



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 18th MARCH 2020

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

COMMUNITY SERVICES REDESIGN PROGRESS

Purpose of report

1. The purpose of this report is to provide an update on progress to put in place a model of integrated community services in Leicester, Leicestershire and Rutland (LLR). The report also provides an update on the work to review the broader model of community services health provision, including services provided from community hospitals in LLR.

Policy Framework and Previous Decisions

2. The changes described in this report sit within the context of the NHS Long Term Plan and the LLR Better Care Together strategy for improving community services and providing more care closer to home. The NHS Long Term plan introduced new response time standards for urgent crisis response in the community including a 2 hour crisis response standard and the commencement of reablement within 2 days of referral.

Background

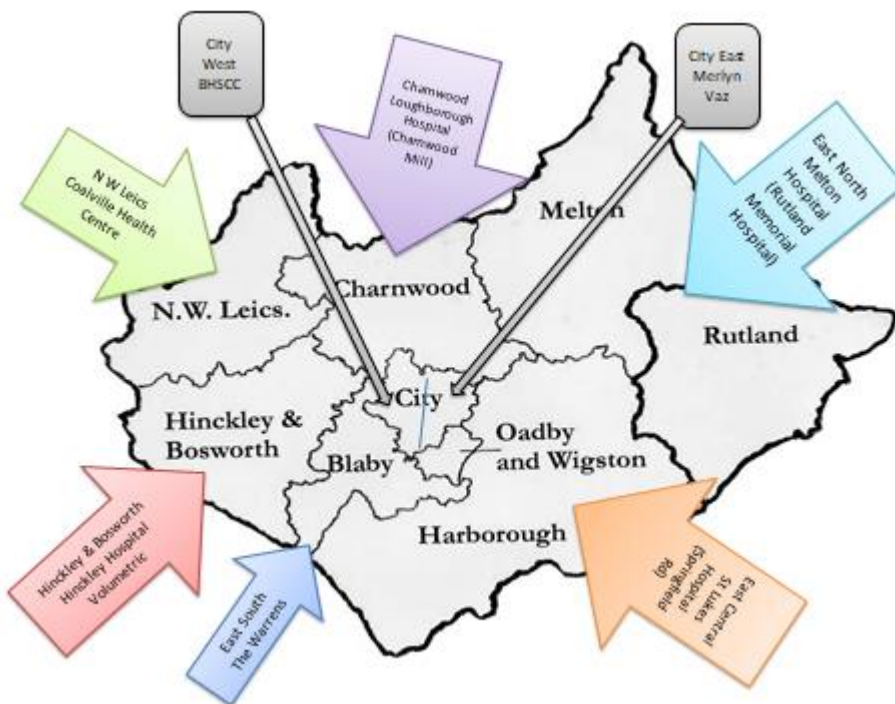
3. The Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) have been working on a review of community health services since 2018, undertaking a thorough review of the model of care in partnership with NHS providers and social care teams in each of the three local authorities. In July 2019 the CCGs agreed a business case to reconfigure adult community services provided by Leicestershire Partnership Trust (LPT) and to make investment in strengthening community services and primary care support for patients looked after in their own homes.
4. The objectives of the review and the key changes proposed to community services have been the subject of previous reports to the JHOSC in both February 2019 and September 2019.

What has been achieved so far?

5. LPT community team reorganisation

Implementation of the new model of care has begun, involving a major reorganisation of the services provided by LPT. Following agreement of the community services model, LPT have implemented changes to the way that community services are delivered, from the 1st December 2019.

6. LPT nursing and therapy teams have undergone a management of change to put in place new team structures that align to primary care networks. Staff are now organised within 8 hubs across LLR delivering the new specification for community nursing, community therapy and a 'Home First' offer, delivered alongside social care crisis response and reablement. Each hub serves a number of primary care networks (PCNs) and is designed to support the development of integrated teams at neighbourhood level across all of LLR. The new hub structure is shown below.



