnerable (CEV) list.

Building these products and developing insights into locality need have been completed through collaboration between agencies and partners, working to develop this intelligence together. The philosophy has been to build small initial insights and iterate, developing the products over times.

Specific focus has been on looking at what the data tells us (not just simply processing the data reports) and using it to build intelligence. A crucial factor in this has been to blend the data with local community intelligence where possible and it has been key to involve stakeholders through events such as member workshops.

Ultimately, the intention is to use data-driven insights and evidence of best practice to inform targeted interventions and to improve the health and wellbeing of specific populations, as well as the places people live, work and visit. To help generate these insights, Team Doncaster have developed a series of principles to underpin their approach which are:

-Make informed judgements, not just relying on the analytics.

-Prioritise the use of collective resources to have the best impact.

-Act together – the NHS, local authorities, public services, the VCS, communities, activists & local people. Create partnerships of equals.

-Where appropriate, use academic insight to increase our understanding of people, place and businesses.

-Use consistent sets of data.

-Use existing data products wherever possible.

-Keep it simple, start small, and build incrementally.

-Focus on insight and the lived experience of people in the place.

-Try to understand why things happen not just describing what is happening.

-All partners agree to share information in a timely manner.

-Linked eventually to emerging Borough Strategy Wellbeing goals.

-Look to integrate data and use integrated data sets wherever possible.

-Recognise the established vision for communities e.g. parish plan / neighbourhood plan etc.

The information has supported with the market position statement. Using the asset based community approach, assets have been mapped to enable signposting in the community and through application of the strengths-based model of working we have been able to set local priorities for central, south, east and north localities.

2. Executive Summary

Description of the priorities for 2021-22

Our future approach will utilise a population health management approach to identify need. It will be focussed on working with our provider collaborative to ensure longer term outcomes as opposed to shorter term metrics.

When considering the Marmot Indicators and the Public Health England outcomes available on fingertips, the key areas of focus are predominantly focussed on healthy life expectancy and general life expectancy. The systems seeks to commission projects and programmes of work that support an increase in life expectancy at birth and a reduction of the number of mortality rates in under 75's. Doncaster in particular has higher than average rates for those under 75 that are also statistically higher for conditions including, cancer, respiratory disease and cardiovascular disease.

By using the health profiles to generate insights (population health management approach), the Doncaster priorities for 2021-22 will have a focus on:

-Heart Disease

-Lung Cancer

-Obesity, Diabetes and Substance misuse

-Dementia

We know that across Doncaster, the strength of our place-based activity and ensuring our work is led by locality need has grown through the pandemic and we want to further accelerate this with the strategic use of BCF Finance and resources.

Our intention is to work with our provider alliances to develop an approach and commission activity that will support the critical areas of need across our community. In summary, a successful approach will result in clear lines of communication with our community and a demonstrable link between what our community are telling us and improved outcomes across those areas.

Our future approach is one that focusses on longer term outcomes for our local communities and will not driven by shorter term concentration on metrics which follows the main steps:

1. **Generation of Data Driven Insights**

Key to our approach will be the use of our available data and information to generate insights and intelligence to inform commissioned activity. We will need to utilise qualitative and quantitative information sources to help generate informed understanding of our community need. This will take into account local data sources and nationally available information.

2. **Cross referenced and validated by our community**

Imperative to our future commissioning activity will be listening to our community and ensuring their voices are heard. Engagement with our communities will be essential to provide context to our interpretation of the quantitative data and support the validation of local community need.

3. **Strategically commissioned services developed in partnership with our provider alliances**

We will work in partnership to agree funding for, and the planning of, dedicated services that will address the identified priorities for our communities.

Effecting change and delivering against local need will require us to work in close partnership with our Doncaster providers. We will need to ensure alignment between ourselves, as the

commissioning body, and our colleagues who will be implementing and delivering services and interventions.

4. Effective monitoring of progress

We will work closely with our communities and service providers to monitor the impact of our commissioned activity. In developing and progressing any commissioned activity, the intended outcomes and longer-term impact of the proposed service or intervention will need to be clearly articulated. These will likely be a combination of outcomes that can be supported by qualitative and quantitative metrics and support us to hold ourselves to account and share learning.

5. Improved outcomes

Ultimately, our intentions behind refreshing our approach are to ensure improved outcomes for our communities. We want to use the BCF to effectively address some of the biggest challenges and issues faced by our localities.

