

8 October 2018

Agenda Item: 9

## **REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR**

### **NOTTINGHAMSHIRE INTEGRATED ACCELERATOR PILOT AND INTEGRATED CARE TEAMS PROJECT**

#### **Purpose of the Report**

1. The purpose of the report is to inform Members about the national Integrated Accelerator pilot and progress on Integrated Care Teams and seek approval of the following:
  - a. the proposed implementation of the NHSE Integrated Accelerator pilot, which will deliver an integrated health and social care approach to assessment, support planning and personal budgets in Nottinghamshire
  - b. to receive a follow up report in six months on the progress being made to deliver the Integrated Accelerator pilot and the Integration Care Teams project.
  - c. the strategy to publish the findings of the Nottingham Trent University (NTU) and PeopleToo report, as outlined in **paragraphs 18 – 21**.
  - d. the disestablishment of 17 social care posts currently dedicated to Integrated Care Teams from 1<sup>st</sup> April 2019.

#### **Information**

##### **Background to the NHS England Integrated Accelerator pilot**

2. On 20<sup>th</sup> March 2018, the Secretary of State announced Nottinghamshire as one of three sites (including Gloucestershire and Lincolnshire) to pilot health and social care taking a pro-active and joined-up approach to:
  - a. assessment for people with health and social care needs
  - b. personalised care and support planning for health and social care outcomes
  - c. offering more integrated personal budgets for health and social care funding (where beneficial).
3. Through the pilot, local people will receive better and more joined up care. This will be achieved by multi-disciplinary teams working across organisational boundaries to deliver more joined up care as simply and effectively as possible.

4. The benefits of this approach are:
  - a. better health and wellbeing outcomes
  - b. reduced demand on health and care services
  - c. better experience for people and their families.
5. The pilot builds upon work already underway with Integrated Care Teams. Integrated Care Teams are multi-disciplinary teams of staff whose aim is to provide proactive care to service users in the community who have a range of complex health conditions and would benefit from holistic working to sustain the person living at home and avoid a hospital admission. The NTU and PeopleToo evaluation showed the benefits of integrated working by enabling people to receive more joined up care closer to home and achieving savings for social care.
6. The pilot also builds upon learning from the successful Integrated Personal Commissioning (IPC) programme, which encourages people to take a more active role in their health and well-being by offering personalised support plans and personal health budgets, where appropriate. At the end of 2017/18 1,700 people had benefited from the choice and control from a personal health budget. The national evaluation of the IPC programme shows that people who have an integrated support plan and budget results in improved outcomes and an average saving of 17% for people with Continuing Healthcare funding.
7. There will be a phased approach to the introduction of a joined-up assessment, person centred care and support plans and personal health budgets. The pilot will begin in three integrated care teams and focus mainly on older adults in the following locations:
  - Mid Nottinghamshire – North Mansfield and South Mansfield Local Integrated Care Teams (over 65s)
  - South Rushcliffe Care Delivery Group (over 65s)
  - Nottingham City, Radford and Hyson Green Care Delivery Group (over 50s).
8. It is intended the learning from the pilot will be used to inform a future roll out during 2019-20. This will extend the benefits of the pilot to other cohorts of people and to all areas within the Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) footprint. In Bassetlaw, discussions are taking place about how the learning from the pilots can inform local developments on joined up assessments and support planning.
9. Early learning from the Integrated Accelerator pilot is informing policy development for social care through the forthcoming Green Paper on care and support for older people.
10. Local and national targets and measures will be agreed with NHSE, but will include measures for the following:
  - Numbers experiencing joint assessments and reviews
  - Numbers with integrated personalised care and support plans
  - Numbers of personal health budgets or integrated budgets.
11. The evaluation will also capture people's experiences, outcomes and financial savings to the health and social care system by working more effectively together.

12. This work is part of the Nottinghamshire and Nottingham STP personalised care demonstrator programme supported by NHS England.

### **Integrated Care Teams Project Update**

13. In March 2018 the evaluation of the Integrated Care Teams by Nottingham Trent University (NTU) and PeopleToo was reported to the Committee.
14. This evaluation found multi-disciplinary working across health and social care achieves better outcomes for services users and realises savings for social care, but this was dependent on the right conditions for integration being in place.
15. At the March meeting of the Committee it was agreed to appoint a Project Manager to implement a best practice model for integration across the County based on the findings from the report. A Project Manager was appointed in June 2018.
16. A toolkit for implementation has been developed with NTU to support implementation of the best practice model with integrated care teams in the three planning areas.
17. In July 2018 the Mansfield Older Adults social care staff and managers co-located with health colleagues into the Warsop Primary Care Centre (Mansfield North) and Bull Farm Primary Care Centre (Mansfield South). From the NTU and PeopleToo evaluation, co-location was a key factor for achieving the most effective level of social care and health outcomes. Learning from this development in Mansfield will help to shape co-location and alignment of teams in other planning areas.