7. Key changes to community services achieved to date are;

- **7 day therapy provision in the community-** this will enable increased weekend discharges and weekend care to avoid admission to hospital and commence rehabilitation earlier. Therapy was previously offered Monday to Friday only.
- **Improved response times**
 - Services are commissioned to provide a 2 hour crisis response to eligible patients, to avoid admission to hospital for patients identified by EMAS, community referrals and those who can be turned around at the front door of A&E.
 - A same day response is provided for less urgent cases and to support a planned discharge

- **More intensive Rehabilitation and Reablement** –delivered jointly between health and social care, maximising opportunities for shared delivery. In line with the national expectations, Home First teams are working to commence reablement within 2 days and the core intensive offer will support patients for up to 6 weeks. This represents a significant improvement on the previous 10 day length of stay (LOS) for the Intensive Community Support service, and is already demonstrating genuine rehabilitation before discharging from the service, thus reducing readmission rates and reducing the need for patients to be referred into follow up or ‘planned’ reablement services. There has been more than a 50% increase in the number of patients who are being offered this rapid access to intensive reablement, compared to the previous model of care. In January 2020 83% of patients referred into Home First had therapy commenced within 2 days. Performance is expected to continue to improve over the coming months, with the addition of more staffing into therapy teams.

8. **Enhanced Medical Response**

CCGs have commissioned an enhanced medical support to patients on the Home First caseload, supported by investment in primary care via PCNs to support Home First. The enhanced expectations of primary care include;

- Duty Dr arrangements to discuss potential discharges and management plans with UHL discharging consultants and ward staff, where this will support confidence in managing a patient at home;
- Supporting the Home First teams in their ongoing management of a patient being cared for at home, including providing urgent home visits, where this is needed;
- Providing a rapid response to EMAS or primary care out of hours teams present at a patient’s home to support a decision about admission avoidance.

9. Patients in all 25 PCNs across LLR are now covered by this enhanced medical cover, delivered by GP practices.

10. **Co-location and integrated triage in Leicester City**

From 1st December 2019 an integrated Locality Decision Unit was in place providing a single access point for Home First, with LPT, social care re-ablement and the Integrated Crisis Response Service all co-located at the Neville Centre to offer joint triage of referrals. This model will be further strengthened in the coming weeks to create a single access point for discharge referrals with the City Hospital Transfers Team being integrated with the Neville Centre.

Ageing Well Accelerator Programme

11. LLR has been named as a national accelerator site for the delivery of the new NHS standards for urgent crisis response. We are one of 7 health and care systems in England who are part of a programme, working with NHS England and Improvement, to develop models of care which will consistently deliver the 2 hour and 2 day standards and which could be adopted by other health systems. As part of the accelerator programme we have been awarded some additional non-recurrent

funding, which will be used in addition to the CCGs' investment, to model new ways of working and to fast track increases in capacity of services to deliver Home First. In quarter 4 of 2019/2020 we have been able to increase therapy and social care crisis response capacity, and expect to receive further additional funding in 2020/2021, potentially in excess of £1 million, which will be used across both health and social care in the three local authority areas. As part of the accelerator work, we are developing ways of improving data quality and reporting on response times, including developing demand and capacity modelling tools that can be used to plan for integrated delivery of care.

Challenges and Further work

12. Following mobilisation, a workshop has been held with system partners to review progress and to identify further work required to deliver the vision for the Community Services redesign. There is still significant work to do with acute hospitals, primary care and other partners to communicate the changes and make sure that all agencies understand and are referring appropriately into the new pathways.
13. An improvement plan is in place which is being overseen by the Integrated Community Board.
14. A single, co-located locality decision unit for Leicestershire County has not yet been possible, due to the lack of IT and telephony solutions that would support LPT and Council staff to work from the same site. Active discussions are taking place to agree the best way to organise access routes into Leicestershire services. In the meantime, workarounds are in place to support some shared triage of referrals and to align working practices and processes across health and social care. Discussions are also taking place about integrating Council reablement teams into the six community hubs so that staff are co-located at a local level.
15. There are opportunities to enhance the current integrated health and social care team in Rutland, to create a dedicated team including community nursing and therapy to serve Rutland patients which would also work alongside the Rutland primary care network staff. Proposals to develop this team structure are being worked up which will also have an impact on strengthening the team covering Melton Mowbray.
16. The early phase of mobilisation has created some additional activity in relation to urgent provision of equipment and home adaptations, and in County reablement services. Additional funding from the Ageing Well programme is being made available to support increased demand and timeliness of response.
17. To support the community services redesign model, the CCGs are making an additional investment of £943K into LPT from April 2020, and LPT have begun a large scale recruitment campaign to increase numbers of nurses and therapists.

