

12 March 2018**Agenda Item: 7****REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR****EVALUATION OF THE IMPACT OF SOCIAL CARE STAFF EMBEDDED
WITHIN INTEGRATED CARE TEAMS****Purpose of the Report**

1. The purpose of this report is to:
 - a) outline the key findings of the evaluation that has been undertaken by Nottingham Trent University and PeopleToo
 - b) seek approval for the proposed actions to be taken as a result of these findings
 - c) seek approval for wider communication of the evaluation to a national audience.

Information**Background to Integrated Care Teams (ICTs)**

2. Integrated care teams are multi-disciplinary teams of staff whose aim is to provide proactive care and support to prioritised service users in the community who have a range of complex health conditions, sometimes with additional social care needs that are adding to their difficulties. The teams work holistically to sustain the person living at home for as long as possible and avoid a hospital admission. Usually they cover a geographical patch defined by a set of GP practices. Typically an ICT is made up of:
 - District nurses
 - Specialist nursing staff e.g. Mental Health, Diabetes, Falls
 - Social care
 - Therapies (Occupational Therapy & Physiotherapy)
 - Voluntary sector representatives.
3. In Mid-Nottinghamshire there are seven Social Work posts which are embedded within the seven Local Integrated Care Teams; these were established permanently with funding from health. There are six permanent workers in these posts and one vacancy. From April 2018, the funding contribution from health towards these posts is reducing to 50%.
4. In Bassetlaw there were two social care staff funded to support the four integrated care teams (known as Integrated Neighbourhood Teams) between September 2015 and

September 2016. However, these posts were ceased once health funding was withdrawn. Referrals to social care from these teams are directed to the Customer Service Centre.

5. In South Nottinghamshire, health funding supports three Social Worker posts and seven Community Care Officer posts until March 2019 to support the three integrated care teams (known as Care Delivery Groups).

The aims of the evaluation

6. Nottinghamshire County Council applied for a grant from the Local Government Association's Care and Health Improvement Programme in 2015/16. The purpose of the bid was to evaluate an aspect of integrated care that would have national significance. Nottinghamshire was successful in gaining a grant of £20,000 to explore possible savings, efficiencies and other benefits across the health and social care economy, which may be achieved through integrated health and social care teams. Areas to explore were:
 - the benefits of social care interventions by integrated teams for both health and social care
 - the extent to which integrated teams can deliver efficiencies through new ways of working
 - how integrated teams can achieve savings through managing demand and reducing costs by promoting independence and keeping people in control of their care and health
 - how integrated teams can deliver a better individual experience, with more effective, personalised and independent outcomes.
7. In July 2016, Nottingham Trent University in partnership with a consultancy called PeopleToo was commissioned to carry out the evaluation.

Methodology

8. Three ICTs were chosen for the evaluation – Bassetlaw West, Newark West Ward and Broxtowe/Nottingham West. These represented the three health planning units of Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire, where there were different integrated arrangements in place. These areas also represented differing maturity, as the Newark team had been established in 2012/13 (the most mature), with Bassetlaw West (the newest team) only operating with social care involvement between December 2015 to September 2016.
9. 10 case studies involving social care input were chosen at random from each ICT for analysis. These case studies were matched to 10 cases from the relevant local District Older Adults Assessment Team. They were matched using the Workload Management Tool, which is a mechanism that allows each worker within a District Team to score the complexity of the cases they are working on so that the Team Manager can assess capacity and workload across the team. The particular characteristics of this cohort were that the focus person met the following criteria:
 - had three or more professionals involved in their care
 - had at least two health and/or social care needs (but no more than five)

- were 70 years old or more
 - met either criteria 3 or 4 on the Workload Management Tool.
10. The total number of cases reviewed was 60. These were examined to capture data relating to a variety of factors including:
- outcomes for the service user
 - number of professionals involved
 - cost of the resulting care package
 - timeliness of response to the point of assessment starting.
11. The research team carried out interviews with five service users, nine carers and three GPs and ran focus groups to capture views from ICT staff and district teams (58 staff in total).