### **Plans to publish the findings of the NTU and PeopleToo report**

18. An aim of the evaluation was to share the findings of the NTU and PeopleToo report at a national level. This was a condition of the grant from the Local Government Association and the conclusions are of national significance for the integration agenda.
19. In November 2018, at the National Children and Adults Services conference, the Council will present a joint 'integration' workshop with Manchester City Council on the experience of developing an integrated provider and commissioning structure. The Council is presenting the NTU evaluation findings and lessons learnt about implementing integrated working at the frontline.
20. In December 2018, the Council and NTU will showcase the findings and implementation of the recommendations from the evaluation in a presentation at the Kings Fund's 'Outstanding Social Care' conference. The presentation will include details of the Integrated Accelerator pilot and learning to date.
21. The National Institute for Health and Care Excellence has included the findings within a new digital resource being developed to support Quality Matters priority 5 'shared focus areas for improvement'. The resource highlights Integrated Care team working in Nottinghamshire as one of six local case examples demonstrating aspects of effective collaboration between health and adult social care. This resource will be published in September 2018.

## **Future development of Integrated Care Teams**

22. The Clinical Commissioning Groups in the Mid and South of the County agreed to establish and fund/part-fund social care posts to provide a dedicated social care input into the current community based, health staffed integrated community care teams, as the CCGs were convinced this was an essential component of the proactive integrated care model. This funding provided additional capacity to embed the new approach and then explore more sustainable long term models of integrated teams across the County between social care and community health.
23. An early decision has been made by South Clinical Commissioning Groups to withdraw funding beyond 31<sup>st</sup> March 2019 for three social workers and seven community care officers that are aligned to integrated care teams in the South. These 10 staff are employed on fixed term contracts until 31<sup>st</sup> March 2019.
24. Mid Nottinghamshire Clinical Commissioning Group has jointly funded six temporary social care workers with the Council. These posts were dedicated to the integrated care teams to support a transition to the new model of wider frontline integration across health and social care staff. These dedicated posts were previously funded 100% by health. The 50% funding will cease on 31<sup>st</sup> March 2019.
25. In Bassetlaw 1 fte temporary Social Worker post was established by the Committee in March 2018. The post was intended to assist the development of Integrated Teams. Recruitment to the temporary post was unsuccessful and the work was absorbed into the district team.
26. The findings from the NTU and PeopleToo report show that all social care and health staff need to work together in a more integrated way to best support people who have health and social care needs.
27. The Integrated Care Teams project will implement the best practice model for how front line health and social care staff will work together most effectively and efficiently across the County. The Council has funded a one year Project Manager up to March 2019 to support the work. The project will seek to mitigate the impact of the reduction in posts across North/Mid and South Notts, through aligning existing district social work teams with community health and housing. In Mansfield, the older adult social care teams are now co-located with health and early outcomes are positive in working together more effectively and efficiently. Discussions are underway in South Nottinghamshire about how to best align social care with health colleagues and plans will be in place by March 2019. In Bassetlaw, strategic discussion has taken place and an initial implementation group meeting is planned for late September 2018 to discuss co-location.
28. Therefore, it is recommended to Committee that these dedicated 17 posts are disestablished from the department's structure and staff are offered redeployment in line with the Council's procedures. Four of the posts are already vacant with agency arrangements in place.
29. In total there are 17 posts to be disestablished; 7 posts are either part funded or fully funded via the Improved Better Care Fund (iBCF) and 10 other posts are fully funded by Health. The total cost to the Council via the iBCF is £187,417. These posts are:

- 6 fte Social Worker posts in Mid Notts at Hay Band B (3 from Newark and Sherwood Older Adults Assessment Teams, 1 from Mansfield Older Adults Assessment Team and 2 from Ashfield Older Adults Assessment Teams). All 6 Social Worker posts in Mid-Notts are funded 50/50 between Health and the Council. The total 50% cost for the Council for these 6 posts is £140,562. These staff costs are funded via the Improved Better Care Fund (iBCF).
  - 10 fte Social Care Worker posts in South Notts (1 Social Worker at Hay Band B, 3 Community Care Officers at NJE Grade 5 from Rushcliffe Older Adults Assessment Team; 1 Social Worker at Hay Band B, 3 Community Care Officers from Gedling Older Adults Assessment Team at NJE Grade 5; 1 Social Worker at Hay Band B, 1 Community Care Officer from Broxtowe Older Adults Assessment Team at NJE Grade 5). All staff in South Notts are funded via Health.
  - 1 fte Social Worker post in Bassetlaw at Hay Band B was established by the Committee in March 2018, but recruitment was unsuccessful. This post, at Hay Band B, costs £46,854 (including on-costs) and is funded via the iBCF.
30. It is proposed that the posts are not funded by the Council beyond the date of 31<sup>st</sup> March 2019. This includes the 50% funding for posts in Mid-Nottinghamshire and the fully funded post in Bassetlaw.

