



CABINET – 8 FEBRUARY 2019

**NHS COMMUNITY SERVICES REDESIGN AND THE DEVELOPMENT OF
INTEGRATED HEALTH AND CARE SERVICES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND
DIRECTOR OF HEALTH AND CARE INTEGRATION**

PART A

Purpose of the Report

- 1 The purpose of this report is to provide the Cabinet with an overview of the vision and scope of the NHS Community Services Redesign programme which is operating across Leicester, Leicestershire and Rutland (LLR), to seek approval for the work being undertaken to integrate community-based social care and health services, and to advise the Cabinet of the proposed engagement arrangements for the initial phase of the work which would be undertaken in February and March.
- 2 The Redesign programme is being led by the three Clinical Commissioning Groups (CCGs) in the LLR area. The work centres on adult community services provided by Leicestershire Partnership NHS Trust (LPT), changes to which will have implications for services provided in primary care, social care and other community-based providers, especially where the Council and NHS are seeking to deliver integrated care and support across agencies.

Recommendations

- 3 It is recommended that:
 - a) The scope of the NHS Community Services Redesign work be noted;
 - b) The development of new models of integrated community-based health and social care be supported;
 - c) The initial phase of public engagement by Council officers on the new model of integrated community-based social care and health services for Leicestershire be approved;
 - d) A further report be submitted to the Cabinet later in 2019/20 regarding feedback from the engagement and the implications for Adult Social Care and Leicestershire's Better Care Fund of the proposals for integrated health and social care services for the County.

Reasons for Recommendations

- 4 The development of new models will help support people on discharge from hospital, maintain and enhance people's health and enhance wellbeing, and avoid admissions to hospital.
- 5 Public engagement on the new models of care will help inform the new models. This will be carried out by the NHS in conjunction with the relevant local authority for each area.
- 6 The proposed changes may affect demand for adult social care and will alter the configuration of local community health services, including the service and estate within Leicestershire's community hospitals.

Timetable for Decisions (including Scrutiny)

- 7 The LLR Joint Health Overview and Scrutiny Committee considered the proposed NHS Community Health Services Redesign model at its meeting on 21 January 2019. The Committee was generally supportive of the direction of travel and asked for assurance in a future report that robust governance arrangements for community health services are in place, referring specifically to ensuring consistency of service across LLR.
- 8 A separate report on the development of integrated care and health services will be presented to the Adults and Communities Overview and Scrutiny Committee on 10 June 2018.
- 9 Subject to the Cabinet's approval, public engagement will take place throughout February and March 2019. The outcomes from this engagement will be outlined in the report to the Adults and Communities Overview and Scrutiny Committee and further report to the Cabinet later in 2019.

Policy Framework and Previous Decisions

- 10 Leicestershire County Council's Strategic Plan 2018-22, 'Working together for the benefit of everyone' has been developed by the Council to focus on the issues that will make life better for people in Leicestershire. The service developments outlined in this report will contribute to the delivery of the following strategic outcomes:
 - *Wellbeing and Opportunity*: The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing;
 - *Keeping People Safe*: People in Leicestershire are safe and protected from harm;
 - *Great Communities*: Leicestershire communities are thriving and integrated places where people help and support each other and take pride in their local area.
- 11 A further strategic 'enabling' outcome supports the delivery of these objectives to ensure that the Authority remains a sustainable and successful organisation leading modern, highly effective services.

- 12 The Adult Social Care Strategy 2016-2020 underpins delivery of all the Council's strategic outcomes and provides the strategic context for the transformation and delivery of adult social care services in Leicestershire. The aim of the Strategy is to increase people's independence, reduce the reliance on formal social care provision, and develop new ways of working to meet the demands going forward. It is focussed on preventing, reducing, delaying and meeting essential social care need.
- 13 Local authorities have a duty arising from the Care Act 2014 to deliver joined up services for local people by integrating their services with health and other partners, both operationally and with respect to strategy and commissioning. The Department of Health and Social Care requires that each area has set a plan for integration between social care and the NHS for implementation by 2020/21.
- 14 Leicestershire's Better Care Fund Plan 2017-2019 which was approved by the Health and Wellbeing Board in June 2017 set out the joint local vision statement for health and care integration as follows:
- "We will create a strong, sustainable, person-centred, and integrated health and care system which improves outcomes for our citizens."*
- 15 This next phase of redesign for community based care is being planned in line with this vision, and in line with the ambitions of the LLR Better Care Together (BCT) programme for transforming health and care.
- 16 In November 2018, the Cabinet agreed a new target operating model for adult social care. This will seek to reduce variation, improve systems and processes, ensure proportionate responses, explore simplification, and thereby deliver a more efficient and effective service for service users and staff.
- 17 The NHS Long Term Plan published in January 2019, sets out a commitment to support community health services with increased investment, enhanced crisis response services, increased reablement and intermediate care and to dissolve the divide between primary and community health services. A report on the Long Term Plan is also included on the agenda for this Cabinet meeting.

