

Report to Health Scrutiny Sub-Committee

Update on the Progress of Community Health and Adult Social Care Integration

Portfolio Holder:

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Purpose of the Report

Following a report to Health Scrutiny Committee on 7 January 2020, this report provides a further update to the Committee on the integration agenda for Community Health and Adult Social Care Service.

Recommendations

Health Scrutiny Committee is invited to note the update provided and advise of dates for future updates.

Update on the Progress of Community Health and Adult Social Care Integration

1 Background

- 1.1 The Community Health and Adult Social Care Service (Community Service) formed in 2018, in response to growing local, regional and national drivers for integrated care delivery to realise economies of scale, improve quality of care and to enhance the service experience for people with health and care needs.
- 1.2 The Community Service provides support to vulnerable adults with health and care needs and consists of five partner organisations; Oldham Council (OMBC), the Northern Care Alliance (NCA), Pennine Care Foundation Trust (PCFT), Oldham Clinical Commissioning Group (CCG) and MioCare. Although described as a service, it is a collaboration of the five organisations, enabling their human, estate and financial resources to be deployed under one leadership model.
- 1.3 The Community Service is one component of an intricate place-based health and care system for the locality which consists of multiple partners, centered around five geographical areas for health and social care services, Primary Care Networks (PCNs) and place-based provision (Figure 1); enabling the alignment and complementary delivery of clinical and social models of care.

