Adults, Wellbeing and Health Overview and Scrutiny Committee

17 January 2020

Integration of Health and Social Care across County Durham

Ordinary Decision/Key Decision No.

Report of Lesley Jeavons, Director of Integrated Community Services and Jane Robinson, Corporate Director of Adults and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To update members of Adults, Wellbeing and Health Overview and Scrutiny Committee (OSC) on progress to date in relation to integration of health and social care across County Durham.

Executive summary

2 County Durham has a long tradition of strong partnership working. Additional opportunities to provide services in an integrated way have been successfully developed over the last 3 years. This has in the main involved the development of a new community service model, wrapped around primary care as well as an emerging integrated commissioning function.

3 The new community service model has resulted in improved outcomes for users of both NHS and adult social care services with a notable improvement in the interface between key stakeholders. This has in turn led to service reviews with the purpose of improving pathways and new investment in NHS services.

4 It is expected that further opportunities will arise in respect of greater levels of collaboration between the NHS and local government as well as the enhancement of services delivered within community settings.

5 Adults Wellbeing and Health Overview and Scrutiny committee is recommended to:

(a) Note the contents of this report.

(b) Support the direction of travel with regard to integration across County Durham.

Background

6 Integration has been a key policy driver for many years within health and social care. Most recently the Five-year Forward View and the Care Act 2014 outlined the need to design and implement services around individuals and their communities, to further enhance pathways and joint service provision across health and social care.

7 In County Durham, there is a strong track record of integrated working based on effective partnerships. This has led to the development of a number of examples of integrated services such as Intermediate Care plus, the 0-19 pathway and Mental Health and Learning Disability Services, which have been part of an integrated approach between Tees, Esk and Wear Valleys NHS Trust (TEWV) and Durham County Council for several years.

8 A new specification for the delivery of NHS community services was developed in 2017 which placed integration at its centre and this was supported by the council. This has required NHS community services to be managed alongside specific adult social care services. A combined Integrated Care Board (ICB) is in place and forms part of an established governance system. Direct service delivery of NHS community and adult social care services is being overseen by the Director of Integrated Community Services on behalf of all partners.

9 In relation to primary care, 13 Teams Around Patients (TAPs) have been established and are operational across County Durham and whilst the focus of activity has centred on the frail/elderly cohort, the longer-term ambition of the TAPs is to extend the remit to a wider group of patients, specifically to those with long term conditions. Furthermore, in line with the agreed direction of travel, work is ongoing to enhance the community offer with consideration being given to services transferring across to this service from an acute setting, e.g. the discharge management function.

10 Community services are seen as an essential partner in the provision of a safe and responsive service offer, the aim being to keep people at home and maintain their independence for as long as possible. Managing a safe and timely discharge process is also fundamental to the work of the service. Progress has been made in terms of integrating

senior management teams within adult care and the NHS community service with opportunities for joint working being progressed. Reviews have been taking place in relation to each service line within the community contract as part of an overarching “Transformation Plan”.

11 The new community service has been working hard to ensure its offer is responsive and customer focussed. Furthermore, the work to avoid hospital admission and facilitate discharge whilst providing more services closer to home has continued. More recently, focussed collaboration has taken place with care home and domiciliary care providers to drive improvements across the whole system, which recognises the need for improved interfaces between service providers.

12 We have already seen significant benefits of adopting an integrated delivery model in County Durham, including reductions in length of stay, improvements in rates of delayed discharge, reductions in admissions from care homes and reductions in falls related admissions. However there have also been improvements in outcomes which are not so easily measured i.e. feedback from frontline staff and colleagues in CCGs and primary care report much improved working relationships resulting in less duplication and more effective, targeted support for local people. A summary of key performance metrics is attached as appendix 2, 3 and 4 of this report along with inpatient activity utilised as part of the frailty pathway across community hospital provision and in-patient wards at Chester le Street, Bishop Auckland and Shotley Bridge. A case study and direct feedback from those using the service is also included in appendix 5.