Resources Implications

- 18 There are no direct resource implications from the NHS review of community health services, nor from the involvement in public engagement on the new models of care. However, the development and delivery of integrated community health and care services may impact on the demand for adult social care and require changes to the configuration of services. The resource implications of these changes cannot yet be quantified. Further work is to be undertaken following the public engagement to determine the demand and capacity requirements across health and care services.
- 19 Resource implications arising from a shift in activity between health and social care services or from acute to community services will be detailed in the further report to the Cabinet.
- 20 The Leicestershire Better Care Fund (BCF) is used to support some of the services in the scope of the NHS Community Services Redesign programme. These include

elements of community nursing services provided by LPT and delivered in the geographies of West Leicestershire and East Leicestershire and Rutland CCGs, including nursing support provided in patients' own homes.

- 21 The BCF also funds elements of adult social care's HART (Homecare Assessment and Reablement Team) service in terms of the reablement offer in the community and provides a number of core resources in support of hospital discharge. As proposals are further developed the impact on adult social care and the BCF funding arrangements will be considered later in 2019/20.
- 22 The County Council is also supporting the development of the new models of care through the provision of the Authority's allocation of Winter Pressures (Revenue) Grant funding during 2019/20. The grant is provided to local authorities to help local health and social care systems to manage demand pressures through the winter including reducing delayed discharges and ensuring people have social care to meet their needs and promote their independence.
- 23 The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

None.

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PART B

Background

- 24 The Adults and Communities Department is engaged in multiple streams of work to integrate services with Health bodies.
- 25 The Department has been instrumental in addressing the high impact changes for delayed transfers of care which will be further enhanced by the development of the new target operating model, supporting integration and the Authority's duties under the Care Act.
- 26 In order to support Leicestershire's vision for health and care integration, the Department was reorganised at an operational level during 2017 to a locality-based Care Pathway footprint, aligned with the new locality structures for primary care, in conjunction with LPT Community Nursing Services and the County's two CCGs (East Leicestershire and Rutland, and West Leicestershire).
- 27 During 2017 and 2018, the Council jointly led work with the CCGs to develop new models of care in support of the LLR BCT programme.
- 28 Specifically, the Council-led development of Home First services to help people at risk of admission to hospital and provide services to people on discharge, and co-led developments relating to primary care based Integrated Locality Teams (ILTs) to provide multi-disciplinary support to people who require multiple health and care interventions.
- 29 2019/20 is the final year of the current BCF policy framework. The recently published NHS Long Term Plan confirms the policy direction toward further integration, firstly within the NHS itself, in terms of how healthcare is planned, funded, organised and delivered, along with further integration in terms of health and care services spanning organisational boundaries of NHS bodies and local authorities.
- 30 The policy framework for the BCF for 2019/20 has not yet been published at the time of writing this report, and the policy framework for the BCF (or any replacement for it) is not expected to be published until later in 2019/20.

NHS Community Services Redesign

- 31 The NHS Community Services Redesign, a transformation programme of the LLR BCT, was initiated by the CCGs in April 2018, to address the identified issues with core community health services and to ensure services are configured to deliver the best possible care for patients in community settings.
- 32 The objectives of the NHS Community Services Redesign are to:
 - Develop better integrated services with better patient outcomes;
 - Support integrated locality services which manage the majority of patient care;
 - Deliver a 'Home First' approach through integrated step-up and step-down services;
 - Reduce use of non-elective services;
 - Address the future model and number of community hospital beds.

- 33 The scope of the redesign work includes the following LPT services:
- Community nursing;
 - Intensive community support services, provided in patients' own homes;
 - Domiciliary therapies;
 - Community beds (233 beds in eight sites across LLR);
 - Primary Care Co-ordinators;
 - Single Point of Access (LPT's customer services centre for community services).