Key changes since the previous BCF Plan

In 2019, we refreshed our Doncaster Place Plan and highlighted our challenges relating to the three key gaps:

1. Care and quality gap
2. Health and wellbeing gap
3. Finance and efficiency gap

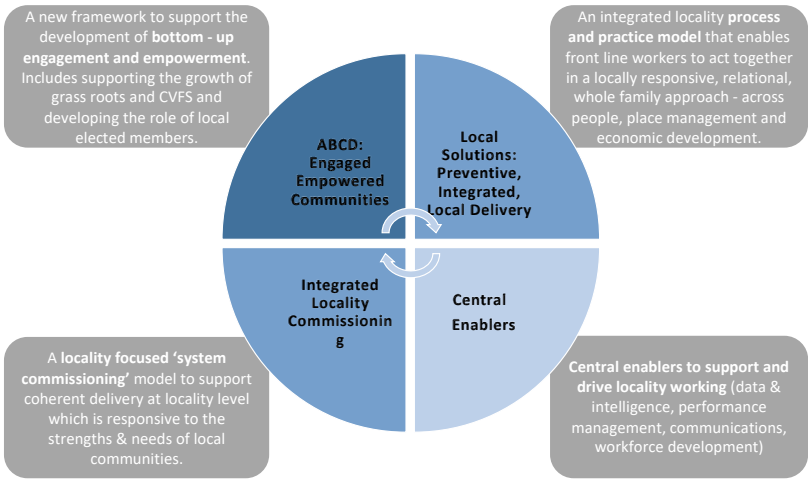
We also highlighted that our vision remained unchanged, to ensure that care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing and that Doncaster residents will have access to excellent community and hospital based services.

Over recent months, the Covid-19 pandemic has impacted communities across the world and Doncaster is no different. Across England, we have seen an exacerbation of the challenges we face as a result of Covid-19 and the resilience measures we put in place.

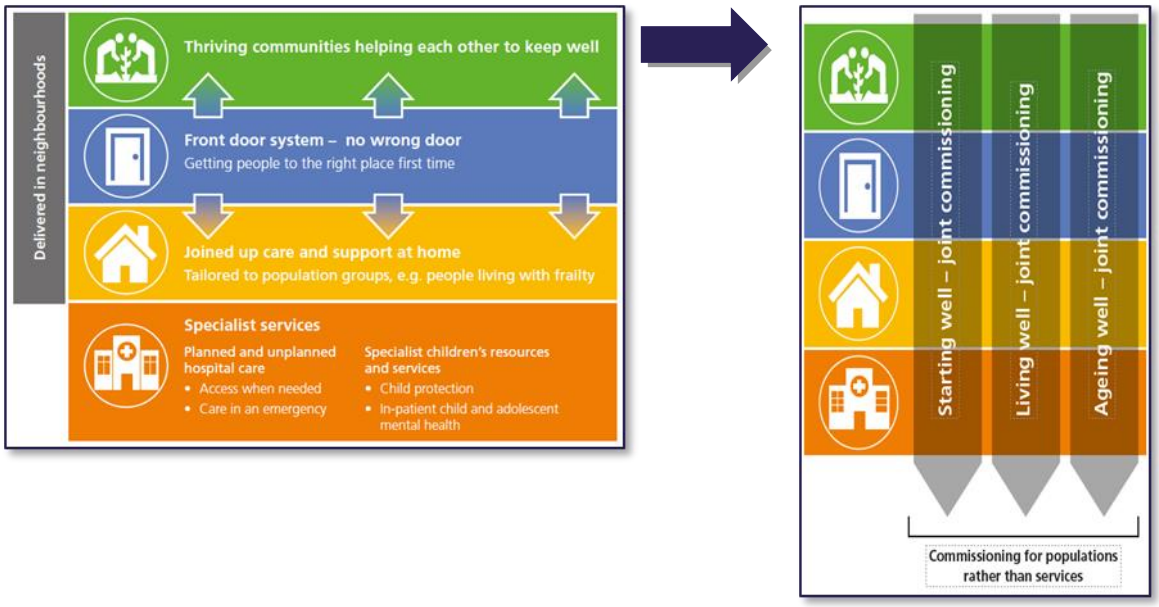
Our ambitions post-covid remain unchanged; we want to continue to address and reduce health inequality across Doncaster. Our approach to doing this will remain supported by key enablers including:

