# APPENDIX C

## SERVICES IN A UNITARY STRUCTURE

## HEALTH AND CARE INTEGRATION

### Introduction

1. Consideration of a possible unitary structure for Leicestershire presents an opportunity to consider whether to redesign how services are delivered by local government, and if so what form the redesigned structure should take. The focus is on how better outcomes can be delivered for residents, local business and partner organisations, and how local government can best work with those organisations recognising the challenging times ahead as a result of public sector finance restraints. This appendix, and other appendices prepared in part to facilitate discussion at scrutiny bodies, set out the opportunities that a unitary structure could afford to each service, as well as some examples of best practice from the county unitary councils established in 2009.

2. This appendix should be read alongside the analysis of options in the Cabinet report. In the 'Opportunities' section and case studies which follow, it is logical, however, to presume that some changes offer the greatest benefits in a single unitary structure.

### Background

3. The health and care integration programme, which includes the Leicestershire Better Care Fund Plan (BCF) and its pooled budget of £56m, has been designed to implement an integrated health and care system at a local level in line with national integration policy requirements. The health and care local programme is concerned with the commissioning and delivery of integrated health, care and housing support across Leicestershire, with the programme organised into 10 key themes as follows:

    - Unified Prevention Offer
    - Home First
    - Integrated Housing Support
    - Integrated Domiciliary Care
    - Integrated Urgent Care
    - Assistive Technology
    - Data Integration
    - Integrated Commissioning
    - Falls Treatment and Prevention

4. Delivery of the Leicestershire Integration programme relies on strong partnership working across local NHS and local authority partners and is governed by the Health and Wellbeing Board, with day to day delivery overseen by the Leicestershire Integration Executive.

**Existing Unitary Council Best Practice**

5. There are a number of examples which illustrate the considerable barriers found in working across current organisational forms in health, care and housing systems, and which also highlight the benefit of improving integrated working

6. Reviews including CQC system reviews (which specifically examine partnership working across health and care organisations in local systems) have identified a key number of themes and issues which support moving to a more consolidated set of organisational arrangements in order to improve the delivery of integrated health, care and housing services.The “Beyond Barriers” report published in July 2018 sets out the issues faced for the care of older people across **20 health and care systems nationally** and highlights the significant complexity and barriers to joint working, including the fragmentation and organisational silo behaviours which inhibit optimum care delivery to citizens.

7. Durham Council: As a Unitary Authority, Durham Council holds overall responsibility for housing which is managed through the Regeneration and Local Services Directorate who oversee the Disability Facilities Grant (DFG). The DFG plays a major part in helping people with disabilities to live independently and remain at home. Over the last year 2016/17 the grant has been used to provide a wide range of adaptations including shower and stair lift installations and home modifications including extensions. The importance of the link between housing status and admission and discharge from hospital is firmly acknowledged and considered as part of providing advice and assistance.

**Health and care Integration**

**Current**

8. The current partnership landscape for health and care integration is very complex and requires the alignment of priorities and resources across the county council, district councils, the two current county Clinical Commissioning Groups (CCGs) and two large NHS providers, University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT).

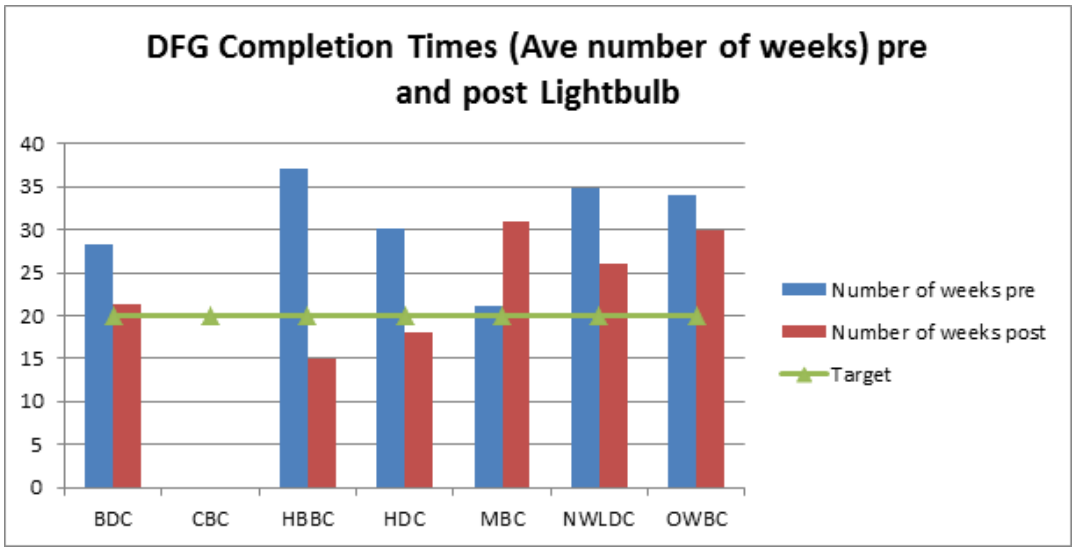
9. It is currently proposed that the Lightbulb Housing Service, a single service across Leicestershire providing practical housing support, could be developed to incorporate the provision of assistive technology. This will mean that service users could receive advice and support about all aspects of housing, services, adaptations and assistive technology through one service offer for Leicestershire, with one point of contact and coordination.