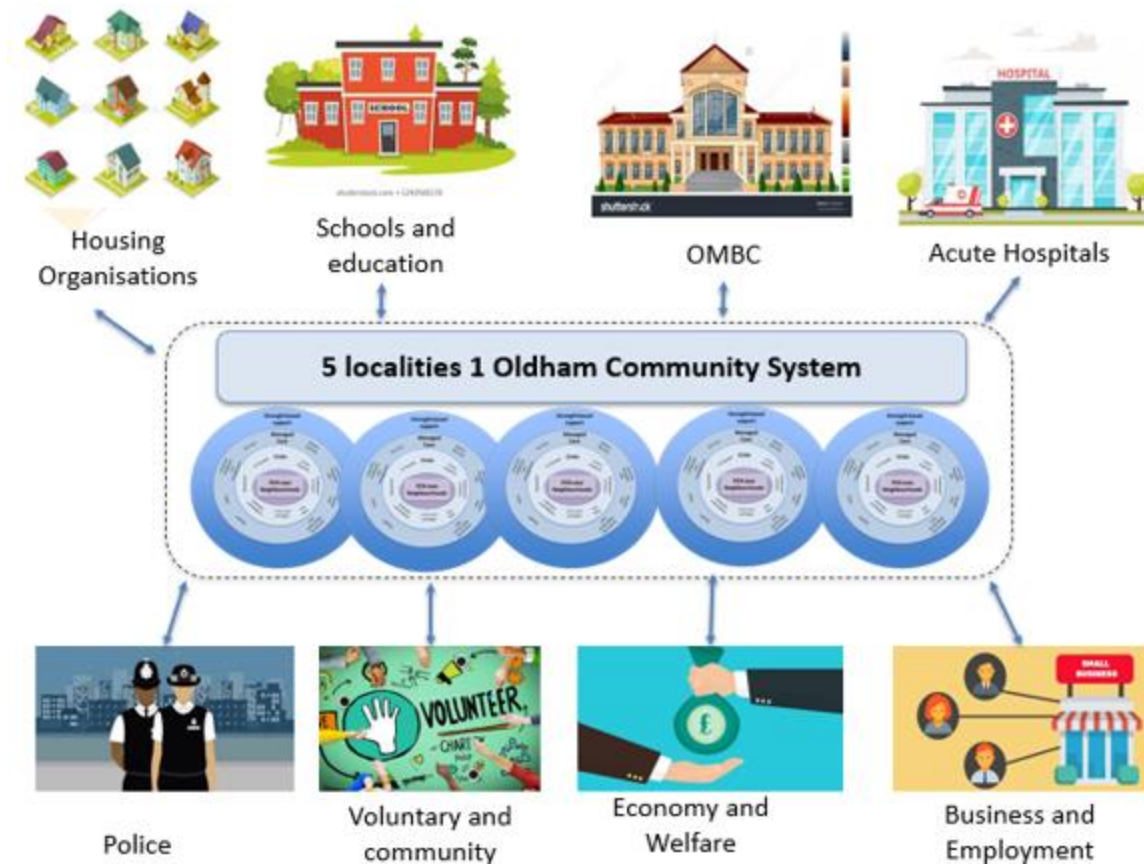


Figure 1: Intricate place-based model of health and care delivery

1.4 The Community Service is a complex and diverse organisation delivering a plethora of health and care services which includes approximately 1,450 staff, operating across seventy services and supports over 88,000 people annually; leading to a complex service directory delivered across five portfolios (Figure 2). A detailed Community Service structure is available at Appendix 1.



Figure 2: Community Service Portfolio Areas

1.5 The Community Service purpose is to complement a system-wide shared common goal to:

- Support people to live at home as independently as possible;
- Use a 'Home First' integrated flexible approach;
- Deliver services through a sustainable and efficient business model.

The model has been developed over the last two years with the purpose of integrating and joining up service delivery to the most vulnerable citizens. The service has now completed the first phase of its development and going forward a more formalised approach is required which is currently being progressed through consideration of wider integrated system model.

Response to Covid-19

1.6 During the preceding 6-months, the Community Service has primarily focused on its response to the Covid-19 pandemic, ensuring continued delivery of essential health and social care services to the borough during periods of heightened demands across the local health and care system.

1.7 Covid-19 has presented opportunities and learning to enhance the Community Service integrated model and to build back better with foundations based on system-

wide learning and connectivity. During the height of the pandemic the service provided a significant contribution collectively with partners, for the locality-wide response, including:

- *Care Home Support*: supporting care homes with direct operational care support, enhanced communications, financial support and support with testing and staffing.
- *Alternative Discharge Service the Hotel Offer*: an alternative pathway for people with very low or no ongoing care needs that cannot return home possible due to shielding family members. There are currently 5 beds available that are accessible via the discharge hub.
- *STICH*: A specific team 'STICH' (Supporting Treatment in Care Homes) was established to provide additional support to Care Homes. This multi-disciplinary team included nurses, therapists, social workers, palliative and EOLC nurses, AROs, Public Health and GPs. The offer includes a Covid-19 testing service for care home staff and residents.
- *Swabbing / Testing Services*: established swabbing services including both a drive-through and home or work visiting service that provides testing for both key workers and residents.
- *PPE*: established a process for both maintaining stock and delivering PPE to those that need it. Care providers were encouraged to maintain their own supplies with the central stock (the main store at QE Hall) being used to supplement this and provide stock to those unable to access their own supply.
- *Leadership & Workforce*: One true leadership team working together on shared objectives and goals, utilising flexible deployment of the workforce to meet constantly changing demands as quickly as possible.
- *Hospital Discharge Hub and Pathway*: established a new service, Integrated Crisis Enablement Team (ICE-T), operating over 7 days a week 8am – 8pm which included Nurses, Therapists, Social workers, MioCare staff and administration staff to receive, triage and allocate all discharge referrals within 1 hour of referral. The service is embedded within the Community Enablement model.
- *Social Work Offer*: moved to a five over seven-day service and extended core hours to 8am - 8pm. To support hospital discharge and flow in the community social work support was increased to in-reach into Butler Green and Medlock Court and led to the development of a new social work team to integrate with ICET (Integrated Crisis Enablement Team).
- *GP Clinical Support*: Working closer than ever with a wide number of local GPs to provide support, guidance and leadership in key community areas.
- *Payments to Providers*: developed plans, processes and systems to provide financial support to commissioned care providers, to ensure financial stability

within a fragile sector. Funding was facilitated through schemes and grants direct to the Council (Infection Control Grant and Covid-19 grant).

- *Enhanced Carers Offer*: completed welfare support checks for over 1,200 carers and continued to maintain our statutory duties by completing over 800 carers assessments.

1.8 As the Community Service begins to transition into the new normal operating model to deliver services whilst living with Covid, detailed recovery and transformation plans have been developed (Appendix 2) which focus the activities of the service over the longer term to recover and transition into a new 'normal' operating environment.

