



HEALTH AND WELLBEING BOARD: 8 JULY 2021

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND EXECUTIVE DIRECTOR OF INTEGRATION AND TRANSFORMATION

FRAMEWORK FOR INTEGRATED PERSONALISED CARE

Purpose of report

1. The purpose of this report is to seek the Board's approval for the Framework for Integrated Personalised Care, which is intended to supersede the Health and Social Care Protocol (2014).

Recommendation

2. The Health and Wellbeing Board is asked to approve the Framework for Integrated Personal Care

Link to the local Health and Care System

3. The Framework for Integrated Personalised Care supports integration between health and social care, but more fundamentally the enhancement of integrated personalised commissioning. Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group are in the process of awarding contracts for Home Care for Leicestershire. By commissioning services jointly, the aim is to support the delivery of services that meet both health and social care needs through commissioned contracts that avoids people having services delivered by a range providers and furthermore prevents duplication of the use of resources. The framework has been designed to support the undertaking of tasks on behalf of a partner agency in a way that is safe, appropriate and equitable.
4. The framework aims to underpin the broad principle of the current strategy, namely that 'at a time of increasing demand and reducing resources it is clear that partners need to work together more proactively to maximise their impact for the good of the people of Leicestershire'. Additionally, that partners, 'work together in partnership to deliver a positive, seamless experience of care which is focussed on the individual to ensure they receive the right support, in the right place, at the right time.
5. The framework also supports the ongoing drive towards integration across Health and Social Care.
6. In line with the 2020 Better Care Fund Plan work has been completed to review the health and social care protocol and the next steps to commission a revised training offer from 2020. Task and finish groups are now in place to ensure the following. Developing and commissioning a revised training offer and devising an implementation workstream to ensure that the framework is utilised across health and

social care. The framework also supports the model of co-produced and co-delivered, joined-up services across health, social care and other public services. In particular, it looks at how the use of the skills, knowledge and resources of individuals, communities and the workforce can support more integrated care.

7. The framework supports Integrated Care Systems (ICSs) and the requirement to have partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduce inequalities between different groups. The framework seeks to ensure that people receive seamless services to meet need.
8. Paragraphs 9 and 10 below outline how the framework supports the NHS Long Term Plan and the Adults and Communities Department Ambitions and Strategy for 2020–2024.

Policy Framework and Previous Decisions

9. The NHS Long Term Plan comes with significant investment and an emphasis on delivery of new models of care, place-based integrated health and care and delivery of joined up personalised care. The local NHS and County Council is committed to working with partners to deliver integrated health and care services at the point of delivery and to ensure that people receive seamless transition between health and social care.
10. The Delivering Wellbeing and Opportunity in Leicestershire Adults and Communities Department Ambitions and Strategy for 2020–2024, agreed by the Cabinet on 18 September 2020, outlines that the Department’s mission statement for adult social care, including:
 - Engaging with the right partner: Working more effectively with individuals, their friends and families and in partnership with other relevant organisations – to achieve more joined up or aligned and efficient support;
 - Officers should aim to work collaboratively across our services and partners to commission the right support in the right place at the right time.
11. On the 8 March 2021, the Adults and Communities Overview and Scrutiny Committee considered a report on the Framework for Integrated Personalised Care and noted the work undertaken to review the existing Health and Social Care Protocol (2014) and proposals to supersede it with the new Framework.

Background

12. The Leicester, Leicestershire and Rutland (LLR) Health and Social Care Protocol, last formally revised in 2014, is a legacy agreement that currently exists between the following health and social care commissioners and providers:
 - East Leicestershire and Rutland Clinical Commissioning Group;
 - Leicester City Clinical Commissioning Group;
 - Leicester City Council;
 - Leicestershire County Council;
 - Rutland County Council;

