

13 March 2017

Agenda Item:6

REPORT OF THE SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE

UPDATE ON PROGRESS WITH ARRANGEMENTS TO INTEGRATE HEALTH AND SOCIAL CARE IN MID-NOTTINGHAMSHIRE

Purpose of the Report

1. This report:
 - a) provides Committee with a bi-annual progress report on the Mid-Nottinghamshire Better Together Alliance. This was requested by Committee on 7th March 2016 following approval for Nottinghamshire County Council to become a full Alliance member.
 - b) requests that the temporary full-time equivalent (fte) Social Worker (Band B) post linked to the community health Intensive Home Support Service for Newark and Sherwood is disestablished.

Information and Advice

2. The Better Together Alliance (The Alliance) is a partnership between Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, six NHS health providers, local voluntary sector umbrella 'Together Everyone Achieves More (TEAM)', Mansfield District Council and Mears Homecare Ltd.
3. The programme's ambition is that everybody who uses both health and social care services in Mid-Nottinghamshire will experience integrated care and that services will work together better in order to give the best care based on a person's personal circumstances. In addition, it aims to put in place joined up, responsive urgent care services that operate outside of hospital wherever possible.
4. The programme has three main work-streams with the joint work between adult social care and health taking place predominantly in the 'Urgent and Proactive Care' work stream. The other two work streams are 'Elective Care' and 'Maternity and Paediatric Care'.





Performance

5. Table 1 below shows performance against the four priority targets of the 'Urgent and Proactive Care' workstream. Low is good for all the indicators. In relation to the three targets within this workstream that are not being met, urgent action to recover performance has been agreed with a number of High Impact Work Areas being identified that bring together

a number of work streams in order to deliver some agreed rapid interventions. Senior Alliance representatives are meeting every week to monitor progress against priority actions. This group reports back to the monthly Mid-Nottinghamshire Accident and Emergency Delivery Board (formerly the System Resilience Group). The Service Director for Mid-Nottinghamshire is a member of this Board.

6. Reductions in admissions to residential care in Mid-Nottinghamshire remain on target to deliver the Council's Living at Home programme and associated savings through reducing the numbers of people in residential care. Six of the total twelve Poppy Fields short term social care assessment flats in the Extra Care Scheme were opened in December 2016 and have been full since opening for short stays of up to three weeks. These support people with leaving hospital or living in the community who need a period of assessment and reablement at a level of care that cannot be provided in their own home. It helps people to (re)gain/retain their independent living skills and avoid residential care admission. The other six assessment flats will have become available from February.

Table 1

Outcome area	Performance target to be met by BT Programme by 2018/19	Target for October 2016	Actual performance October 2016	Trend since April 2016
Reduction in admissions to residential and nursing homes	25% 	28 admissions	25 admissions	Admissions are consistently lower than target
Reduction in attendances at Emergency Department	15.1 % 	8,000 attendances	9,000 attendances	Attendances are consistently above target
Reduction in emergency admissions to hospital	19.5% 	2,700 admissions	3,100 admissions	Attendances are consistently above target
Reduction in emergency acute hospital bed days	30.5% 	14,000 bed days	14,300 bed days	Bed days are above target

Progress with developing the Alliance partnership and the transition plan

7. At the point of forming the Alliance, it was acknowledged that further work was required in the first transition year in order to determine the detail of how to implement some of the intentions of the Alliance. A number of activities were agreed to be completed by 31st March 2017. If further time is required to fully complete these activities, then the Alliance Leadership Board can (acting unanimously) decide to extend the time-scale up to 31st August 2017.