Factors to consider as we Build Back Better



2 Strategic Context

The Coronavirus Act 2020

2.1 In response to the pandemic, national government issued emergency legislation under the Coronavirus Act 2020, which provides a relaxation of local authority duties around the provision of care and support needs. For example, local authorities would only be under a duty to meet a person's eligible needs where not doing so would breach their human rights. The changes were brought into force on 31 March 2020, meaning that local authorities in England were able, if they deemed it necessary, to adapt their adult social care provision in line with the relaxed duties (referred to as Care Act easements).

2.2 Under the Care Act 2014, local authorities in England have a range of duties relating to assessing and meeting the care and support needs of adults and their carers. The Care Act easements, which was supported by detailed guidance, provided

clarification for local authorities on prioritising adult social care during the coronavirus outbreak. An ethical framework intended to “ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults” was also published.

- 2.3 Locally, the Community Service has not had to invoke Care Act easements, however, this continues to be closely monitored and aligned to winter preparedness arrangements. As at 30 April 2020 seven local authorities were operating under Care Act easements. However, by 3 July 2020 no local authorities were operating under easements. As part of Covid recovery and transition arrangements, both the NHS and the Department of Health and Social Care (DHSC) issued recovery and winter preparedness plans for the next phase of the response.

Phase 3 Recovery and Adult Social Care Winter Plan

- 2.4 As part of the initial response to Covid, central government issued guidance on 19 March 2020 (the *Hospital Discharge Service Requirements*) to all local authorities and Clinical Commissioning Groups (CCGs) for hospital discharge and avoidance, to minimise pressure on the acute and fast track patients into community or other alternative settings. The intention of this guidance was to maximise patient flow out of acute settings; thereby freeing up resources to provide an effective response to the Covid-19 pandemic. The new pathway included a period of indefinite funding, whereby the provision of care was free to the individual. The Community Service established the Hospital Discharge Hub and ICE-T service in response to meeting these expectations.
- 2.5 On 31 July 2020, a letter was issued by Simon Stevens, NHS Chief Executive, outlining the third phase of the NHS response to Covid-19. The letter highlighted the expectation for discharge to assess to be fully implemented, new Covid-19 funding arrangements and the expectations of health and social care partners. This letter signalled transition from the existing guidance issued in March 2020.
- 2.6 The letter was supported by further guidance which was issued by the NHS on 22 August 2020 to all NHS trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England. The *‘Hospital Discharge Service: Policy and Operating Model’* guidance (Appendix 3) outlined the expectations from 1 September 2020 for social care needs assessments and NHS Continuing Healthcare (CHC) assessments of eligibility to recommence; for discharge to assess to be fully implemented and for new funding arrangements for a period of 6-weeks to be adopted. It is envisioned that these arrangements will remain in place until 31 March 2021 or until such time that the guidance changes.
- 2.7 The Community Service, in response to the latest expectations placed on health and social care organisations, has ensured that it has systems and pathways in place to effectively respond to these requirements over the next 6-months, to maintain system flow and support acute provision during rising winter demand and an uncertain landscape due to increasing Covid-19 cases at local and national levels. Appendix 4 documents the self-assessment of the local health and care system to deliver on the requirements of phase 3 recovery for the NHS.

2.8 On 18 September 2020, the DHSC published the adult social care winter plan (Appendix 5) which incorporated the Government's response to many of the recommendations of the adult social care taskforce (chaired by David Pearson, Social Care Sector Task Force Lead). The winter plan and supporting guidance identified 25 core areas for social care to focus on over the next 6-months, with alignment to Phase 3 recovery arrangements for the NHS:

1. Actions for local authorities and NHS organisations
2. Actions for providers
3. Our plan for adult social care this winter
4. Preventing and controlling the spread of infection in care settings
5. Managing staff movement
6. Personal protective equipment (PPE)
7. COVID-19 testing
8. Seasonal flu vaccines
9. Safe discharge from NHS settings and preventing avoidable admissions
10. Enhanced health in care homes
11. Technology and digital support
12. Acute hospital admissions
13. Social prescribing
14. Visiting guidance
15. Direct payments
16. Support for unpaid carers
17. End of life care
18. Care Act easements
19. Supporting the workforce
20. Supporting workforce wellbeing
21. Workforce capacity
22. Shielding and people who are clinically extremely vulnerable
23. Social work and other professional leadership
24. Funding and financial support for providers
25. Care home support plans

2.9 The Community Service is currently exploring and assessing the additional expectations placed upon them (Appendix 6), to align arrangements with winter preparedness plans and ensure a health and care system-wide response and ownership.