13 The emergence of Primary Care Networks (PCNs) in 2019 was seen as a key building block of the NHS long term plan. They seek to bring general practices together in geographical networks covering populations of approximately 30-50,000 patients. The size is consistent with the size of the TAPs across County Durham and the work undertaken to date has provided an excellent platform to further build upon primary care infrastructure.

14 The aim of PCNs is to build upon the core of existing primary care services and enable greater provision of proactive, better co-ordinated care for local populations. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve through better collaboration.

15 In addition to the above, work has been productive and effective in developing a model for the integration of commissioning functions between the Council and Durham Clinical Commissioning Groups (CCG). The model has been agreed by both Cabinet and the CCG governing bodies and will be implemented from April 2020. In

developing the model a number of principles were agreed which are attached as appendix 6.

16 A key principle was the joint management arrangements and a key joint appointment of Sarah Burns to the Head of Integrated Strategic Commissioning post to oversee the implementation and delivery of the new model was made in December 2019.

17 A more recent development has been that of the provision of an Integrated Business Unit (IBU) with dedicated support services to assist front line delivery. Elements of organisational development, performance management and communications and marketing will form part of the initial offer from the unit.

18 In line with these developments the ICB recently supported a recommendation to rename the partnership the “County Durham Care Partnership” and marketing material is currently being prepared to reflect this.

19 However, despite there being significant progress, the ambition in County Durham is to pursue integration further. There is a view, expressed by Chief Officers that establishing a substantial, system-wide integrated model would afford additional support and raise the profile of the local footprint which in turn could ensure attention would be focussed on the local development of services and protect investment of what has been referred to as “the Durham pound”.

20 The ICB is about to undertake work which identifies those services which should be delivered as core statutory health and adult social care services across the NHS and local government. Consideration has also been given to pathways and partnerships that should be delivered on a ***place*** - County Durham, ***system*** - Central Integrated Care Partnership (ICP) and ***regional*** - Integrated Care System (ICS) level.

21 Furthermore the ICB has made clear its commitment to see wherever possible, place based services devolved to the ICB for oversight and governance. Of course this will rely on such services lending themselves to an integrated approach with demonstrable benefits and outcomes that improve population health.

22 Consideration will be given therefore to identifying the services that are appropriate to deliver within an integrated model at the ICB’s next development session on the 7th February 2020.

23 There are a number of models operating in different parts of the country that could help support this way of working and these are to be considered further in due course. Key officers are planning a visit to Tameside in the near future to observe their integrated model at work.

24 What is clear across the current landscape is that partnership working is key to the continued success of delivering priorities that improve the service offer for local populations.

25 A key issue going forward will be the relationship in County Durham between the CCG/CDDFT and the Central ICP which is comprised of the NHS commissioning and provider functions of Durham, Sunderland and South Tyneside.

26 It is important to note Durham's position within that structure and the need to support the existing and future investment of Durham's financial resources. The development of sound governance structures and the ability to influence service development and delivery will also be an issue of concern for Chief Officers and elected members should County Durham become part of a larger operational geographical footprint.

27 It is pertinent however to also consider the position of ICP partners such as South Tyneside and Sunderland, who have their own integrated arrangements with similar concerns presumably, around the utilisation of finance and governance arrangements that support their own ambition and priorities.

28 Of course future developments could well enhance our local services. ICP working may strengthen our local hospital services by encouraging them to work together, therefore getting better quality for Durham residents. There is also the potential benefit of being able to release management resource to invest in front line services etc.

29 The adult social care service in County Durham is a prominent partner and there are strong, relationships between the council and colleagues in local NHS organisations. There is also LA representation on the ICP group from Durham/Sunderland/South Tyneside Local Authorities, with an acknowledgement from NHS leaders that Local Government are key to adopting a successful collaborative approach

30 In terms of the future, it is acknowledged that the merger of the two Durham CCGs creates scope for looking at other synergies between organisations and options for better connected delivery within partnership arrangements. Those options will be considered by the ICB in due course, as referenced earlier in this report.