- Utilisation of a population health management approach
- Developing our integrated neighbourhood teams
- Enhancing asset based community development
- Effective, coordinated access to health and social care

These enablers underpin our methodology for neighbourhood based care delivery and in December 2020, we published a new “Team Doncaster” Framework for progressing and developing this way of working (below)



This approach is firmly grounded in our four layer model below:

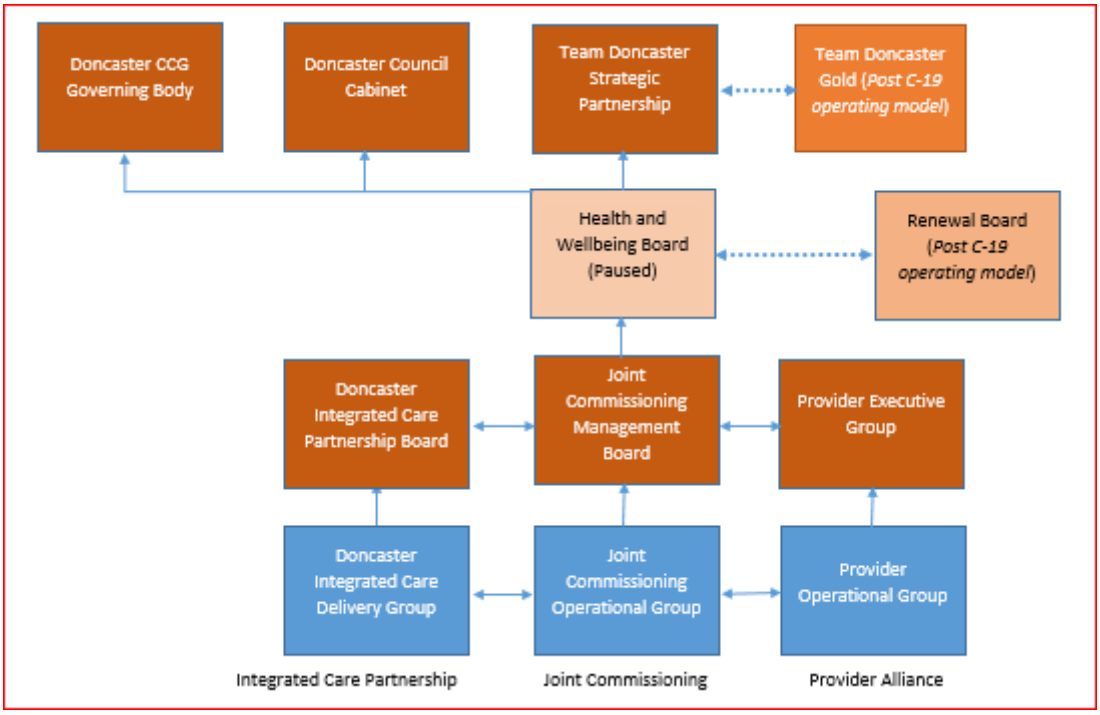


The four-layer model was developed by the Doncaster partnership of the CCG and the Council with input from the VCF sector. It is intended to enable integrated working and build upon existing local partnerships and services to maximise impact.

It enables and supports starting well, living well and ageing well through effectively commissioning for populations rather than services. These commissioning intentions run through each of the four layers as shown.

3. Governance

An outline of the governance for the BCF plan and its implementation in Doncaster



The Joint Commissioning Management Board oversees delivery of the Joint Commissioning Strategy. Joint commissioning arrangements have been strengthened through a formal joint commissioning agreement which sets out clear expectations, roles and responsibilities across the whole system. A Provider Collaborative Agreement is also in place, and Providers are working together overseen by the Provider Executive Group.

Management of the BCF is by the Joint Commissioning Management Board – JCMB – which meets six-weekly. This group includes the Chief Executives and other senior officers of both DMBC and NHS Doncaster CCG. JCMB oversees delivery of the Joint Commissioning Strategy (CCG, Public Health, Children and Young People's and Adult Social Care) which is a major enabler of joint working. JCMB is supported by the Joint Commissioning Operational Group – JCOG - which scrutinises all business case proposals and makes recommendations to JCMB. JCOG meetings are held monthly. Joint meetings are held quarterly as described in the forward plan

4. A description of the Doncaster systems overall approach to integration

Our approach to integration and commissioning has been described in questions 1, 2 and 3. By using the asset based community approach, assets have been mapped to enable signposting in the community and through application of the strengths-based model of working (focusing on what's strong as opposed to what's wrong) we have been able to set local priorities for central, south, east and north localities.

