

**Report to: HEALTH SCRUTINY COMMITTEE**

**Relevant Officer: David Bonson**

**Date of Meeting: 29 November 2016**

## **HEALTH AND SOCIAL CARE INTEGRATION IN BLACKPOOL**

### **1.0 Purpose of the report:**

1.1 To consider an update regarding the development of health and social care integration in Blackpool (as part of the wider Fylde Coast partnership).

### **2.0 Recommendation(s):**

2.1 The Committee are asked to consider, and comment upon, the contents of this report.

### **3.0 Reasons for recommendation(s):**

3.1 To ensure that relevant stakeholders involved in the integration agenda in Blackpool are appraised of developments, progress and future plans.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

Not applicable.

### **4.0 Council Priority:**

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

### **5.0 Background Information**

5.1 Across partner organisations in Blackpool within the Health and Social Care sector (and other public services), there is a long history of partnership working. This paper describes some of the latest strategic thinking, as well as some practical examples of

effective integrated working being delivered today.

### **Sustainability Transformation Planning – Lancashire and South Cumbria**

- 5.2 Blackpool Council maintains an active role in the development and oversight of the sub-regional Sustainability and Transformation Plan (STP) 2016-2017 to 2020-2021, which is supporting a number of separate transformation workstreams, and a Fylde Coast Local Delivery Plan.
- 5.3 Early work is underway to establish the viability and means to establish a joint commissioning function in the coming year, 2017. Similarly, exploratory work is underway to establish the opportunities and appropriate vehicle for delivering fully integrated Health and Social Care services, in line with national requirements and the Sustainability and Transformation Plan for Lancashire and South Cumbria.
- 5.4 The Sustainability and Transformation Plan sets out ambitious plans to develop sustainable services, by developing local Accountable Care Systems (ACS) and place based new Models of Care, aimed at preventing ill health and reducing reliance on services provided within acute hospitals. At the same time, the plan is to transform the health and care system to improve health outcomes, whilst avoiding the predicted financial gap of £572 million (nearly 25% of current budgets in Lancashire and South Cumbria) for the integrated health and social care sector by 2020-2021, if current levels of demand growth continue. Improvements are planned to every part of the health and care system, to better join up all parts of what can be a complicated mix of services. Key to the success of the Sustainability and Transformation Plan will be supporting delivery with each of the local health and care systems as shown below:
1. Bay Health and Care Partners
  2. Central Lancashire
  3. Fylde Coast
  4. Pennine Lancashire
  5. West Lancashire
- 5.5 Each of the above local health economies are progressing a form of Accountable Care System. The term Accountable Care System is gaining ground in the NHS and social care and describes an arrangement where groups of providers and commissioners come together to jointly deliver new pathways of care, in ways that maximise efficiency, reduce cost and improve patient experience and outcomes. Risks, responsibilities and resources are also shared across the system.
- 5.6 On the Fylde Coast, this will move our existing partnership working into a more formal arrangement and will provide a framework to mobilise our effort and remove the barriers to true integration necessary to achieve our ambitions.

5.7 Working together to transform services, the overall ambitions of the Lancashire and South Cumbria Sustainability and Transformation Plan aims to:

- Tackle life expectancy inequality: improving the area's health by making it easier to access expert advice and access free healthy living and support schemes
- Improve the way that care is planned and delivered in the region in a more person centred and coordinated way; bringing help closer to people's homes and using technology to empower and improve the quality of care people receive
- Relieve the financial pressures on our local NHS by doing things more efficiently; such as avoiding duplication, waste and providing the most clinically effective interventions at the most appropriate time, place and in the right way
- Encourage and support people to take their health more seriously and assume greater responsibility for their own good health
- Develop robust integrated care services across Lancashire and South Cumbria that are based in local communities and reduce the over reliance on acute hospital based services
- Create a multi-skilled, flexible and responsive workforce with great development prospects
- Enhance the role of the third sector to support mainstream services
- Establish joint system leadership across Lancashire's entire health and social care environment

5.8 The full Sustainability and Transformation Plan and appendices are available via the Healthier Lancashire and South Cumbria engagement hub website:

[www.lancshiresouthcumbria.org.uk](http://www.lancshiresouthcumbria.org.uk)

A shorter, public facing version will be available in the near future.

