



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
8 MARCH 2021

FRAMEWORK FOR INTEGRATED PERSONALISED CARE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide the Committee with information on the Framework for Integrated Personalised Care, which is intended to supersede the Health and Social Care Protocol (2014). The Committee is asked to comment on the Framework.

Policy Framework

2. The Delivering Wellbeing and Opportunity in Leicestershire Adults and Communities Department Ambitions and Strategy for 2020–2024, agreed by the Cabinet on 18 September 2020, outlines that the Department’s mission statement for adult social care, communities and wellbeing over the next four years is ‘delivering wellbeing and opportunity in Leicestershire’. This is what the Department ultimately seeks to achieve for the people who use and engage in services, be that through support from their communities, social care, heritage sites, libraries or taking part in learning services.
3. More specifically the Strategy highlights the following:
 - Engaging with the right partner: Working more effectively with individuals, their friends and families and in partnership with other relevant organisations – to achieve more joined up or aligned and efficient support;
 - Officers should aim to work collaboratively across our services and partners to commission the right support in the right place at the right time;
 - The effective integration of health and social care services remains a highly complex ambition. Partners in the NHS have a Long Term Plan which comes with significant investment and an emphasis on delivery of new models of care, place-based integrated health and care across the County, and delivery of joined up personalised care. We are committed to working with partners to deliver integrated health and care services at the point of delivery and to ensure that people receive seamless transition between health and social care.

Background

4. The Leicester, Leicestershire and Rutland (LLR) Health and Social Care Protocol, last formally revised in 2014, is a legacy agreement that currently exists between the following health and social care commissioners and providers:

- East Leicestershire and Rutland Clinical Commissioning Group;
- Leicester City Clinical Commissioning Group;
- Leicester City Council;
- Leicestershire County Council;
- Rutland County Council;
- West Leicestershire Clinical Commissioning Group;
- University Hospitals of Leicester NHS Trust;
- Leicestershire Partnership NHS Trust (LPT)

5. The aim of the Protocol was to ensure delivery of services which are responsive to need, and which make the best use of limited resources. Health and social care agencies throughout LLR are committed to working together to ensure that services for all the people who need support are:

- Effective – delivered at the correct level of intervention and in the right environment;
- Appropriate – able to meet people’s health needs to ensure recovery and maintenance of good health and wellbeing;
- Timely – available when people need them to promote independence, choice and control;
- Safe – provided with regard to clinical responsibilities and professional competence.

6. A review of the LLR Health and Social Care Protocol (2014) has taken place from 2019 in a context of growing demand, with increasing complexity of need across all health and social care partners and against a backdrop of ongoing budgetary pressures and significant challenge in relation to capacity across all parts of the system. In addition to this, there has been an ongoing drive towards integration across Health and Social Care, including the development of Primary Care Networks, Integrated Neighbourhood Teams, Home First and the effective utilisation of the voluntary sector and wider community assets.

7. Key findings from the review included:

- A shared care agreement is still needed, but current tasks are outdated;
- Training is required to support the implementation of any revised Protocol;
- The delegation of tasks improves patient experience;
- The lack of formalised contract documents for the training remains a significant risk;
- There is a lack of visibility and ownership of risk at senior management level in the delivery of the current Protocol;
- The lack of uptake of the current training offer is an ongoing issue;
- There is a need for a visible and consistent partner wide communication plan to promote and embed the Protocol and the training;
- There needs to be a clear specification for the training provider, with targets linked to promotion and take up rates.
- An understanding of the principles of the current Protocol is not widely embedded across health and social care at a grass roots level.

Covid-19 pandemic

8. Due to business continuity pressures arising across all partner organisations from the Covid-19 pandemic, activity relating to the review was suspended from early March 2020. Activity resumed from November 2020.