All major health and social care stakeholders recognise that in order to transform services to the degree required, a single shared vision and plan for the whole of Doncaster is necessary. This shared vision of health and social care has been articulated in the Doncaster Place Plan:

> "Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed."

The ambition of the Place Plan spans all ages - from maternity care to support for people in their older years. A key focus of the plan is to ensure that a range of health and social care services work well together at key transition points and events throughout people's lives. This where good collective, accessible, person centred work can manage risks and improve physical and mental health as well as social and economic outcomes.

The Better Care Fund – BCF – is a key resource to enable health and social care integration and transformation of current services. Since the last BCF Plan was developed, considerable work has taken place across the Doncaster Health and Social Care Community to implement the vision for integration.

The Doncaster Place Plan identifies seven areas of opportunity:

- Starting Well (1001 days)
- Vulnerable Adolescents (Tier 4 Specialist Services)
- Urgent and Emergency Care
- Complex Lives
- Intermediate Care
- Dermatology
- Learning Disability and Autism

These are organised in three life stages – Starting Well, Living Well and Ageing Well.

Significant progress has been made in two areas of opportunity in particular - Intermediate Care and Complex Lives, both of which have been testing new approaches to multi-disciplinary teams and integration of services. These approaches are being used as proof of concept to be replicated in other areas. The longer term aim is that the models will be resourced through mainstream public service budgets, in recognition of the reductions in acute demand and cost savings produced. The BCF Plan for 2020-21 captures the learning from these projects to support the transition into mainstream services and support wider integration.

There are a number of existing areas of opportunity originating from the original Place Plan that will make a contribution to the emerging new model. The emphasis now is on bringing these into alignment with each other to create a coherent whole neighbourhood-based system for adults. These include:

- Intermediate care: short-term intensive and rehabilitative support to avoid unnecessary admission to hospital (step-up) and to ensure people regain their health, wellbeing and independence after a crisis (step-down)
- Frailty new care model: a prototype helping to shape integrated neighbourhood delivery, focused on people living with frailty and aiming to avoid or delay crisis though a more anticipatory and proactive integrated approach. This will bring together physical and mental health services for older people. The service is Mental Health led due to the number of residents living with Dementia and mental health related conditions.

A cornerstone of the refreshed Place Plan will be the development of neighbourhood-based health, care and wellbeing services and support, delivered as an all-age, integrated, person-centred model of care, dissolving professional and organisational boundaries. This will create a coherent, joined up approach centred on local people and their communities. This aligns with both the national ambitions set out in the NHS Long-term plan Implementation Framework and Team Doncaster's 'Doncaster Growing Together' local approach.

Person-centred outcomes

Doncaster has rolled out the strengths based model approaches across the health and social care partnership.

The vision for Adult Social Care builds on the strengths-based working that we want to instil in Doncaster.

Doncaster is trained in a strengths based approach, understand the principles of personalisation and how these apply to their role. We will deliver, implement and embed a Practice Framework which describes how strength based approaches will be used in Doncaster. The framework will centre on Adult Social Care but will be used to influence practice across the Doncaster Place Plan. The focus will be on practitioners working with people on the basis of what is strong, not what is wrong. The approach operates on four levels:

- Individual level – working to help individuals and their families find solutions that build on their strengths and assets and personalise care according to need;
- Service level - building flexible, empowering and responsive services that are delivered in innovative ways;
- Community level - building and harnessing the strength of community organisations; delivery of integrated care through multi-disciplinary teams;
- System level - working collaboratively with colleagues across health and social care in the wider public, third and private sectors.

<u>Prevention and self-care</u>

Case Study: Well Doncaster

Over the last five years, Well Doncaster has added to the existing evidence base that working with and empowering communities facilitates healthy communities.

Some of their defining characteristics include; a continued commitment to utilising community-centred approaches in creating a community-led health and wealth approach, encouraging and facilitating asset-based discussions with residents and ensuring communities are involved in decision-making about where they live, work, play.

This past year, whilst most of their work has focussed on pandemic response and recovery efforts, there have been some key programme developments for Well Doncaster which were developed through a series of appreciate inquiries undertaken in the latter part of 2020.