5.9 **Better Care Fund (BCF)**

The key areas of joint and integrated activity funded by Health and/or Social Care are now contained within a formal Section 75 Pooled Budget arrangement (s75 of the NHS Act 2006 requires pooled budgets for joint work between councils and the NHS). For Blackpool, approximately £13.6 million of the £15.2 million in the 2015-2016 Better Care Fund will be received from NHS England. This incorporates all previous areas covered by the Council's Community Contract with the CCG and some additional areas key to the delivery of strategic priorities in Health and Social Care.

### **New Models of Care**

- 5.10 Social Care leaders and services have worked closely with Health colleagues in the CCG and Acute Hospital Trust (Blackpool Teaching Hospital) to deliver on new neighbourhood-based models of care, most significantly via the Vanguard Programme (44 'vanguard' areas leading on national NHS pilots to deliver new approaches to transforming health care) . Whilst structural models are still being worked through in relation to an Accountable Care System for the Blackpool and Fylde Coast Health Economy, the practical steps needed to transform the way care is commissioned and delivered are underway.
- 5.11 Extensive Care Services are now established in Blackpool and early work embedded Social Workers within these teams; however initial learning suggests that Social Work is not a significant requirement of adults in Extensive Care Service cohorts; therefore service is 'call in on demand' from a Social Work perspective. Care at home hours are available to support people to remain in their own homes whilst health and wellbeing care and support is delivered tailored to individual needs, coupled with support for improved self-care.
- 5.12 Development of Enhanced Primary Care Services is now well underway, with the aim of co-location of teams within neighbourhoods clustered around GP surgeries. Work is underway to understand the nature and extent of Social Care needs within each neighbourhood, to aid with the allocation of resources according to demand.

### **Transforming Care Programme**

- 5.13 This programme is being considered in more detail as a separate item on the Health Scrutiny Committee's meeting agenda.
- 5.14 The Council is actively partnered with the CCG locally and part of the Lancashire-wide approach on the development and delivery of this Programme, which aims to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.
- 5.15 Blackpool has the advantage of having some time ago already established jointly with the Council, CCG and Acute Trust an integrated Community Learning Disability Team, comprising Nurses, Social Workers, and Psychologists, as well as an Extra Support Service, whose remit is to provide care and support in a tenancy-based or outreach model to people with learning disabilities and/or autism, who display behaviour that challenges in a Positive Behavioral Support model.
- 5.16 There are further developments in the pipeline to provide crisis response services locally, that will prevent people whose condition is deteriorating from having to be

admitted to secure or semi-secure long-term care by providing early intervention and a place of safety locally.

- 5.17 Work is also underway to understand the needs of younger people who will be transitioning into adult services over the next several years, to identify appropriate housing, care and support options for the future, and to understand what developments may need to take place on a pan-Lancashire basis, due to lower levels of demand or very specialised needs.

#### **Prevention of Hospital Admission / Supporting Timely Discharges**

- 5.18 Social Care works jointly with health professionals as part of the Hospital Discharge and the Rapid Response Plus Teams, as well as supporting the Rapid Response and Enhanced Supported Discharge Teams, where needed.

- 5.19 Potential issues around Delayed Transfers of Care (availability of health or social care beds as a patient moves from one stage of their care plan to the next stage) receive joint scrutiny on a daily basis from Health and Social Care, to ensure that wherever practicable there are no preventable delays to discharges.