8. At the end of the transition period, if agreement on the way forward has not been reached, then there will be a decision as to whether the Alliance reconfigures its membership or is dissolved. Whilst progress has been made on all areas, further work is required to test some of these out in practice. The Alliance is currently undertaking a review of progress. From initial assessment it is likely that the outcome of this will be to extend the transitional period to the end of August 2017, in order to enable the new initiatives to be practically tested. The transition plan includes the following priorities:
- **developing new payment mechanisms for health providers** that move away from the current system of 'Payment By Results' to allocating funding to providers to deliver outcomes that meet the health and wellbeing needs of local populations (also referred to as a "capitated payment mechanism"). It has been agreed that this will exclude funding allocated as social care Personal Budgets, however, this will work alongside and still be tracked alongside the capitated payment approach. The payment mechanism has been developed and is due to be tested on a number of proposed service areas.
 - **expansion of the outcomes based payment model for the NHS service contracts**, to allocate a portion of funding based on achievement of agreed outcomes rather than specific activity. The outcomes are: reducing attendance at A&E, reducing permanent admissions to residential care; reducing falls; reducing the prevalence of diabetes; improving patient experience in decision-making; reducing unplanned hospitalisation for chronic ambulatory conditions; and increasing the number of people able to die in their preferred place. New actions relating to these in the current year have been progressed through flexible use of the national Commissioning for Quality and Innovation (CQUIN) targets and payments which are part of the NHS standard contracts. Unfortunately there is not the flexibility to use them in this way in the 2017/18 and 2018/19 health contracts, therefore further alternatives now need to be identified to progress this work.
 - **a model agreeing the detail of how the sharing of any risks and rewards** associated with putting in place any of the new models will operate across the partnership. An example would be that in order to reduce costly acute hospital stays, a new/increased community based service is required that would place additional costs on a different Alliance partner. A draft risk and reward model has been developed to agree how to assess the business case for such changes and address how risks and rewards would be managed in such scenarios. This now needs to be tested and a process agreed for how risks are identified as appropriate to apply the model to.
 - **the establishment of Care Design Groups** in order to complete the above areas of work and develop the new models. These are in place through the High Impact Work areas.
 - **a process for selecting social care provider Alliance members** was approved by Adult Social Care and Health Committee on 11th July 2016. Shortlisting and interviews took place in September 2016, resulting in the nomination of Mears Care Ltd and Mansfield District Council to be Associate Members of the Alliance. These nominations have been accepted unanimously.
 - **ongoing development of new models of care** to deliver the Alliance objectives, including establishing a Single Front Door at King's Mill Hospital, Local Integrated Care

Teams and improving Integrated Discharge arrangements, as described in the next section (**paragraphs 9-16**) of this report.

Update report on key integration developments within Mid-Nottinghamshire

9. **Local Integrated Care Teams (LICTs)** are seven multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. The CCGs fund eight social workers, on a permanent basis, who are co-located within the teams.
10. The Council successfully bid for £20,000 from the Local Government Association, Care and Health Improvement Programme to fund a robust external evaluation of the cost-effectiveness and impact for social care of this approach across the County. This contract has been awarded to Nottingham Trent University and People Too. The evaluation is due to be completed by June 2017.
11. **7 day access to services.** As reported to Adult Social Care & Health (ASCH) Committee in October 2016, funding has been made available to the Council by the Alliance to test whether there are benefits to extending the availability of social care assessment staff in the community teams at weekends. Volunteer applications have been sought to do this work and two workers have provided social care cover on five weekend days during January. Evaluation of the benefits of this is underway. The outcome and any staffing or policy implications requiring decisions by the Council will be brought back to Committee.
12. **The Transfer to Assess** model aims to ensure that once people are medically well enough to move out of an acute ward, any further assessments required will be carried out in another setting, ideally their own home. The aim is now to support the shift to a 'Home First' ethos, enabling more people to be supported directly home instead of to an interim placement. NHS England has requested that CCGs have such a model in place (called Discharge to Assess) to minimise assessment in hospital by 1st April 2017. Locally, it has been agreed to build on and grow what has worked well so far in Mid-Nottinghamshire and for the priority area of work to be to develop a pathway that will avoid people having to wait unnecessarily in hospital for Continuing Health assessments to be completed.
13. The CCGs are commissioning an Intensive Home Support community health service with money released by purchasing fewer beds. Approval for a temporary Social Worker (Band B) post was given at the ASCH Committee meeting in October 2016, to work in the Newark and Sherwood Intensive Home Support service until 31 March 2017. This post was not recruited to, likely due to the short time period for which funding was agreed. The CCG has now advised the Council that there is no long-term additional funding available for the Newark and Sherwood Intensive Home Support service and alternative delivery options for the service are being considered by health colleagues. Therefore, this temporary post will not be recruited to and requires Committee to formally disestablish it.
14. **A review of Integrated Discharge teams and processes** continues. The aim is to speed up processes and provide people being discharged from hospital with a more integrated approach from the various separate health teams. This includes the Hospital Social Work Teams and other discharge-related services including Mansfield District Housing staff, transport, voluntary sector provision etc.