They have used these findings, alongside other engagement approaches, to identify priority areas for 2021/22 and beyond. These include:

- Support the VCFS to get back up and running safely by supporting the sector to have the skills, capacity and resources to adapt, strengthen and grow.
- Draw on our years of local experience in supporting internal and external partners in using evidence based community centred approaches.
- Commissioning will routinely support and foster community development and community capacity building preventive grass roots level support – not just how activities are commissioned but *what* activities are commissioned.
- Pump prime collaboration in each locality to ignite innovation and creativity in developing hyper-local support.
- Utilise local intelligence and continue to have regular and meaningful conversations with communities to ensure we are focusing on their priorities, that we understand what their assets and strengths are and that we continue to build relationships of trust as we work together in building vibrant, resilient communities across Doncaster.

Well Doncaster provides insights into the style and way of working we want to progress moving forward. Their blueprint for appreciative inquiry and further learning from their work can be applied to our future work with the BCF. More information on Well Doncaster can be found here

Assistive Technology

Assistive Technology champions have been trained, also workshops have been held and there is a staff training module for all Doncaster Council employees on the various types of assistive technology available. The' Creative options for Learning Disability Service Users' programme of work is an example of a social care preventative scheme which has involved investment in technology known as 'Brain in Hand'. The technology supports young people and adults with learning disabilities to improve choice, control and independence, enabling them to be much more independent, reducing the need for health and care support. The programme is transformational and is anticipated to create better quality provision that can support the diversion of admissions from hospital settings and, provide a level of care that can enable individuals to leave hospital sooner and reduce the amount of delayed transfers of care.

Health and Social care are looking at technology and virtual assessment at the front door to support people requesting low-level equipment and adaptations. This will improve speed of access to low-level equipment and will support the prevention/ delay/ delay of people accessing services.

Schemes supporting this section:
Carers Support Services
End of life Domiciliary Care
Home Emergency Alarm Response Team
Telecare
Community Mobile Day Service
Affordable Warmth
Well Doncaster

Joint Commissioning arrangements

Very positive work has been taking place for example:

-Joint lead appointed for Children and Young People; Integration of children and young people's commissioning teams agreed for three test areas; First 1001 Days, Vulnerable Adolescents; Children with additional needs.

-Separate contracts for post-diagnostic Dementia support services brought together under one contract. Providers have moved to a more collaborative approach through an Accountable Care Partnership.

-Complex Lives - an innovative 'whole system' model for people affected by multiple disadvantage.

-Projects are working across numerous partners including Council, CCG, Health, Doncaster Children's Services Trust, Ambulance Service, Criminal Justice, VCF. Local intelligence is feeding into commissioning intentions.

Neighbourhood approach

As described earlier in the narrative, the new operating model is set within the context of a 'Team Doncaster' whole partnership model of locality working. Doncaster is divided into four neighbourhoods to enable services to be tailored to local needs and delivered locally. The neighbourhoods are the basis of integrated services for many social care and health services. Staff and service users are shaping how the service works best at a community level. The neighbourhood approach gives a focus on the individual, family, friends, communities and primary care with a shift to more prevention and early intervention.

Joint locality multi-disciplinary teams of professionals and non-professionals working together from a single location have been established. Integrated neighbourhood developments have an initial focus on frailty and children and young people and their families who can be directed to community-led support. Wellbeing Officer roles have been created to support the delivery of the Integrated Support and Assessment Team.

The model will be subject to continuous improvement and is likely to be refreshed with potential changes to the access model / front door service.

Alignment with Primary Care Networks and Provider Collaboration

Care in Doncaster is already provided in a way that aligns with the formation of Primary Care Networks – PCNs. Five PCNs have been established: North, South, East, Central and 4 Doncaster, which sit within the existing four neighbourhoods and are the cornerstone of integrated neighbourhood working. The 4 Doncaster PCN already has clinical pharmacists in post to help people in a range of different ways. This includes carrying out structured medication reviews for patients with on-going health problems and improving patient safety, outcomes and value through a person-centred approach. Each PCN has a dedicated Social Prescribing Lead which will ultimately help patients live fitter, healthier lives and combat anxiety, loneliness and depression.

PCNs have developed at pace, with expanded neighbourhood teams developed in partnership with patients, members of the public and local organisations.

