Agenda Item 12

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 10 JUNE 2019

DEVELOPING SUSTAINABLE HEALTH AND SOCIAL CARE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide an update to the Committee on developments to create sustainable and personalised Health and Social Care services across Leicestershire.

Policy Framework and Previous Decisions

2. There are various national legislative drivers and local Leicestershire, Leicester and Rutland (LLR) wide strategic planning initiatives that promote the planning and development of both integrated service delivery and enhance joint Health and Social Care strategic planning.

3. The Care Act 2014 sets out a general requirement that local authorities must carry out their care and support responsibilities with the aim of joining up the services provided, or other actions taken with those provided by the NHS and other health related services, for example housing services. This general duty applies where the local authority considers the integration of services will:

   - Promote the well-being of adults with care and support needs or of carers in their area;
   - Contribute to the prevention or delay of the development of needs of people;
   - Improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people.

4. The NHS Long Term Plan was published in January 2019 and set out the key ambitions for the service over the next ten years. The LLR Better Care Together (BCT) partnership is reviewing its plans to ensure it will be able to respond to the requirements.

Background

5. The following national challenges are driving the need to create new models of working such as Integrated Teams, as set out in the Kings Fund Briefing - Key Challenges Facing The Adult Social Care Sector in England (September 2018):

   a) **Unmet need and Demand -** Age UK estimates that there are 1.4 million people who do not get the help that they need and that 160,000 receive no help at all, either from formal or informal care.

b) **Preventing Demand** – The ethos of Prevent, Reduce and Delay are key elements of the Care Act 2014, and drive the current Leicestershire Adult Social Care Strategy.

c) **Future Demand:**

- Between 2017 and 2027 there will be 2 million more people aged over 75, often with many managing long-term/complex conditions. Life expectancy is continuing to increase, and in the next 20 years, there will be double the amount of people over the age of 85 with high care needs;
- More people with disabilities are also surviving longer and the cost of their support is increasing. The National Audit Office projects that the number of people with disabilities will increase by 67% between 2015 and 2040.

d) **Funding:**

- **Funding for services is decreasing** – The current revenue support grant is due to end by April 2020. The Comprehensive Spending Review (CSR) is expected in 2019, probably in the autumn, and the period of time this will cover is not known. The local government funding allocation will be announced as part of the CSR at a total level. This overall spending envelope will provide an indication of the pressure that local government will face in totality. However, at an individual level, the County Council will have to wait for the outcome of local government funding reforms to be announced, with the aim of having a new system in place by 2020/21. Analysis undertaken by the County Council shows that Leicestershire is the lowest funded county area in England and one of the lowest funded areas in the whole country. This means that the scope to make savings is severely limited compared to other authorities.
- **Funding Gap** - The difference between the cost of care and what councils pay is currently estimated at approximately £1.44 billion per year, increasing to £3.56 billion by 2025.
- The publication of the Government's Social Care Green paper, which will look towards future funding options for social care, is still awaited.

e) **Market sustainability** - Much of the adult social care provision for residential and domiciliary care is in the independent sector. There is a wide variation in the supply of care and a risk of provider failure.

f) **Workforce and carers:**

- The sector accounts for 6% of the total employment in the UK. However, with the increasing demand for services comes an increased demand for a workforce. Skills for Care (2018) predicts that approximately 500,000 additional social care workers will be required by 2030.
- The sector has high levels of turnover and vacancies, and there has been a national campaign to promote jobs in this sector;
- 2011 census data showed that there were 5.8 million people providing unpaid care.

g) **Quality and Efficiency:**

- Perception around the quality of social care varies, with most people being satisfied with the care they receive. However, carers are becoming increasingly dissatisfied;
- Four in five social care services are rated "good" by the Care Quality Commission;
- There is agreement that care should be focussed on the needs and wishes of individual service users, helping them to achieve their desired outcomes. This will require new models of care.
- There is low investment in technology and new models of working.

h) **Integration with housing, health and the benefits system**

- The Minister of State for Care has the goal of joining up services around the needs of an individual, with a target date of 2020 for Health and Social Care to be integrated across England;

Current Integration Activity

Integrated Locality [Neighbourhood] Teams (ILTs)

6. In Leicestershire, it is the intention to deliver more care and support in the community rather than in the acute sector, with the aim being to maintain and support people at home for as long as possible.