GM Model of Integration

2.10 The GM agenda for integrated health and social care provision is continuing to evolve with a focus on delivering an Integrated Commissioning Function (ICF) and complementary Local Care Organisation (LCO) or collaboration of providers model.

2.11 There is growing consensus nationally that **Place** is the key building block for health and care integration because for most people their day-to-day care and support needs will be expressed and met locally in the place where they live.

2.12 The key building block for the future health and care system is therefore at 'place', meaning at a local authority footprint (where there is a joint strategic needs

assessment and a health and wellbeing strategy). At its core the principle for Oldham is to create an offer to the local population that will include:

- a. Everyone living in that place is entitled to access clear advice on staying well
- b. Everyone living in that place is entitled to access a range of preventative services
- c. Everyone living in that place is entitled to access simple and joined up services for care and treatment when they need it
- d. Anyone who is vulnerable or at high risk is entitled to simple, active support to keep as well as possible
- e. Everyone living in that place is entitled to expect the NHS, through its employment, training, procurement and volunteering activities, to play a full part in social and economic development

2.13 The key functional characteristics of this new approach to place and integration will be as follows:

- a. to support and develop PCNs;
- b. to simplify, modernise (including technology) and join up health and care (this includes joining up primary and secondary care where appropriate);
- c. to understand and identify – using population health management techniques and other intelligence – people and families at risk of getting left behind and to organise proactive support for them; and
- d. coordinating the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups

2.14 This new integrated health and care system will further influence and inform the Community Service future form in the coming months; including existing governance arrangements for Community Service delivery.

3 **Governance**

3.1 The Community Service continues to face challenges in how it manages the delivery of its services due to the complexity of existing governance arrangements. There are approximately 60 groups that make decisions affecting Community Services. These boards span across the Council, Oldham Clinical Commissioning Group, Oldham Care Organisation, Northern Care Alliance, and Pennine Care Foundation Trust.

3.2 The potential model of delivery via an Integrated Care Partnership (ICP) is intended to progress revised governance arrangements for the health and care system, through formal legal arrangements, which will address the challenges being faced at a Community Service level. Each organisation would still retain its employment responsibilities and clinical governance and safety requirements.

3.3 To contribute to addressing these challenges, the Community Service has developed short term recovery plans (Appendix 7) which will be assured via the interim command and control structures (Gold, Silver, Bronze) adopted in response to Covid (Appendix 8).

3.4 Over 540 community health staff are employed via the Northern Care Alliance which has strict governance controls in place to ensure safe clinical practice. The arrangements going forward will need to reflect how the clinical and statutory requirements of all the organisations can be undertaken and the organisations still held accountable both to elected members and regulators.

4 ASC Commissioning and the Integrated Commissioning Function (ICF)

4.1 Work continues to develop an integrated approach to health and care commissioning. The statutory functions and duties of the Director of Adult Social Services (DASS) and the Director of Children Services (DCS) will be retained. Further updates will be provided in due course.

5 Service-Wide Challenges

Safeguarding Approach

5.1 A redesigned safeguarding adults system with both strategic and operational components has now been implemented; with operational safeguarding delivered at a cluster level and strategic safeguarding functions delivered through the Strategic Safeguarding Service; which supports the Oldham Safeguarding Adults Board (OSAB).

5.2 The Community Service has seen a significant increase in safeguarding activity over the previous months; resulting in capacity and resource impacts for the service to respond to the number of safeguarding enquiries.

Financial Efficiencies

5.3 The Community Service is currently working through a number of budget proposals in light of the financial challenges facing the Council. Initial financial efficiencies proposals have been developed which total £5.2m.

5.4 The proposals cover workforce reductions, de-commissioning services, a reduction in low-level preventative support and adopting strengths based and assistive technologies to meet needs through more innovative solutions.