There is an alliance of providers who have a joint working agreement to work towards the establishment of a more collaborative delivery of services for the population of Doncaster in line

with the Place Plan. The initial principles of the Doncaster Provider Delivery System agreed by the Providers with the Council and CCG as Commissioners revolve around:

-Joint decision making

-Objective and outcomes based commissioning

-Public voice and accountability

-Provider Alliance Response Plan

-Finances

-Governance and Decisions

-Contracting

-Provider Subcontracting

-System resource reallocation for the model

-Commissioners quality assurance

The membership of the integrated care delivery group comprises: Doncaster Council and the CCG (as commissioners), Rotherham, Doncaster and South Humber NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, FCMS (NW) LTD, Primary Care Doncaster, St Leger Homes of Doncaster, Doncaster Children's Service Trust, Voluntary, Community and Faith Sector and the Doncaster Integrated Care Partnership

Partnership with the Voluntary Sector - VCF

Doncaster's Place Plan is predicated upon early intervention, prevention and community-led support services. As such, the CCG have used

Over the past 18 months, the CCG and Council have been working with the local VCF sector to explore how they can better work in partnership to deliver health and social care outcomes and address some of the issues Doncaster is facing. A new democratic structure is in place and a new programme of work is anticipated to put forward in the near future to address local need.

Intermediate Care Rapid Response

This is working across the council and health partners, Yorkshire Ambulance Service and the Voluntary Sector. BCF funding has continue to be used for building the programme team, test and redesign the model.

An extended pathway and access route has been deployed whereby an professional can refer to the service to prevent a hospital admission. A Multi-Disciplinary Team is providing support into Care Homes to assess and treat individuals who would otherwise have gone to the Emergency Department in an ambulance.

A number of test projects have been scoped by providers in response to a series of challenges set by commissioners to encourage collaboration and test some of the aspiration around integration in the Doncaster place plan. These have included:

- Simplifying access in preparation for a place-based Single Point of Access
- Multi-agency Rapid Response and short term interventions
- Integrated rehabilitation and reablement pathway

- Shared competency framework - developing a joint workforce development plan
- Integrated Digital Care Record
- Integrated health and social care dashboard
- Developing and testing a new integrated approach to commissioning, contracting and delivery.

The Doncaster Rapid Response Service case study was featured in the new NHS 10 year plan and was recognised as an exemplar service in the 2019 Health Service Journal Value Awards.

Examples of schemes to support Intermediate Care Rapid Response include:
Community Led Support
Home from Hospital
Single Point of Contact
Integrated Discharge Team

5. A description of how the Doncaster system supports discharge (National Condition Four)

There is a home first service specification which commissioners have developed; providers are working towards delivery as a provider alliance which incorporates the guidance from the discharge policy.

Work is also underway to ensure that Doncaster Adult Social Care Partners fully implement the Government's Hospital Discharge Policy and operating model to support safe and timely discharge of people who no longer need to remain in hospital. Work will enable a move toward a different way of working in Doncaster, embedding the Governments policy and operating model for all people aged 18 +. It will affect people who are admitted to and subsequently discharged from hospital who no longer have the right to reside, within the timescales identified ensuring people have access to a discharge pathway without delays and a Home First approach is adopted reducing the number of people placed in a bedded setting. The plan also involves a shift in focus to plan how the team can avoid admission and support a return home and being independent as soon as possible. The new model will focus on:

• Ensuring people will no longer be unnecessarily assessed in an Acute setting.

• Allowing services to operate 8am – 8pm 7 days a week to support people to return home in a timely way.

• Making sure people are supported to be safe, with a focus on independence and achieving optimum recovery.

• A clear MDT decision-making process and wraparound support in the community to ensure that resources are used effectively to achieve the best outcomes for people.

• Professionals working together changing systems and culture to ensure that people receive the right support, at the right time in the right place.

• Enabling a more accurate analysis of the person's requirements, adopting a strengths based approach, enabling choice and embracing risk with most people being discharged to their homes and connecting them back to their community

• Improving effectiveness and subsequent performance – as set out in the New performance indicators issued by the Government.

• Ensuring assessments in people's home environment will result in more timely discharges and hospital avoidance, therefore reducing length of stay or the need for additional care and support. This will ensure people are returned to their homes as soon as it's safe to do so.

• Working with system partners we will develop an increasingly integrated service providing seamless support to local people.

• Supporting the workforce to benefit from a collaborative approach, eradicating historical bureaucratic processes with a clear vision and core values. This will provide opportunities to create an innovative, capable skilled workforce.