7. ILTs are about the alignment of frontline health and social care teams, based upon primary care populations, extending the care and support that can be offered in the community. It is a way of providing multi-agency co-ordinated care and support to a person, intervening early to help prevent a crisis.

8. The County Council has prioritised implementing ILTs as part of its prevention offer, and work has begun locally to do this. This involves using existing resources and teams across partner organisations in health and social care in a different way. All partner organisations have committed to this development, as one of the priorities in the BCT plan.

9. Significant benefits can arise from the development of well-functioning integrated services, including:

- A more patient centred approach to care planning and care delivery;
- Less duplication, saving time for patients and professionals and cutting waste;
- More efficient systems, particularly in relation to information sharing and care planning;
- Reduced need for hospital care because of fewer unnecessary admissions, more efficient discharge and better provision of community-based services.

How the models of ILT operate across Leicester City and Leicestershire

10. Three ILT early implementer sites have been established across Leicestershire and Leicester:

- West Leicestershire Clinical Commissioning Group (CCG) – Hinckley and Bosworth Fosseway neighbourhood;
- East Leicestershire and Rutland CCG – Rutland;

- Leicester City CCG – Leicester City North and East Health Needs neighbourhood.

11. Three groups of patients have been identified and prioritised for the pilot sites:

    - Patients over 18 years with five or more long term conditions;
    - Adults whose acute care costs are predicted to be three times the average over the next 12 months;
    - People with a frailty marker regardless of age (impaired function).

12. A locality Multi-Disciplinary Team (MDT) has been established to jointly review the health and care needs of people referred to it so that care is planned, co-ordinated and delivered more effectively for patients, families, carers and the professionals supporting them.

13. Each of the early implementer sites started from different points which makes like for like comparisons very difficult:

    - Rutland - (population circa 38,000) is a relatively small geographical area, with respectively small sized professional teams who already knew partner colleagues and were working in an integrated way. No significant changes were made to ways of working for the early implementer sites.
    - Leicester City North and East Health Needs Neighbourhood (population circa 60,000) was also already working in an integrated way (this is the fourth year of running the Planning for Integrated Care in General Practice incentivisation scheme). Care navigators have been operating for several years, receiving referrals from GPs and MDT meetings are regularly held with representatives from health and social care. There is also some existing co-location of workers, which further promotes the success of integrated working.
    - Hinckley and Bosworth Fosseway Neighbourhood (population circa 45,000) - this is probably the only early implementer site where a brand-new way of working was adopted. Two Local Area Co-ordinators have been employed as half-time care-co-ordinators; ILT MDT meetings have been established, and four social care Community Support Workers (CSWs) signed up to be part of the initiative, visiting GP surgeries and attending MDT meetings.

14. Separate to the three ILT early implementer sites, Leicestershire localities have also developed approaches to integrated working, for example:
    - Melton – Community Support Workers/GP Link workers are co-located for some of the week;
    - Blaby and Oadby and Wigston - there have been joint health and social care networking/training events;
    - Harborough - Local Area Co-ordinators and Community Support Workers/GP Link workers are working together;
    - Charnwood - there are good trusted relationships built with GPs through talking and listening;
    - North West Leicestershire - Community Hospital discharges are planned by the Community Support Workers/GP Link workers.

15. In 2012, the Adults and Communities Department undertook an 'Integrated Care Teams' initiative in East Leicestershire, which was based on a similar approach to the current ILT early implementer site, the aim being to provide a multi-disciplinary approach to supporting people with low level needs as a preventative model to accessing services. Following the departmental restructure in 2017, a key feature of the revised way of working is having Community Support Worker/Link Workers assigned to work with each GP surgery; these will seek to prevent need but take a proactive approach to supporting those that need services.

Home First

16. The development of Leicestershire's Home First offer aims to provide an integrated health and social care service, giving a co-ordinated package of support, with reduced handoffs and a better patient experience. The service will be offered to adults when they have a change in need, requiring additional or new interventions that if not met will result in admission to hospital/care home or the person having to remain in hospital when they are medically fit for discharge.

17. It will deliver integrated and co-ordinated interventions to meet the person's health and social care needs. This will utilise health and social care resources efficiently and effectively, reducing duplication, and allowing interventions and support to be provided by the most appropriate service.