Evaluating the Impact of Home First

18. The CCGs are working with colleagues in the local authorities and with Midlands and Lancashire Commissioning Support Unit (CSU) to develop an evaluation approach. This includes using a health and social care data integration tool to track patient

outcomes across health and social care settings. We are also working with Healthwatch to trial a patient survey which will provide a rich source of information on the impact of the community services redesign work on patient's experience of integrated care.

19. As part of the Ageing Well accelerator programme we will be participating in a national evaluation process which will look at the delivery of the national NHS response time standards as well as the impact of urgent crisis response on key metrics across health and social care. This evaluation will not be available until 2021.
20. Accurately assessing the impact of Home First in LLR to date, including the achievement of the 2 hour and 2 day reablement standards is difficult, due to the number of duplicate patient referrals into health and social care, or nursing and therapies. In addition, we are having to undertake some development work to pull together data sources from a number of different systems which is not yet automated.
21. The CCGs are monitoring LPT performance against a set of contractual measures. From April, LPT will be reporting using a new national Community Services Data Set which will include reporting on response times standards
22. There has been a declining trend in the admission rates for conditions related to frailty for LLR patients over the course of the year so far (2019/2020), which may be attributed to the work that has been done on integrated community teams, and an improved offer for patients with complex needs including frailty and multi-morbidity. However, even after adjusting for the underlying downward trend, in December and January, the first two months since implementation of the new model, inpatient admissions for the cohort of patients we are targeting through Home First reduced by 4% and 9% respectively. We will continue to monitor admissions and readmissions to track the impact of Home First on admissions.
23. The CCGs have undertaken an updated quality impact assessment reflecting the mobilisation work and we are reviewing and updating the equalities impact assessment, in the light of the evidence on impact since the model was introduced.
24. Further work on evaluating the impact will include an audit of the impact of the enhanced primary care medical support for Home First.

Community Services Redesign Phase 2

25. As reported to the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee in September 2019, the CCGs have begun a second phase of work, looking at a wider range of services delivered in community settings, including community inpatient beds, outpatient appointments and day care procedures carried out in all community hospitals in LLR. The work is being overseen by a Steering Group with involvement of local authority partners, Healthwatch and NHS provider trusts.
26. Work to date includes a review of the community hospital estate and facilities, and a mapping of services delivered in each hospital.

27. A number of clinically-led workshops have taken place to review the current clinical model of non-acute bed provision. Alongside this, there is work underway to develop the transformation plan for planned care services (outpatients and day case procedures).
28. A patient engagement event on planned care will be held on the 31st March 2020 which will inform the design of the future delivery of planned care services out of hospital, including developing the level of treatment delivered by PCNs and in GP practices.
29. An audit of bed utilisation, to establish whether the current configuration of beds in community hospitals and care home settings is appropriate to meet current and projected needs, is in the design phase. It is hoped that this will be carried out in April, dependent on the development of the Covid 19 situation in LLR.
30. The CCGs are working with Districts to discuss the future delivery of care at a local level, and this will be followed later in the year by wider engagement with local communities to discuss the range and location of services available in their area. This will inform specific proposals and options for the community services model in future
31. The CCGs will involve Healthwatch and the Citizen's Panel in developing criteria to evaluate emerging options for the model of community based care, and a workshop to co-design these criteria is being arranged to take place in April.

Consultation

32. There is an ongoing programme of engagement with the public, local communities and stakeholders to support the redesign work over the coming six months.
33. Formal consultation on options for any significant changes to community services will be undertaken, if required, later in the programme of work. It is anticipated that this will not take place earlier than autumn/winter 2020/2021.

Resource Implications

34. The first phase of the community services redesign has involved £2.3m of new investment into community services across LLR.

Conclusions

35. The Community Services Redesign work has made some significant progress, with some real benefits being experienced by local people. However, there is still much more to do to realise the shared vision of health and social care, including meeting the national Ageing Well standards. The work to develop integrated community services will continue throughout 2020/2021.

Circulation under the Local Issues Alert Procedure

Not applicable.

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Relevant Impact Assessments**Equality and Human Rights Implications**

36. An initial equality impact assessment was undertaken in the design phase of the work in 2019, and which was positive overall. A more detailed impact assessment is being worked up, which takes account of the evidence from the first months since mobilisation of the LPT service changes.

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