15. Social care performance remains good regarding delays in hospital that are solely attributable to social care. The small number of delays each month (two days for example in December 2016) are due to provider services (care homes or home care) either not having the information soon enough or not having the capacity to pick up fast enough. The Emergency Department Avoidance Support Scheme (EDASS) team can provide low level support to people for a short period of time, until the long-term home care package commences. Work is underway with Mears homecare and Nottinghamshire County Council's Short Term Assessment and Re-ablement Team (START) to ensure that homecare can start to work promptly with any people who need it, as soon as their re-ablement is completed.
16. Many changes to processes are being implemented. Key benefits to date of the review in relation to social care are:
 - a) a new ICT workflow has been designed and launched in the Emergency Department at King's Mill Hospital in November 2016. This enables clinicians (with consent from the patient) to send a request to the social care Frameworki system to ask if the person is known to social care and if so, what care package is in place. The details of the package and provider are sent back to the clinician, to help him/her make an informed decision about whether the person can be sent home safely. This reduces requests to social workers based in the hospital to look up this information. This project has been very well-received within the Emergency Department. Short term resources have been agreed by the Council to work with Sherwood Forest Hospitals Trust to identify the potential scope for using this workflow solution in the Emergency Department, as well as other applications.
 - b) a recent ICT change has reduced the time taken for ward staff to complete a Social Care Assessment Notice, as well as making it easier for ward staff to know when it is appropriate to send these. Guidance and training has been developed to explain when it is appropriate to refer a patient to the Hospital Social Work team and how to do this. The aim is to reduced inappropriate referrals, which will speed up discharge and provide a better experience for patients

Short Term Independence Service (STIS)

17. In October 2016 ASCH Committee agreed to combine the assessment staff supporting short term beds and home based independence services with the START provider service managers and reablement support workers into one Short Term Independence Service (STIS). This has created three teams, each reporting to the relevant Group Manager for that locality; one covering Mansfield and Ashfield, one Newark and Sherwood and one in Bassetlaw. These teams will then be able to align with the local community health teams. The following work has been completed.

Staff Engagement

18. A well-attended staff engagement workshop was held in November where group managers led open discussions with staff about the potential impact and benefits that this new way of working could offer. Staff identified that a streamlined service would offer greater benefits to the people who use the services due to a consistent approach and well defined pathways into the service. They also noted the benefit to their own professional development in having

the opportunity to work across the various schemes and with new health partners. Staff comments were collated and have shaped implementation plans.

Implementation

19. Team managers of the new STIS teams and the managers of the teams outside of the STIS service who have been indirectly impacted, have been positive and proactive in scoping the work to create a consistent and well co-ordinated service. They have engaged with their teams by conducting meetings to agree the STIS vision, identify how individuals can be supported to work across the functions and to listen to staff about any concerns they may have. Staff have been open to the changes that they face and are offering practical solutions to any issues they raise. Each STIS area team manager has their own area specific implementation plan, which details the actions and steps that the team has agreed to complete. This ownership is key to the success of the new service area.
20. Staff have arranged to spend time with their colleagues who work in different areas, in order to understand and learn the pathways and processes which will enable them to begin to work flexibly. Following completion of this work in February, the new service will start. The STIS staff are then meeting their community health colleagues in March to define how further alignment can be achieved in order to offer an improved integrated service.
21. Funding from Health Education England has been secured to provide an external facilitator to conduct a workshop with the Council's core homecare providers and community health teams, to review the opportunities and resources required to improve the flow through the Council's START re-ablement service. For example, it will seek to identify how to ensure homecare providers receive the right information at the earliest opportunity to enable them to pick up people requiring homecare as soon as possible after their re-ablement is complete. An update and recommendations from the workshop will be reported on in the next quarterly update on the Mid Nottinghamshire Alliance.

Other Options Considered

22. No other options have been considered.

Reason/s for Recommendation/s

23. These recommendations are proposed for the reasons outlined in the various sections of the report.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, 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, sustainability and the environment and ways of working 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

25. The temporary six month post it is recommended to be disestablished was due to be funded by Health and therefore there are no financial implications. The main body of the report is a progress up-date and therefore has no financial implications.

Human Resources Implications (SJJ 22/02/17)

26. The post to be disestablished is currently vacant therefore there are no HR Implications.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the development of integrated health and social care arrangements in Mid-Nottinghamshire
- 2) approves that the temporary full-time equivalent Social Worker (Band B) post linked to the community health Intensive Home Support Service for Newark and Sherwood is disestablished.

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Constitutional Comments (LM 28/02/17)

27. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (AGW 01/03/17)

28. The financial comments are contained in paragraph 25.

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.

The Mid-Nottinghamshire “Better Together” Alliance Agreement contract – report to Adult Social Care and Health Committee on 7 March 2016.

Selection process for social care providers to join the Mid-Nottinghamshire Better Together Alliance – report to Adult Social Care and Health Committee on 11 July 2016

Update on progress to integrate health and social care in Mid-Nottinghamshire – report to Adult Social Care & Health Committee on 10 October 2016

Electoral Division(s) and Member(s) Affected

All.

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