Examples of specific schemes to support discharge include:

Hospital Discharge Workers

RAPT (Integrated Discharge Team, Rapid Action)

Hospital Based Social Workers

SPOC/One Point 1

Integrated Discharge Team

6. Disabled Facilities Grant (DFG) and wider services

A description of the Doncaster approach for bringing together health, care and housing services together to support people to remain in their home through adaptations and other activity to meet the housing needs of older and disabled people.

The Doncaster Integrated Care Partnership Board brings together Local Authority, Housing and NHS organisations in Doncaster.

As Disabled Facilities Grant – DFG - is a key link to join up policy, operational issues and promote integration between OT and Housing, workshops are planned to develop more innovative ways of using DFG to support integrated discharge and bring good practice from elsewhere.

The council is seeking to amend the Housing Adaptations Policy to authorise, depending on available funds:

1. Grant funding above the mandatory grant limit of £30k
2. Assist with relocation
3. Fund equipment/adaptations that fall outside the mandatory grant criteria

Without essential adaptations, the consequences of customers of the system needing this service would be dire, increasing hospital and residential care admission. Requests for residential respite care would increase, a strain on carers who choose to continue to provide care at home would be stretched. The health and wellbeing of individuals would decline.

In addition, if the works are delayed or not carried out due to the authority's financial situation, there may be a possible challenge by way of a judicial review, and the affected applicants may also consider referring their case to the Local Government Ombudsman.

Failure to provide funds to carry out Adaptations to privately owned dwellings would be subject to a legal challenge as this is a Mandatory Obligation under the Care Act 2014 and the Chronically Sick and Disabled Persons Act 1970.

It has become increasingly difficult to achieve the required adaptations within the current limit of the £30,000 DFG grant. This is namely due in part that the maximum amount of DFG is currently set at £30,000 and has been at this level since 2008. Whereas building costs have continued to rise.

In the past few years, there have been several grants that have gone over the £30,000 mandatory grant, which has caused difficulty as to how the excess/shortfall would be funded, either by the local authority or the person applying. This situation has made it difficult for decision-makers to decide/determine as there is not a policy in place.

The increase in, availability of funding, allows the authority the opportunity to be more flexible in its use of DFG allocation. This in turn will enable the Council to undertake more disabled adaptations schemes and assist greater numbers of disabled people, potentially preventing many applications from progressing.

The Council's performance on the delivery of DFG's has been the subject of much debate and scrutiny of late, particularly, grants going over the mandatory limit of £30,000

The upper limit for major disabled adaptations has not increased since 2008. Since then there has been an increase in the complexity of needs for disabled applicants, particularly for children, which are accommodated by property extensions. Adaptations are much more complex than they used to be, with specialist equipment being required. In addition building costs have increased significantly over the years.

In these cases, consideration is being given into offering alternative options:-

-Rehousing to an adapted local authority, housing association or privately rented property, suitable to meet their identified needs, and assistance with relocation costs up to a maximum of £5,000. The alternative property must either be already adapted or be adaptable at a reasonable cost. The grant can be used towards the expenses involved in moving home

-To authorise discretionary grant funding above £30,000.

The Regulatory Reform (Housing Assistance) Order 2002 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) gave local housing authorities the power to adopt discretionary policies concerning housing interventions to promote independent living and wellbeing. In 2008, many changes were made to the way DFGs were administered and could be used which included the relaxation and removal of the ring-fence (2010) allowing DFG monies to be used more flexibly to help keep people safe and well at home and to reduce bureaucracy in the grant's administration. Therefore, permitting Local Authorities the power to adopt a policy use a discretionary grant to top up if work costs over £30,000. The authority currently has sufficient funds to meet this demand.

In addition to the above, we are receiving a significant increase in referrals for equipment/adaptations that fall outside the mandatory DFG criteria, for children with challenging behaviours. Without timely intervention, many children would be left disadvantaged.

Therefore it is proposed to:-

- Fund equipment/adaptations that fall outside the mandatory DFG criteria.

Each case to be individually judged on its own merits, determined if reasonable, practicable, necessary and appropriate.

Adaptations and equipment that is provided promptly help those in most need to live independently for longer, and improve quality of life for the disabled person and their families. Adaptations can reduce hospital admissions, and reduce the amount of care provision required.

Consequently, the service improves the quality of life and enhances independent living for these vulnerable groups. The greater feeling of well-being derived, as a result, should reflect a reduction in demand for services of other health care providers.