Findings

12. There are three levels of 'integration' that describe how social care staff have participated in the ICT arrangements. These are:
- Embedded (High level): Newark West Ward
 Aligned (Medium level): Bassetlaw West
 Attached (Low level): Broxtowe
13. These levels were determined by the following factors:
- level of collective knowledge shown by members of the team
 - frequency of joint visits and assessments
 - whether staff can see each other's information on ICT systems
 - whether staff are co-located
 - how often staff meet together in team meetings
 - how secure the funding is
 - the level of trust and respect that team members show for each other
 - the level of understanding shown in the team about integrated working and the benefits of it
 - the level of experience and skills demonstrated by the social care worker in the ICT environment.
14. The level of integration of the social care worker within the ICT had a significant impact on the care outcomes (social care and health) experienced by the service user. In addition, the level of integration was significant when comparing these outcomes to those achieved by the District Team. The higher the level of integration, the higher the success of meeting outcomes, compared with the District Team. When the level of integration was low, the outcomes were worse than those achieved by the District Team.
15. The evaluation found a better outcome for service users, with more supported independently at home, when managed by the ICT than when managed by the relevant District Team. By the end of the period of research or input from the social care staff:

- more people supported by ICTs (21) were at home with a care package, than people supported by District Teams (13)
 - more people were in hospital (4) and in short term care (4) when supported by District Teams and no ICT service users were in hospital or short term care
 - slightly less people were in permanent care when supported by ICTs than when supported by District Teams
 - one person supported by Newark ICT had no ongoing support package compared to no people in this position supported by District teams.
16. The evaluation found that greater embeddedness of the social care role encouraged a more positive, independent approach with service users than might otherwise have been adopted by health colleagues. This supported the results described in **paragraph 14**, which led to cost savings and improved outcomes through:
- a reduction in hospital admissions
 - a reduction in admissions to residential and nursing care
 - greater use of lower level services that helped maintain service users' wellbeing and independence, enabling them to remain at home
 - more service users remaining at home with cheaper care packages.
17. The cost of the overall social care involvement was directly related to the degree of integration present. For this cohort of people, integrated care and support was cheaper to provide and commission than for people supported by a District Team. The most integrated model ('embedded' in Newark) achieved the lowest cost per service user, whilst the Bassetlaw 'aligned' model achieved the greatest difference in cost per service user (i.e. lower cost) when compared to its District Team. The ICT with the lowest degree of integration (Broxtowe) delivered more expensive outcomes than the District Team and both the other integrated teams. But in Bassetlaw and Newark, costs were avoided:
- in Bassetlaw, Integrated Team total social care costs were on average £4,446 less per service user compared to Bassetlaw District. The total 'cost avoidance' for the 10 Bassetlaw cases was therefore £44,460
 - in Newark, Integrated Team total social care costs were on average £2,700 less per service user compared to Newark District Team. The total 'cost avoidance' for the 10 Newark cases was therefore £22,700.
18. The conclusion can be drawn that, providing the model of integration is either 'aligned' or 'embedded', an integrated model of care will deliver cost savings to Adult Social Care and Health in the region of between £2,270 - £4,450 per case (for the cohort identified in **paragraph 9**). The evaluation concluded that costs were avoided because the teams were working more efficiently and making better decisions collectively. People were supported proactively to maintain their health and so needed less care and support on average than people supported by District Teams.
19. Other findings were:
- the ICT service users had more referrals per person to health staff than in the District Teams