#### **Intermediate Care**

- 5.20 The Council undertook a service review and fundamental redesign of the Intermediate Care System jointly with the CCG in 2015. The revised service was launched in April of this year and comprises 33 residential beds at the Assessment and Rehabilitation Centre (ARC), up to 10 of which are designated for people with nursing needs, together with a community-based Reablement Service.
- 5.21 The ARC service is Care Quality Commission (CQC) registered and run by the Council, with a Nurse as the Registered Manager, and an integrated staff team made up of Social Care Support Workers and ancillary staff, Nurses, and Allied Health Professionals (Occupational Therapists and Physiotherapists). Together, the team support people to regain or develop their independence and daily living skills to the maximum of their capability, with a view to enabling people to remain in their own homes for as long as they can, and reducing the need for admissions to hospital or long-term residential care.
- 5.22 The community-based Reablement Service is a team of home carers with additional training and skills to support the journey to greater independence and better daily living skills in their own homes. They can work with people who have had a short stay in the ARC to continue the reablement programme, or they can work with people who have always been at home. The team are supported by relevant Health professionals and therapists, and ensure that medication, exercise plans and social isolation are addressed and well-managed, in addition to providing assistance with hands-on personal care and support, and encouraging people to care for themselves wherever practicable.

- 5.23 The intermediate care services have access to a range of assistive technology and equipment, funded jointly by Health and Social Care.

### **Vitaline**

- 5.24 The Vitaline Service provides emergency alarms, home monitors (for example bed, chair or door sensors, smoke, gas or flood detectors, activity monitors), remote monitoring telehealth equipment (for example blood pressure, blood glucose, peak flow, weight), a lone worker support service, and a falls lifting service. The falls lifting service responds to reports of uninjured fallers that would otherwise require an ambulance attendance. Staff are trained jointly with North West Ambulance Service to assess apparently uninjured fallers, and to lift them safely where appropriate, provide personal care if it is needed, and (if it is night time), and settle them back into bed.
- 5.25 The Vitaline Service (<http://www.vitaline.org.uk/index.html>) is partly funded, and jointly, by Health and Social Care.

### **Commissioning and Contracts Monitoring, Quality Monitoring and support for improving quality of service**

- 5.26 A number of areas of service are either jointly commissioned and monitored or monitored by one of the parties on behalf of the other. CCG provides a small amount of funding to support quality monitoring on behalf of Health and Social Care. In addition, the Council has CCG funding for Pharmacy support and works closely with the Nursing Homes Team in promoting good quality care and helping providers to overcome any operational care difficulties.

### **Challenges**

- 5.27 **There are key challenges for both Health and Social Care impacting on our ability to deliver an integrated Health and Social Care system:**
- **Fundamentally, the system as a whole (as it operates today) is significantly underfunded. This is acting as a lever to drive forward radical and transformational change, but is likely to be insufficient in itself to manage the inexorable rise in demand being experienced in all areas of the system. Attention to demand reduction and prevention, and self care and resilience-building will be essential to delivery of the transformation required**
  - **There are key workforce gaps in a number of areas of the system. In social care, providers report being unable to recruit sufficient staff and the wages they can afford to pay as they are competing with retail and other industries that pay the same for work that is less responsible, and more desirable. Adding £1 to the hourly rate paid to a care worker would cost the current commissioned care system £3.9million, approximately 60% of which is in care at home hours. Work is underway to arrive at an affordable and fair price for care. Without sufficient care at home hours, people will be unable**

to sustain their presence at home whilst healthcare is delivered in the community.

- The scale and pace of the transformation programmes underway is a significant stretch on the diminished senior leadership and operational planning resources of the Council. Careful attention is being placed in ensuring the right input and representation in the right settings to ensure that progress is not hampered by this.

Does the information submitted include any exempt information?

Yes/No

**List of Appendices:**

Appendix 3 (a) Sustainability and Transformation Plan 2016-2017 to 2020-2021

**6.0 Legal considerations:**

6.1 Not applicable

**7.0 Human Resources considerations:**

7.1 Not applicable

**8.0 Equalities considerations:**

8. Not applicable

**9.0 Financial considerations:**

9.1 Not applicable

**10.0 Risk management considerations:**

10.1 Not applicable

**11.0 Ethical considerations:**

11.1 Not applicable

**12.0 Internal/ External Consultation undertaken:**

12.1 Not applicable

**13.0 Background papers:**

13.1 The full Sustainability and Transformation Plan, is available via the Healthier Lancashire and South Cumbria engagement hub website:

[www.lancashiresouthcumbria.org.uk](http://www.lancashiresouthcumbria.org.uk)

Link to s75 pooled budget (2015-2016) arrangement: <http://tinyurl.com/hea6hha>