31 The willingness to consider alternatives which forge stronger relationships is to be expected where healthy partnership working exists and is indicative of a mature and productive approach to integrated working. It is therefore timely to consider how further integration can be supported and how best to protect existing services and secure future investments for County Durham.

32 The potential content of a new Integrated Care Bill has recently been published and views have been sought on a country-wide basis. NHS Improvement (NHSI) and NHS England (NHSE) have a clear and strong consensus about what the bill should and should not contain and within their response they also make the following statements which contextually could help focus upon what the future partnership landscape could look like.

33 They recommend that the bill should be introduced in this session of Parliament. Its purpose would be to free up different parts of the NHS to work together and with partners more easily. Once enacted, it would speed implementation of the 10-year NHS long term plan.

34 Whilst supportive of integrated models, the bill is focussed in the main upon strengthening partnerships across the NHS, particularly between foundation trusts and commissioners i.e. CCGs. Although adult social care is referenced in the following context:

"The triple aim duty should reflect the need to engage local communities and build on the existing duties of local authorities and CCGs to engage patients and citizens, to collaborate in the performance of their functions, to integrate care delivery, and to improve the health and wellbeing of residents. Successful implementation of the NHS Long Term Plan requires the NHS to forge strong links with its communities, citizens and local government partners, not just to improve the planning and delivery of NHS services, but to promote physical and mental health and wellbeing, support the design of healthy communities, tackle inequalities, connect people better to relevant local community assets, and act as anchor institutions. We did not hear of specific NHS legislative barriers that hinder community co-production. Instead it may be possible to embed the principles of community co-production more clearly within the main text of the NHS Constitution".

Excerpt from: The NHS recommendations to Government and Parliament for an NHS Bill September 2019.

Conclusion

35 County Durham has a strong track record of delivering effective integrated models of care in County Durham.

36 Opportunities exist for further collaborative working and the County Durham Care Partnership is keen to pursue integration further and work is currently underway to establish which service could be delivered within an integrated approach.

Recommendations

37 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to receive this report and note the progress made to date in respect of integrated working in County Durham.

38 Adults, Wellbeing and Health Overview and Scrutiny Committee is asked to receive an update report in May 2020.

Background papers

Report to Cabinet 16 October 2019 – Integrated Strategic Commissioning Function – Appendix 7

Other useful documents

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Appendix 1: Implications

Legal Implications

The existing partnership arrangements operate through a memorandum of understanding. Work is underway to further develop a partnership agreement.

Finance

Organisational budgets remain with partner agencies at present. The Better Care Fund is however a shared fund between DCC and County Durham NHS and it currently funds initiatives which support admission avoidance and hospital discharge.

Consultation

Not applicable within this report.

Equality and Diversity / Public Sector Equality Duty

Not applicable within this report.

Climate Change

Not applicable within this report.

Human Rights

Not applicable within this report.

Crime and Disorder

Not applicable within this report.

Staffing

A shared organisational development plan has been compiled and is in draft form. It underpins all of the partnerships support activity for staff.

Accommodation

The partnership supports the development of shared bases for staff whenever feasible.

Risk

Risk management registers exist in each partner agency. The Integrated Care Board as part of their future work programme will be formulating a shared risk register for issues pertinent to integration.

Procurement

Not applicable within this paper.