18. The Council's HART (Homecare Assessment and Reablement Team) and CRS (Crisis Response Service) are integral to the development of the local Home First offer. HART currently provides a short-term assessment and reablement service to help individuals improve their independence following an admission to hospital. As part of Home First and the developing Target Operating Model, HART will also provide a reablement service for people living in the community – this service is currently provided by contracted Help to Live at Home (HTLAH) providers.

19. Central to the co-ordination of services is an integrated single referral point. This is currently being piloted within the Council's CRS service, supported by clinical staff from Leicester Partnership NHS Trust, to test out the service entry and exit pathways that are being designed. This is in preparation for the future model of adult community health services in LLR, to deliver care closer to home with better patient outcomes and to develop better integrated health and social care services.

Integrated Discharge Teams (IDTs)

20. Following a review by the NHS Emergency Care Improvement Programme, a number of key priorities were identified:

    - Create a single integrated discharge service within the University Hospitals of Leicester system which acts as a single point of access to social workers, therapists, the complex discharge team, community in reach staff and Primary Care Co-ordinators. This team would actively in reach into the wards by attending board rounds, tracking patients, and support the wards in planning early discharge;
    - Developing trusted assessor arrangements between organisations or localities to enable efficient coverage and reduce delays.

21. The IDT is a multi-disciplinary group of health and care staff with a full set of complementary skills to support and empower the ward staff to discharge patients effectively. The IDT encourages and promotes an integrated way of working across all organisations. This approach ensures closer working between partner organisations to ensure smoother and faster resolution of delays.

22. Within this approach, there are supportive actions that are key to maintaining the alignment. The shared discharge hub will create more day to day conversations about the progress of cases, multi-professional challenge and resolution of issues, and a shared response in times of escalation. Furthermore, the current IDT members have access to University Hospital of Leicester's Nerve Centre IT system and can input updated information on patient progress towards discharge.

23. The benefits of the IDT being a team and an approach is that it supports the wards to remain accountable for effective discharges, knowing there is a support mechanism for when they need it. The IDT are the experts in assessing and challenging discharge decisions. With this approach, using the IDT as an expert function, it is considered more sustainable and achievable within existing resources.

24. Currently only some hospital social care workers and University Hospital of Leicester staff are part of the IDT. To make this a sustainable approach there needs to be a single way of working for all staff dealing with complex discharges to enable the benefits of closer working, better information sharing and moving towards a position of trusted assessments to be pursued for all. Social Care staff having access to the Nerve Centre has been a big benefit, saving time asking for and providing information. This is currently only available to those staff in the IDT because they have honorary University Hospitals of Leicester contracts.

Resource Implications

25. The staffing resources required to assist with developing integrated working across health and social care are part of existing budgets.

Timetable for Decisions

26. The service changes are ongoing and working to various timeframes. There is a programme of change over the next 18 months across the local health structures with West and East CCGs becoming one entity, moving towards a single integrated commissioning system. This will be a significant inter-dependency in terms of ensuring a consistent service offer for patients across the county.

Conclusions

27. An update has been provided on the developments to create a sustainable and personalised health and social care service across Leicestershire.

Background Papers

- NHS Long Term Plan – https://www.longtermplan.nhs.uk/
- Leicestershire Adult Social Care Strategy – http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf

- Kings Fund Briefing - Key challenges facing the adult social care sector in England, Sept 2018 - https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf)

Circulation under the Local Issues Alert Procedure

None.

Equality and Human Rights Implications

31. The initiatives identified above are either in the planning stages or taking place as an early pilot. Within the LLR health and social care system, the lead organisation for each project is responsible for undertaking Equality and Human Rights Impact Assessment (EHRIA) screenings and full assessments on behalf of the partnership using shared methodology. It is expected that the impacts of the initiatives in this report on people with protected characteristics will be positive or neutral; if negative impacts are found then a full EHRIA will be undertaken at the appropriate time, with mitigating actions identified. The data from pilots will be used to inform EHRIA screenings and assessments.

Other Relevant Impact Assessments

Partnership Working and Associated Issues

32. The Adults and Communities Department is building strong and resilient partnerships with Health and housing districts for the benefit of County residents. These relationships will help to effectively undertake partnership working at a time of increased pace in change to some major service areas and also when partners are experiencing structural change and financial strain. In a number of key services and in ways of working – ILTs, Home First and IDTs – the department is fully participating in this change.

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