- there was a beneficial effect on health outcomes achieved by ICTs compared to District Teams. This is best demonstrated by the impact on avoiding hospital admissions. At the end of the evaluation, 4 of the 30 case study people from District Teams were in hospital but none of the 30 people supported by ICTs were in hospital.
 - the more that the social worker was embedded in the ICT, the more that health and social care staff were able to learn with and from each other about their roles, which helped to improve the quality of their assessments as they were more holistic. Health colleagues in Newark were able to explain low level queries about social care from service users (e.g. to overcome worries about financial assessment) and encourage people to engage with social care. They had also learnt when it was appropriate to refer to social care, which saved time and prevented confusion.
20. The evaluation did not reveal a wider range of ‘health’ outcome benefits for service users or benefits to health staff due to having social care staff working within the integrated teams, because the evaluation team were not asked to explore these angles in the original specification. This is because there is already significant published literature that details health benefits due to integrated team working. The gap in available knowledge concerned the benefits from a social care perspective, which is what this evaluation was intended to do and has delivered, in what is being seen as the first study of its kind.
21. The most effective level of social care and health outcomes for the service user (within the cohort group studied, see **paragraph 9**) was achieved when these conditions were in place:
- social care worker embedded within an integrated team and co-located
 - high frequency of joint assessments between health and social care staff
 - shared access to information systems
 - regular multi-disciplinary team meetings
 - security of funding
 - trust and respect between health and social care workers
 - a good understanding of integration and collective decision making
 - having social care workers who are skilled, experienced and confident in the social care role, responsibilities and duties.

Proposed next steps

22. Further exploration of district team social care cases in Newark Older Adults teams showed that 16 – 19 % of service users (36-43 people in total) being supported actively in December 2017 had equivalent complex health and social care needs to those people being managed within the Integrated Care Teams. If this is representative of all Older Adults teams, there is a significant cohort of people who have a range of needs which would be best met by health and social care staff working in a more integrated way around the focus person. There will also be people with equivalent complex needs being supported by Physical Disability Teams, who report having difficulties finding the relevant health staff to work with.
23. The following actions are proposed for approval by Committee:
- a. To develop a vision and plans with health colleagues so that integrated working across all community teams can deliver the “embedded” level of joint working for all Nottinghamshire residents who have a range of complex health and social care needs.

This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have a physical disability or older adults, other than through Integrated Care Teams currently in operation.

- b. Give approval for ASCH officers and Nottingham Trent University (NTU) to circulate the evaluation report to national contacts (including the Local Government Association and Chief Social Worker), publish the report on the Council and NTU websites and use the evidence to submit articles for publication in conjunction with the Council, including the International Journal of Social Work, Health Service Journal and Local Government Chronicle. This is in line with the expectations of the LGA grant to share national learning with other councils and health bodies. An application will also be submitted to share the work at the National Children and Adult Services Conference 2018. Please note that the report itself is owned by Nottinghamshire County Council.
24. In order to be able to develop the vision and plan outlined at **paragraph 23a**, a request has been made to the Committee in a separate report to establish a Project Manager post (Band D subject to Job Evaluation), funded from iBCF, for 18 months. This request is contained within the report '2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19'.
25. In order to secure the posts in 2018/19 for the 6 Mid-Nottinghamshire social workers who are embedded within the integrated care teams, a request has been made to the Committee in a separate report to establish 3 Social Worker posts (Band B) funded from iBCF. Funding from Mid-Nottinghamshire CCG is being provided for the other 3 posts for one year (see **paragraph 3**). This request is contained within the report '2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19'.
26. There is no social worker post available to participate in the work of the integrated care teams in Bassetlaw. To ensure equity of provision with the other Districts of the County, a request has been made to the Committee in a separate report to establish 1 Social Worker post (Band B) for 12 months funded from iBCF. This request is contained within the report '2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19'.

