

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2020

LEICESTER CITY CCG, WEST LEICESTERSHIRE CCG & EAST LEICESTERSHIRE AND RUTLAND CCG

COMMUNITY SERVICES IN ASHBY/SECTION 106 FUNDING

Purpose of report

1. This paper provides an update on progress in developing the community services redesign work across Leicester, Leicestershire and Rutland (LLR), following on from an earlier report considered at the Committee meeting on 15 January 2020. In addition, the paper provides some specific details about the provision of services in community settings for residents of Ashby de la Zouch, and use of monies received under Section 106 of the Town and Country Planning Act 1990.

Background

2. Phase 1 of the community services design work was implemented in December 2019, involving the creation of 6 community hubs across County. The hubs provide an integrated model of community nursing and therapy and deliver core same day and urgent community response as well as an enhanced 'Home First' offer for patients who need time limited support to stay at home after a crisis or recover from a hospital stay. The mobilisation involved significant change for some teams at Leicestershire Partnership NHS Trust and has gone well.
3. The redesign work has realigned nursing and therapy staff who formed part of the previous Intensive Community Support (ICS) service into locality community hubs. This means that nursing and therapy staff are working together in local neighbourhood areas, providing community nursing and therapy services, rapid response and rehabilitation and reablement working alongside local general practitioners and social services staff (this is the service we call Home First).
4. One of the key benefits is that staff in the hubs are more able to provide continuity of care when people have unplanned needs rather than referring into separate teams. Other benefits include the provision of a therapy response 7 days a week, which has helped to respond to unplanned events and keep people at home who might otherwise have been admitted to hospital. Our initial evaluation indicates that there was a drop in the rate of emergency admissions and readmissions for conditions associated with frailty following the change to the care model (-5% and -9% respectively, compared to the underlying trend).
5. In LLR, health and care services are working towards meeting the national target of urgent community crisis response, which involves delivering a 2 hour crisis response

and commencing reablement within 2 days of referral. Based on June data we are meeting the 2 hour target 79% of the time and the 2 day target 91% of the time.

6. LLR is a national accelerator site for Urgent Crisis response and Ageing Well, so we are striving to meet the target by April 2021, ahead of the national delivery date of October 2022.
7. Our initial evaluation of the Home First mobilisation has identified a shortage of capacity in social care crisis response capacity to work alongside health services to meet the 2 hour response target, meaning that sometimes people could not be cared for at home as a rapid response to domiciliary care needs was not available. We have been able to take advantage of the non-recurrent funding that is coming through the national accelerator programme to invest in increased crisis response capacity in Leicestershire and recruitment has commenced to find 24 additional crisis workers to work alongside LPT teams and social care reablement. These new workers will be based in the 6 community hubs across LLR. Recruitment is underway for these posts, with some new workers already in place.
8. Further plans for the integration of community services within Leicestershire include the co-location of local authority reablement and crisis response teams with LPT staff in the community hubs. Learning from other integration programmes has shown that bringing staff together in single team bases has benefits in creating a more cohesive response and empowering staff to jointly create solutions to improve care. We are hoping that Leicestershire teams will be co-located in the hubs by October 2020, providing a stronger team to respond to local needs.
9. Phase 2 of the community services work, which involved looking at the model of care delivered in community hospitals across LLR, commenced in autumn 2019. This work has been paused due to the COVID incident response but is now being restarted. A key element of this work will be defining what the local community and primary care 'offer' is for different communities within Leicestershire. Engagement with local communities is planned as part of this work, but the timescale for this is currently uncertain due to COVID restrictions.
10. The Community Services Redesign work reports into a new system programme group, the Integrated Primary and Community Services Board, which brings together plans for primary care alongside community health and social care.

Primary and community care service developments in Ashby

11. Strengthening primary care as the core of local health care services is at the heart of the approach to developing services in the community. Practices grouped together in Primary Care Networks (PCNs) are working together and with wider health and local authority partners.
12. PCNS are recruiting additional staff to provide a more holistic offer to local patients and, by taking pressure off GPs, to allow them to concentrate on better care for more complex patients. Ashby is part of the NWL PCN. Key developments include:

- Recruitment of 3 new social prescribers, who work alongside local area coordinators to reach out to some of our most vulnerable patients with caring, mental health or social needs;
- First contact physiotherapists (including staff working in Ashby) who provide initial assessment and treatment for a range of mobility, pain and rehab issues;
- Clinical pharmacists in Ashby providing structured medication reviews to our patients including care home patients and directly managing the therapeutics of many of our patients with LTCs, including mental health;
- Increased numbers of nurse practitioners who can deliver a range of services including contraceptive procedures, minor surgery, minor injuries and care home oversight and management;
- More diagnostics are delivered from primary care including echocardiograms and Ultrasound scanning;
- Psychological therapists and mental health facilitators working out of practices and in other locally sites;
- The NWL PCN also offers patients the chance to be referred to other practices which have specialisms not offered in their own practice, which reduces the need to be referred to a hospital for a range of outpatient care including minor surgery, joint injections, contraceptive procedures, vasectomies and these are available in either the Castle or Long Lane practices;
- The Castle Medical Group in Ashby also houses hernia assessment clinics and are looking to provide Wet Macular Degeneration Injection clinics hosted by UHL in the near future. Other future developments include endoscopy delivered from the practice.

Section 106 funding in Ashby

13. North West Leicestershire District Council, through close collaboration and partnership, has been working with the CCG and Castle Medical Group, based at Ascebi House, to utilise the identified £720,000 Section 106 funding to support the development and delivery of primary medical care services within the locality.
14. Ascebi House was intentionally designed and built with expansion space in mind, presenting a unique opportunity as the vacant space is readily available and designed specifically for the delivery of primary care services.
15. The investment will enable the fit-out of clinical and non-clinical space and the recruitment of staff, GPs, practice nurses, prescribing nurse practitioners as well as additional admin support staff. In turn it will improve access to primary care services and allow flexibility to meet the changing clinical needs of the growing population and the ageing population who require more long term conditions management and any future NHS plans e.g. federation hub, integrated working, Primary Care Networks.
16. Investment in the primary care estate will improve access and provide a wider, more integrated range of services which are key components of both national and local strategy, ensuring the practices can meet the needs of the local population and remain sustainable.

Conclusions

17. Utilisation of Section 106 funding will allow Castle Medical Group to be best placed to (i) respond to any changes required as to how primary care is delivered, (ii) building services around the community from this building as an integrated health and social care hub, (iii) support federation and integrated working, (iv) support the wider health and social care system in providing local services to aid system wide efficiencies and saving and (v) further reduce acute referrals, outpatient and emergency department attendances.