Agenda Item 5

HEALTH AND WELLBEING BOARD 27TH FEBRUARY 2025

REPORT OF LEICESTERSHIRE COUNTY COUNCIL

INTEGRATED PERSONALISED CARE FRAMEWORK

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board (HWB) with an update on progress in relation to the Framework for Integrated Personalised Care (FIPC) and redesign of the training model which underpins it.

Recommendation

2. That the update on progress in relation to the FIPC and redesign of the training model be noted.

Policy Framework and Previous Decisions

3. The Leicestershire Leicester City Rutland Framework for Integrated Personalised Care has been jointly developed and approved by partner organisations across Leicester, Leicestershire and Rutland and superseded the Health and Social Care Protocol (2014) from 1st October 2022.

4. Following the development and launch of the FIPC, the Integrated Personalised Care Board (IPCB) (which has governance oversight for the Framework) decided that current arrangements for training required review. Specifically due to the legacy nature of the existing training arrangements, no express contract, specification, or formalised Key Performance Indicator's currently exist between Integrated Care Board commissioners and Leicestershire Partnership Trust for the training, although training continues to be provided to independent sector providers of social care.

Background

5. The purpose of the FIPC 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.

6. All staff will receive appropriate training in relation to tasks that are either generic or specific and will be assessed for competency for any task that they are asked to undertake. Where tasks are delegated from health to social care, clinical oversight will be maintained by the delegating organisation.

7. The Framework 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.

8. A link to the Framework document can be found below:

   https://leics.sharepoint.com/sites/ascoperationalprocedures/SitePages/framework-for-integrated-personalised-care.aspx

9. The LLR FIPC was reviewed recently following the publication of Department for Social Care and Health and Skills for Care report 'Delegated healthcare activities guiding principles for health and social care in England 'It was concluded that the Leicester, Leicestershire and Rutland principles and standards are in line with national guidance document. It has however been agreed that the LLR IPCB Board.

   - Will revise our local framework to embed and reference the national principles in all our documents, including packs, on websites so the legal basis and framework resources are clear that this is not just a local decision but agreed nationally, and the sign off takes place as per national guidance.
   - Our local document will need to have more around specificity how to apply the principles in practice (forms a part of our revision of local documents).

10. The link to the national guiding principles publication can be found below.

    https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Managing-a-service/Delegated-healthcare-activities/Delegated-healthcare-activities-guiding-principles-November-2024.pdf

11. Proposed plans for a train the trainer pilot with Rushcliffe Care has been agreed. Leicestershire Partnership NHS Trust (LPT) would provide generic training resources (in line with the generic healthcare task framework) and observe delivery of the training by registered Rushcliffe staff for competency

sign off. Trained staff will commence the pilot in February 2025 for a period of 7 months. The approach will be to assess and review two sessions per week with 24 participants per month. Reviews and feedback shall be collated on a 3-month basis to determine the effectiveness and identify any risks. There is no cost associated to this activity as Rushcliffe Care are benefitting in terms of their in-house staff being trained. An evaluation report will be provided to IPCB with the outcomes from the pilot.

Clinical oversight for tasks delegated to ASC providers.

12. Formal clinical oversight will be maintained over the person's health needs in relation to any delegated healthcare task. Additionally, any agreed 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.

Clinical oversight- Clinical governance needs to include arrangements for ongoing clinical oversight and contact arrangements for advice and reassessment. This is particularly important where a patient's needs are known to be changing or fluctuating, but it must be in place in all circumstances.

Multi-Disciplinary Team decisions to delegate tasks to Social Care must take account of clinical risk and the clinical record must reflect the outcome decision in respect of managing the complexity of that risk.

Primary Care – for patients not in receipt of community nursing or therapy service. For tasks that do not require specific training, such as medication prompts, the Primary Care practice associated with the Integrated Neighbourhood Team that oversees the individual's assessment/support plan will retain clinical governance and ongoing oversight, as appropriate, for the delegated task.

Community Health Services (CHS) – for patients who are open to this service, Community Health Services will retain clinical oversight as appropriate, for the delegated task. In such circumstances where the activity is an ongoing support need, but the patient is no longer open to CHS, arrangements will be made to transfer this responsibility to the patient's Primary Care practice.

Training Model redesign

13. A training programme to support the delivery of generic delegated health tasks has been provided by Leicestershire Partnership Trust (LPT) since 2015/16. This training, which was originally established to support the Health and Social Care

Protocol (2014), is funded through Better Care Fund contributions from Leicester and Leicestershire local authorities.

14. In addition to issues of contractual oversight and performance management, the IPCB has noted ongoing issues regarding the lack of timely access to the current training offer for inhouse and contracted social care providers. This has had significant implications for the model of delegation within the Framework and created risks for providers regarding their registration and insurance cover Between January and December 2024, 1722, staff were trained over 212 sessions.

15. Under the governance of the IPCB, an Integrated Care Board (ICB) led Delivery group has been tasked with developing a revised training model. The ICB have sought agreement that a contract can be awarded via an exception to contract procedure rules to Leicestershire Partnership Trust with a newly developed service speciation and key performance measures.

16. Revision of the current local LLR framework is in progress to align and utilise the national delegated healthcare policy publicised November 2024.

17. Whilst work is being undertaken to design and deliver a new training model that will be fit for purpose in delivering the FIPC in a timely, efficient, and effective manner. Operational leads are also undertaking work to ensure that the existing training offer is operating as effectively as possible to resolve issues of demand and delivery.

18. Resource Implications- Delegated healthcare is funded via the Better Care Fund and contributions are as per below from LCC and Leicester City.

Local Authority	Contribution (BCF)
Leicestershire County Council	£81,400
Leicester City Council	£86,106
Additional BCF LCC Contribution 24/25	Circa £100,000 (to support with backlog) DISCHARGE GRANT

19. The timetable below provides key deliverable timeframes.

Key Planned Deliverables	Planned Deadlines
Specialist Task develop a Standard Operating Procedure for providing care packages for healthcare needs only.	February 2025
UHL Delegated Healthcare specialist task Policy sign-off.	March 2025
Demand Analysis for specialist delegated healthcare tasks.	June 2025
Demand analysis & Key Performance Indicators settings	August 2025

Complete procurement plan for specialist delegated healthcare tasks.	March 2026

Risks-

20. The risks are:

- The existing budget may not be sufficient to meet demand therefore poses a risk if health may not be able to safely delegate to social care and therefore work to FIPC.
- Lack of capacity within health to deliver tasks if social care providers no longer accept delegated tasks. This has been offset by additional money to provide more sessions of training as identified in paragraph 17.

21. Background papers- Below link are publicly accessible documents across Leicestershire, Leicester City and Rutland.

https://leics.sharepoint.com/sites/ascoperationalprocedures/SitePages/framework-for-integrated-personalised-care.aspx

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