Colleagues in Public Health are keen to build on the Affordable Warmth project, which supports the preparedness for winter and helps households experiencing the impacts of a cold, damp, unhealthy home. Schemes funded by DFG bring together social care, health, public health and housing in relation to the wider determinants of health including fuel poverty which can be a factor in excess winter deaths; this is a key policy priority for the Mayor of the Sheffield City Region and feeds into the Climate Change objectives

Wider services

Complex Lives works with people affected by multiple disadvantage including rough sleeping , drug and alcohol addiction, offending behaviour, mental ill-health and poor physical health. The Complex Lives model is an example of an integrated, person centred approach for people within supported accommodation. The Complex Lives model has integrated wider services including health and social care, drug and alcohol services, mental health, housing, police and criminal justice system and the VCF sector. The next stage of development includes working on a managed shift from hostels to a greater focus on dispersed accommodation. A joint agency agreement is in development for homelessness and rough sleeping, including intensive wrap around support models and a Doncaster 'Housing First' offer. This is delivered through an Accountable Care Partnership approach. The project recently received the prestigious MJ Award for Care and Health Integration.

There are other examples how across the system Doncaster is embracing integration and developing good practice which can be learnt from:

Mental Health

In Mental Health, a new focussed integrated team has been implemented. Social workers are now based in the Rotherham Doncaster and South Humber NHS Foundation Trust area teams to achieve social care outcomes for individuals, families and wider support networks.

7. Equality and Health Inequalities

A description of the Doncaster system priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services.

Decision makers must consider the Council's duties under the Public Sector Equality Duty of S149 of the Equality Act (2010). The duty requires the public sector such as the Council and NHS, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share it. The localities model of working (asset based community development) together with the intelligence, data and insight has helped to inform the local priorities related to health inequality and as a result of the Covid 19 pandemic for addressing health inequalities and equality for people with protected characteristics within integrated health and social care services.

Well North and Healthier Doncaster are examples of BCF funded programmes to support strategic collaboration between local areas, public health and educational institutions. The high level aims of Well North are to;

• Reduce inequalities, improving the health of the poorest fastest

• Increase resilience at individual, household and community levels

• Reduce rates of worklessness, a cause and consequence of poor health

The Healthier Doncaster programme seeks to tackle the underlying causes of ill health through behaviour change techniques such as motivational interviewing, coaching and brief intervention. The online information and assessment aspect of this service will be available 7 days a week.

Both programmes utilise resources from link workers who co-ordinate with local priorities having particular regard to the needs of Black, Minority Ethnic groups. The Doncaster system has been identified as an exemplar of best practice by the Social care institute for excellence for working with the gypsy traveller, Black and other minority and less affluent communities to help identify and tackle health inequalities specifically through:

-co-productive, assets-based community development (within the BAME community) that aims to engage, strengthen and build resilience in light of COVID-19.
-Working with relevant stakeholders, organisations or networks to ensure a public health approach is reflected across local service planning, delivery, and policy for the BAME community.
-Coordinating patient /service users, public and partner involvement in the development, delivery, and evaluation of public health initiatives through a variety of methods such as consultations, surveys, workshops, and research.

Appendix 2 Better Care Total Pooled Budget Plan 2021/22

Source of Funding	Scheme Type	Total £'000
Disabled Facilities Grant	Capital DFG Related Schemes	2,782
iBCF	Enablers for Integration	2,323
iBCF	Home Care or Domiciliary Care	1,504
iBCF	Integrated Care Planning and Navigation	771
iBCF	Personalised Budgeting and Commissioning	4,503
iBCF	Residential Placements	6,730
Better Care Fund	Assistive Technologies and Equipment	1,087
Better Care Fund	Bed based intermediate Care Services	15,689
Better Care Fund	Care Act Implementation Related Duties	200
Better Care Fund	Carers Services	1,105
Better Care Fund	Community Based Schemes	625
Better Care Fund	Enablers for Integration	91
Better Care Fund	High Impact Change Model for Managing Transfer of Care	1,915
Better Care Fund	Home Care or Domiciliary Care	1,932
Better Care Fund	Housing Related Schemes	85
Better Care Fund	Integrated Care Planning and Navigation	1,393
Better Care Fund	Prevention / Early Intervention	1,779
Better Care Fund	Reablement in a person's own home	72
	Total Pooled Budget Plan 2021/22	**44,586**