Other Options Considered

27. A bid could be submitted to iBCF to fund more social care posts within ICTs across Nottinghamshire. This option is not being suggested because of the pressure on the iBCF for a variety of initiatives and also because the longer term vision is to align health and social care staff more effectively to encourage better partnership working as "business as usual". This is a more sustainable approach which is expected to achieve significant benefits for service users with complex health and social care needs as well as the health and social care system as a whole.
28. If no bid was submitted for iBCF funding of social work posts, there would continue to be a gap in Bassetlaw as there is no direct input into integrated care teams in that District. Three social work posts in Mid-Nottinghamshire would be put at risk from April 2018 as health are only able to fund 50% of the current six staff in post from April. No additional project manager

resource would be available to ensure sustainable transformation into a more integrated community health and social care model. Piecemeal change could be introduced to work towards this vision, led by group managers, but this would be unlikely to achieve the most effective model and would not be consistent or coherent across the County. It would be very difficult to realise the potential benefits outlined by the evaluation.

Reason/s for Recommendation/s

29. The positive impact of integrated team working for people who have complex health and social care needs has been demonstrated by the evaluation carried out by Nottingham Trent University and PeopleToo. In order to ensure that this positive impact benefits all people who have complex health and social care needs, a transformation is needed to embed more integrated working across all community health and social care teams. The vision for this wider approach will need to be developed in partnership with health colleagues. The resulting plan to implement the vision will need to be agreed and then action coordinated to achieve a consistent and effective model of delivery by April 2019.
30. There is national interest in the findings of the evaluation as the Local Government Association expects to receive a copy of the report and intends to circulate it to other local authorities; this was one of the conditions of receiving the grant funding. Other national contacts are keen to receive a copy including Professor John Bolton (who acted as the Council's critical friend during the evaluation on behalf of the LGA) and the Chief Social Worker, Lyn Romeo. There are also opportunities to publish the results of the evaluation in journals such as the International Journal of Social Work, Health Service Journal and the Local Government Chronicle. Another opportunity is to submit an application to present the findings to the National Children and Adults Services Conference 2018 (in November).

Statutory and Policy Implications

31. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

32. There are no financial implications arising from this report.

Human Resources Implications

33. There are no HR implications arising from the recommendations made in this report. The vision and implementation plan to be developed by the Project Manager during 2018/19 will outline any HR implications.

Smarter Working Implications

34. Any Smarter Working implications will be reflected and addressed within the plan to implement closer integrated working between health and social care.

Implications for Service Users

35. The vision for more integrated community health and social care team working will ensure that the benefits of integrated working set out in the evaluation by Nottingham Trent University and PeopleToo will be experienced by all service users who have complex health and social care needs.

RECOMMENDATION/S

That Committee gives approval:

- 1) to develop a vision and plans with health colleagues so that integrated working across all the community teams can deliver the 'embedded' level of joint working for all Nottinghamshire residents who have a range of complex health and social care needs. This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have a physical disability or older adults, other than through Integrated Care Teams currently in operation.
- 2) for Adult Social Care and Health officers and Nottingham Trent University (NTU) to circulate the evaluation report to national contacts (including the Local Government Association and Chief Social Worker), publish the report on the Council's and NTU's websites, use the evidence to submit articles for publication in conjunction with Council (including the International Journal of Social Work, Health Service Journal and Local Government Chronicle) and submit an application to share the work at the National Children and Adult Services Conference 2018.

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Constitutional Comments (LM 27/02/18)

36. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

Financial Comments (OC 28/02/18)

37. The financial implications are contained within paragraph 32 of this report.

HR Comments (SJJ 19/02/18)

38. Whilst the recommendations contained in the report do not have specific HR Implications, the issue of continued funding of posts beyond 2018/19 and any outcomes and recommendations from the work undertaken by the Project Manager may have HR implications that will need to be addressed.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

“Evaluation of the Social Care Role in Integrated Primary Care Teams for Older Adults who have Complex Needs in Nottinghamshire”. Prepared for Nottinghamshire County Council by Professor Di Bailey, Dr Dominic Holland and Dr Gabriella Mutale in collaboration with PeopleToo
December 2017

Electoral Division(s) and Member(s) Affected

All.

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