Community Enablement

5.5 The service's Hospital Discharge model, in response to central government policy changes to respond to Covid-19, has now come under a revised Community Enablement programme. The Hospital Discharge Hub and ICE-T offer a multi-disciplinary response to individuals being discharged from hospital into community or intermediate care provision. The service also provides 'step-up' support for people living in the community to avoid hospital admission.

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- 5.6 The model for our Integrated Discharge Team (social workers based within the hospital to facilitate discharge) is being redesigned with a focus on a pull-model of delivery, to enable people to return home within their local communities.

Therapy Strategy

- 5.7 Our therapy staff have continued to deliver services and are now seeing an increase in referrals brought about through suppressed demand during lockdown. Learning from Covid-19 has highlighted the need to ensure there is a clear strategy for our Allied Health Professional (AHP) workforce which reflects new ways of whilst building a clear professional accountability framework.
- 5.8 The strategy will support the redesign of our therapy offer around community rehabilitation and include a review of 7-day provision across Community Services.

District Nursing

- 5.9 Demand continues to outstrip capacity within the District Nursing element of Community Services. A District Nursing review was conducted in January 2020, which estimated 23 additional nurses would be required to meet pre-Covid demand.
- 5.10 Pressures continue to risk in the service with recent demand varying between 115 – 125%. Agency staff have been recruited until the end November to manage risks and mitigating actions are being worked through with system-wide partners.

Proposed Community Service Structure

- 5.11 A proposed revised structure for the CHASC service which will evolve as the wider health and care system develops across GM has been designed (Appendix 9)

Supporting the Social Care Market

- 5.12 The commissioning function within the Community Service has continued to provide vital support and funding to the local care sector to stabilise the market during Covid and reduce market fragility.
- 5.13 A package of financial support to the sector was agreed by Cabinet on 7 July 2020 (Appendix 10) covering bed occupancy guarantees for care homes, paying commissioned rather than actual for home care, financial support for Covid related costs, uplifting fees in line with national guidance and making additional respite provision to enable unpaid carers to take a break.

6 Key Issues for Health Scrutiny to Discuss

- 6.1 For scrutiny to take note of the update for integration of Community Services.

6.2 For Scrutiny to seek assurance that both the statutory duties of the Council are being undertaken.

7 **Key Questions for Health Scrutiny to Consider**

7.1 For scrutiny to consider the integration position for Community Services in the context of the current strategic and operational operating environment.

7.2 For scrutiny to clarify date for further updates.

8. **Links to Corporate Outcomes**

8.1 Integration works proactively with residents and partners to promote health, independent lifestyle whilst providing the right level of care at the right time.

8.2 We aim to put social value and transformation outcomes at the heart of delivery of Community Services.

8.3 Through integration, we will reform our services which will in turn lead to better outcomes and delivery for residents.

9 **Additional Supporting Information**

9.1 None.

10 **Consultation**

10.1 Relevant parties have and continue to be engaged and involved in the integration approach for Community Services, including more recent evolving legislation, policy and guidance across finance, legal, HR and other partners.

11 **Appendices**

11.1 Appendix 1: Community Health and Adult Social Care Structure



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11.2 Appendix 2: COVID-19 Recovery Plans Presented to Silver



CHASC COVID-19
Recovery Transition



CHASC COVID-19
Recovery Transition

11.3 Appendix 3: *'Hospital Discharge Service: Policy and Operating Model'* guidance



Hospital_Discharge
_Policy.pdf

11.4 Appendix 4: Self-Assessment to Respond to Phase 3 NHS Recovery Plans



Copy of Copy of
HCV Discharge Guid

11.5 Appendix 5: Adult Social Care Winter Plan

<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

11.6 Appendix 6: Self-Assessment for the Adult Social Care Winter Plan



Copy of ASC Winter
plan draft v4.0.xlsx

11.7 Appendix 7: Short Term Recovery Plans for Community Services (3-months)



20200918 HCRTG
Workstream Scoping

11.8 Appendix 8: Emergency Response Structures and Governance Arrangements



Covid response and
governance Aug 202

11.9 Appendix 9: Proposed Re-designed Community Service Structure



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11.10 Appendix 10: Cabinet Report – Additional Expenditure to Support the Care Sector



Additional
Expenditure in supp