Appendix 2: Metrics – Bed Occupancy and Length of Stay

Attached as Separate Documents – (Appendix 2a) and (Appendix 2b)

Appendix 3: Metrics

Official Sensitive: Commercial

NHS North of England Commissioning Support Unit
Business Information Services Department
CDDFT Community Contract - Process Measures to September 2019
Summary

Summary - County Durham & Darlington

Selected display (drop down): County Durham & Darlington

Category		Measure	YTD 2018/19	YTD 2019/20	YTD Year on Year change	Previous month YTD Year on Year change
Emergency Admissions	All	All Emergency admissions	38,871	39,461	1.5% ↑	1.6% ↑
	By age	Aged 0-18 years	6,487	6,486	0.0% ↓	1.9% ↑
		Aged 19-64 years	16,176	16,279	0.6% ↑	0.5% ↑
		Aged 65-84 years	12,164	12,471	2.5% ↑	2.7% ↑
		Aged 85+ years	4,044	4,225	4.5% ↑	2.5% ↑
	By provider (65+)	CDDFT	28,876	28,783	-0.3% ↓	-0.2% ↓
		CHSFT / ST&S FT	3,370	3,773	12.0% ↑	12.5% ↑
		NT&HFT	3,156	3,062	-3.0% ↓	-3.8% ↓
		Other	3,469	3,843	10.8% ↑	11.6% ↑
Process Indicators (65+ years)		1.2 Care Home admissions	1,720	1,665	-3.2% ↓	-3.2% ↓
		1.3 Readmissions	2,277	2,382	4.6% ↑	3.3% ↑
		2.1 Preventable admissions	1,146	1,178	2.8% ↑	1.8% ↑
		2.2 Emergency admissions 65+	16,208	16,696	3.0% ↑	2.6% ↑
		2.3 Admissions on community caseload	0	0	0.0% →	0.0% →
		2.4 Timely discharge (bed days)	110,034	109,621	-0.4% ↓	1.7% ↑
		2.5 Emergency Admissions from Falls	1,429	1,428	-0.1% ↓	0.0% →
		2.6 Discharge to Chosen Place of Residence	83%	83%	-0.1% ↓	-0.2% ↓

Appendix 4: Delayed Transfers of Care Summary

Delayed Transfers of Care (DToC)

Progress in reducing DToC across the country remains a high priority and is subject to scrutiny by national partners. Fortunately for County Durham, performance in relation to DToC remains good largely due to a 'whole system' approach across health, social care and independent sector providers.

The latest available data on delayed transfers of care for County Durham in October 2019 is as follows:

- The overall DToC beds (average daily delays) per 100,000 adults was 2.6. This is significantly less than the rate for England which is 11.2 DToC beds per 100,000 adults.
- For County Durham the rate of delayed days per month was 79.8 per 100,000 adults, which is considerably less than the overall rate for England at 346.5 per 100,000 adults.
- During October 2019 there were 340 (83.2%) delayed 283 (83.2%) were attributable to the NHS and 57 (16.82) delayed days attributed to social care.
- The main reason for NHS delays was 'Housing' - patients not covered by the Care Act 2014 (23.7%), followed by 'Awaiting further non-acute care' (22.6%)
- The 57 delayed days (16.8%) attributed to social care occurred in the following NHS Trusts (Tees, Esk and Wear Valleys NHS Foundation Trust – 54.4%, South Tyneside and Sunderland NHS Foundation Trust – 29.8%, South Tees NHS Foundation Trust – 15.8%)
- The main reason for social care delays was 'Awaiting residential care home placement or availability' (54.4% of all social care delays)
- Out of 340 delayed days reported for County Durham patients in October 2019, County Durham and Darlington NHS Foundation Trust (CDDFT) accounted for 45 delayed days of (13.2% of the total).
- Between April – October 2019 County Durham, compared to all single tier and county councils was ranked 6 out of 15, on the overall rate of delayed days per 100,000 adults population across England.

Appendix 5: Case Study/Direct Feedback

Case Study

Gentleman referred to community nurses for assessment of wound. Patient is a previous stroke with resulting weakness to right side limbs and is profoundly deaf. On arrival at the patients home the nurses identified the gentleman was unkempt and his home was in a poor condition. Communication was difficult at first and they soon realised during this time the gentleman had very low income and was living with little to no furniture and sleeping on an old settee, he had very little food in the property and no bedding and limited amount of clothing.