Impetus for Change

- 34 Over time, capacity within the district nursing service has been reduced and benchmarking data indicates that LLR has roughly half the number of community physiotherapist and occupational therapist posts compared to the national average. This leads to long waits and limitations to the input people receive at home.
- 35 A review of community nursing establishment in late 2017 showed a number of vacancies which was resulting in a limited community nursing service 'offer', with district nursing teams lacking the capacity to respond fully to patients' needs. Intensive Community Support has absorbed much of the day-to-day unplanned or urgent care needs referred by GP practices, rather than delivering a 'virtual ward' model to acutely unwell patients who would otherwise be in a hospital bed as was intended. This reduces continuity of care and means that neighbourhood community nursing teams do not have the capacity to deliver the preventative and joined up care that the ILTs aspire to. Moreover, the Intensive Community Support is not integrated with social care crisis response and reablement services.
- 36 There are currently 233 community hospital beds across LLR, split across 12 wards in eight community hospital sites. Patients are admitted with either sub-acute/medical step down needs (approximately 40%) or rehabilitation needs (60%), although these categories are not mutually exclusive and most patients have both needs to a degree.
- 37 Community hospitals are currently used as part of an LLR wide bed base with patients placed in available beds that are not always near to where they live, dependent on patient choice and system demand. For example, 2017/18 data shows 45% of Leicester City patients in community hospital beds are in community hospitals in the County, and 32% of patients in City beds are from East and West CCGs.
- 38 Community hospitals have an average 88% occupancy rate; however a number of local audits have demonstrated that patients in these settings are not in the most appropriate place. In July 2017, an extensive bed audit covering 86% of University Hospitals of Leicester (UHL) beds and all community hospital beds showed that 31% of UHL patients and 55% of LPT community hospital bed patients were not in the best setting of care for their needs.
- 39 These issues support the case for improving community services by redesigning them to better suit patient needs, aligning them with policies and strategies which are aimed at providing more continuity of care within locality-based services, and providing better joined up crisis response services with social care (such as Home First).

Proposals for the Future of NHS Community Health Services

- 40 The future vision for community health services for LLR has been developed taking on board the extensive work described above. The proposed future model of services reflects the existing models of ILTs and Home First which were already elements of the BCT work. The building blocks and key features of the future model are shown in the appendix to this report.
- 41 The proposed model is built around the principles of Home First and integrated neighbourhood and place-based teams. The new model will realign resource within community teams to ensure that there is sufficient community nursing in integrated neighbourhood teams to manage the majority of ongoing care, both planned and unplanned. Home First teams will provide integrated step up/step down crisis response and reablement, with community health therapy and nursing staff working alongside social care crisis response and reablement workers.
- 42 The proposed new model is based around the following main services:
- **Neighbourhood community nursing** as part of ILTs, which would manage much of the care of complex patients in the community (for example those who are frail, have multiple conditions or other complex/costly health and care needs), working closely with social care and primary care neighbourhoods (groups of GP practices with between 30,000– 50,000 patients);
 - **Home First services** - integrated health and social care crisis response and reablement services, which would deliver intensive, short-term care for up to six weeks. Home First services would be accessed, for example, via hospital discharge teams, with health and social care services working on the basis of trusted assessment (staff empowered to act on behalf of the health provider to assess patients) and delivering co-ordinated packages of care.
 - **Community bed-based care** - delivered either in community hospitals for patients requiring medical rehabilitation and needing significant 24/7 nursing care and on-site therapies, or in reablement beds for patients with lower medical needs requiring reablement and a degree of 24/7 support.

Implications for Adult Social Care

- 43 The Adult Social Care Strategy 2016-2020 is intended to ensure that the Council can continue to meet its statutory duties in the context of increasing need (due to demographic growth) and significant financial challenge due to funding reductions. The Strategy aims to promote people's independence such that the requirement for publicly funded services can be prevented, reduced, delayed and then where required met within a framework of 'just enough' support to maintain peoples' wellbeing without creating dependence on services.
- 44 The development of ILTs will enable people to have their health and care needs co-ordinated across primary care, social care and community health care. The multi-disciplinary approach will focus on people who are frail, those with multiple long-term conditions, and people at risk of requiring more intensive services such as admission to hospital.
- 45 The ILTs will provide:

- Prevention and early intervention, adopting an approach whereby the service user and services that are supporting them work together to draw on the service users' strengths to encourage self-care, support from family members and the local community to maintain people's health and wellbeing;
 - Care co-ordination to ensure that people have their health and care needs identified and met wherever possible outside of hospital, alongside improved communication between professionals (reducing duplication for instance);
 - Risk stratification to identify those people most at risk of having escalating care needs and promoting a proactive approach to help manage future health/care requirements;
 - Improved multidisciplinary working and case conferencing across professions and organisations.
- 46 The proposed development of Home First services across the County will mean that people can be cared for at home wherever possible. Home First will bring together social care reablement, crisis response and domiciliary services with nursing and therapy services, helping to prevent hospital admissions and ensure timely discharge should admissions be required. This should reduce the number of long-term care admissions and long-term community packages.
- 47 Further development work is to be undertaken to determine the potential opportunities for delivery of Home First services in Leicestershire, in collaboration with NHS partners, based on the specifications and design principles developed this year. The first step toward this was the recruitment of a 24/7 Crisis Support Team. Implementation of Home First services is dependent on developing a more integrated health and social care response to people experiencing a crisis in the community, and to patients on discharge from hospital. The Council has an agreed model which has been piloted from October 2018, and the mapping of current activity and spend is underway with the aim to further roll out the service during 2019/20.
- 48 Delivery will be refocused to provide the new model of service although this will be dependent on the outcome of the review of community health services provision being undertaken by the CCG. Outcomes will focus on improving people's experience of care and managing demand, with a view to reducing growth requirements in future medium-term financial strategies.
- 49 The development of new models of care may require changes to the current ways of working across a number of social care teams including changes to working practices, staff location, and access arrangements. The Council already employs care co-ordinators in the east of the County funded through the BCF, and staff who can link with primary and community health colleagues across the County are being identified. Existing reablement and crisis response staff will be integrated with community health services to deliver a single Home First response.
- 50 The Health and Care Protocol allows for certain health responsibilities to be delivered by social care and vice versa. This will be reviewed to ensure that tasks to be delegated from health to social care are appropriate, staff are fully trained, and that there is appropriate clinical governance in place.
- 51 Demand and capacity modelling has not yet commenced across health and social care, and as such it is not possible at this stage to estimate the overall impact of the

proposed new care models on the staffing establishment or changes to commissioning requirements. Further work is required during 2019/20 to understand the potential demand flows between and across health and care services and the respective investments, efficiencies and savings to be delivered.

Public Engagement

- 52 Formal consultation is not required at this time. However initial engagement was undertaken by the CCGs with patients, carers and staff between August and October 2018 to inform the NHS Community Service Redesign work.
- 53 The further engagement now proposed would include the County Council, looking at the outcome of the NHS Community Services Redesign preparatory work, including the findings from initial CCG engagement, endorsing the vision and the development of the new models of care. It is intended that public engagement events would be held across the County, commencing in February 2019. Further information on the events can be found on the Better Care Together website: www.bettercareleicester.nhs.uk
- 54 Similar engagement is planned to take place across Leicester and Rutland as the redesign of community health services covers all three local authority areas.

Equality and Human Rights Implications

- 55 The NHS Community Services Redesign is intended to improve access to community health services for residents. An equalities impact assessment will be undertaken by the CCGs.
- 56 Further impact assessments on the delivery of integrated health and care services will be undertaken following the work to understand the impact on demand and capacity across health and social care and will be informed by the engagement with the public.

Partnership working and associated issues

- 57 The proposed developments outlined in this report are in line with the Better Care Together Strategy and are being undertaken in partnership with statutory partners across LLR.

Background Papers

Leicestershire County Council Strategic Plan 2018-22, 'Working together for the benefit of everyone' - <https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>

Adult Social Care Strategy 2016-2020 -

https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC_Strategy_2016_2020_0.pdf

Report to Health and Wellbeing Board, June 2017 - Leicestershire BCF Plan Performance - <http://politics.leics.gov.uk/leListDocuments.aspx?CId=1038&Mid=5124>

NHS Long Term Plan - <https://www.longtermplan.nhs.uk/>

Appendix

Building blocks and key features of the proposed future service model for Community Health services

NHS Community Health Services

Building blocks and key features of the future model