### **Other Options Considered**

31. Another option for implementing the Integrated Accelerator pilot in Nottinghamshire would have been to choose other geographic areas, or to trial the approach with a younger adults focus. These were considered but there was a consensus to build on the work already underway with the Integrated Care Teams. The older adults focus is the preferred option, because it is older adults' social care district teams which are co-locating or aligning with their health equivalents as a first phase. Mansfield teams were chosen because they are the first areas where social care staff are co-locating with health. Rushcliffe was chosen to build on developments within the Multi-Speciality Provider Vanguard. This includes a programme called 'Lets live well in Rushcliffe'; a community connecting service, which includes health coaches; as well as Age UK being part of the integrated care teams.
32. Another option to respond to health funding being withdrawn from 16 social care posts would be for the Council to pick up the funding of these posts, at a total cost of £685,000. This is not recommended to Committee, because the findings from the NTU and PeopleToo report show that all social care and health staff need to work together in a more integrated way to best support people who have health and social care needs.

### **Reason/s for Recommendation/s**

33. 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 NTU and PeopleToo. In order to ensure that this positive impact benefits all people who have complex health and social care needs, a transformation is underway to embed more integrated working across all community health and social care teams.

34. The Integrated Accelerator pilot supports and builds upon the developments in the Integrated Care Teams by ensuring better access to health interventions and a more effective and efficient approach to joint assessment and support planning.

## **Statutory and Policy Implications**

35. 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.

## **Data Protection and Information Governance**

36. Improved information sharing across health and social care staff for direct care purposes will be governed by GDPR principles and relevant legislation.

## **Financial Implications**

37. The financial implication for the Council is current funding from health for dedicated social care posts working in integrated care teams will cease in 2019/20. The Council contributes 50% of funding to Mid-Nottinghamshire and 100% funding in Bassetlaw from the Improved Better Care Fund and this amounts to £187,417. This funding will cease and reduce the relevant team budgets from April 2019. As stated above 10 of the posts are Health funded and therefore this is not a saving to the Council. Those posts where the Council is contributing are from temporary money such as the iBCF, and are therefore not a permanent saving.

## **Human Resources Implications**

38. 17 social care posts will need to be disestablished from 1<sup>st</sup> April 2019. These posts are detailed in **paragraph 29**.

## **Smarter Working Implications**

39. There are implications for the Smarter Working programme due to the changes needed to support wider integration of health and social care staff. Discussions are underway with the Smarter Working Programme to ensure that all options are considered and best use of resources is achieved.

## **Safeguarding of Children and Adults at Risk Implications**

40. More effective cooperation and coordination between frontline health and social care staff will improve opportunities to discuss and address safeguarding issues for adults in a more joined up and effective way.

## Implications for Service Users

41. More effective cooperation and coordination between frontline health and social care staff will mean that service users who have both health and social care needs will receive better outcomes, as outlined in the NTU and PeopleToo evaluation report. In addition, service users will have an improved experience of service delivery. For example:
- Only telling their story once and information being shared by staff working together
  - Joint visits to do assessment and support planning work, rather than separate visits from different staff
  - Staff know what each other is doing because they are in regular communication
  - Staff understand each other's roles so they know who else to involve for advice and support
  - Service delivery is faster because staff will have access to relevant information quickly and can talk directly to each other without having to pass through other channels of communication/referral.

## RECOMMENDATION/S

That Committee:

- 1) approves the proposed implementation of the NHS England Integrated Accelerator pilot, which will deliver an integrated health and social care approach to assessment, support planning and personal budgets in Nottinghamshire
- 2) agrees to receive a follow up report in six months on the progress being made to deliver the Integrated Accelerator pilot and the Integration Care Teams project.
- 3) approves the strategy to publish the findings of the Nottingham Trent University and PeopleToo report, as outlined in **paragraphs 18 – 21**.
- 4) approves the disestablishment of 17 social care posts currently dedicated to Integrated Care Teams as detailed in **paragraph 29**.

**Jane North**  
**Transformation Programme Director**

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### **Constitutional Comments (EP 18/09/18)**

42. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

### **Financial Comments (OC 19/09/2018)**

43. The financial implications are contained in paragraph 22 to 30 and 37 of this report.

### **HR Comments (SJJ 05/09/18)**

44. Post holders have been employed on fixed term contracts in these temporary posts and are aware of this report, action is currently being undertaken to ensure as far as possible these employees are retained in employment by following the agreed employment policies and procedures of the Council. Trade Union colleagues were informed at the departmental JCNP (Joint Consultative & Negotiating Panel) and will work with the department and HR to support employees 'at risk'.

### **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.

Impact of Social Care Embedded with Integrated Care Teams – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> March 2018

Better Care Fund: 2017/418 Progress and update and approval for the use of the BCF Care Act allocation and the Improved BCF 2018/19 - report to Adult Social Care and Public Health Committee on 12<sup>th</sup> March 2018

### **Electoral Division(s) and Member(s) Affected**

All.

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