The nurses contacted social care direct and spoke with the duty worker who identified the gentleman as having been closed to social services, they organised immediate assessment and allowed the nurses and social workers to source bedding/pillows, duvet and clothing for the patient and onward referral for support. The gentleman was referred to a social prescriber to assist with ongoing social exclusion issues, he will also be joining the residents of a local care home for his Christmas lunch arranged by the interactions of TAPS nurses, social workers and the Durham Dales health federation all working together to ensure a fully joined up service is in place in the Dales delivering compassionate care within the community.

Direct feedback from community services staff and service users

“My mother had been unwell for a long time and was unable to cope at home. I rang social services and within hours staff went out to see her and carers were put in place. “It all went so smoothly, it was obvious that all the different teams were talking to each other, knew each other well and it was clear they were identifying the best ways of dealing with things. This made such a difference. This made a difficult time much less stressful. It’s brilliant!” **Patient’s relative**

“It has achieved a lot, starting with understanding what we could each contribute, what our roles are and how to work better as a team (especially not passing work off). We all seem to be a lot closer. “The main benefit is practices coming together and talking, what we do and sharing new ideas. They agree on best ways forward and then try things out We are all talking to each other better such as more open, honest discussions with District Nurses and Social workers and we discuss patients who need lots of teams involved (to support/treat them).” **Primary Care Network lead**

“Since the implementation of the Virtual Ward the team has noted a marked improvement in the way we deliver and co-ordinate nursing care to the frail population. It enables effective communication for the patient between hospital and home and increases effective discharge planning, with the team promoting and signposting acute staff to the vast range of services available within the community, including equipment delivery, enabling the patient to return home much sooner.” **Community Sister, TAPS**

“I love my job - working in a truly integrated team, across health and social care which benefits patients and staff, easy communication, no barriers between teams and excellent working relationships across all parties – including primary care. I’m part of a highly dedicated, responsive and flexible team, who feel respected and valued. The range of different systems can be problematic, but generally overcome by co-location and good working relationships.” **District Nurse.**

“We’re all working together and we all know who each is and that accounts for a lot as we all understand what each other’s role is in the jigsaw which we probably didn’t know before, and we meet together regularly. In the Primary Care Network meetings we discuss how we can improve processes and in the practice meetings we discuss how we can help patients, so there’s a very big bunch of people who are keen to make a difference and change things for the better.” **GP**

“I was TUPEd across from North Tees and Hartlepool Trust in the Easington area under the new community contract. It’s been great - pretty much what I used to do before but I feel like I’m part of a team now because before I was more isolated and worked on my own. I even get a lunch break now!” **Podiatrist**

Appendix 6: Principles

The following principles are the basis upon which a new model for Integrated Commissioning has been developed and have been agreed by Cabinet and Governing Body:

- Function will capture all ages i.e. commissioning for Children and Adults across the whole life course.
- Whilst the initial focus is on Community Services it is acknowledged in line with national policy, that the direction of travel is for more hospital based services to be provided in the Community.
- Any model will need to work with existing and emerging elements on a potential Hub and Spoke model i.e. links with Primary Care Networks (including Teams Around Patients), the Mental Health and Learning Disability Partnership and the five CCGs operating across the Tees Valley.
- Joint Management arrangements will be required reporting to the Corporate Director of Adult and Health Services and the Chief Officer, Durham Dales, Easington and Sedgefield CCG.
- Any integrated team will follow the same approach adopted within the Community Services model where staff retain their employment status with their own organisation and associated Terms and Conditions.
- Durham County Council will host an Integrated Function giving opportunities to explore support to CCGs, for example in terms of legal support.
- Existing connections with Primary Care will be enhanced to ensure the local influence of clinical leads across the Primary Care Network is maximised.
- Both Durham County Council and the Clinical Commissioning Groups will retain their statutory responsibilities and decision-making processes