- West Leicestershire Clinical Commissioning Group;
 - University Hospitals of Leicester NHS Trust;
 - Leicestershire Partnership NHS Trust (LPT).
13. The aim of the Protocol was to ensure delivery of services which are responsive to need, and which make the best use of limited resources. Health and social care agencies throughout LLR are committed to working together to ensure that services for all the people who need support are:
- Effective – delivered at the correct level of intervention and in the right environment;
 - Appropriate – able to meet people’s health needs to ensure recovery and maintenance of good health and wellbeing;
 - Timely – available when people need them to promote independence, choice and control;
 - Safe – provided with regard to clinical responsibilities and professional competence.
14. A review of the LLR Health and Social Care Protocol (2014) has taken place from 2019 in a context of growing demand, with increasing complexity of need across all health and social care partners and against a backdrop of ongoing budgetary pressures and significant challenge in relation to capacity across all parts of the system. In addition to this, there has been an ongoing drive towards integration across Health and Social Care, including the development of Primary Care Networks, Integrated Neighbourhood Teams, Home First and the effective utilisation of the voluntary sector and wider community assets.
15. Key findings from the review included:
- A shared care agreement is still needed, but current tasks are outdated.
 - Training is required to support the implementation of any revised Protocol.
 - The delegation of tasks improves patient experience.
 - The lack of formalised contract documents for the training remains a significant risk.
 - There is a lack of visibility and ownership of risk at senior management level in the delivery of the current Protocol;
 - The lack of uptake of the current training offer is an ongoing issue;
 - There is a need for a visible and consistent partner wide communication plan to promote and embed the Protocol and the training;
 - There needs to be a clear specification for the training provider, with targets linked to promotion and take up rates.
 - An understanding of the principles of the current Protocol is not widely embedded across health and social care at a grass roots level.

Covid-19 pandemic

16. Due to business continuity pressures arising across all partner organisations from the Covid-19 pandemic, activity relating to the review was suspended from early March 2020. Activity resumed from November 2020.

LLR Framework for Integrated Personalised Care

17. The LLR Framework for Integrated Personalised Care has subsequently been developed by partners. It is proposed that this framework supersedes the LLR Health and Social Care Protocol (2014). The fundamental principle of this Framework is that care commissioned and delivered to the patients and residents is person-centred and tailored to meet their individual needs.
18. The purpose of the new framework is to support the undertaking of tasks on behalf of a partner agency in a way that is safe, appropriate and equitable. This is a reciprocal arrangement between Health and Social Care meaning that staff from Health may undertake some Social Care tasks and staff from Social Care may undertake some Health tasks. All staff will receive appropriate training and be assessed for competency for any task that they are required to undertake. Proper clinical oversight will be maintained over the person's health needs in relation to any delegated healthcare task.
19. The LLR Framework for Integrated Personalised Care builds upon existing best practices, but deliberately avoids a defined task approach in favour of a Multi-Disciplinary Team (MDT) approach to support planning which is both person centred and an effective support of the individual in meeting their health and social care needs and desired outcomes and represents value for money. Officers across the County have been using a template for identifying needs and how to apportion costs associated with meeting needs, currently these costs are reviewed and agreed at meetings held between council officers and colleagues from health at bi-weekly meetings.
20. The LLR Framework for Integrated Personalised Care is comprised of two parts:
 - a) Part A - Management Guidance - Identifies the principles, statutory duties and national guidance that underpin and inform decision making around the delegation of support tasks between Health and Social Care.
 - b) Part B - Practice Guidance - Identifies the elements required to support appropriate delegation and aims to help registered practitioners and commissioning workers understand the decision-making process involved in safe and effective delegation of a task from one provider/organisation to another.
21. The third work strand of the review is to complete an audit and review of the training offer with a view to developing an interim model that is cost-effective and targeted against commissioned support. Training and assessment for competency of generic tasks is currently provided through LPT, which supports the existing Health and Social Care Protocol document. Work has been undertaken with providers across LLR to ascertain the most commonly practiced generic tasks (as per the existing protocol) with a view to informing an interim training offer delivered in much shorter packages. There will be an additional learning and development requirement for provider and commissioning staff associated with implementation of the framework and agreed processes.