LLR Framework for Integrated Personalised Care

9. The LLR Framework for Integrated Personalised Care has subsequently been developed by partners. It is proposed that this framework supersedes the LLR Health and Social Care Protocol (2014). The fundamental principle of this Framework is that care commissioned and delivered to the patients and residents is person-centred and tailored to meet their individual needs.
10. The purpose of the new framework is to support the undertaking of tasks on behalf of a partner agency in a way that is safe, appropriate and equitable. This is a reciprocal arrangement between Health and Social Care meaning that staff from Health may undertake some Social Care tasks and staff from Social Care may undertake some Health tasks. All staff will receive appropriate training and be assessed for competency for any task that they are required to undertake. Proper clinical oversight will be maintained over the person's health needs in relation to any delegated healthcare task.
11. The LLR Framework for Integrated Personalised Care builds upon existing best practices, but deliberately avoids a defined task approach in favour of a Multi-Disciplinary Team (MDT) approach to support planning which is both person centred and an effective support of the individual in meeting their health and social care needs and desired outcomes and represents value for money. Officers across the County have been using a template for identifying needs and how to apportion costs associated with meeting needs, currently these costs are reviewed and agreed at meetings held between council officers and colleagues from health at bi-weekly meetings.
12. The LLR Framework for Integrated Personalised Care is comprised of two parts:
- a) Part A - Management Guidance - Identifies the principles, statutory duties and national guidance that underpin and inform decision making around the delegation of support tasks between Health and Social Care.
 - b) Part B - Practice Guidance - Identifies the elements required to support appropriate delegation and aims to help registered practitioners and commissioning workers understand the decision-making process involved in safe and effective delegation of a task from one provider/organisation to another.
13. The third work strand of the review is to complete an audit and review of the training offer with a view to developing an interim model that is cost-effective and targeted against commissioned support. Training and assessment for competency of generic tasks is currently provided through LPT, which supports the existing Health and Social Care Protocol document. Work has been undertaken with providers across LLR to ascertain the most commonly practiced generic tasks (as per the existing

protocol) with a view to informing an interim training offer delivered in much shorter packages. There will be an additional learning and development requirement for provider and commissioning staff associated with implementation of the framework and agreed processes.

Governance

14. Whilst there is no lower limit on the provision of health care, Section 22 of the Care Act 2014 places both a lower limit and an upper limit on the provision of funded social care by a local authority. A local authority may not meet needs by providing or arranging for the provision of a service or facility that is required to be provided under the National Health Service Act 2006 unless:
 - doing so would be merely incidental or ancillary to doing something else to meet needs under those sections; and
 - the service or facility in question would be of a nature that the local authority could be expected to provide.
15. Where consensus around assessment or care planning has not been achieved through a meeting of the MDT (i.e. Integrated Neighbourhood Team), a shared care discussion will be convened for resolution. Decisions from the shared care discussion will be documented and shared with the Integrated Personalised Care Board, which provides overall governance responsibility for this Framework. Where cases are jointly funded, disputes will be taken via the existing LLR inter-agency resolution policy.
16. Overall proposed governance arrangements for the LLR Framework for Integrated Personalised Care will be through LLR place based groups:
 - Health and Wellbeing Board - Leicestershire;
 - Joint Integrated Commissioning Board - Leicester City;
 - Integration Delivery Group - Rutland.

Clinical governance will be through the LLR Clinical Executive.

Resource Implications

17. Whilst there are no immediate procurement implications identified as part of this work, the existing LPT training offer is funded through the Better Care Fund (BCF) and is not underpinned by a formal contract, Service Level Agreement or key performance indicators. As part of the review, it is intended that intelligence gathered from the analysis of the revised training offer will inform the requirements for the service. This is likely to result in the development of a Service Specification and associated market testing which may lead to procurement activity in 2021/22.
18. Care will be delivered ensuring the best value for money; this relates particularly to call frequency and workforce skills. The aim will be to utilise wider services, including reviewing any health or social care services the person is already receiving and utilising wider community services and resources, including the use of Assistive Technology.

19. Additionally, any financial cost and recovery associated with a commissioned support package will be appropriately apportioned to the organisation accountable for the delivery or delegation of the said task. Where a healthcare task has been identified, care must not be disrupted and, where there is an identified gap in services, additional care will be commissioned and delivered by health services without prejudice until a funding decision is made.
20. Whilst the proposed introduction of the new framework builds upon existing integration work across LLR localities, resource implications are being identified through the Integrated Personalised Care Board for communicating system changes across locality MDT's and Provider organisations.
21. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

Timetable for Decisions

22. Partner organisations to establish governance arrangements and timetables for review and approval of this framework.
23. At the time of writing this report additional Covid-19 pandemic restrictions have been announced. The Department will be considering the impact of these, along with partner organisations.

Conclusions

24. This report describes work undertaken to review the existing Health and Social Care Protocol (2014) and proposals to supersede it with a new Framework for Integrated Personalised Care.
25. The Committee is invited to comment on the new Framework for Integrated Personalised Care.

Background papers

Report to the Cabinet: 18 September 2020: Adults and Communities Department Strategy 2020-24 – Delivering Wellbeing and Opportunity in Leicestershire

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5997&Ver=4>

Circulation under the Local Issues Alert Procedure

26. None.

Equality and Human Rights Implications

27. An Equality and Human Rights screening assessment is being completed, but there is no change in delivery of integrated health and social care services as these are currently being delivered under the current Health and Social Care Plan.

Appendices

- Appendix A - LLR Framework for Integrated Personalised Care - Part A
- Appendix B - LLR Framework for Integrated Personalised Care- Part B

Officer to Contact

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