10. However, the process of designing and delivering an integrated service offer such as this currently requires agreement from all seven district councils. Historically, this process has been time consuming, challenging and duplicative.

11. There are a range of national and local barriers to information sharing which can inhibit the sharing of data between authorities, making analysis time-

consuming or resulting in missed opportunities to bring information together effectively across services and populations so that, for example, services are better planned and targeted to vulnerable service users.

12. Disabled Facilities Grants (DFGs) are currently paid to the County Council which then passes the funding on to district councils on the basis of nationally determined allocations. However the need for this funding is variable across the County and the allocations do not necessarily reflect local demand. Some district councils utilise all their allocations whilst others have funding left unallocated.




13. Data relating to Charnwood Borough Council has not been included as it is not following the full Lightbulb model for delivery (it provides its own staff and administration) and data is therefore not collected by the central hub.

**Opportunities for the Service presented by a Unitary Structure**

Reducing Complexity of Partnership Arrangements:

14. There is likely to be a consolidation of CCG organisations in their near future and, if this change is coupled with the creation of a single unitary council for Leicestershire, it would bring significant opportunities to reach decisions and enact implementation more quickly where changes are needed to improve outcomes for service users.

15. Simplified governance arrangements through a single unitary council for Leicestershire would streamline decision making. Examples of the need for this include recent work on integrated points of access and the falls treatment and prevention pathway where there have been protracted financial negotiations and governance processes across multiple partners which either stifled innovation completely or delayed evidence based services commencing for a number of months – thus delaying the benefits of achieving greater integration of local services for both citizens and professionals.

Assistive Technology

16. In a unitary structure there would be a number of benefits in the delivery of the vision for integrated housing and assistive technology

    a. Commissioners could act strategically as one when approaching the market for assistive technology solutions and seek the best value for money for the Leicestershire pound,
    b. A single organisation would be leading the design and commissioning of this service offer, ensuring that there is sufficient flexibility within the model to reflect local communities, and that the technology solutions are planned effectively with NHS partners in the wider context of integrated health, care and housing.
    c. The decision making process would be considerably simplified and shortened, and service users would be able to access the new service much more quickly.
    d. Given the fast moving nature of the technology market and the ongoing innovation in devices there is a need to work at pace in designing and commissioning improved assistive technology and to ensure this work keeps pace with the digital strategies of partner agencies.
    e. Rationalisation of the agencies involved across both LA and NHS settings would also assist partners in working with external innovation partners, such as commercial companies or academic partners in order to test, evaluate and deliver more rapid innovation into operational practice in Leicestershire.

Disabled Facilities Grants

17. The position in relation to DFG allocations for major adaptations in the home could also be improved by moving to unitary status, as the allocations coming into Leicestershire could be centralised and profiled more robustly to match demand activity in local areas. Also opportunities to vary the use of DFG allocations e.g. via Regulatory Reform Orders would be easier to coordinate and approve.

**BCF DISABLED FACILITIES GRANT MONITORING 2017/18**

| Authority | Allocation | Actual Spend |
|---|---|---|
| Blaby District Council | £499,481 | £283,312 |
| Charnwood Borough Council | £846,293 | £846,293 |
| Harborough District Council | £385,744 | £212,857 |
| Hinckley & Bosworth Borough Council | £439,674 | £497,529 |
| Melton Borough Council | £259,427 | £130,738 |
| North West Leicestershire District Council | £572,989 | £196,739 |
| Oadby & Wigston Borough Council | £346,261 | £346,261 |
| | £3,349,869 | £2,513,729 |

18. The table above demonstrates there was net £836k underspending against the original DFG allocations in 2017/18, with variable levels of demand across the districts. However District Councils have carried this funding forward and are committed to spending the carry forward in total in 18/19.

Data Integration

19. Work is currently underway to integrate data held by local government and health partners across Leicester, Leicestershire and Rutland in line with national rules.

20. A single unitary council for Leicestershire would make it simpler and less time-consuming, by reducing the number of data controllers, in terms of the number of local government organisations holding relevant data sets and reduce the complexity of information sharing agreements across multiple agencies. Within a single unitary council, even without integrating data with the health service, there would be access to a much richer picture of the needs of Leicestershire residents.

Locality Teams

21. Early intervention and prevention services are provided by both the County Council, largely through Public Health, and the district councils. This has meant that that the locality teams, made up of primary care, community nursing and social services, are supported by a prevention offer which has been developed in partnership with district councils.

22. Whilst to date arrangements have worked reasonably well, the pace of delivery of a core prevention offer would be enhanced by a unitary council and there would be further opportunities to rationalise spend, management overheads, and release a greater proportion of resource to the front line prevention offer overall.

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