Governance

22. Whilst there is no lower limit on the provision of health care, Section 22 of the Care Act 2014 places both a lower limit and an upper limit on the provision of funded social care by a local authority. A local authority may not meet needs by providing or arranging for the provision of a service or facility that is required to be provided under the National Health Service Act 2006 unless:
- doing so would be merely incidental or ancillary to doing something else to meet needs under those sections; and
 - the service or facility in question would be of a nature that the local authority could be expected to provide.
23. Where consensus around assessment or care planning has not been achieved through a meeting of the MDT (i.e. Integrated Neighbourhood Team), a shared care discussion will be convened for resolution. Decisions from the shared care discussion will be documented and shared with the Integrated Personalised Care Board, which provides overall governance responsibility for this Framework. Where cases are jointly funded, disputes will be taken via the existing LLR inter-agency resolution policy.
24. Overall proposed governance arrangements for the LLR Framework for Integrated Personalised Care will be through LLR place based groups:
- Health and Wellbeing Board - Leicestershire;
 - Joint Integrated Commissioning Board - Leicester City;
 - Integration Delivery Group - Rutland.

Clinical governance will be through the LLR Clinical Executive.

Resource Implications

25. Whilst there are no immediate procurement implications identified as part of this work, the existing LPT training offer is funded through the Better Care Fund (BCF) and is not underpinned by a formal contract, Service Level Agreement or key performance indicators. As part of the review, it is intended that intelligence gathered from the analysis of the revised training offer will inform the requirements for the service. This is likely to result in the development of a Service Specification and associated market testing which may lead to procurement activity in 2021/22.
26. Care will be delivered ensuring the best value for money; this relates particularly to call frequency and workforce skills. The aim will be to utilise wider services, including reviewing any health or social care services the person is already receiving and utilising wider community services and resources, including the use of Assistive Technology.
27. Additionally, any financial cost and recovery associated with a commissioned support package will be appropriately apportioned to the organisation accountable for the delivery or delegation of the said task. Where a healthcare task has been identified, care must not be disrupted and, where there is an identified gap in services, additional care will be commissioned and delivered by health services without prejudice until a funding decision is made.

28. Whilst the proposed introduction of the new framework builds upon existing integration work across LLR localities, resource implications are being identified through the Integrated Personalised Care Board for communicating system changes across locality MDT's and Provider organisations.

Timetable for Decisions

29. Partner organisations to establish governance arrangements and timetables for review and approval of this framework.

Organisation	Governing body	Date signed off
Clinical Commissioning Group	LLR Clinical Executive	Review and approval
Leicester City Council	JICB	w/c 22nd February 2021
Rutland County Council	IDG	25 th March 2021
Leicestershire County Council	Health Work and Wellbeing Board -County	8th July 2021

30. At the time of writing this report additional Covid-19 pandemic restrictions remain in place and the fourth phase of easing the road map has been delayed. The Department will be considering the impact of these, in line with Government, alongside partner organisations.

Background papers

Report to the Cabinet: 18 September 2020: Adults and Communities Department Strategy 2020-24 – Delivering Wellbeing and Opportunity in Leicestershire

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5997&Ver=4>

Report to the Adults and Communities Overview and Scrutiny Committee: 8 March 2021 – Framework for Integrated Personalised Care

<http://politics.leics.gov.uk/ieListDocuments.aspx?MId=6461>

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List of Appendices

- Appendix A - LLR Framework for Integrated Personalised Care - Part A
- Appendix B - LLR Framework for Integrated Personalised Care- Part B

Relevant Impact Assessments

Equality and Human Rights Implications

31. An Equality and Human Rights screening assessment is being completed, but there is no change in delivery of integrated health and social care services as these are currently being delivered under the current Health and Social Care Plan.

Partnership Working and associated issues

32. The Framework for Integrated Personalised Care is overseen by the Integrated Personalised Care Board (IPCB). The purpose of the Board is to co-ordinate and drive the delivery of the Framework by providing; appropriate expertise, steer and recommendations to facilitate the delivery of principles to support the LLR Community Services model.
33. The framework has been jointly developed by partner organisations operating across Leicester, Leicestershire and Rutland. The Board is jointly chaired by LCC ASC and LLR CCG's and is representative of:
 - East Leicestershire and Rutland Clinical Commissioning Group
 - Leicester City Clinical Commissioning Group
 - Leicester City Council
 - Leicestershire County Council
 - Rutland County Council
 - West Leicestershire Clinical Commissioning Group
 - Leicestershire Partnership Trust
 - Midland & Lancashire Commissioning Support Unit
 - Primary care
34. Work to implement the Framework will be undertaken jointly through the direction of the IPCB, with representatives reporting as appropriate through their organisational governance routes.

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